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BURNOUT SYNDROME AMONG INFORMAL CAREGIVERS FOR OLD PEOPLE

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Abstract

The text deals with burnout syndrome among informal caregivers caring for old people in informal setting, usually at home. Burnout syndrome has been recognized in past decades as a big problem for people helping professions, especially where there is great responsibility, chronic stress and little autonomy. Important for coping successfully with factors leading to burnout are internal coping resources and social support. Our research was conducted in a sample of 458 caregivers. We employed quantitative research strategy with a self-completion questionnaire consisting of standardized inventories and our own set of questions. Standardized inventories were a) the Burnout Measure by Pines and Aronson, b) Barthel's Activities of Daily Living (ADL), and c) Instrumental Activities of Daily Living (IADL). The other part of the questionnaire comprised of a set of items measuring the ability of the senior to fulfil her basic needs, which is partially comparable to ADL and IADL; and of questions asking about the relationships of caregiver with her family, social support, motivation, information availability, using social services and the extent of care and the amount of free time. Results show that 22% of our sample show symptoms of burnout, and more than half is in risk. This is similar as in other helping professions. The main factors causing stress on the part of cared for senior is low self-sufficiency in most basic activities of hygiene, eating and clothing. From other factors the most important is long daily care and lack of support.

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Keywords: Informal caregivers, seniors, burnout syndrome

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1. Introduction

In the course of forty years of research into the burnout syndrome many definitions were developed to capture essential features of this phenomenon. These definitions stress different points, but in some respects they are in agreement (Kebza, 2010; Maroon, 2012; Vosečková, & Truhlářová, 2013; Křivohlavý, 2009).

The most basic are psychological symptoms leading to changes on the physical as well as social level.

- It is essentially a mental state, experience of exhaustion.
- Crucial aspects are emotional flattening, cognitive "wear" and exhaustion and often also general tiredness.
- All aspects of this syndrome are results of chronic stress with its everyday and seemingly never-ending nature. On the other hand, acute stress exposure does not lead to burnout.

Our view on burnout is based on two major assumptions of the psychology of health:

- bio-psycho-social model of health and illness, and
- salutogenetic approach to health.

2. Problem Statement

Among the most essential factors determining the onset of burnout is chronic exposure to stress and the ability to cope with. Coping is a general label for set of protective factors helping to go through difficult life circumstances while maintaining psychic equilibrium and personal integrity. Of great importance are internal coping resources (i.e. personality, innate dispositions, experience and skills acquired while coping with stressful situations, vulnerability and resilience). External factors comprise of situations and context, in which the individual finds herself. These are, more specifically, working conditions in employment, personal situation and relationships within family as well as with other people, and also the state of society (Kallwass, 2007). The crucial external factor is social support, i.e. network of relationships and social ties, created by individual in the course of her social life, which can provide help in difficult times.

Psychosocial stress in work is connected with the social environment on workplace, organizational aspects of employment as well as with certain features of the task. Outside of work the attention is given to permanent daily inconveniences, micro-stressors and so called life accidents. Both areas might cause health risks. Moreover, these areas are connected, because excess burdens and stress in one of them spill over to the other and influence negatively the other; this works also the other way around, because gains in one area help with coping with stressors in the other (Paulik, 2014).

2.1. Social support

Social support decreases directly the level of stress, or it works rather as the buffer blocking or damping the negative influence of burdening situation. Lack of social support leads on the other hand to lower psychic resilience and ability to deal with the crisis.

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Social support in general describes the help given by others to somebody in stressful situation. It is any activity leading to alleviation of the burden. Usually this term is employed when talking about such support from close relatives and friends. We can, however, distinguish several levels of social support:

- Macro-level - support provided by society as a whole (welfare system, help during crises and disasters etc.).
- Mezzo-level - support by social group or association to one of its members, or to other people in social neighbourhood (clubs, charitable associations, groups of friends etc.).
- Micro-level - help provided by closest ones (parents, partners or spouses, children).

The social network of a person consists of people in vicinity of the person, who are in close contact with her, and who can be expected to come with help when needed.

Supportive relationships are such ties which provide and replenish internal resources of individual, and thus help with coping.

Social isolation is the counterpoint of social support. It might take the form of loneliness, desertion or even outright rejection (e.g. in solitary confinement).

There was great attention given in recent years to the working conditions and demands. The results show that high level of stress is caused by high demands on quality, responsibility and effort combined with low autonomy of work. Autonomy means the possibility to choose (or at least influence) one's own work pace, content and conditions (Židková, 2002; Paulík, 2009; Kebza, 2010).

