

Challenges Faced by Caregivers of Critically Ill Patients at Nkozi Hospital, Mpigi District: A cross-sectional study.

Ruth Namatovu*, Andrew Patrick Magoola.

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St. Michael Lubaga Hospital Training Schools.

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Corresponding author: Ruth Namatovu

St. Michael Lubaga Hospital Training Schools.

Abstract

Background: Caregivers of critically ill patients often experience multiple challenges that affect their psychological well-being, socio-economic stability, and ability to provide effective care. This study aimed to assess the challenges faced by caregivers of critically ill patients at Nkozi Hospital in Mpigi District.

Methodology: A cross-sectional descriptive study was conducted among 30 caregivers of critically ill patients at Nkozi Hospital. Data were collected using structured questionnaires covering demographic characteristics, psychological, socio-economic, and hospital-related challenges. The collected data were analyzed using descriptive statistics and presented in tables and figures as frequencies and percentages.

Results.: The majority of caregivers were females (93.3%), aged between 30 and 39 years (63.3%), and most had attained secondary education (60%). Psychologically, many caregivers experienced emotional distress, with 60% sometimes feeling extreme sadness, 70% always experiencing fear or panic, and 76.7% reporting constant feelings of helplessness. Lack of sleep and extreme tiredness were also common. Socio-economically, 56.7% received limited financial support, 66.7% had limited emotional support, and 70% reported disruption of their work or school routines. Hospital-related challenges included inadequate communication with healthcare providers (66.7%), inconsistent provision of personal protective equipment (76.7%), and limited access to medications (56.7%). However, sanitation was generally rated as good, and most caregivers received mosquito nets.

Conclusion: Caregivers of critically ill patients at Nkozi Hospital faced significant psychological, socio-economic, and hospital-related challenges. Emotional distress, limited support systems, poor communication, and inconsistent provision of essential services negatively affected caregiving experiences.

Recommendations: The Ministry of Health should strengthen hospital support systems by ensuring a consistent supply of essential medicines and improving service delivery through regular inspections.

Keywords: Caregiver challenges, critically ill patients, Nkozi Hospital, Mpigi District, Uganda

Background of the study.

Critical illness is a state of ill health with vital organ dysfunction, which is associated with a high risk of imminent death if care is not provided (Kazidule et al. 2022). Challenges experienced by caregivers of critically ill patients are psychological, socio-economic, and health system-related (Ceyhun et al. 2019). In the Netherlands,

psychosocial challenges are ranked highest with prevalence rates of 25 to 50%. These challenges manifest as anxiety, depression, and post-traumatic stress. The challenges negatively impact the caregivers' mental health and their health-related quality of life. Up to half of the caregivers of critically ill patients experienced restrictions in practicing their hobbies, work, and recreation, such that



up to 14% of caregivers lose jobs (Dries et al. 2020). In Australia, inadequate communication about patient condition and lack of empathy from clinicians triggered distress among the caregivers of critically ill patients (Kimberly et al. 2021). However, lack of protective gears was the major challenge for caregivers of critically ill patients in South Korea (Jiyeon, et al, 2020) though in Canada, the challenge was perception of covid-19 patients being highly risk for transmission of the virus and hence loneliness while in Intensive Care Unit (ICU) was experienced by most care takers (Stephana, et al. 2022). In Thailand, anxiety and depression, lack of family and health care provider support were the challenges faced by the caregivers (Watchara et al. 2022). A study in Egypt revealed that 73% of the critically ill patient caregivers experienced high levels of stress, while 62% of them lacked social support as well as appropriate guidance towards handling the patient (Nagwa et al. 2021). In Ghana, most of the caregivers lacked coping strategies to resolve the perceived stress levels from patient care (Twiak & Sophia, 2019), whereas in South Africa, 80% of the patient caregivers were poorer and intimidated by health care professionals due to a language barrier. Another challenge experienced was delays during inter-facility transfers of patients (Caroline et al. 2016). In Uganda, the challenges faced by caregivers of critically ill patients were depression (46%), poverty (76%), and social stigma, with a prevalence of 63% (Dipio et al. 2021). At Nkozi hospital, no study had explored the challenges faced by caregivers of critically ill patients, yet hospital reports showed that patients were retained for non-payment of hospital bills, and sometimes couldn't access basic needs like food. This study aimed to assess the challenges faced by caregivers of critically ill patients at Nkozi Hospital in Mpigi District.

Methodology.

Study design.

The research study employed a descriptive cross-sectional design consisting of a self-administered questionnaire to collect data.

Study setting.

Nkozi Hospital is located in Nkozi town, Mpigi District, in the Central Region of Uganda. The district is bordered by Wakiso district to the north-east, Kalangala district to the south, Kalungu district to the south-west, Butambala district to the west, and Mityana district to the north-west. This hospital is approximately 55 kilometers by road, northeast of Masaka Regional Referral Hospital, in the city of Masaka, but approximately 83 kilometers, southwest of Mulago National Referral Hospital, in Kampala district, which is also Uganda's capital city. It is a private non-

profit, community hospital, serving the town of Nkozi and the surrounding areas of southern Mawokota County. The hospital offers outpatient and inpatient care services with a bed capacity of 120. Nkozi Hospital offers a full range of specialized clinic services. The geographical coordinates of Nkozi Hospital are: 0°00'09.0"N, 32°00'59.0"E (Latitude=0.002490, Longitude=32.016381).

Study population.

The study was carried out amongst caregivers of critically ill patients in Nkozi hospital. They were chosen because of spending most time with their critically ill patients. The critical condition of the patients put undue strain on the caregivers, implying that challenges were encountered during the course of caregiving.

Sample size determination.

The sample size was determined by the use of Kish and Leslie's (1970) formula as stated below: $n = (Z^2 pq)/d^2$ Where n = Desired sample size (if the target population is less than 10,000), Z = Standard normal deviation at 95% confidence interval (i.e., 1.96).

p = Proportion of the target (which is 50% or 0.5)

q = $1-p$ ($1-0.5=0.5$) is the acceptable degree of error (in this case 0.5).

d = Level of statistical significance 0.052.

