

A Study to Assess the Care Burden and Resilience among Parents of Differently Abled Children V/S Parents of Children Suffering with Chronic Disorders in a Selected Hospitals of Bagalkot

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Abstract

Original Research Article

Background: Caring for children with disability and chronic illness is a stressful process. The stress caused by raising a sick or disabled child creates a burden of care. The burden of care is defined as the physical, psychological, social, or economic reactions that appear in the caregiver during care. **Aims:** To assess the level of care burden and resilience among parents differently abled and chronic disorder children. **Settings and Design:** This Descriptive comparative research study included a sample of 60 parents of differently abled and chronic disorder children in HSK Hospital Bagalkot. **Methods and Material:** Data were collected using purposive sampling Method. Tools used for data collection were; socio-demographic questionnaire, BRIEF RESILIENCE scale and Zarit care burden Scale. To find the associations through Pearson's Correlations, Independent t-test used determine significant difference between the two variables. Chi square test used to find out the association between two variables with their selected socio demographic variables. **Results:** Findings of the study revealed that 9(30%) and 21(70%) of parent's had low and normal level of resilience and 30(100%) parents had moderate to severe level care burden of differently abled children respectively. were 15(50%) and 15(50%) of parent's had low and normal level of resilience and 30(100%) parents had moderate to severe level care burden of chronic disorder children. The co-relation between both variables of differently abled children showed that ($r = 0.149$ at $p < 0.05$) significantly mild correlation. And co-relation between both variables of chronic disorder children showed that ($r = -0.0757$ at $p < 0.05$) significantly mild correlation. The comparison between care burden and resilience of differently abled and chronic disorder children results showed that $t = 3.92$ and $t = 2.94$ suggest significant difference in care burden and resilience among both groups at 5% level of significant respectively. There was a significant association found between family income and care burden of differently abled children. **Conclusions:** According to this study, majority of parents had moderate to severe level of care burden and normal level resilience. It is necessary for nurses to consult parents in terms to provide psychological support. **Keywords:** Care Burden, Resilience, Differently Abled Children, Chronic Disorder Children.

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INTRODUCTION

Caring for children with disability and chronic illness is a stressful process. The stress caused by raising a sick or disabled child creates a burden of care. The burden of care is defined as the physical, psychological, social, or economic reactions that appear in the caregiver during care, and it is defined as stress or negative experiences caused by care in the caregiver [3].

Parenting children with disabilities come's with lot of challenges e.g., mental, physical, social, marital, and economic challenges. According to Peer & Hillman study found that parents of children with developmental

challenges face greater stress than parents of normally developing children.

Chronic stress can have a severe impact on a parent's health, as well as their capacity to meet with their child's demands. Spite this, there are a few parents who can maintain their resilience in the face of tremendous stress. Due to disabilities that the children face limitations in the areas of cognition, intelligence, motor abilities, communication, the neurological, and adaptation factors etc. are very prevalent. It has been reported that high levels of parental resilience have had a good impact on the quality of the life of children with disabilities [4].

MATERIAL AND METHODS

Study Design and Participants

Present study was a Descriptive comparative research study conducted between June 2025 to Nove 2025. A purposive sample of 60 parents of differently abled children and chronic disorder children who are admitted in the BVVS HSK Hospital and Research Centre, Bagalkot. were selected for the study.

Instruments

Items to Assess Care Burden on Differently Abled Children and Chronic Disorder Children

Standardized zarit care burden Scale consists of 21 items to assess care burden on parents with differently abled children and chronic disorder children. It had 4-point scale and a score of 0, 1, 2, and 3 respectively. A score of 3 was fixed for the very true. The maximum possible score was 88, according to the total score they were categorized as follows. Here 0-20 is the No or minimal burden, 21-40 is considered as the Mild to moderate burden, 41-60 is Moderate to severe burden and 61-88 is of Severe burden parents. Scale was translated to Kannada. For the present study reliability was calculated by administering CBS scale to parents then found $r = 0.65$ and BRS scale $r = 0.66$.

Items to Assess Resilience on Differently Abled Children and Chronic Disorder Children

Standardized Brief resilience Scale consist of 6 items to assess care burden on parents with differently abled children and chronic disorder children. It had 6-point scale and a score of 1, 2,3,4,5, and 6 respectively. A score of 6 was fixed for the very true. The maximum possible score was 30, according to the total score they were categorized as follows. Here 0-10 is the, 11-20 is Milde resilience, 21-30 is considering as Moderate resilience, 31-30 is Sever resilience of parents.

Socio-Demographic Variables

It consists of sociodemographic variables such as, age of child, age of parents, relation to child, mother

education, father education, type of marriage, number of children, family income, type of family. Family history of any disability and chronic condition, and previous knowledge regarding care of disability children.

