Review Article Ouen Access

# Caregivers Burden of Hospitalized Elderly

Ushvinder Kaur Popli and Rishi Panday\*

Department of Social Work, Jamia Millia Islamia, New Delhi, India

#### **Abstract**

Ageing is a universal problem which influences the entire world in the present scenario. It is a major issue with the increasing number of elderly in the society and creates care giving challenges for family members. Now a day every one busy his own life so caring of elderly is a big challenge for caregivers. Care givers of hospitalized elderly experienced many problems during the care giving of elderly in hospital. They always worry about caring for elderly so take all responsibility of elderly them self. During care giving day by day care giver started to avoid his health care, family responsibility, the job as well as social interaction with friends, neighbours and relatives. They do not participate in any social gathering and postpone or cancelled family activities like watching a movie, holiday tour, marriage ceremony etc. Sometimes they do not celebrate any festival with family or friends because they engage in caring of elderly in hospital. Caregivers of hospitalized elderly face many obstacles in their personal life at the same time as demands of a family including child rearing, the career along with maintaining relationships with friends, neighbours and relatives. Due to care giving, care givers are suffering these types of problems as a burden, stress, depression, irritability, aggressive behaviour and variety of health complications.

Keywords: Caregiver burden; Care giver; Hospitalized elderly

### Introduction

Human life is based on three important stage of life. The first stage of life is child stage, the second stage is an adult stage and third stage is old age stage. In every stage, people faced the different type of challenges, but old age stage is the unique stage in an individual's life. It is the closing period of the life span. In this stage, a person becomes weaker on Physical perspective as well as more sensitive and emotional on Psychological perspective. This unwanted process of becoming older makes it more important in human life.

### Literature Review

"Globally, the proportion of the elder population (60+) has increased from 8.1% in 1950 to 11% in 2010. By 2050, this proportion is projected to rise to 22%, which means one of five people in the world is expected to be older than 60 years of age (United Nations, 2009)".

Day by day population of older people is increasing in the society and creates new challenges in multiple social dimension including politics, economics, and health care [1].

#### Old age

Old age is a period of person's life when body systems start to diminish in functionality. There is no specific age to describe old age. It has been difficult to set a certain age for the old age, different ages are considered to be an old age in different countries. Hurlock defined aging as "Old age is a closing period of life span" [2]. Hooyman suggested "Aging is a complex and fascinating process, one that we will all experience [3]. It is complex because of its many facts-physiological, emotional, cognitive, economic and interpersonal that influences our social functioning and well-being." Pappthi [4] "Ageing is a multidimensional phenomenon and is affected by a combination of physical, psychological and socioeconomic factors." Bhattacharya and Mukherjee [5] defined "Aging is a progressive and cumulative process of psychophysical change occurring over time and affected by a psychophysical change occurring over time and affected by the variety of factors."

## Problems of elderly

In old age, people face many problems which are related to health, psychological problem like depression, anxiety and memory problem.

In the social context, people face many problems which are related to migration, nuclear family, modernization and urbanization. Physical health problem is barriers to independents living for most seniors. Problems such as pain, vision or hearing loss, arthritis, incontinence, dental problems and difficulty following physician's prescriptions can seriously limit an older person's capacity to live independently. In old age mental decline has started due to mental decline people face some difficulties like forgetfulness, learning difficulty, withdrawal from activities, poor judgment capacity etc. This pattern may be entitled as 'sleep' mentality. Many older people of today which grow up in a more work-oriented society, feel guilty after retirement or after their home responsibilities have diminished, most of them want to do something useful but they feel shyness. There are community activities planned for older citizens because they regard them as a form of recreation rather than real work, they want companionship for these activities which will provide. It is important to examine what know about the psychological and neuropsychological problems of older adults and to expose some of our misconception about ageing. Psychological disorders which are more predominant among the elderly such as Depressions, anxiety disorder, sleep disorder, dementia and schizophrenia. Ageing has been defined as the process of human ageing involving physiological and psychological changes that are sequential, cumulative and irreversible but it is generally agreed that the changes do not occur at the same rate in any one individual, let alone in all people of the same chronological category or as a degenerative process while operationally it may be defined as that age at which functional limitation occur on physical