Therefore, $n = 1.962 \times (0.5 \times 0.5) / 0.052 = 384$

Since the target population under the study was less than 10,000, the required sample size was then adjusted to a smaller size, which is estimated as follows;

$no = n / (1 + (n/N))$

Where N is the estimated total population = 60 $no = 384 / (1 + (384/60))$

$no = 59.1$

Using a simple random sampling technique, the estimated number was $59.1/2 = 29.55$; therefore, the number of respondents was 30.

Hence, 30 respondents were selected to represent the entire population of caregivers for critically ill patients at Nkozi Hospital.

Sampling procedure

The study used a simple random sampling technique. This technique was chosen for this study because it ensures that the sample is a representative of the study population as well as reducing bias in the sample. To obtain the respondents, the researcher made 60 pieces of paper of similar size and labelled 30 of them "Y," while the rest were labelled "N." Eligible caregivers randomly picked a single paper, and only those who picked papers labelled "Y" were enrolled in the study.

Selection criteria**Inclusion criteria.**

The study included all consenting caregivers of critically ill patients who were admitted to Nkozi Hospital during the period of data collection.

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Study variables**Dependent variable.**

The dependent variable under this study was the provision of care to critically ill patients.

Independent variables.

These variables included: Individual, socioeconomic, and health system-related challenges of caregivers.

Data collection instruments.

Data was collected using a questionnaire consisting of both open and closed-ended questions written in a simple and clear language. Part A of the questionnaire consisted of questions on demographic profile, whereas parts B, C, and D respectively consisted of questions on individual, socioeconomic, and hospital-related challenges faced by caregivers of critically ill patients at Nkozi Hospital in Mpigi district.

Data collection procedures.

Following the successful completion of the research proposal, ethical clearance was obtained from the Principal of St. Michael Lubaga Hospital Training Schools and presented to the authorities of Nkozi Hospital, where data was collected from. The objectives, benefits, significance, and risks of the study were explained to the study participants, and then asked to provide their consent to participate in the study. Confidentiality and anonymity

were observed during data collection. Questionnaires were explained to the participants in the language they understood better. The completed questionnaires were checked to ensure that they were completely filled, and any partially filled questionnaire was handed back to the respective respondents for completion before being re-submitted again to the researcher and her assistants.

Data management.

Filled questionnaires were filed and locked away safely until the time of data analysis. They were retrieved for data analysis. Data was cleaned, coded, and entered into the computer for analysis. After data analysis, they were kept for 2 months before finally being discarded and destroyed.

Data analysis.

The data collected was analyzed using a non-programmable calculator. The data findings were presented in tables, pie charts, bar graphs, and narrations.

Ethical considerations.

Following the successful completion of the research proposal, it was submitted to the research committee of St. Michael Lubaga Hospital Training Schools. An introductory letter signed and stamped by the principal of the school was provided to the authorities of Nkozi Hospital, where the research study was carried out. A signature of authorization was placed on the letter as an indication of clearance of the study for data collection. The respondents were assured that the information collected from them was to be kept confidential. Unique identifiers were used like number codes instead of respondents' names during data collection to ensure anonymity of the study respondents.

Results.**Demographic characteristics of the respondents.****Table 1: Demographic characteristics of the respondents.**

Variables	Category	Frequency (n)	Percentage (%)
Age brackets	20 – 29 years	7	23.3
	30 – 39 years	19	63.3
	40 – 49 years	4	13.3
	50 years and above	0	0
Sex	Male	2	6.7
	Female	28	93.3

Marital status	Single	9	30
	Married	16	53.3
	Separated	5	16.7
	Widowed	0	0
Level of education	Never attended	3	10
	Primary	8	26.7
	Secondary	18	60
	University	1	3.3

Table 1 shows that 19 (63.3%) of the respondents were aged between 30-39 years, while the least 4 (13.3%) of them were aged between 40-49 years. The table further shows that the vast number of respondents, 28 (93.3%), were female, while males were 2 (6.7%).

Table 1 also shows that more than half, 16 (53.3%) of the

respondents were married, while at least 5 (16.7%) of them were separated.

Lastly, Table 1 shows that with regard to level of education, the majority, 18 (60%) of the respondents had attained secondary, while the minority, 1 (3.3%) of the subjects had attained university.