Data Collection Procedures

A formal Permission was obtained from the Principal of Sajjalashree Institute of Nursing Sciences Navanagar Bagalkot. Then permission was obtained from the medical superintendent HSK Hospital Bagalkot. The purpose of the study was explained to the medical superintendent. The investigator given self-introduction explained the purpose of data collection to the subjects and subject's willingness to participate in the study was ascertained. The subject was assured the anonymity and confidentiality of the information provided by them. Care burden and resilience scale was used to collect data from parents and each participant taken around 30 minutes to complete the scales.

Data Analysis

The data obtained is analysed in terms of objectives of the study using descriptive and inferential statistics. The frequency and percentage distribution were used to analyse the demographic variables of parents. Mean, Median and Standard deviation, Range was used to assess the care burden and resilience on parents with differently abled and chronic disorder children. Karl-Pearson correlation coefficient test used to determine the correlation between care burden and resilience on parents with differently abled and chronic disorder children. Independent t-test used determine significant difference between the parents with differently abled and chronic disorder children. Chi square test used to find out the association between care burden and resilience among parents with differently abled and chronic disorder children with their selected socio demographic variables.

RESULTS

Table 1: Socio demographic profile of differently abled and chronic disorder children

Sl No	Socio Demographic Variable	Differently Abled Children		Chronic Disorder Children	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Age of child				
	01-5	17	57%	12	40%
	6-10	11	37%	16	53%
	11-15	2	6%	2	75
2	Age of parents				
	21-30 year	18	27%	7	23%
	31-40 year	19	63%	15	50%
	41-50 year	3	10%	7	23%
	51-60 year	0	0%	1	3%
3	Relation to child				
	Mother	15	50%	19	64%
	Father	14	47%	10	335
	Others	1	3%	1	35

4	Education of mother				
	Illiteracy	2	6%	4	13%
	Primary education	14	47%	8	27%
	Secondary education	12	40%	15	50%
	Graduate and above	2	6%	3	10%
5	Education of Father				
	Illiteracy	7	23%	2	6%
	Primary education	6	20%	14	47%
	Secondary education	13	44%	12	40%
	Graduate and above	4	13%	2	6%
6	Type of marriage				
	Consanguineous marriage	13	43%	13	43%
	Non-Consanguineous marriage	17	57%	17	57%
7	Number of children				
	1	2	6%	2	65%
	2	16	53%	16	53%
8	>2	12	40%	12	40%
	Family income				
	10000	1	3%	1	3%
	20000	6	20%	6	20%
9	<20,000	23	77%	23	77%
	Type of family				
	Nuclear	16	53%	16	57%
	Joint	14	47%	14	43%
10	Extended	0	0%	0%	0%
	History of disability				
	Yes	8	26%	8	27%
11	No	22	74%	22	73%
	Previous knowledge of care of disability				
	Yes	3	10%	3	30%
11	No	27	90%	27	70%

Table 2: Frequency and Percentage distribution of resilience score among differently abled children

Sl.no	Range of score	Levels	Frequency	Percentage (%)
1	1-2.99	Low	9	30%
2	3-4.30	Normal	21	70%
3	4.31-5	High	0	0
	Total		30	100%
	Mean	Median	Standard deviation	Range
1	3.53	3.3	0.3	1

Table 3: Frequency and Percentage distribution of care burden score among differently abled children

Sl.no	Range of score	Levels	Frequency	Percentage (%)
1	0-20	No or minimal burden	0	0%
2	21-40	Mild to moderate burden	0	0%
3	41-60	Moderate to severe burden	30	100%
4	61-88	Severe burden	0	0%
	Total		30	100%
	Mean	Median	Standard deviation	Range
1	71.42	51.5	3.74	15

Table 4: Frequency and Percentage distribution of resilience score among chronic disorder children.

Sl.no	Range of score	Levels	Frequency	Percentage (%)
1	0-10	Low	15	50%
2	11-20	Normal	15	50%
3	21-30	High	0	0%
	Total		30	100%
	Mean	Median	Standard deviation	Range
1	3.1	3.1	0.3	1

Table 5: Frequency and Percentage distribution of care burden score among chronic disorder children

Sl.no	Range of score	Levels	Frequency	Percentage (%)
1	0-20	No or minimal burden	0	0%
2	21-40	Mild to moderate burden	0	0%
3	41-60	Moderate to severe burden	30	100%
4	61-88	Severe burden	0	0%
	Total		30	100%
	Mean	Median	Standard deviation	Range
1	66.90	47	2.37	10

Table 6: Relation between Care Burden and Resilience Score of Differently Abled Children

Group	Mean	Correlation Coefficient(r)	P Value
Differently abled children			
Care burden scale	50	0.149	0.43
Resilience scale	3.53		

Table 6 shown that no significant correlation of components of care burden and resilience scores of differently abled children compassion satisfaction ($r = 0.149$ at $p < 0.05$).

