

## Research Article

# Informal Family Caregiver Burden in Elderly Assistance and Nursing Implications

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## Abstract

Nowadays, 15% of the Italian population is 65 years or older. As individuals age, they increasingly experience limitations in their facility to achieve activities of daily living. In this study fifty informal family caregivers were recruited and their burden levels were quantified, by using the "Objective Burden Scale" (OBS) and the "Subjective Burden Scale" (SBS). All the caregivers considered take care of an elderly person. Then, a nursing planning was redacted by including all nursing interventions necessary to caregiver in order to ameliorate their performances.

Caregivers need help to promote their wellbeing and to guide their actions in the right way.

Nurses are encouraged to be critical in "caregiver burden" research to have meaningful and positive clinical implications to help caregivers in their work.

## INTRODUCTION

Nowadays, 15% of the Italian population is 65 years or older [1,2]. Consequently, many of elderly are subject to others to perform their daily activities. The majority of the care that elderly individuals receive is provided by their family [3]. Moreover, with the percentage of those 65 and older expected to arise in the next years, it is reasonable to anticipate that the economic value of family care giving will increase, too [4].

Caring for a relative with a chronic disease and in particular providing care for an elderly person with severe disability is recognized as a risk factor for decreased physical and psychological health, with effects in terms of well being and burden of caregivers [5]. Several studies do not provide a rigorous definition of "caregiver" [6,7]. Furthermore, the "family caregiver" definition varies in the current literature [8]. While most studies concur a minimum criterion for "family caregiver", by defining him as an individual who must not be paid to provide care [9,10]. Some authors use the term "informal caregiver" which is interchangeably with "family caregiver" to reflect this lack of compensation [11, 12].

Mainly, the term caregiver refers to anyone who provides assistance to someone else who is, in some degree, incapacitated and needs help; while informal caregiver and family caregiver are terms that refer to unpaid individuals such as family members, friends and neighbours who provide care. These individuals can be primary or secondary caregivers, full time or part time, and can live with the person being cared for or live separately [13].

Therefore, caregivers are often responsible for providing physical and emotional support to elderly family members who can limit their ability to participate in regular social activities and decrease their wellbeing. However, when family caregivers are well supported in the community, it can compensate for difficulties they experience. Conversely, when family caregivers lack support and resources, they experience greater financial, physical and psychosocial costs and this can ultimately compromise the quality of care they are able to provide [14].

Burden is a complex construct encompassing physical, psychosocial, and financial dimensions which, in the frame of the present paper, are considered related to care giving activities.

Current literature suggests a variety of interventions aimed at meeting the emotional and informational needs of family caregivers have been developed and tested [15,16].

This research considered informal family caregivers of elderly patients, since older expected to arise in the next years and their caregivers, too. Therefore, the aim of this study is to describe caregiver's burden levels between male and female caregiver groups. To do this, the "Objective Burden Scale" (OBS) and the "Subjective Burden Scale" (SBS) questionnaires were administered. Then, a nursing planning was redacted by including all the nursing interventions needed to caregiver in order to help them in their work and to ameliorate their wellbeing status.

## MATERIALS AND METHODS

Main caregivers, that is, the person mainly involved in terms

of time with the patient for informal caring and felt responsible for the patient, was enrolled as participants. In total, fifty informal family caregivers were enrolled in this study. Caregivers were divided into two groups: the male group and the female group. All caregivers included in this study take care of an elderly patient. Each participant was invited to complete the OBS and the SBS questionnaire, which required about 10 minutes. The OBS questionnaire was a 9-item instrument in which participants are asked to rate the extent to which care giving had negatively changed several resources available to them, on a scale of 1 (a lot better) to 5 (a lot worse) [17].

The SBS is a 12-item instrument in which participants are asked to rate how often they experience feelings listed on the tool measured on a scale from 1 (rarely or never) to 5 (most of the time) [18].

Results were classified as gender distribution.

## RESULTS

In total 50 caregivers were enrolled in this study. Of these, 75% were female and 25% were male. Female caregiver mean age was  $51 \pm 6$  years, while male caregiver mean age was  $52 \pm 8$  years. To each participant the OBS and the SBS questionnaire were administered. Table 1 reports all means and standard deviations of each item contemplated in the OBS and (Table 2) reports all means and standard deviations of each item contemplated in the SBS questionnaire administered. For each items means and standard deviations were evaluated and reported to notify any differences existed between the two groups for each aspects concerning family care giving. Then, t-Student test was assessed for the OBS and the SBS scores to verify if there are significant differences between female and male caregiver groups in the burden care giving aspect.

T-Student test in the OBS questionnaire resulted highly significant different between two groups ( $p < 0.0001$ ).

By considering the value of "5" the maximum level for each item and the value of "1" the minimum for each item, caregivers are very stressed in their life. In fact, they feel to have less vacation and recreation time. Moreover, they believe to have less personal freedom and time for themselves. Most important, caregivers have sensations as poorer in energy, in health and in relations with their family.