Figure 1: Occupation of the study respondents. n=30

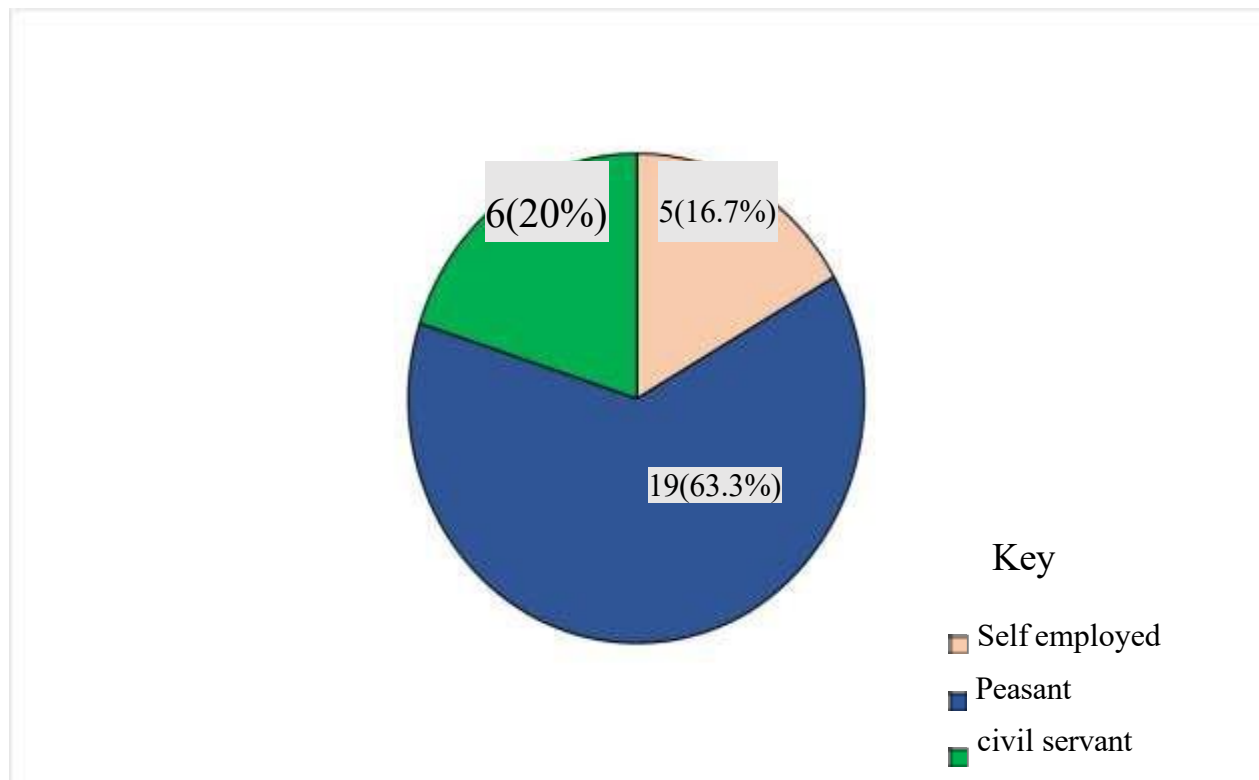


Figure 1 shows that the majority, 19 (63.3%) of the respondents were peasants, while the minority, 5 (16.7%) were civil servants.

Psychological challenges faced by caregivers of critically ill patients at Nkozi hospital.**Table 2: Psychological challenges faced by caregivers of critically ill patients in Nkozi hospital**

Variables	Category	Frequency (n)	Percentage (%)
Feeling of extreme sadness while taking care of the patient.	Yes, always	9	30
	Yes, sometimes	18	60
	Never	3	10
Feeling of extreme fear or panic while taking care of the patient.	Yes, always	21	70
	Yes, sometimes	7	23.3
	Never	2	6.7
Getting time to rest while in the hospital and caring for your patient.	Yes, always	5	16.7
	Yes, sometimes	22	73.3
	No	3	10
Experiencing a lack of sleep lately.	Yes, always	7	23.3
	Yes, sometimes	18	60
	Not at all	5	16.7
Experiencing a strong feeling of annoyance/anger while caring for their patients.	Yes, always	3	10
	Yes, sometimes	7	23.3
	Not at all	20	66.7

Table 2 shows that more than half, 18 (60%) of the respondents sometimes felt extreme sadness while taking care of their patients, while the least, 3 (10%), never felt extreme sadness.

Table 2 also shows that the majority, 21 (70%) of the respondents always felt extreme fear/panic while taking care of their patients, while the minority, 2 (6.7%), never felt extreme fear/panic while taking care of their patients. It was further revealed in Table 2 that the majority, 22 (73.3%) of the respondents sometimes got time to rest

while in the hospital, while taking care of their patients, whereas 3 (10%) of the respondents couldn't get time to rest.

With regard to experiencing lack of sleep at the time of the study, the majority, 18 (60%) of the respondents were experiencing lack of sleep, while the minority, 5 (16.7%) did not experience the general lack of sleep.

Lastly, Table 2 shows that most of the caregivers of critically ill patients, 20 (66.7%), never experienced strong feelings of annoyance/anger while caring for their patients,

though 3 (10%) of the caregivers always experienced a strong feeling of annoyance/anger while caring for their patients.

Figure 2: Feeling of helplessness among caregivers while taking care of their patients in the ICU. N = 30

