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Full Length Research Paper

Relationship between caregivers' burnout and elderly emotional abuse

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The aim of the present study is to identify the relationship between caregivers' burnout and elderly emotional abuse. Descriptive correlation research design was utilized in this study to achieve the stated aim. The sample consisted of 40 Saudi female elderly clients aged 60 years and over and 15 caregivers. This study was conducted in geriatric home in El-Riyadh, Kingdom of Saudi Arabia. Data were collected by using three tools: a) Socio-demographic data sheet of the caregivers and elderly personal profile, b) Maslach Burnout Inventory which is divided into three subscales: emotional exhaustion, depersonalization and personal accomplishment and c) Elder Abuse Screening Instrument which was used to assess client's safety and client's access to services. Results showed that there was statistically significant negative correlation between caregiver's age and emotional exhaustion and depersonalization. There was a statistically significant positive correlation between emotional exhaustion and depersonalization. While, there was statistically significant negative correlation between emotional exhaustion and personal accomplishment. Emotional exhaustion had statistically significant negative correlation with elderly safety. Based on the results of the present study, the researcher recommended: establishment policies and protocols aimed at improving coordination and communication with programs that serve caregivers. These programs should include provisions for collaborative investigations, assessments and care planning when appropriate. Legal frameworks, health care and social services need to be applied with a strong sense of equity, reinforcing the civil and human rights of elderly people, regardless of sex, ethnic origin, socioeconomic status and age.

Key words: Burnout, emotional abuse, elderly, caregivers.

INTRODUCTION

Elderly people are particularly vulnerable group in the society and have special health problems (Dogan and Deger, 2004). Older people are the fastest growing segment of the population world wide. In Saudi Arabia, the percentage of persons aged 60 years or above was 2.5% by the year 2000 and it will increase to be 3.2% at the year 2010 (United Nations, 2003). Globally, the number of persons aged 60 years or above is expected to almost triple within the next few decades, from 672 million in 2005 to nearly 1.9 billion by 2050. However, the very old group aged 80 and above who are at special risk of being abused, will increase even faster (World Health Organization, 2002a).

Elder abuse referred to as elder mistreatment, is any abuse or neglect of a person aged 60 or above by a caregiver or another person in a relationship involving an expectation of trust that threatens his or her health or safety. Elder abuse may take many forms and are often classified as physical abuse and neglect, psychological abuse, financial exploitation and violation of rights (Hildreth et al., 2009).

Psychological or emotional abuse is defined as the infliction of anguish or distress through threats, verbal aggression, intimidation, humiliation, harsh orders, or others. Older age, social isolation, functional debility, psychological disorder or character pathology, cognitive impairment as well as caregiver burnout and frustration are the main risk factors for elderly mistreatment or abuse (Kurrle et al., 1997).

Classic symptoms of elderly emotional abuse are identified as agitation, anger, negative attitude, fearful behavior, especially around certain individuals as well an

elder's report of verbal abuse or mistreatment (Carney et al., 2003). Moreover, not all elder abuse can be seen with naked eye. There is also emotional abuse that occurs when a person is demeaning and dehumanizing another person. Psychological and emotional abuse can also make someone withdraw into depression or even deny that anything bad is actually taking place (Wilson, 2008).

Caregiver refers to anyone who routinely help others who are limited by chronic conditions. "Formal caregivers" are volunteers or paid employees connected to the social service or health care systems (Tennstedt, 1999). Caregiver burnout is a state of physical, emotional and mental exhaustion that may be accompanied by a change in attitude from positive and caring to negative and unconcerned. Burnout can occur when caregivers don't get the help they need, or if they try to do more than they are able either physically or financially. Caregivers often are so busy caring for others that they tend to neglect their own emotional, physical and spiritual health. The demands on a caregiver's body, mind and emotions can easily seem overwhelming, leading to fatigue and hopelessness and, ultimately, burnout (Montgomery and Kosloski, 2000). Factors that can lead to caregiver burnout include role confusion, lack of control (that is, many caregivers become frustrated by lack of money, resources and skills to effectively plan, manage and organize their care), unrealistic expectations (that is, many caregivers expect their involvement to have a positive effect on the health and happiness of the patient) and unreasonable demands. Furthermore, many caregivers cannot recognize when they are suffering burnout and eventually get to the point where they cannot function effectively. They may even become sick themselves (Grunfeld, 2004).