3. Research Questions

Goal of our research was to determine the level, in which home caregivers are threatened by burnout syndrome, and to describe factors aggravating the risk. Burnout is not correlated only with how demanding the work is, but rather how is it felt to be. In other words, objective indicators are mediated by subjective experience. This is in turn affected by variety of factors. We strived to describe these in complex manner.

Our main goal could be specified into following sub-questions:

1) What is the prevalence of burnout within the sample?

2) What correlation is there between burnout syndrome and the level of dependence of senior?

3) Which other variables correlate with the level of burnout?

4. Purpose of the Study

In our study we focused mainly on following aspects of burnout-promoting factors: social support provided by family and wider society (social services), and on demands connected with care for dependent senior. The reason for this is that we see great risk on part of this population caused by low social support, and by possibility of social isolation due to inability to maintain social networks during the care for senior. This is accompanied by economic marginalization of caregivers. The purpose was to determine the extent of burnout and the most important contributing factors.

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5. Research Methods

The sample consisted of 458 caregivers caring for dependent senior. We employed purposive sampling technique combined with snowball sampling. The students of Institute of Social Work at University Hradec Králové also participated in recruiting respondents among their relatives and acquaintances. The table below summarizes basic sociodemographic information about our sample. The age is above average for Czech Republic, which reflects the fact that for old people often take care their partners, and in most other cases their middle-aged children (or, as should be noted, their daughters-in-law). 78% of the sample are women. Caregivers from small villages are overrepresented, while on the other hand cities over 100,000 inhabitants are underrepresented. Communities between 500 and 100,000 have roughly the share they have in general population. We can discuss whether this is due to the distortion introduced by sampling technique, or rather due to the fact that in small communities people more often take care of their old relatives in comparison with cities. This question, however, cannot be resolved based on our data.

Table 01. Age and gender of respondents

Variable	Avg	S.D.
Age [yrs]	51,96	14,543
Gender (M=0, F=1)	0,78	-

Table 02. Place of residence

Place of residence	<=500	501-20000	20001-100000	100001-500000	> 500000
N	126	194	87	28	23
%	27,5	42,4	19,0	6,1	5,0

6. Findings

Firstly we assessed the level in which our sample of caregivers is in risk of burnout. As we can see in the graph, the most common category is “satisfactory”; on the other hand, majority of the sample is at least in the risk of burnout. The question is, if this is high level in comparison with other populations and especially with general population. As far as we know, there is no nation-wide study employing specifically Pines’ and Aronson’s Burnout Measure. There are, however, other studies using similar instruments. Raboch et al. (2015) published results from a survey focused on healthy lifestyle, stress and burnout syndrome. This study employed Shirom-Melamed Burnout Measure. Its findings show that majority feels threatened by burnout, but only 20% of general population show symptoms of burnout, with significant differences a) between regions and b) professions. More urbanised and industrialized regions have higher rates of burnout, while most endangered professions are managerial and those with high responsibility. Shanafelt et al. (2012) conducted study among US physicians and compared their results with general population. This study used Maslach’s Burnout Inventory. There was 28%, resp. 38% for general population and physicians, respectively. To conclude, levels of burnout in our sample are similar to these in general population, at 22%. It is not possible to determine exactly, to what degree are

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the differences caused by different instrument or by differences in population. Even if informal caregivers do not seem to be in excessive threat of burnout, with 56% being at risk it is serious possibility. Further we analyse this in more detail.

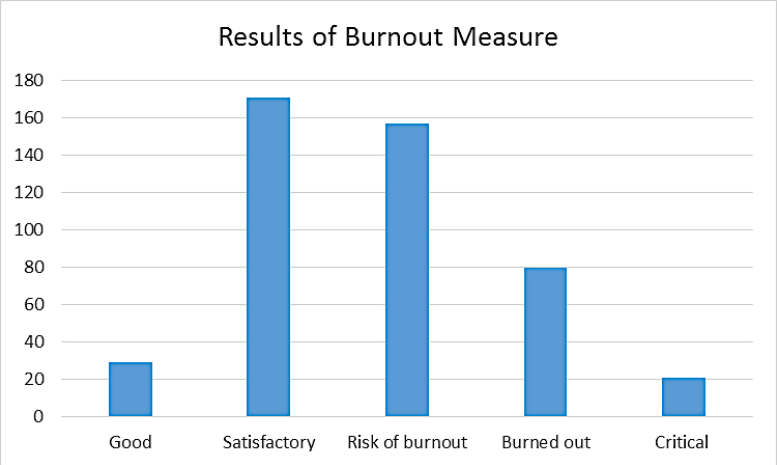

Figure 01: Results of Burnout Measure

The second question was concerned with the level of self-sufficiency of senior and how it correlates with the risk of burnout on the part of caregiver. When we measure this relationship between overall results of individual sub-tests, we find that the slope of regression is as expected, i. e. that higher dependence leads to higher burnout, but also that this relationship is very weak (R2 = 0,06 with ADL, R2 = 0,063 with IADL, R2 = 0,084 with basic needs fulfilling). We further tested individual items in tests and their correlation with burnout.