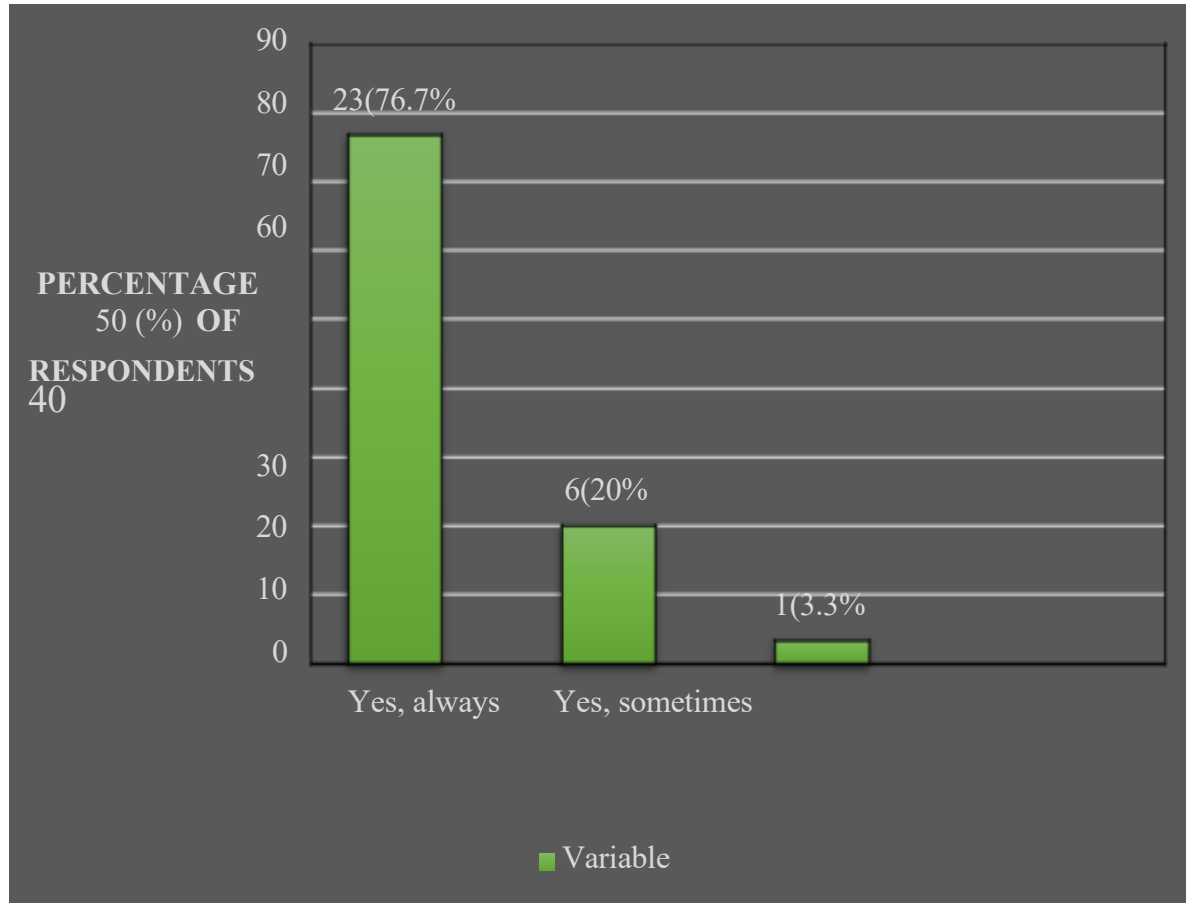
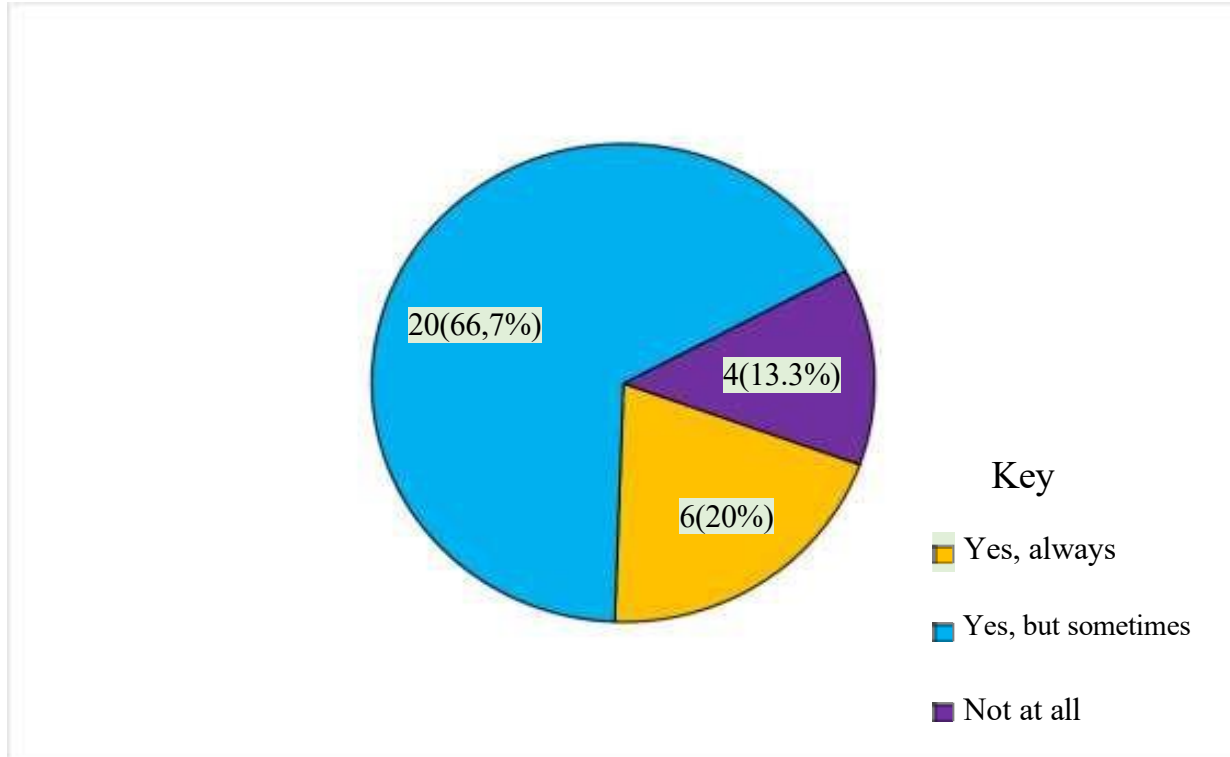


Figure 2 shows that 23 (76.7%) of the respondents always felt helpless while taking care of their patients in the ICU, while 1 (3.3%) never felt helpless while taking care of their patients in the ICU.

Figure 3: Caregivers' feelings of extreme tiredness while taking care of their patients.n = 30



The study results in the figure show that the majority, 20 (66.7%) of the respondents sometimes experienced extreme tiredness while caring for their patients, while the minority, 4 (13.3%), never experienced extreme tiredness during patient care.

Socio-economic challenges faced by caregivers of critically ill patients at Nkozi hospital.**Table 3: Socio-economic challenges faced by caregivers of critically ill patients at Nkozi hospital.**

Variables	Category	Frequency (n)	Percentage (%)
Getting enough financial support from family members and relatives in regards to patient care.	Yes, as needed	6	20
	Limited to a lesser extent	17	56.7
	No support at all	7	23.3
Getting enough emotional support from family and relatives with patient care.	Yes, as needed	3	10
	Yes, to a lesser extent	20	66.7
	No support at all	7	23.3
Sharing roles with family members and relatives during patient care.	Yes, definitely	3	10
	Yes, to a lesser extent	20	66.7
	Not at all	7	23.3
Interacting with family and friends during the course of care delivery.	Yes, always	11	36.7
	Yes, to a lesser extent	16	53.3
	No	3	10
Caregivers' job/school or work routine negatively affected by the time spent at the hospital.	Yes, definitely	21	70
	Yes, at limited extent	6	20
	Not at all	3	10

The study results in Table 3 show that most of the respondents, 17 (56.7%), got limited financial support from family members and relatives regarding patient care, while 6 (20%) of them got the support as needed.

Table 3 also shows that the majority, 20 (66.7%) of the respondents said that to a lesser extent, they got emotional support from their family and relatives, while 3 (10%) of them said they got the support as needed.