The symptoms of caregiver burnout are similar to the symptoms of stress and depression. They include withdrawal from friends, family and other loved ones, loss of interest in activities previously enjoyed, feeling blue, irritable, hopeless and helpless, changes in appetite, weight, or both, changes in sleep patterns, getting sick more often, feelings of wanting to hurt oneself or the person for whom you are caring, emotional and physical exhaustion and irritability (Zarit, 2006).

In Saudi Arabia, one of the strategies of the Ministry of Health is to expand and extend delivery of optimum quality comprehensive health services that are accessible to all people including the elderly at primary, secondary and tertiary levels (Al Suwailem, 1990). Nurses as caregivers must take the lead in recognizing, reporting and seeking help for the frail elderly. With a good reporting system in place, nurses can follow a clearly delineated safety plan to get immediate help from social services, an elder abuse team, or administration while patient is still in the hospital or agency. Nurses must also help patients avoid feelings of embarrassment, shame and helplessness. In addition, all nurses must be aware of adult protective services available in their communities (Cole, 2002).

Within institutions, elderly residents may be powerless and vulnerable and staff may be underpaid, under qualified, overworked and burned out. These factors create a climate which can contribute to elder abuse (McCreadie, 2000). Therefore, the aim of the present study was to identify the relationship between caregivers' burnout and elderly emotional abuse.

Significance of the study

Elder abuse is a problem that manifests itself in both rich and poor countries and at all levels of the society (World Health Organization, 2002b). Tennstedt (1999) clarified that the victims of emotional and verbal abuse may be threatened, humiliated or kept isolated from family and friends. Often, the elder's self-esteem is damaged and emotional abuse is difficult to detect. Health care professionals also see themselves as abused by the system; especially, when working with older persons is considered "second class", with low wages and less qualified staff than in other areas (World Health Organization, 2002b).

Elder abuse is a violation of human rights. Elder abuse has devastating consequences to older persons such as poor quality of life, psychological distress and loss of property and security. It is also associated with increased mortality and morbidity (Lachs et al., 1998; Perel-Levin, 2005).

Aim of the study

The aim of the present study was to identify the relationship between caregivers' burnout and elderly emotional abuse.

SUBJECTS AND METHODS

Research design

Descriptive correlation research design was utilized in this study.

Research question

Is there a relationship between caregivers' burnout and elderly emotional abuse?

Setting

The study was conducted in geriatric home in El-Riyadh, Kingdom of Saudi Arabia.

Sample

The sample consisted of 40 Saudi female elderly clients and 15 caregivers with the following criteria:

Table 1. Sociodemographic characteristics of caregivers (N = 15).

Items	Frequency	Percentage
Age		
20-	9	60
30-	4	26.7
40 and more	2	13.3
Marital status		
Married	9	60
Not married	6	40
Position in work		
Head nurse	3	20
Elder sitter	12	80
Years of experience		
2-4 years	5	33.3
4-6 years	4	26.7
6-8 years	3	20
8-10 years	2	13.3
10 years or more	1	6.7

*Inclusive criteria for the elderly:

- Age: 60 years and above.
- Geriatric home residents.
- Dependent on the caregiver.
- Physically or mentally impaired.
- Frail or chronically ill.

* Inclusive criteria for the caregiver:

- External stresses.
- Anxiety and severe emotional drain.
- Over demands of work.

Tools for data collection

a) Socio-demographic data sheet of the caregivers, included age, marital status, position in work and years of experience and elderly personal profile included age, marital status, level of education, diagnosis and duration of residence in institution.

b) Maslach Burnout Inventory (MBI) consisted of 20 items divided into three subscales: emotional exhaustion (EE) had eight items, depersonalization (D) had five items, and personal accomplishment (PA) had seven items. The items were scored on a five-point Likert scale, from 1 (never) to 5 (always). The scores of each scale were added up. High scores on the first two subscales indicated greater degrees of EE and D, and a low score on the last subscale indicated a lower degree of PA. The validity (Cronbach's Alpha) of the three subscales were 0.86 (EE), 0.52 (D), and 0.74 (PA).