In tables below are summarized results. In the first column is the variable being tested. In the second one is the result of X2 test for categorical data in following form: *** - strong relation, $\alpha < 0,1\%$; ** - moderate, $0,1\% < \alpha < 1\%$; * - weak, $1\% < \alpha < 5\%$. All items were tested for linear association of ordinal (ordered) variables by Goodman and Kruskal's gamma coefficient (Sheskin, 2004). In all cases except one (chores around house) there is statistically significant linear symmetry (even if the null hypothesis in X2 test was not disproved).

Table 03. Basic needs fulfilling

Variable	X^2	Gamma
Clothing - Ability to choose clothing	***	0,257
Hygiene - Washing hands and face	***	0,267
Hygiene - Combing hair	***	0,268
Clothing - Take clothing on and off	**	0,238
Mobility - Ability to stand up from chair	**	0,202
Domestic chores - Basic money management	**	0,228
Communication - Writing	**	0,213
Alimentation - Serving a meal	**	0,243
Alimentation - Making a meal	*	0,212
Hygiene - Washing whole body	*	0,167
Alimentation - Eating and drinking on one's own	*	0,249
Mobility - Walking	*	0,183
Communication - Reading	*	0,196

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Mouth cleaning	*	0,233
Domestic chores - Buying food	*	0,248
Mobility - Standing up from bed	-	0,190
Communication - Speach	-	0,221
Domestic chores - Routine cleaning	-	0,209
Domestic chores - Washing and ironing clothes	-	0,202

Table 04. Barthel's ADL

Variable	X^2	Gamma
Eating, drinking	***	0,270
Fecal continence	***	0,255
Bathing	**	0,272
Personal hygiene	**	0,287
Walking on stairs	*	0,245
Using WC	*	0,228
Ability to move between bed and chair	*	0,199
Walking on flat surface	-	0,136
Urinal continence	-	0,159
Clothing	-	0,210

Table 05. IADL

Variable	X^2	Gamma
Taking medication	***	0,255
Shopping	***	0,236
Taking care of finance	**	0,232
Using phone	*	0,202
Cooking	*	0,227
Domestic chores	*	0,292
Chores around house	-	0,122
Transport	-	0,311

Based on the information provided we can identify most important items with respect to burnout. Some of these are confirmed across different tests, while elsewhere we see some disparities. First we take a look at most important items. These are the most basic daily routines. From the first table there is ability to choose clothing, cleaning teeth and combing. In the ADL test the most important are eating and drinking, faecal continence, in slightly lesser degree also hygiene. Among instrumental activities (table 4) it is taking medication and money management. Senior, who is dependent in these very basic activities, probably needs assistance very often or continuously, hence there is lesser space for caregiver to regenerate. On the other hand, domestic chores or transportation are not that linked to burnout, so we can expect that these seniors are in other respect fairly self-sufficient and the care is not that demanding.

We can see some surprising disparities. Clothing is in one test important correlate, in the other not significant at all. The same is true for eating and drinking. These disparities appear to be artefacts, because these variables are correlated very closely.

The last part of our analysis focuses on other correlations between burnout and various indicators. First we can say that there is no correlation between gender, age or place of residence, and burnout. On the other hand, people in risk of burnout share following characteristics:

1. They care for their spouses or partners.
2. They do not receive/do not feel support on part of family.

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3. They care for long hours daily, often more than 12.
4. They have insufficient information about available social services.

Each of these items could be interpreted on its own. It is, however, more fruitful to consider these together. The one feature that links all these characteristics is isolation. Those caring for their spouses are also old, and they might be easily consumed by this care; within family, they can only get some help from their own children (if they have any at all), but these usually have children of their own and their capacities are limited. Insufficient information also indicates isolation. All these factors influence directly the amount of daily care that is expected from the caregiver, and this in turn strongly influences BM score.

7. Conclusion

The findings show that informal caregivers are in risk of burnout syndrome of the intensity comparable with people in general population, and slightly lower than in helping professions. The methodology of comparable studies is, however, in some respects different. It was shown that people with highly dependent senior are more threatened, which was expected. We found specific factors contributing to this stress, which are the most basic activities of daily living, esp. hygiene, eating and clothing. The social context most likely to cause burnout is that in which one gets little or no support from family and other close people. This lack of support translates into long hours of care daily, further deepening isolation. From the social work perspective there is one important question, how to reach out to people lacking support from family, and help them in their task before they collapse under the strain of "endless" care.

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