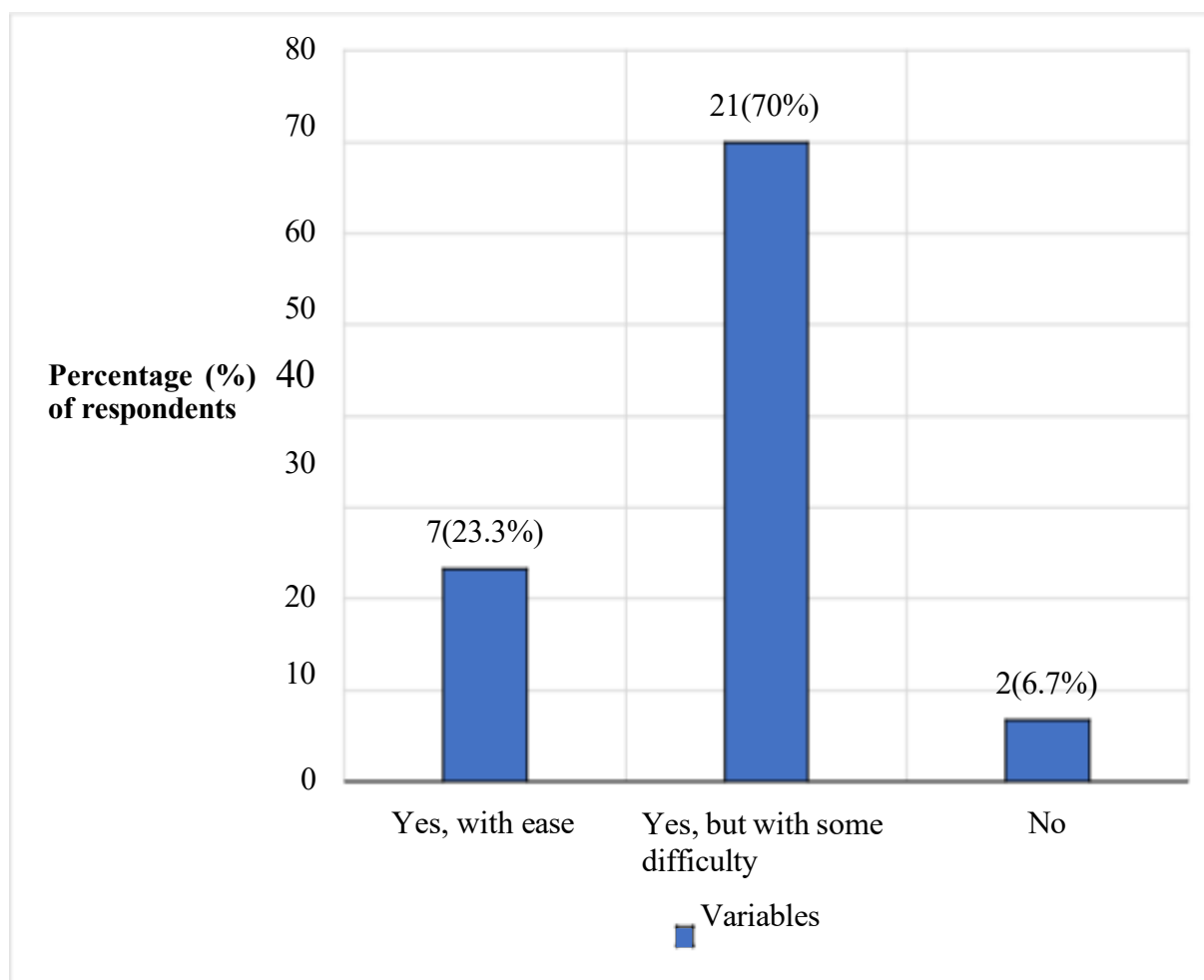
The table further shows that two-thirds of the respondents, 20 (66.7%), to a lesser extent shared roles of patient care with family members and relatives, while 3 (10%) of them shared patient care roles with the rest of the family and relatives.

Just over half of the respondents, 16 (53.3%), said that to a lesser extent, they continued interacting with their family and friends during the course of care delivery, while 3

(10%) of them could not continue doing so at all after starting to take care of their hospitalized patient.

Table 3 shows that more than two-thirds, 21 (70%) of respondents said that their job/school or work routine was negatively affected by the time spent at the hospital while caring for the patient. It also shows that 3 (10%) of the respondents said that their job/school or work routines were not affected at all by patient care at Nkozi hospital.

Figure 4: Access to basic needs by caregivers during the course of care delivery to their patients in the ICU at Nkozi hospital. n=30



More than two-thirds of the respondents, 21 (70%), said they could access basic needs like food, medical care, or clothing with some difficulty, while 2 (6.7%) of them said they found it difficult to access the basic needs.

Hospital-related challenges faced by caregivers of critically ill patients at Nkozi Hospital.
Table 4: Hospital-related challenges faced by caregivers of critically ill patients at Nkozi hospital.