Table 7: Relation between care burden and resilience score of chronic disorder children

Group	Mean	Correlation Coefficient(R)	P Value
Chronic disorders children			
Care burden scale	46.86	-0.0757	0.693
Resilience scale	3.1		

Table 7 shown that no correlation of components of care burden and resilience of chronic disorder children compassion satisfaction ($r = -0.0757$ at $p < 0.05$).

Table 8: comparison of care burden among differently abled and chronic disorder children

Group (CBS)	Mean	Standard Deviation	Standard Error	Mean Difference	t value
Differently abled children.	50	3.73	0.68	3.17	3.92
chronic disorder children.	46.83	2.73	0.49		

As the data was normally distributed t -test was used for comparison. The calculated t value (3.92) is more than table value (2.05) at df 58 Suggest significant

difference in care burden among differently abled and chronic disorder children at 5% level of significant.

Table 9: comparison of resilience among differently abled and chronic disorders children

Group (BRS)	Mean	Standard Deviation	Standard Error	Mean Difference	t value
Differently abled children.	3.53	0.3	0.054	0.43	2.945
chronic disorder children.	3.1	0.3	0.054		

As the data was normally distributed t -test was used for comparison. The calculated t value 2.945 is more than table value (2.05) at df 58 Suggest significant

difference in resilience among differently abled and chronic disorder children at 5% level of significant.

Table 10: Association between the differently abled children and their selected sociodemographic variables with (BRS)

Sl. No	sociodemographic variables of single child	Df	χ^2 calculated value	Table value	p-value	Interpretation
1	Age of child	2	1.84	5.84	0.39	No significant Association.
2	Age of parents	3	2.84	7.84	0.24	No significant Association.
3	Relation to child	2	3.90	5.84	0.14	No Significant Association.
4	Education of mother	3	1.11	7.84	0.5	No Significant Association

5	Education of father	3	0.71	7.84	0.86	No significant Association.
6	Type of marriage	1	0.20	3.84	0.65	No significant Association.
7	Number of children	2	0.36	5.84	0.83	No significant Association.
8	Family income	2	0.83	5.84	0.65	No significant Association.
9	Type of family	2	1.09	5.84	0.29	No Significant Association.
10	History of disability in family	1	1.02	3.84	0.31	No significant Association
11	Previous knowledge regarding care of disability	1	0.13	3.84	0.71	No significant Association

The calculated Chi-square values for the Socio-demographic variables like Age of child, Age of parents, Relation to child, Mother education, Father education, Type of marriage, Number of children, Family income, Type of family, Family history of any disability and chronic condition, and Previous knowledge regarding

care of disability did not show significant association with Brief resilience scale. This indicates that there was no significant association found between the above said selected socio-demographic variables with differently abled children. $P < 0.05$.

Table 11: Association between the differently abled children and their selected sociodemographic variables with (CBS)

Sl. No	sociodemographic variables of single child	Df	χ^2 calculated value	Table value	p-value	Interpretation
1	Age of child	2	0.48	5.84	0.7	No significant Association.
2	Age of parents	3	1.88	7.84	0.38	No significant Association.
3	Relation to child	2	2.23	5.84	0.32	No significant Association
4	Education of mother	3	0.20	7.84	0.93	No significant Association
5	Education of father	3	4.18	7.84	0.24	No significant Association.
6	Type of marriage	1	0.10	3.84	0.74	No significant Association.
7	Number of children	2	3.28	5.84	0.19	No significant Association.
8	Family income	2	8.30	5.84	0.01	Significant Association.
9	Type of family	2	0.002	5.84	0.96	No Significant Association.
10	History of disability in family	1	0.19	3.84	0.65	No significant Association
11	Previous knowledge regarding care of disability	1	0.98	3.84	0.32	No significant Association

The calculated Chi-square values for the Socio-demographic variables like family income per month ($X^2=8.30$) had shown significant relation with care burden scale among differently abled children. The other socio-demographical such as age of child, Age of parents, Relation to child, Mother education, Father

education, Type of marriage, Number of children, Type of family, Family history of any disability and chronic condition, and Previous knowledge regarding care of disability did not show significant association with care burden scale. $P < 0.05$.

