

# Assessment of Level of Caregiver Burden among Caregivers of Elderly in Selected Village, Kancheepuram District

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## Abstract

Family members play a major role in providing care giving assistance to elderly persons and their families. The effect of stressors on family members caring for a physically or mentally ill person has been referred to as caregiver burden. It is an important concern and will become more so with the inevitable aging of the population. Community health and home health nurses must be able to recognize those factors associated with caregiver burden to effectively render care to their clients and families. The objective of the present study was to assess the level of caregiver burden among caregivers of elderly in Maraimalai Nagar. Quantitative approach and descriptive survey design was adopted for the study. A total of 40 samples were selected using non probability purposive sampling technique in Maraimalai Nagar. The tools used for the study comprises of 2 sections, section A- demographic Data which includes age, gender, relationship with elderly, religion, occupation and income , section B ýý a standardized 4 point Zarit care giver burden interview schedule was used which included 20 items. The data was collected from the 40 samples and the analysis was done using descriptive and inferential statistics. The study findings reveals that among the 40 samples taken for the study, 29 (72.5%) care givers of elderly have no or little level of burden and 11 (27.5%) caregivers have mild to moderate level of burden. It is also known that there is significant association between the level of burden and the income of the caregiver.

**Keyword:** Caregiver; Burden; Elderly; Stress; Health Problems.



## Introduction

In almost every country, the proportion of people aged over 60 years is growing faster than any other age group, as a result of both longer life expectancy and declining fertility rates [1]. The world's elderly population is expected to be 2 billion in the year 2020, most of which will be living in developing countries that can least afford the health care burden encountered by this population group [2].

Recent research has revealed that eighty percent of the non institutionalized elderly have one or more chronic health problems or disabilities. The shift in the provision of health care services from institutional to community based settings is translating into an increased requirement for individuals to care for family members in the home [3]. Despite the rapidly growing demands for home services, short term respite programs are extremely limited. Family members, therefore, take upon themselves the considerable responsibilities and stress associated with providing adequate care and supervision for their older relatives [4,5].

Family caregivers are essential partners in the delivery of complex health care services. Unlike professional caregivers such as physicians and nurses, informal caregivers, typically family members or friends, provide care to individuals with a variety of conditions including advanced age. This experience is commonly perceived as a chronic

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stressor, and caregivers often experience negative psychological, behavioral, and physiological effects on their daily lives and health caregivers are often faced with multiple concurrent stressful events and extended, unrelenting stress, they may experience negative health effects, mediated in part by immune and autonomic dysregulation. The level of care required by the care recipient is a major factor that influences the caregiver's life and health effects [6].

Caregiver burden may result from providing care for patients with chronic illness. It can occur in any of the 43.5 million individuals providing support to midlife and older adults. Caregiver burden is frequently overlooked by clinicians [7]. Caregiver burden is identified as a state resulting from providing the necessary care to an impaired older adult but that threatens either the physical or psychological wellbeing of the caregiver [8,9]. Nevertheless, the difficulties experienced by caregivers are often considered only after the signs of burnout are apparent. These signs indicate the progression of caregiver burden to the point where the experience is no longer a viable or healthy option for either the caregiver or the person receiving care [8].

Informal care for the disabled elderly has proved to be a heavy burden for family caregivers in many countries, and burden has been shown to be related to the socio-demographic characteristics of both the caregiver and the recipient of care [10-12]. Factors such as activities of daily living (ADL) of the impaired elderly also influence perceived burden [13,14]. However, mitigating factors may buffer the impact of burden such as resources and social support [15,16].

This study sheds light on the relationship between the variables within a sample of urban caregivers, with the aim to assess the level of caregiver burden among the caregivers of elderly.

## Materials and Methods

*Quantitative approach and Non experimental descriptive survey design was adopted for the present study. The variables studied are study variable and demographic variables. Caregiver burden was the study variable and the demographic variables includes age, gender, sex, education, marital status, type of family, monthly income, occupation and religion. The study was conducted in urban community, Maraimalai nagar, Kancheepuram District. The sample size of the*

present study was 40. Non-Probability purposive sampling technique was adopted to select the samples for the study. The tool used for data collection comprises of 2 sections:

*Section A:* Structured questionnaire to elicit demographic data of care giver of elderly.

*Section B:* The Zarit Burden Inventory standard care giver style tool which consists of 22 Questions.