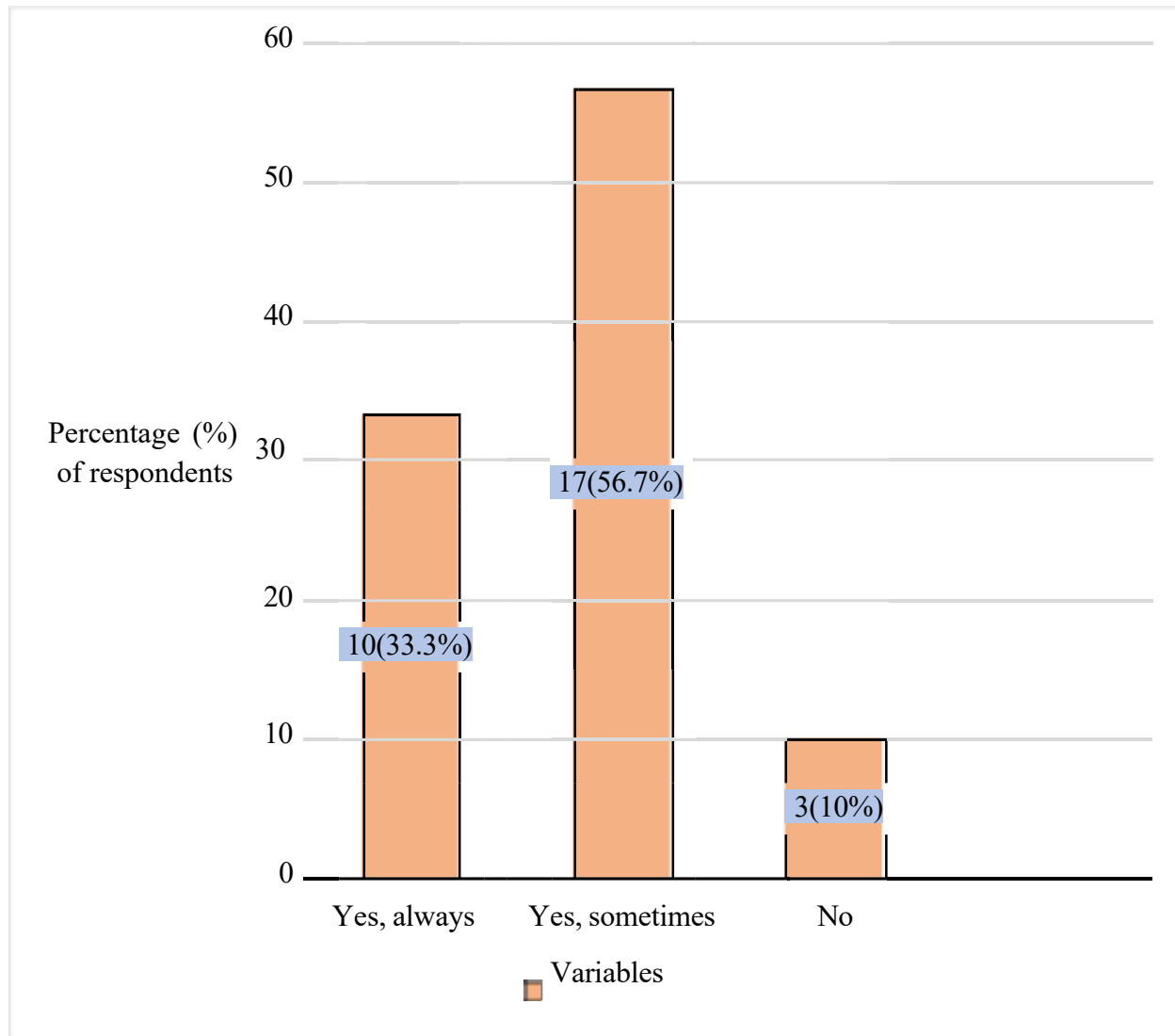
Variables	Category	Frequency (n)	Percentage (%)
Provision of PPEs to caretakers of ICU patients by the hospital.	Yes, always	4	13.3
	Yes, but sometimes	23	76.7
	Not at all	3	10
Availability of effective communication between caregivers and healthcare providers.	Yes, always	10	33.3
	Not at all	20	66.7
Patient discrimination by healthcare providers because of the patient's health status.	Yes, always	4	13.3
	Yes, sometimes	14	46.7
	Not at all	12	40
Availability of enough hospital beds for patients and their caregivers.	Yes	17	56.7
	No	13	43.3
Understanding the healthcare provider's explanation of the patient's condition.	Yes, always	9	30
	Yes, at a lesser extent	18	60
	Not at all	3	10
Sanitation status of Nkozi hospital.	Good	19	63.3
	Fairly good	9	30
	Poor	2	6.7

From Table 4, 23 (76.7%) of respondents were sometimes provided by the hospital with personal protection equipment (PPE) like masks, gloves, or aprons as they cared for their patients in the ICU, while 3 (10%) of them were not provided with the PPE at all. 20 (66.7%) of the respondents said they received no efficient communication at all from healthcare providers about their patients, while 10 (33.3%) of them reported that they efficiently received efficient communication about their patients' care from healthcare providers. 14 (46.7%) said their patients were sometimes discriminated against because of their status, while 4 (13.3%) said their patients were always discriminated against by healthcare providers. 17 (56.7%)

of the respondents reported that there were enough beds for their critically ill patients and caregivers in the hospital, while 13 (43.3%) of them said the beds weren't sufficiently available for them and their patients.

The majority of the respondents, 18 (60%), said they sometimes never understood the healthcare provider's explanation about their patient's condition, while 3 (10%) of them said they never understood the explanation at all. With regard to the healthcare facility's sanitation status, 19 (63.3%) of the respondents said there was good sanitation, while 2 (6.7%) of them said the general sanitation of Nkozi hospital was poor.

Figure 5: Medication issuance to critically ill patients during healthcare delivery at Nkozi hospital, n = 30



From Figure 5, the majority of respondents, 17 (56.7%), said that their patients were sometimes provided with medication during the course of care delivery, while 3 (10%) of them reported that their patients were not provided with medication during healthcare delivery.

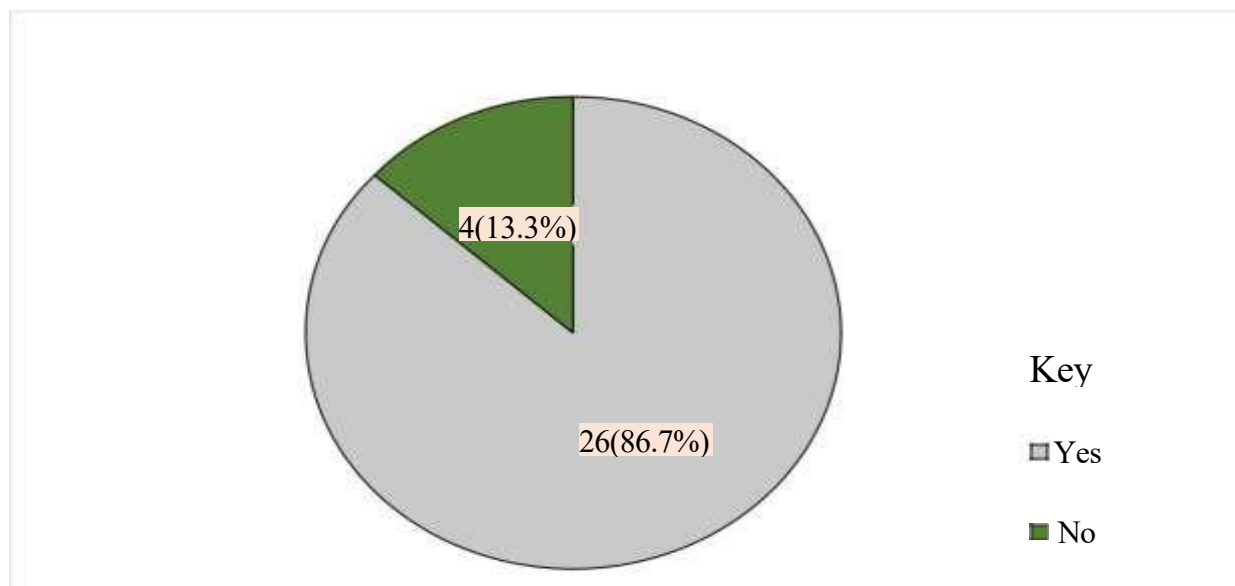
Figure 6: Availability of mosquito nets to caregivers and their patients at Nkozi hospital = 30