Table 12: Association between the chronic disorder's children and their selected sociodemographic variables with (BRS)

Sl. No	sociodemographic variables of single child	Df	χ^2 calculated value	Table value	p-value	Interpretation
1	Age of child	2	0.20	5.84	0.90	No significant Association.
2	Age of parents	3	1.88	7.84	0.59	No significant Association.
3	Relation to child	2	3.13	5.84	0.20	No Significant Association.
4	Education of mother	3	2.43	7.84	0.48	No Significant Association
5	Education of father	3	2.47	7.84	0.47	No significant Association.
6	Type of marriage	1	0.13	3.84	0.71	No significant Association.
7	Number of children	2	0.19	5.84	0.63	No significant Association.
8	Family income	2	1.61	5.84	0.44	No significant Association.
9	Type of family	2	0.13	5.84	0.71	No Significant Association.
10	History of disability in family	1	2.72	3.84	0.99	No significant Association
11	Previous knowledge regarding care of disability	1	0.37	3.84	0.54	No significant Association

The calculated Chi-square values for the Socio-demographic variables like Age of child, Age of parents, Relation to child, Mother education, Father education, Type of marriage, Number of children, Family income, Type of family, Family history of any disability and chronic condition, and Previous knowledge regarding care of

disability did not show significant association with Brief resilience scale. This indicates that there was no significant association found between the above said selected socio-demographic variables with chronic disorders children. $P < 0.05$.

Table 13: Association between the chronic disorder's children and their selected sociodemographic variables with (CBS)

Sl. No	sociodemographic variables of single child	Df	χ^2 calculated value	Table value	p-value	Interpretation
1	Age of child	2	4.50	5.84	0.10	No significant Association.
2	Age of parents	3	2.14	7.84	0.34	No significant Association.
3	Relation to child	2	0.00	5.84	0.97	No Significant Association.
4	Education of mother	3	0.75	7.84	0.86	No Significant Association
5	Education of father	3	0.91	7.84	0.82	No significant Association.
6	Type of marriage	1	1.69	3.84	0.19	No significant Association.
7	Number of children	2	1.20	5.84	0.54	No significant Association.
8	Family income	2	0.67	5.84	0.71	No significant Association.
9	Type of family	2	0.06	5.84	0.79	No Significant Association.
10	History of disability in family	1	2.13	3.84	0.14	No significant Association
11	Previous knowledge regarding care of disability	1	0.98	3.84	0.32	No significant Association

The calculated Chi-square values for the Socio-demographic variables like Age of child, Age of parents, Relation to child, Mother education, Father education, Type of marriage, Number of children, Family income,

Type of family, Family history of any disability and chronic condition, and Previous knowledge regarding care of disability did not show significant association with care burden scale. This indicates that there was no

significant association found between the above said selected socio-demographic variables with chronic disorders children. $P < 0.05$.

DISCUSSION

This Descriptive comparative research study included a sample of 60 parents of differently abled and chronic disorder children in HSK Hospital Bagalkot. Findings revealed that the correlation of components of care burden and resilience of differently abled children compassion satisfaction had shown ($r = 0.149$ at $p < 0.05$) no significant correlation. Which is consistent with that found in many other studies [20]. There was no correlation found between the care burden and resilience of differently abled children.

The correlation of components of care burden and resilience of chronic disorder children compassion satisfaction had shown ($r = -0.0757$ at $p < 0.05$) no significantly correlation. Which is consistent with that found in many other studies [40]. There was a significant negative moderate correlation between resilience and burden scores.

The data was normally distributed t -test was used for comparison. The calculated t value (3.92) is more than table value (2.05) at df 59 Suggest significant difference in care burden among differently abled and chronic disorder children at 5% level of significant.

The data was normally distributed t -test was used for comparison. The calculated t value (2.945) is more than table value (2.05) at df 59 Suggest significant difference in resilience among differently abled and chronic disorder children at 5% level of significant. The study results were found similar with study [23].

The calculated Chi-square values for the Socio-demographic variables like Age of child, Age of parents, Relation to child, Mother education, Father education, Type of marriage, Number of children, Family income, Type of family, Family history of any disability and chronic condition, and Previous knowledge regarding care of disability did not show significant association with Brief resilience scale and care burden scale. This indicates that there was no significant association found between the above said selected socio-demographic variables with differently abled children and chronic disorder children. $P < 0.05$.

CONCLUSIONS

Care burden and resilience are more affecting the parents physical and mental health. Even also affecting the social, and financial aspects. So, as health care provider play a crucial role in addressing both care burden and resilience. They are often the first point of contact for patients and families, providing support and guidance during challenging times. The nurses work can contribute to reduced care burden for families by offering practical assistance, emotional support and access to resources.

Ethical Consideration

- The study was approved by the Institutional Ethical Clearance Committee and permission was taken from the B.V.V.S Sajjalashree institute of nursing sciences Navanagar Bagalkot.

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