The female group results more damaged in the care giving practice than the male group (see values for each item).

As regards the SBS scale differences between two groups are statistical significant ( $p < 0.05$ ). Female group is more damaged than the male group, respectively. Caregivers answer that they are afraid about their future. All the other items are less quoted than the OBS items. In fact, the level for the other item is middle than the high level measured in the OBS scale.

## DISCUSSION

Informal family caregivers, especially female gender, need support to promote their daily activities and to guide their actions in the right way. Current literature suggests that it is very difficult to summarize studies on the "caregiver burden" and the methods used to measure or assess "caregiver burden" [19]. So for each case, it is better for healthcare professionals to consider

**Table 1:** Objective item means and standard deviations in male and female groups.

Item	Male group Mean $\pm$ SD	Female group Mean $\pm$ SD
<i>Objective burden items</i>		
Less vacation time	$3.2 \pm 0.8$	$3.9 \pm 0.6$
Less recreation time	$2.6 \pm 0.5$	$3.2 \pm 0.7$
Less personal freedom	$3.3 \pm 0.8$	$3.9 \pm 0.8$
Less time for yourself	$2.9 \pm 1.0$	$3.4 \pm 0.3$
Less privacy	$4.1 \pm 0.8$	$4.6 \pm 0.7$
Less energy	$4.2 \pm 0.9$	$4.2 \pm 1.1$
Less money available	$1.8 \pm 0.5$	$2.3 \pm 0.4$
Poorer health	$2.5 \pm 1.2$	$3.2 \pm 0.3$
Poorer relationship with family	$3.9 \pm 0.6$	$4.2 \pm 0.5$

**Table 2:** Subjective item means and standard deviations in male and female groups.

Item	Male group Mean $\pm$ SD	Female group Mean $\pm$ SD
Afraid about the future	$3.2 \pm 0.5$	$3.6 \pm 0.3$
Painful to watch care-recipient age	$2.9 \pm 0.4$	$3.2 \pm 0.2$
Care-recipient expects more than possible	$2.1 \pm 0.9$	$2.3 \pm 0.5$
Relationship with care-recipient effected	$2.5 \pm 0.7$	$2.8 \pm 0.6$
Care-recipient manipulates me	$1.9 \pm 0.5$	$2.2 \pm 0.5$
Nervous and depressed about relationship with care-recipient	$2.1 \pm 0.6$	$2.3 \pm 0.4$
Care-recipients makes requests that are more than he or she needs	$2.1 \pm 0.5$	$2.4 \pm 0.3$
Not pleased with my relationship with care-recipient	$2.2 \pm 1.1$	$2.7 \pm 0.8$
Don't do as much for care-recipient as I should	$1.9 \pm 0.7$	$2.1 \pm 0.5$
Don't feel useful in my relationship with the care-recipient	$2.5 \pm 0.9$	$2.6 \pm 0.6$
Feel guilty over my relationship with the care-recipient	$2.2 \pm 0.9$	$3.7 \pm 0.4$

the rigor with which the concept of "burden" was described and then reason provided for the measures used. Since studies have supported that context specific elements such as culture and illness group are important to the experience of "burden", healthcare professionals should be critical of the context in which a research study was conducted and how the findings may or may not apply to their own clinical setting [20,21]. These results are supported by other studies which have demonstrated that women are more vulnerable to "burden" experience than others. So, they need specialized supports and counseling that address these unique sources of burden. This highlights the benefit of training nursing professionals to provide caregiver support. It is important for professionals to remember that they assist and their families on a journey they have never taken before [22,23].

Moreover, these findings also demonstrated the impact of psychological burden of caregivers in terms of mental health status, anxiety, and depressive symptoms, but failed in establishing any correlation between elderly level of functioning and family members' burden. For these aspects further studies are needed.

While nurse take care for thousands of people along their

activities, caregivers need help to interpret the various paths and travel options, and it is easy to forget that not everyone knows what to do in the face of the many challenges associated with elderly conditions.

In fact, care giving for an elderly person can be difficult. In this condition nurses have many opportunities to assist caregivers as they seek to understand their role [24].

Furthermore, this work discusses how “caregiver burden” has been defined and used in the literature as well as the implications it has for policy and practice. “Caregiver burden” is multidimensional and for this purpose it was found that there is no a unique definition to define it [25].

Limitations to this study include the sample size, which restricts the possibility to generalise the results.

Means for improving the network of psychological support and social assistance offered by community based services and hospitals to the caregivers should be provided as this may contribute to decrease the burden of caregivers and improve caring abilities, and eventually children quality of life. Facilitating the use of emotion focused strategies instead of problem focussed strategies may represent an important first step to enhance caregiver’s ability to cope with stressful situation and ameliorate parents’ mental health [26].

In order for “caregiver burden” research to have meaningful and positive clinical implications, nurses are encouraged to be critical of the “caregiver burden” evidence and greater nursing training is advocated for.

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