Figure 6 shows that the majority of respondents and their patients, 26 (86.7%), received mosquito nets at the health care facility, while 4 (13.3%) of them didn't receive them.

Discussion.

Psychological challenges faced by caregivers of critically ill patients.

Findings from the current study revealed that the majority of the caregivers, 60%, sometimes felt extreme sadness while taking care of the patient (Table 2), and on the other hand, 70% of the respondents felt extreme fear or panic while caring for their critically ill patient (Table 2). This could have been attributed to the patient's state and perceived poor prognosis. Hence, the current study results correlate with findings of a study done in the USA by Nicole et al. (2018), where it was discovered that 89.1% of the caregivers experienced symptoms of anxiety and depression when caring for their patients, and this even persisted after the patients were discharged from the ICU. The present study revealed that 73.3% of the respondents sometimes got time to rest while caring for their patients in the hospital (Table 2). This percentage of respondents were at times having no time to rest, which revealed a psychological challenge. The current study results correlate with the study findings of Monemian et al. (2024), who found in Mongolia that 66.3% of the caregivers devoted a large amount of time and energy to caring for their loved ones while seldom caring about themselves, which in turn led to primarily feeling depression, anger, and worry. Most of the respondents 76.7% always felt helpless while

taking care of their patients in the ICU (Figure 2). This big percentage of participants with helplessness challenges revealed a psychological challenge they were facing. However, this was attributed to the fact that few caregivers were allowed in the ICU, and those allowed in were mainly focused on their patients. The study findings were in line with the findings of a Zimbabwean study done by Claire et al. (2017), who found that continuous care delivery resulted in a spectrum of emotional burdens, such as helplessness, which were exacerbated by failure to meet care costs, such as food and medical costs.

The majority of the respondents, 60%, experienced a lack of sleep lately due to uncontrolled fatigue from strenuous care delivery (Table 2). This big percentage of participants with sleep challenges revealed a psychological challenge they were facing. There was a correlation between the current study results and the Ethiopian study findings of Amene et al. (2022), who found that caregivers experienced care fatigue and developed chronic exhaustion, which increased their state of insomnia.

Two-thirds of the respondents, 66.7%, never experienced a strong feeling of annoyance/anger while caring for their patients (Table 2). This big percentage of the respondents without a strong feeling of annoyance/anger did not reveal a psychological challenge. On the contrary, Claire et al. (2017) in a Zimbabwean study found that continuous caregiving resulted in a spectrum of emotional burdens, such as anger, which were exacerbated by failure to meet care costs.

It was also revealed in the current study that 66.7% of the participants sometimes experienced extreme tiredness

while taking care of their patients (Figure 3). This large percentage of participants with extreme tiredness challenges revealed a psychological challenge among the study's participants. This agreed with the findings of a Nigerian study by Ngozi et al. (2022), who also found that 76% of the caregivers described the care provided to critically ill patients as psychologically strenuous and frustrating, particularly for those who recently commenced taking care of their admitted sick loved ones.

Socio-economic challenges faced by care givers critically ill patients.

It was revealed in the current study that 56.7% of the respondents were getting limited financial support, leaving them with inadequate finances to cater to patient necessities during the course of care delivery (Table 3). Also, 66.7% of the participants got limited emotional support, which predisposed them to have feelings of abandonment and helplessness (Figure 2). This big percentage of respondents with emotional support challenges revealed a socio-economic challenge they were facing. The present study results correlated with the study findings of Liu et al. (2020), who found in China that caregivers experienced inadequate emotional support and financial resources, which negatively affected the provision of medication, follow-up visits, changing their clothing, and transportation.

The current study revealed that most of the respondents, 66.7%, to a lesser extent, shared roles with family members and relatives during patient care. Hence, most of the roles were left to caregivers, which made it very tiresome to take care of the patient while performing other roles like preparing meals (Table 3). It was also revealed that most of the caregivers 53.3%, to a lesser extent, interacted with family and friends during the course of care delivery; the interaction was inadequate, which left caregivers with difficulty in sharing ideas between friends and family (Table 3). The majority of participants with family and friends' interaction challenges revealed a socioeconomic challenge among the study participants. The study results correlated with the study findings of a Chinese study done by Yalin et al. (2023), which revealed that ineffective family communication, less social interaction, and social role conflict aggravated caregivers' burdens during the management of patients with advanced cancer.

During the care of ICU patients, more than two-thirds 70% of caregivers' job/school or work routine were negatively affected by the time spent at the hospital (Table 3). These exposed caregivers to financial constraints and difficulty in adapting to the new situation following discharge from the hospital. The study results were in line with study findings done in Uganda by Nawagi and colleagues (quote year), which found out that, that 73% of their respondents had

their work and/or school affected by the time they spent at the hospital caring for their patients.

The majority of the respondents, 70%, accessed basic needs like food, medical care, and clothing during the course of care delivery in the ICU, but with some difficulty (Figure 4). This high percentage of respondents with basic need access challenges revealed a socio-economic challenge among the study participants. The study results correlate with study findings done by Liu et al. (2020) in Chiana, which found that care delivery in hospitals for long, negatively affected provision of medication, follow-up visits, giving patients baths, changing their clothing, and transportation.