Maslach Burnout Inventory was developed by Maslach and Jackson (1981).

c) Elder Abuse Screening Instrument developed by Fulmer et al. (2004) consisted of 20 items, 12 items to assess client's safety and8 items to measure client's access to services. The score of each item ranged from 0 to 4.

Administrative design

An official permission was granted from the director of the geriatric home and nursing staff were as well contacted for their help in completion of this study.

Procedure

This study was conducted over a period of 5 months from February to June 2008. Permission was taken from the director of the geriatric home. The researcher started to simply explain the purpose of the study to the participants and an oral acceptance was taken from them to gain their complete cooperation. The researcher emphasized that participation in the study is voluntary, confidentiality of the subjects' responses were assured. The elderly clients were interviewed individually for 30 min to fill the Elder Abuse Screening instrument and Maslach Burnout Inventory was handed down to the caregivers individually. Clarification of the instrument was done by the researcher and it took about 20 min for it to be filled by the caregivers.

Pilot

A pilot study was carried out on 10% of the total participants of both subjects involved in the study to test the feasibility and clarity of the study tools.

Statistical analysis

After completion of data collection, data were coded and transferred into a specific designed format suitable for computer feeding. All data were verified for any error. The Statistical Package for Social Science (SPSS) was utilized for statistical analysis and tabulation. The following statistical measures were used: Descriptive measures including number, percentage, arithmetic mean, standard deviation and correlation between variables was done in this study.

RESULTS

Results showed that the total number of caregivers was 15 with mean age (X = 30.3; SD = 7.3), 60% (9) were married, in relation to position in work the majority, 80% (12) of the caregivers were elder sitters with mean years of experience (X = 5.7; SD = 2.4) (Table 1).

Elderly personal profile showed that the total number of elderly clients who participated in this study was 40 elderly female. In relation to age, 62.5% (25) were 60 years old, while 12.5% (5) were 80 years and more. The average age of the elderly was X = 70; SD = 13.3. In relation to marital status, 75% (30) were married, while 25% (10) were not married; half of the elderly clients were illiterate. The results of medical diagnosis showed that 37.5% (15) clients had senile dementia, 12.5% (5) had disorganized schizophrenia, while 20 clients had chronic physical conditions. Results showed that 32.5% (13) were resident in the geriatric home for 10 years and more with mean scores of X = 8.1; SD = 3) (Table 2).

Regarding burnout dimensions, Table 3 shows that the majority of caregivers were emotionally exhausted, 80%

Table 2. Elderly personal profile (N = 40).

Items	Frequency	Percentage
Client's age		
60-	25	62.5
70-	10	25
80 and more	5	12.5
Marital status		
Not married	10	25
Married	30	75
Level of education		
Illiterate	20	50
Read and write	15	37.5
Moderate education	5	12.5
Diagnosis		
Senile dementia	15	37.5
Disorganized schizophrenia	5	12.5
Chronic hypertension	9	22.5
Chronic diabetes	11	27 .5
Duration of residence in institution		
2-4 years	5	12.5
4-6 years	5	12.5
6-8 years	7	17.5
8-10 years	10	25
10 years or more	13	32.5

Table 3. Survey of mean scores, standard deviation of caregiver's burnout dimensions (N=15).

Variable	N	%	Mean	±SD
Emotional exhaustion	12	80	24	4.69
Depersonalization	11	73	15.2	2.86
Personal accomplishment	7	65	12.6	2.18

Table 4. Survey of mean scores, standard deviation of elder abuse screening (N=40).

Variable	N	%	Mean	±SD
Elderly client safety	18	45	101.4	88.83
Elderly client access to services	26	65	72.2	40.61

(12), also 73% (11) of the care givers had feelings of depersonalization and 65% (7) had personal accomplishment.

Table 4 shows that 45% (18) of the elderly clients feel safe where they are living in the geriatric home. In relation to the client access to services, results indicated that the majority of the clients 65% (26) had no difficulty in access to services delivered by the geriatric home.

The results of the current study showed survey of correlation coefficients among different variables of caregivers' age, years of experience, position, burnout dimensions and elder abuse variables. There was statistically significant positive correlation between caregiver's age and years of experience, while there was statistically significant negative correlation between caregiver's age and emotional exhaustion and depersonalization. No statistically significant correlation was found between the caregivers' age, position, personal accomplishment and elder abuse variables (Table 5).