Social structure and values are undergoing the transformation from a traditional value to modern values in Indian society. Everyone is busy his own life and no one have proper time for family as the result of this no one give proper time for elderly in the family. The traditional Indian

\*Corresponding author: Rishi Panday, Department of Social Work, Jamia Millia Islamia, New Delhi, India, Tel: +91-9572614107; E-mail: rishiraj.lu@gmail.com

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system is based on joint family system and everyone has assigned work according to capacity and knowledge. Generally, man is work outside for earning money and woman do household work and caring for elderly. Impact of modernization, urbanization and globalization in India on a joint family system and break into the nuclear family system. In the nuclear family system, husband and wife both are working for better life style and wife plays dual responsibility as a job along with house hold work. It creates more care giver burden for elderly.

Ageing is a big challenge for the entire world in the present scenario. The population of elderly is increased day by day in global perspective and it generates challenges of caring. Nowadays social structure and values of Indian society are transforming from traditional values to modern value and this is a result of industrialization and urbanization. In Indian culture, people believed that the caring of elderly should be a duty of all members of the joint family. Day by day concept of joint family is broken due to industrialization and urbanization and it transformed into nuclear family. In nuclear family caring for elderly is very difficult for family members because husband and wife both are working members of a family while children are going to school so elderly become lonely in a home.

### Care giver of hospitalized elderly

An operational definition of a caregiver for this study is "The care giver is a close family member who is responsible for the day-to-day decision about their hospitalized elderly. They perform both role in hospital as an organizer and administer. Care giver is responsible for medications, communicate with doctors and nurses, attend to financial matters and monitor medication side effects along with managing with multiple responsibilities like family." 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 [6].

Caregivers as unpaid workers which may be a family members, friends and neighbours as well as individuals affiliated with religious institutions [7]. Caregivers of hospitalized elderly face more challenges than other caregivers in the home. In present time caring for elderly people is a big challenge for the caregivers. During care giving of the hospitalized elderly, caregivers often find themselves isolated from society. They have very little time to maintain social contacts with people. Day by day this social isolation further increases and creates behavioural problems with caregivers of hospitalized elderly. Modernization and advancement in public health and medical technologies during the twentieth century have led to population ageing at the global level. Reflecting increasing life expectancy and decreased fertility rates, the number of older adults is accounting for an increasing proportion of the world population [8]. Family members remain the primary source of both instrumental and emotional supports for elderly with care needs in many countries especially in India [9]. In both developed and developing countries, family members, the majority of who are wives, daughters and daughters in law, are the primary source of this long-term care. Data show that even while experiencing the impact of modernization and urbanization of family structures, older adults in developing countries continue to rely on family ties and support with a significant majority of older adult co-residing in the same household with their young kin [10]. Caregiver Burden: Caregiver burden has been defined by Gwyther and George [11] as 'the physical, psychological or emotional, social, and financial problems that can be experienced by family members caring for impaired older adults". Kramer [12] suggests that the concept of 'caregiver burden' has been popular in the literature due to its alignment with the tendency of social science research to focus on 'psychological dysfunction' (e.g. anxiety, depression).

Care giving typically involves a significant expenditure of time, energy, and money over potentially long periods of time; it involves tasks that may be unpleasant and uncomfortable and are psychologically stressful and physically exhausting. Zucchella [13] highlighted in their study coping strategies and find out dysfunction strategy as a predictor of care giver burden. Successful care giving was based on problem-oriented strategies in the early stage of the disease when the solution can be still sought. Donaldson [14] in their research study found that in addition to opportunity costs, care giving is linked to a wide range of negative outcomes, including psychological disturbances, physical health problems, relationship changes and social activity restrictions. Cooper [15] studying on coping and anxiety in caregivers of people with Alzheimer's disease and expresses that addressing anxiety reduction can be through coping strategies with help of intervention. Caregivers play the different type of role to give many kinds of providing many kinds of help to the care receivers. The caregiver provides help to care receiver with the daily task such as lifting, turning in bed, feeding, Cooking, bathing, dressing, shopping, paying the bills, running errands, giving medicine, keeping company, providing emotional support along with other works. All these helps rendered by caregivers can be time-consuming as result this many time caregiver cannot be completed his personal task [16].