The content of the tools were established on the basis of opinion of nursing experts. Suggestions were incorporated in the tool. The study was approved by the dissertation committee of SRM College of Nursing, SRM University, Kattankulathur, kancheepuram District. Permission was obtained from the Dean, SRM College of Nursing and informed consent was obtained from each participant for the study before starting data collection. Assurance was given to the subjects that anonymity of each individual would be maintained and they are free to withdraw from the study at any time.

The investigator explained the objectives and methods of data collection. Data collection was done within the given period of 1 week in Maraimalai Nagar, Kancheepuram district Tamilnadu. The data collection was done during the day time. Self-introduction about the researcher and details about the study was explained to the samples and their consent was obtained. The caregiver burden was assessed among the caregivers of elderly in Maraimalai Nagar using Zarit caregiver burden Inventory. The confidentiality about the data and finding were assured to the participants. The participants took 30 minutes to complete the tool and their co-operation was imperative. Statistical analysis was performed using SPSS software version 16. Chi square was used to associate the caregiver burden of the caregivers with their demographic variables.

## Results

Table 1 depicts the demographic data of care givers of elderly. Considering age, majority 55% of the caregivers belong to the age group of 41-50 of caregiver. 55% of the caregivers were males. 42.5% of the caregivers are the son to the elderly. 92.5% of the caregivers were married. 60% of the care givers were skilled worker. 65% of the care givers completed their higher secondary education. 37.5% of the caregivers monthly income was below 4555 Rs. 55% of the care givers were Hindus. 55% of the

**Table 1:** Frequency and percentage distribution of care givers of elderly N = 40

| Demographic variables | Care givers         |    |      |
|-----------------------|---------------------|----|------|
|                       | Number              | %  |      |
| Age                   | 21-30               | 2  | 5    |
|                       | 31-40               | 16 | 40   |
|                       | 41-50               | 22 | 55   |
| Gender                | Male                | 22 | 55   |
|                       | Female              | 18 | 45   |
| Relationship          | Son                 | 17 | 42.5 |
|                       | Daughter            | 10 | 25   |
|                       | Brother             | 8  | 20   |
|                       | Sister              | 5  | 12.5 |
| Marital status        | Married             | 37 | 92.5 |
| Educational status    | Un married          | 3  | 7.5  |
|                       | No Formal Education | 4  | 10   |
| Occupation            | Primary             | 10 | 25   |
|                       | Higher secondary    | 26 | 65   |
|                       | Un employed         | 8  | 20   |
|                       | Un skilled          | 5  | 12.5 |
| Monthly Income        | Skilled             | 24 | 60   |
|                       | Clerical            | 3  | 7.5  |
|                       | <4555               | 15 | 37.5 |
|                       | 4555-7593           | 11 | 27.5 |
| Religion              | >7593               | 14 | 35   |
|                       | Hindus              | 25 | 62.5 |
|                       | Muslims             | 12 | 30   |
| Type of family        | Christians          | 3  | 7.5  |
|                       | Nuclear             | 22 | 55   |
|                       | Joint               | 18 | 45   |

**Table 2:** Assessment of level of caregiver burden among caregivers of elderly N=40

| Caregiver burden                 | Frequency | Percentage |
|----------------------------------|-----------|------------|
| No or Little level of burden     | 11        | 27.5       |
| Mild to Moderate level of Burden | 29        | 72.5       |
| Severe Burden                    | 0         | 0          |