Results revealed that there were statistically significant negative correlations between caregiver's years of experience and emotional exhaustion and depersonalization. While, caregiver's years of experience had statistically significant positive correlation with personal accomplishment. Table 5 also showed that there was statistically significant positive correlation between emotional exhaustion and depersonalization. While, there was statistically significant negative correlation between emotional exhaustion and personal accomplishment. This

Table 5. Survey of correlation coefficients among caregivers' socio-demographic characteristics, caregiver's burnout dimensions and elder abuse variables.

Variable	1	2	3	4	5	6	7	8
1. Caregiver's age	1.00							
2. Caregiver's years of experience	0.69*	1.00						
3. Caregiver's position	0.22	0.25	1.00					
4. Emotional exhaustion	- 0.61*	- 0.45*	0.15	1.00				
5. Depersonalization	- 0.52	- 0.71*	0.18	0.74*	1.00			
6. Personal accomplishment	0.20	0.76*	0.25	- 0.32	- 0.61*	1.00		
7. Elderly safety	-0.23	0.20	0.28	-0.35	0.20	0.37*	1.00	
8. Elderly access to services	0.25	0.14	0.15	0.20	0.14	0.15	0.20	1.00

* Significance at $P < 0.05$.

table also revealed that, emotional exhaustion had statistically significant negative correlation with elderly safety. Also, results revealed statistically significant positive correlation between personal accomplishment and elder safety (Table 5).

DISCUSSION

Within institutions, elderly residents may be powerless and vulnerable and staff may be underpaid, under qualified, overworked and burned out. These factors create a climate which can contribute to elder abuse (McCreadie et al., 2000).

Therefore, the aim of the present study was to identify the relationship between caregivers' burnout and elderly emotional abuse. In relation to elderly personal profile, the study findings showed that the total number of elderly clients who participated in this study was 40 elderly female, the majority of them were aged 60 years old, 37.5% clients had senile dementia. Segal (2008) said that it is difficult to take care of a senior when he or she has many different needs, and it is difficult for the elderly when age brings with it infirmities and dependence. Both the demands of caregiving and the needs of the elderly can create situations in which abuse is more likely to occur.

In relation to the socio-demographic characteristics of the caregivers who participated in this study, majority of them were between 20 and 30 years old with average years of experience of 5 years; also, results indicated that there was statistically significant positive correlation between caregiver's age and years of experience. In this context, Evers et al. (2001) showed that the older the staff is, the more years they have been working in elder care. When growing older, caregivers experience less aggressive behavior. It appears that growing older promotes staff's efficacy.

Regarding elderly personal profile, the majority of the elderly were aged 60 years old, while 12.5% were 80 years and more, 60% were married, and 37.5% of the clients had senile dementia. In this context Brown et al. (2000) pointed out that the oldest of the elderly are also at a higher risk of abuse. Those with 80 years of age or older are abused and neglected two to three times the proportion of the elderly population. In general, working with clients having behavioral problems causes feelings of anxiety and depression, absenteeism and burnout among human service workers. An aging population presents challenges of how to care for elders and who will provide that care (Schaufeli et al., 1993; Van Yperen et al., 1992).

Results showed that 45% of the elderly clients feel safe when they are living in the geriatric home. This means that 65% of the elderly clients do not feel completely safe because no place will be like the person's home. In relation to the client access to services, results indicated that the majority of the clients (65%) had no difficulty in the access to services delivered by the geriatric home like treatment, food and personal care.

In relation to burnout dimensions which is described as a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment can occur among individuals who do "people work" of some kind (Maslach and Jackson, 1981). Emotional exhaustion refers to feelings of being emotionally overextended, which may result in a negative, cold and callous treatment of clients (depersonalization), and reduced personal accomplishment. An indication of the latter dimension is a negative evaluation of one's own working performance (Schaufeli et al., 1993). McCreadie (2000) pointed out that the burden of responsibility on caregivers, which is growing heavier as older people live longer, can lead to elder abuse. This is especially true in cases where caregivers have to take care of physical needs, such as bathing and toileting.