### Caregiver burden of hospitalized elderly

Caregivers of hospitalized elderly always worried about the health of elderly but careless about their own health. They always know about the time of medicine of elderly although forget always their time of medicine. Care giver always worried about the pattern of food and sleeping pattern of elderly, but their sleeping pattern is disturbed, and appetite is also poor. Care giver also suffering from some illness like blood pressure, sugar, headache and hypertension. During care giving caregiver has reduced weight and feeling weak. Care giver tends to sacrifice their leisure activities and hobbies along with restricting time with friends and family. Friend planned for an outing and creates fun with all friends, but they refused plan and said I can't go with you because taking responsibility of elderly.

They did not give proper time in their jobs and business due to care giving. They started to ignore participate any function and activities in neighbours, relatives and friends. They avoid talking with any persons because busy in caring for elderly and thinking that it disturbed the time of care giving. Care giver unable to participate any festival and function in the family. Sometimes they thought that main goal of life is caring. Some people are appreciated for caring of elderly but some person commenting for this. In Indian culture caring of elderly is kind of virtue which is related to religion. In present time people are busy in their life because people give more importance to time and money. Impact of modernization, industrialization and globalization joint families split into a nuclear family in India. It is very difficult to live in the metropolitan city so husband and wife both are working to manage expenses of the family. Caring problems of elderly in the metropolitan city is burning issue how to family manage it. Caregivers face these types of psychological challenges during caring of hospitalized elderly like anger, sadness, irritability, short temper, anxiety, discouragement, trouble relaxing, loss of direction, inability to concentrate. These problems increase day by day and create many problems in caregiver's life. They show anger on family members without any reason and easily irritate during any work. They do not take interest in any work and unable to concentrate on any work. Behavioural problems during the caring of hospitalized elderly people faced by caregivers. Many caregivers started use of drugs or alcohol during care giving of elderly.

Care givers are facing problems in concentrating, avoiding decisions, low productivity, forgetfulness, boredom, overreacting and acting on impulse. Some care giver faced many problems in jobs and work place so started changing jobs. Care givers think that they will complete their own work which is related to job and family. Similar findings show that various domains of the quality of life as physical health, psychological health, social health and environmental health of primary caregivers were affected by the level of the caregivers' burden and the types of services provided to the elderly person, by caregivers' characteristics, as well as their health and economic status [17]. Caregivers providing support to a loved one in a facility experience different stressor. Primary sources of burden associated with caring for a loved one in a facility may include family conflict over the decision to place, travel to and from the facility, monitoring the resident's care at the facility, financial stressors, conflict with nursing home staff, and the adoption of new roles [18]. Gaugler [19] found that clinically significant burden persisted for wives and daughters, while husbands were more likely to suffer from clinically significant depression. This could be due to the wives' and daughters' investment in their role as caregivers, which may be a major component of their personal identity. It may be more difficult for them to give up their daily interaction and care of their loved one. Placing their loved one may lead to difficulty managing the transition to new caretaking roles. Caregivers are processing the decline in both the physical and cognitive wellbeing of their loved ones as well as taking on an increasingly difficult care giving role. Caregiver's worries about the future, loss of personal freedoms, changes in roles and the loss of the person they once knew along with the reduction in intimacy and the loss of the ability to have meaningful conversations may cause ambiguity about their relationships [20]. Anticipatory grief is a complex concept that encompasses grief in anticipation of the future loss of a loved one, in addition to previously experienced and current losses as a result of the terminal illness. Anticipatory grief was shown to be significantly and independently associated with caregiver burden. The effects of known predictors were such as background characteristics, behaviour problems in the care recipient and depressive symptoms. Caregivers of elderly faced problems which are feelings of responsibility, dependency on caregiver, emotional care, social planning, problem solving and environmental quality. As the results of that the health of the caregivers are impacted along with led to stress and burden on the life of the caregiver [21].

Caring for an older family member is related to multiple stress factors in families, communities, and societies [22]. Care giving strain influences on both the elders who receive care and their relatives who provide care.

Care givers of hospitalized elderly have major burdens in these areas:

- · Family burden.
- · Economic burden.
- Social burden.
- Health burden.