The current study revealed that the majority of the respondents, 56.7%, felt that their family members and children still received enough care and time from them despite their absence from home due to caring for their admitted patients (Figure 5). This big percentage of respondents with a challenge in care and time for family members and children revealed a socio-economic challenge amongst them. The current study results were in line with the study findings of Nawagi et al. (2016), which revealed that 35% of the caregivers lacked care for their own children and families due to limited time left for them to do so as a result of caring for their critically ill patients.

Hospital-related challenges faced by caregivers of critically ill patients.

The current study results revealed that the majority of the respondents, 76.7%, were sometimes provided with personal protection equipment like masks, gloves, or aprons to caretakers while in the ICU by the hospital (Table 4). This high percentage of respondents with personal protection equipment challenges revealed a hospital-related challenge among the study participants. The study results were in line with the study findings done by Erin et al. (2020), which found that the majority of the caregivers 73.4% provided direct personal care to vulnerable or infected patients without Personal Protection Equipment (PPE).

The present study also revealed that 33.3% of the respondents received efficient communication with health care providers, while 66.7% amongst them did not receive efficient communication at all (Table 4). This signifies that communication was not effective, making it a significant challenge for the patient care givers. Hence, the study results were in line with the study findings of an Indian study done by Thiruvalluvan et al. (2017), in which it was established that most of the hospital staff had a poor attitude towards caregivers, exhibited by making loud comments about their patients' illness and not allowing the caregivers to be in close proximity to them.

Alarmingly, nearly half of the respondents, 46.7%,

sometimes experienced discrimination from health care providers because of the patient's health status (Table 4). Although discrimination was perceived amongst caregivers, this was related to the isolation of patients with contagious illnesses. The study results correlate with study findings done in India by Thiruvalluvan and colleagues (2017), which revealed that caregivers of patients with a severe form of MDR-TB experienced discrimination from health care providers, which made them feel disgraced at the hands of healthcare workers.

The study findings revealed that the majority of the respondents, 56.7%, agreed that there is availability of enough beds for critically ill patients and caregivers in the hospital (Table 4). These findings did not match the findings of a South African study done by Musa et al. (2022), in which it was discovered that 57% of the caregivers were not provided with beds and their critically ill patients at the facility due to their scarcity during the COVID-19 pandemic.

The current study also found that 60% of the respondents, to a lesser extent, understood the health care provider's explanation regarding the patient's condition, 30% of the respondents always understood the health workers' explanation, while 10% amongst them did not at all understand the health care provider's explanation regarding the patient's condition (Table 4). Therefore, some of the caregivers were left with eagerness to understand the patient's conditions. This large percentage of participants with challenges in understanding health providers' explanations revealed a health facility-related challenge amongst them. The study results were in line with findings of a study done in Uganda by Mulira et al. (2019), which revealed that only 27% of the participants did not understand the explanation of their patient's condition given by the healthcare workers.

The majority of the respondents 63.3% cited the sanitation status around Nkozi hospital as being "Good"; hence, caregivers did not find challenges regarding sanitation while taking care of their patients (Table 4). The current study findings were in line with those of a study done in Uganda by Mulira and colleagues (2019), which revealed that only 25% of the caregivers complained about the lack of sanitation around the facility. Up to 56.7% of the patients were sometimes provided with medication, and at times, the caregivers were instructed to buy medicine from outside the hospital (Figure 6). The majority of participants with medication provisional challenges revealed a health-facility related challenge among them. The study results were contrary to the findings of a Ugandan study done by Mulira and colleagues (2019), who found that only 30% of their participants had limited access to prescribed medication due to understocking and stockouts.

Up to 86.7% of the study respondents had mosquito nets

provided for themselves and their patients by the healthcare facility during the course of care delivery (Figure 7). This big percentage of respondents being provided with mosquito nets revealed this as not being a health facility-related challenge encountered by the caregivers. The study results correlated with the study findings of a study done by Mulira et al. (2019), who found that only 25% of their respondents lacked mosquito nets for themselves and their patients.

Conclusions.

The study assessed the psychological challenges faced by caregivers of critically ill patients at Nkozi Hospital, and these were: feeling extreme sadness while taking care of their patients (90%), feeling extreme fear or panic while taking care of their patients, and feeling helplessness (96.7%).

Social-economic challenges faced by caregivers of critically ill patients at Nkozi hospital were: limited financial support (76.7%), and limited emotional support from family and friends (76.7%).

The hospital-related challenges faced by caregivers of critically ill patients at Nkozi hospital were: lack of effective communication between caregivers and patients (66.7%) and limited provision of medication to critically ill patients (90%). However, gaps were identified, particularly in financial accessibility, as 76.7% of the respondents expressed that they would afford the care delivery if the services were free or subsidized, highlighting the need for more affordable services to ease care delivery among caregivers.

Recommendation.

The Ministry of Health should implement programs to address challenges encountered by health facilities while delivering care to patients, such as a lack of logistics, like essential medicines.

The Ministry of Health, through hospital inspectors, should enhance hospital inspection to ensure effective service delivery to patients and also advise where needed.

There should be thorough training of health care providers to provide appropriate management of ICU patients, and hence, the hospital should equip emergency departments with recommended equipment and other necessities essential for saving the lives of patients in the ICU.

Health workers should create a supportive, non-judgmental environment that allows caregivers to feel comfortable while taking care of their patients in the hospital through effective communication.

Health workers should also provide counseling services to caregivers in the ICU to help them feel secure and emotionally supported.

Caregivers should create supportive groups to help them

with social support and also support them financially.

Acknowledgment.

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List of abbreviations

COVID – 19:	Corona Virus Disease – 2019
GSSG:	Good Samaritan Support Group
ICU:	Intensive Care Unit
MDR – TB:	Multidrug-Resistant Tuberculosis
MNRH:	Mulago National Referral Hospital
PPE:	Personal Protective Equipment
PTSD:	Post – Traumatic Stress Disorder
USA:	United States of America

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Availability of data.

Data used in this study are available upon request from the corresponding author.

Authors contribution.

RN designed the study, conducted data collection, cleaned and analyzed data, drafted the manuscript, and APM supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

Author's biography.

Ruth Namatovu is a student of a diploma in Nursing at St. Michael Lubaga Hospital Training Schools.

Andrew Patrick Magoola is a research supervisor at St. Michael Lubaga Hospital Training Schools.

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