Results regarding burnout dimensions showed that the majority of caregivers were emotionally exhausted (80%) also, 73% of the care givers had feelings of depersonalization. These results is consistent with that of Corley (1995) who said that experiencing feelings of emotional exhaustion can lead to staff conflicts, absenteeism,

lowered moral and decreased productivity, ultimately culminating in burnout and compromising patients' care. Pinquart and Sorensen (2003) in their study found that 16% of caregivers feel emotionally strained and 26% say taking care of the care recipient is hard on them emotionally. An additional 13% of caregivers feel frustrated with the lack of progress made with the care recipient. In another study, results indicated that nurses 18 to 30 years old scored significantly higher on the depersonalization subscale than did nurses 46 to 60 years old (Meltzer and Huckabay, 2004). Staff dealing with aggressive elderly residents has higher rates of burnout. Because of this, they are likely to develop negative feelings toward the residents, isolate them, and prevent them from meeting their basic psychological and social needs for interaction (Beck et al., 1992).

Results of coefficient correlation between variables indicated that there was statistically significant negative correlation between caregiver's age and emotional exhaustion and depersonalization. Younger nurses appeared to have somewhat more feelings of burnout and depersonalization than older nurses. Consistent with this finding, in the model of Pearlman and Hartman (1982) 4 stages of stress progress to burnout, indicating that in the first stage, a person's skills and abilities may not be sufficiently developed to adequately cope with perceived or actual work-related stressors. Similarly, Maslach and Jackson (1981) found that younger healthcare providers were more susceptible to burnout than older healthcare providers. Moreover, younger age was a significant predictor of emotional stress in previous research on burnout in critical care nurses (van Servellen and Leake, 1993).

Caregivers' emotional exhaustion was positively correlated with depersonalization, while it was negatively correlated with caregivers' personal accomplishment. When emotional exhaustion increased, depersonalization increased and personal accomplishment decreased. Also, there was significant negative correlation between depersonalization and personal accomplishment. These results were consistent with that of Evers et al. (2001) who concluded that emotional exhaustion is positively related to depersonalization. Furthermore, both emotional exhaustion and depersonalization are negatively related to staff's personal accomplishment. Depersonalization is characterized by the development of negative and cynical attitudes towards the recipient of care. Diminished personal accomplishment is characterized by the tendency to evaluate oneself negatively, particularly in relation to one's work with patients. Marks and Choi (2005) added that, Caregiving can result in feeling of loss of self identity, lower levels of self esteem, constant worry, or feelings of uncertainty. Caregivers have less self-acceptance and feel less effective and less in control of their lives than noncaregivers.

Results revealed that emotional exhaustion and had statistically significant negative correlation with elderly client safety. These results are consistent with that of Aiken (2002) and Hass (2005) who said that there is growing evidence that emotional exhaustion, burnout, inadequate institutional staffing levels are correlated with increase in adverse events such as patient falls, bed sores, medication errors, nosocomial infections that can lead to increased mortality rates. Staff shortage and poor performance of personnel because of low motivation or insufficient technical skills are also important determinants of patient safety. When discussing factors in the development of nursing burnout, Miller et al. (1995) found that abuse in workplace is one of the most conspicuous hazards endangering the nurses' positive self-perception, which may cause feelings of powerlessness, a risk factor for burnout.

In conclusion, experiencing feelings of emotional exhaustion can lead to staff conflicts, absenteeism, lowered morale and decreased productivity, culminating in burnout and compromising patients' care. Findings of this study revealed that there was statistically significant negative correlation between caregiver's age and emotional exhaustion and depersonalization. There was statistically significant positive correlation between emotional exhaustion and depersonalization. While, there was statistically significant negative correlation between emotional exhaustion and personal accomplishment. Emotional exhaustion had statistically significant negative correlation with elderly safety.

RECOMMENDATIONS

1. To make recommendations to researchers, practitioners and policy-makers for the detection, management and prevention of elder abuse towards policy development.
2. Although, the domains of public health and human rights frequently overlap, effective interventions are hampered by the lack of an active integration of human-rights principles in health care. Legal frameworks, health care and social services need to be applied with a strong sense of equity, reinforcing the civil and human rights of elderly people, regardless of sex, ethnic origin, socioeconomic status and age.
3. Intervention strategies e.g., safety planning, support groups, protection orders must be considered. Referrals of the abusers may be made to these agencies.
4. Establish policies and protocols aimed at improving coordination and communication with programs that serve caregivers. These should include provisions of collaborative investigations, assessments and care planning when appropriate.

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