Family burden: Care giver of hospitalized elderly faced many problems in the family due to care giving. There is a restriction of recreational activities in the family by the family members because of hospitalized elderly. Family members may have to sacrifice their holidays and leisure time due to care giver of elderly. Sometimes the family may have to postpone or even cancel a planned any functions in the home. There will be a destruction of routine activities due to

hospitalized elderly people's need and due to the care of elderly people. There is the reduction or even cessation of interaction with friends, relatives and neighbours. This eventually leads the family to become isolated from rest of the community. The family is an important source of social and emotional support for family members along with a potential source of stress, disruptions to family functioning can have deleterious effects on individual family members who have demanding care responsibilities such as caring for hospitalized elderly [23]. Care giver of hospitalized elderly faced many problems in the family due to care giving of hospitalized elderly. They have a lot of restriction to participate in recreational activities in the family because busy in care giving of hospitalized elderly. Family members may have to sacrifice their holidays and leisure time due to care giver of elderly. Sometimes the family may have to postpone or even cancel a planned of any functions at home. There would be a destruction of routine activities due to hospitalized elderly people's need and due to the care of elderly people. There is the reduction or even cessation of interaction with friends, relatives and neighbours. This eventually leads the family to become isolated from rest of the community. Some time found that caregivers faced problems with spouse or children, intolerance of others. Care givers due to care giving got less chance to contact with friends, relatives and neighbours. Some time care giver unable to do his family responsibility due to care giving of hospitalized elderly so he gives his response to other members but after some time these responsibilities creates conflicts among family members. Sometimes family members take the responsibility of care giver due to care giving of elderly after some time they feel that it is an extra burden for them because of they unable to complete their personal and professional tasks. It creates strain relationship within family members.

**Economic burden:** The Economic burden is experienced by the care giver of hospitalized elderly people. Family members expanded major part of money towards medicine, hospital charge and another necessary arrangement in hospital and home. Some care giver borrows money from relatives, neighbours, friends and money lenders. Due care giving of hospitalized elderly care giver take paid leave, absence, changed job or quit a job so the result of this their income became decrease. Haddock [24] highlighted in their study that care giving also affects a caregiver's work, family financials condition such as balancing the job and providing care to family members. Care giver of hospitalized elderly faced many problems in the family due to care giving of hospitalized elderly. They have a lot of restriction to participate in recreational activities in the family because busy in care giving of hospitalized elderly. Family members may have to sacrifice their holidays and leisure time due to care giver of elderly. Sometimes the family may have to postpone or even cancel a planned of any functions at home. There would be a destruction of routine activities due to hospitalized elderly people's need and due to the care of elderly people. There is the reduction or even cessation of interaction with friends, relatives and neighbours. This eventually leads the family to become isolated from rest of the community. Some time found that caregivers faced problems with spouse or children, intolerance of others. Care givers due to care giving got less chance to contact with friends, relatives and neighbours. Some time care giver unable to do his family responsibility due to care giving of hospitalized elderly so he gives his response to other members but after some time these responsibilities creates conflicts among family members. Sometimes family members take the responsibility of care giver due to care giving of elderly after some time they feel that it is an extra burden for them because of they unable to complete their personal and professional tasks. It creates strain relationship within family members.

Social burden: Care giver tends to sacrifice their leisure pursuits and hobbies along with restricting time with friends and family. They did not give proper time in their jobs and business due to care giving. They cannot participate in any function and activities in neighbours, relatives and friends. They avoid talking any persons because busy in caring for elderly. Some people are appreciated for caring of elderly but some person commenting for this. Care giver tends to sacrifice their leisure activities and hobbies along with restricting time with friends and family. Friend planned for an outing and creates fun with all friends, but they refused plan and said I can't go with you because taking responsibility of elderly. They did not give proper time in their jobs and business due to care giving. They started to ignore participate any function and activities in neighbours, relatives and friends. They avoid talking with any persons because busy in caring for elderly and thinking that it disturbed the time of care giving. Care giver unable to participate any festival and function in the family. Sometimes they thought that main goal of life is caring. Some people are appreciated for caring of elderly but some person commenting for this. In Indian culture caring of elderly is kind of virtue which is related to religion. In present time people are busy in their life because people give more importance to time and money. Impact of modernization, industrialization and globalization joint families split into a nuclear family in India. It is very difficult to live in the metropolitan city so husband and wife both are working to manage expenses of the family. Caring problems of elderly in the metropolitan city is burning issue how to family manage it.