**Table 3:** Association between the level of caregiver burden of elderly with their demographic variables:

| Demographic variable |                      | Little or no burden | Mild to moderate burden | Chi square value      |
|----------------------|----------------------|---------------------|-------------------------|-----------------------|
|                      |                      | Number              | Number                  |                       |
| Age                  |                      |                     |                         |                       |
|                      | 21-30                | 2                   | 0                       | X <sup>2</sup> =4.548 |
|                      | 31-40                | 14                  | 2                       | P =0.103              |
| Gender               | 41-50                | 13                  | 9                       | NS                    |
|                      | Male                 | 14                  | 8                       | X <sup>2</sup> =1.926 |
|                      | Female               | 15                  | 3                       | P =0.166              |
| Relationship         |                      |                     |                         | NS                    |
|                      | Son                  | 11                  | 6                       | X <sup>2</sup> =0.966 |
|                      | Daughter             | 8                   | 2                       | P =0.009              |
|                      | Brother              | 6                   | 2                       | NS                    |
| Marital status       | Sister               | 4                   | 1                       |                       |
|                      | Married              | 27                  | 10                      | X <sup>2</sup> =0.055 |
|                      | Un married           | 2                   | 1                       | P =0.814              |
| Educational status   |                      |                     |                         | NS                    |
|                      | Non formal education | 2                   | 2                       | X <sup>2</sup> =1.302 |
|                      | Primary              | 7                   | 3                       | P =0.521              |
| Occupation           | HSS                  | 20                  | 6                       | NS                    |
|                      | Un employed          | 8                   | 0                       | X <sup>2</sup> =3.887 |
|                      | Un skilled           | 3                   | 2                       | P =0.274              |
|                      | Skilled              | 16                  | 8                       | NS                    |
| Monthly Income       | Clerical             | 2                   | 1                       |                       |
|                      | <4555                | 13                  | 2                       | X <sup>2</sup> =9.549 |
|                      | 4555-7593            | 10                  | 1                       | P =0.008              |
| Religion             | >7593                | 6                   | 8                       | <b>Significant</b>    |
|                      | Hindus               | 17                  | 9                       | X <sup>2</sup> =2.215 |
|                      | Muslims              | 10                  | 2                       | P =0.346              |
| Type of family       | Christians           | 2                   | 0                       | NS                    |
|                      | Nuclear              | 16                  | 6                       | X <sup>2</sup> =0.001 |
|                      | Joint                | 13                  | 5                       | P =0.972              |

caregivers belong to nuclear family.

Table 2 shows that among the 40 samples taken for the study, 29 (72.5%) care givers of elderly have no or little level of burden and 11 (27.5%) have mild to moderate level of burden.

Table 3 shows the association of the level of care givers burden with their demographic variables: was It was found that there was significant association with caregiver burden and their monthly income and there was no association with respect to other demographic variables.

## Discussion

With the increase in health care expenses, particularly those associated with inpatient care, and given rising societal ethos emphasizing that care for aging individuals is best offered in the community, family members are increasingly finding themselves in the role of supporting and caring for their elderly or disabled relatives at home. The documented stressors to family members are vast and include expression, anxiety, grief, and overload [17]. One of the populations most vulnerable to the burden caused by providing long-term care are spouses, who often view caring as an extension of their marital commitment, and who are more likely to continue caring despite the limited support services available to them, or the emotional suffering they experience [18].

The current study findings indicated that 29 (72.5%) care givers of elderly had no or little level of burden and 11 (27.5%) had mild to moderate level of burden. It was also found that there was a significant association with caregiver burden and their monthly income.

Similar study was conducted by Cantor, Marjorie H. in 1983 on Strain among caregivers: A study of experience in the United States. Authors interviewed 111 primary caregivers (aged 20+ yrs) to elderly persons in order to investigate the process by which informal support systems act to assist older people and to examine role strain. Primary caregivers encompassed 4 types of informal supports: 33% were spouses, 36% children, 19% other relatives, and 12% friends/neighbors. The quality of relationships between the elderly and caregivers was examined, as well as required changes and adjustments in lifestyles and factors associated with strain. Results suggest that the amount of stress and disruption of daily lives of the caregivers is different for different groups of

caregivers. Closer bonds make caregiving more stressful, and spouses and children appear to be priority targets for interventions to strengthen the capacity of informal supports to assist the frail elderly [19].

Sharon May Wallsten and Samuel S. Snyder in 2006 conducted a similar study on a comparison of elderly family caregivers' and noncaregivers' perceptions of stress in daily experiences. Interactive factors of stress were examined by comparing a group of elderly family caregivers to a control group of noncaregiving peers. The groups were compared on their perceptions of positive and negative aspects of daily activities as well as on the relationship between these perceptions and psychological symptoms. Caregivers rated greater negative impact in everyday experiences than did non caregivers, whether or not experiences directly related to care giving were included. The ratings of positive impact were higher than for negative impact and were similar in both groups. Negative impact scores predicted psychological symptoms for both groups, whereas positive impact scores did not [20].

## Conclusion

The study concluded that, 29 (72.5%) care givers of elderly had no or little level of burden and 11 (27.5%) had mild to moderate level of burden. It was also found that there was a significant association with caregiver burden and their monthly income which implies that providing care for a chronically ill and/or disabled family member is stressful. Hence community intervention need to be designed in-home services that better meet the social needs of disabled elderly and provide more efficacious respite to caregivers.

## Acknowledgement

We sincerely thank Dean, SRM college on nursing, SRM university, kattankulathur for granting permission to conduct the study and sincere thanks to for all the caregivers for their participation and cooperation.

## Conflict of Interest

The authors have no conflict of interest to declare.

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