The prevalence of depressive symptoms among family caregivers has been documented as a serious social problem that could threaten the lives of the elderly and their family caregivers. Social support is considered to be a promising remedy for this problem, although a comprehensive examination of the availability and effectiveness of social support that includes both formal and informal support across multiple dimensions remains limited [25].

Health burden: Caregivers of elderly have a disturbed daily routine because engaged in caring of hospitalized elderly at any time according to the situation of elderly. They don't give proper time for his health because they think their main goal is caring for elderly would not be disturbed. They take care of medicine of elderly regularly, but they could not take their medicine regularly while suffering from chronic illness. Caregivers are at a greater health risk than the care receivers because when the caregivers devote themselves to the needs of someone else, they tend to neglect their own needs. A care giver is very careless about his personal care and not recognizes or ignores the signs of illness, exhaustion or depression but they are experiencing. The physical health of the caregiver may negatively impact by stress. Stress is the cause of the physically or verbally aggressive towards the care receiver [26]. Krach and Brooks [27] highlighted in their study that primary caregiver was significantly correlated with care giving burden and this finding is understandable as primary caregivers usually take up  $\,$ more key responsibilities in providing care of elderly. A high number of hours per day of care giving were associated with low emotional support and self-perceived help, poor mental health and high burden [28]. Robinson [29] found positive correlation among caregiver depression with the severity of patient behaviours, negative social support and financial concerns. It indicates that social support may play important role to improve caregiver's life. Rhoades and Green Berg [30] suggested that mind and body both are affected by the long-term Physiological effects of stress. It often leads to Psychiatric disorders like depression, anxiety. The finding of this study indicates that burden experienced by caregiver may be linked to depression.

Caregiver strain affected physical and psychological well-being of caregiver and higher levels of caregiver strain can increase the mortality risk for elderly spousal caregivers [31-33].

### **Discussion and Conclusion**

Family caregivers may be motivated to provide care for hospitalized elderly due to several reasons: a sense of love or reciprocity, religious fulfilment, responsibility, guilt and social pressure. Caregivers face many obstacles as they balance care giving of hospitalized elderly with other demands of family, including child rearing, career and relationships with friends. Due to care giving, care givers are at increased risk for burden, stress, depression, irritability, aggression and variety of health complications. Care giver tends to sacrifice their leisure pursuits and hobbies along with restricting time with friends and family. They did not give proper time in their jobs and business due to care giving. In Indian culture caring of elderly is kind of virtue which is related to religion. In present time people are busy in their life because people give more importance to time and money. Impact of modernization, industrialization and globalization joint families split into a nuclear family in India. It is very difficult to live in the metropolitan city so husband and wife both are working to manage expenses of the family. Caring problems of elderly in the metropolitan city is burning issue how to family manage it.

#### References

- Bloom DE, Canning D, Fink G (2010) Implications of population ageing for economic growth. Oxford Review of Economic Policy 26: 583-612.
- Hurlock EB (1993) Development psychology: A life span approach, New Delhi: Tata Mc Graw Hill.
- Hooyman NR, Kiyak HA (2008) Social gerontology: A multidisciplinary perspective. Pearson Education.
- Pappathi K (2007) Ageing: Scientific perspective and social issues. APH Publishing.
- Bhattacharya S, Mukherjee M (2008) Perception of the elderly. Global Vision Pub House.
- Wade DT, Legh-Smith J, Hewer RL (1986) Effects of living with and looking after survivors of a stroke. Br Med J (Clin Res Ed) 293: 418-420.
- Drentea P (2007) Caregiving. In Ritzer G (Ed.), Blackwell Encyclopaedia of Sociology.
- Lowenstein A, Katz R, Gur-Yaish N (2007) Reciprocity in parent–child exchange and life satisfaction among the elderly: A cross-national perspective. Journal of Social Issues 63: 865-883.
- Prakash IJ (1999) Living arrangements of the elderly in India: Implications for caregiving. Indian Journal of Gerontology 9: 1-9.
- Aboderin I (2005) Conditionality and limits of filial obligation. Leeson G (Ed. de la serie), Oxford Institute of Ageing Working Papers.
- Gwyther LP, George LK (1986) Caregivers for dementia patients: Complex determinants of well-being and burden. Gerontologist 26: 245-266.
- Kramer BJ (1997) Gain in the caregiving experience: Where are we? What next? The Gerontologist 37: 218-232.
- Zucchella C, Bartolo M, Pasotti C, Chiapella L, Sinforiani E (2012) Caregiver burden and coping in early-stage Alzheimer disease. Alzheimer Disease and Associated Disorders 26: 55-60.
- Donaldson C, Tarrier N, Burns A (1997) The impact of the symptoms of dementia on caregivers. Br J Psychiatry 170: 62-68.
- Cooper C, Katona C, Orrell M, Livingston G (2006) Coping strategies and anxiety in caregivers of people with Alzheimer's disease: The LASER-AD study. J Affect Disord 90: 15-20.
- Vitaliano PP, Zhang J, Scanlan JM (2003) Is caregiving hazardous to one's physical health?: A meta-analysis. Psychological Bulletin 129: 946-972.

- lecovich E (2008) Caregiving burden, community services, and quality of life of primary caregivers of frail elderly persons. J Appl Gerontol 27: 309-330.
- 18. Majerovitz SD (2007) Predictors of burden and depression among nursing home family caregivers. Aging Ment Health 11: 323-329.
- Gaugler JE (2010) The longitudinal ramifications of stroke caregiving: A systematic review. Rehabil Psychol 55: 108.
- Donorfio LK, Kellett K (2006) Filial responsibility and transitions involved: A
  qualitative exploration of caregiving daughters and frail mothers. Journal of
  Adult Development 13: 158-167.
- 21. Abdelmoneium AO, Rankin J, Corman M (2017) Roles and responsibilities of family home caregivers for elderly people in Qatar: Experiences and challenges. International Journal of Social Science Studies 5: 1-11.
- Pearlin LI, Mullan JT, Semple SJ, Skaff MM (1990) Caregiving and the stress process: An overview of concepts and their measures. The Gerontologist 30: 583-594
- Scharlach A, Li W, Dalvi TB (2006) Family conflict as a mediator of caregiver strain. Family Relations 55: 625-635.
- Haddock SA, Zimmerman TS, Lyness KP, Ziemba SJ (2006) Practices of dual earner couples successfully balancing work and family. J Fam Econ Issues 27: 207-234.
- 25. Kikuzawa S (2016) Social support and the mental health of family caregivers:

- Sons and daughters caring for aging parents in Japan. International Journal of Japanese Sociology 25: 131-149.
- 26. Gupta R, Chaudhuri A (2008) Elder abuse in a cross-cultural context: Assessment, policy and practice.
- Krach P, Brooks JA (1995) Identifying the responsibilities and needs of working adults who are primary caregivers. J Gerontol Nurs 21: 41-50.
- 28. Chang HY, Chiou CJ, Chen NS (2010) Impact of mental health and caregiver burden on family caregivers' physical health. Arch Gerontol Geriatr 50: 267-271.
- Robinson KM, Adkisson P, Weinrich S (2001) Problem behaviour, caregiver reactions, and impact among caregivers of persons with Alzheimer's disease. J Adv Nurs 36: 573-582.
- Rhoades BL, Greenberg MT, Domitrovich CE (2009) The contribution of inhibitory control to preschoolers' social–emotional competence. J Appl Dev Psychol 30: 310-320.
- Schulz R, Beach SB (1999) Caregiving as a risk factor for mortality: The caregiver health effects study. JAMA 282: 2215-2219.
- 32. Chun M, Knight BG, Youn G (2007) Differences in stress and coping models of emotional distress among Korean, Korean-American and White-American caregivers. Aging Ment Health 11: 20-29.
- Gaugler JE, Yu F, Krichbaum K, Wyman JF (2009) Predictors of nursing home admission for persons with dementia. Med Care 47: 191-198.