
Assessment of Care Giver Burden and Coping Strategies among Care Givers of Elderly

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Abstract

Introduction: Caregiver burden is experienced by a person who is taking care of a disabled or chronically ill, and an old age person in the family. Many caregivers experience burdens and using various coping strategies in their day-to-day life.

Objectives: The objective of the study was to assess the burden, coping strategies, correlation and association among care givers of elderly with their selected demographic variables.

Methods: By using convenient sampling technique 303 caregivers were recruited in the selected villages of Bardoli, Gujarat. After obtaining written consent caregivers were interviewed. The data was collected on Elderlies and Caregiver's socio-demographic data, Zarit Caregiver Burden Assessment and Brief COPE tools.

Results: Most of them 181 (66.0%) caregivers had moderate level of burden and 92(30%) had high burden and only 30 (10%) of care giver had mild burden. The 10% of the samples had low levels of coping, 30% high levels, and 60% of them with medium levels of coping orientation towards the elderly care. There was moderately positive correlation found between caregiver burden and coping strategies. There was a significant association between care giver burden with their age, care giver relation and time given of care giving. The study revealed that there was a significant association between care giver coping orientation with their age and occupation.

Conclusion: The caregiver's burden is more common among caregivers who care for elderly. Caregivers had been found by using avoidant coping strategies more than problem oriented coping strategies. The Caregiver burden and its impact with various coping strategies need to be explored in detail and measures need to be taken to reduce their burden.

Key words: assessment, Caregiver burden, coping strategies, elderly, Coping orientation

Introduction

Ageing is a normal biological and universal

phenomenon. The aging process occurs in a unique manner with every individual. It's a multifaceted

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process in which the individual's functional and health status are influenced by a variety of factors including the genetic and environmental factors¹. 'The International Day of Older Persons' is celebrated every year on 1st October, where it highlights the contributions of older people to the society and raise awareness on issues and challenges of ageing². Commensurate with the increasing societal importance and recognition of family caregiving, there is an extensive literature on possible effects of caregiving on health. Many studies are informed by stress process theories and models developed by Pearlin et al⁵. (1990) and findings of poorer health, particularly mental health among caregivers have been interpreted as an effect of cumulated stress, physical strain and reduced opportunities for other activities. Currently, 60 percent elderly people live in developing countries. Due to the increased longevity and life expectancy, the quality of life has been considered as an important issue, attracting the attention of the researchers working on ageing⁶. Preparing for an ageing population is vital to the achievement of the integrated 2030 Agenda.

In a report published by Help-Age global network (2019), it states that 761 million populations are above 60 years of age worldwide. An elder's population is predicted to double to 20.8 percent in 2050³. According to 2023, the 153 million populations are above 60 years of age and it is estimated that in India 1 out of 5 will be a senior citizen aged 60 years and above. The study from India reported that family caregiver's burden is strongly associated with old age persons with physical impairment. The study showed that cognitive impairment in the elderly increases the family caregiver's burden³. The earlier study also reported that a daughter-in-law in a care giving role sacrificed her career and separated from her husband. This study is trying to find an answer to the question of does the family members caring for the elderly feel the burden and prevalence of coping adopted at different aspects of their life.

Problem statement: "Assessment of Care giver burden and coping strategies among care givers of elderly living in selected areas of Bardoli, Gujarat."

Purpose of the study to assess the burden and coping strategies, correlation and association among care givers of elderly with their selected socio demographic variables in selected areas of Bardoli.

The Methodology of present study was done based on a quantitative approach. A descriptive survey design was used to evaluate the caregiver burden and coping strategies adopted by care givers living with the elderly. The study was done in selected villages of the Bardoli, Gujarat. The study population was comprised of caregivers living with the elderly. The sample size was calculated by power analysis using sample size estimation formula $\{S = (Z \text{ score})^2 \times P \times (1-p) / (\text{margin of error})^2\}$ and 303 care givers of elderly was recruited using Non-probability convenient sampling technique who were spouse, children, daughter/son-in-law, brother and sister as a caregivers and consented to participate in the study. The **Tool** of the study was divided into three parts. (a) Elderlies and Caregiver's socio-demographic data (b) Zarit Caregiver Burden Assessment¹⁰ (c) Care giver's Coping Orientation to Problems Experienced Inventory (Brief-COPE)¹¹. The **Technique** used for data collection was Interview method.

Results: Socio demographic data of Elderly

Majority of elderly, 208(69%) belonged to the age group of 60-70 years and 79(26%) belonged to the age group of 71-80 years and 16(6%) belonged to the age group of 80 years and above. 157(52%) of the Elderly were female and 146(48%) of the Elderly were male. Maximum of the Elderly 233(77%) belonged to joint family and rest of them lived in nuclear family. Majority 96% of them belonged to Hindu religion. Majority 68% were married, 88(29%) of them were widow/widower and 9(3%) of them were unmarried. Half 50% of the Elderly did not have formal education, 105(34%) had primary education, 23(8%) had secondary education and 23(8%) had higher secondary education. Highest 73% of them were Laborers whereas 63(21%) of them non-government job and remaining 19(6%) had government job. Currently 86(28%) are employed. Forty seven percent of them were having monthly family income of Rs. 5000-10,000, Maximum 72% of the them were financially depend on their son/daughter. Majority 78% of them non-vegetarian whereas 65(22%) were vegetarian. 93(31%) of them reported of having habits like smoking and alcohol. Maximum 29% of them were having co-morbid condition like Hypertension, diabetes mellitus and Arthritis.

Socio demographic data of Care giver

Out of 303 care giver most of them, 146(48%) belonged to the age group of 31-40 years. 120(40%) of the care giver were female and 183(60%) of them were male. Highest number of the care giver 125(42%) had primary education and 98(32%) had no formal education. Majority 73% of them were Laborers. Maximum 82% of the care givers were having co-morbid conditions like Hypertension, diabetes mellitus and Arthritis. Maximum of the care givers relation were son/ daughter 198 (65%) whereas

62(20%) were relation of husband/ wife, 20(6 %) were relation of son in law/ daughter in law and remaining 23 (9%) were relation of paid care taker/relatives/ friends. Duration of care giving varied from 6 months to 3 years and above and 24% of them were doing this for 3 years and above, 58% of them for 1-2 years of duration. Majority 47% of the care givers spent 3-4 hours per day in care giving and 10% of them 5 hours and above. Social support was available for 65% of the caregivers and 48% of them had activity limitation due to their care giving role.

Table 1: Findings related to mean, median, mode and standard deviation of burden and coping strategies of care giver of elderly (N=303)

S.N.	Care giver Burden	Problem focused coping	Emotional coping	Avoidant coping	Total Coping strategies
Mean	18.05	17.75	25.90	18.45	62.11
Median	18	17	25	18	61
Mode	17	16	26	17	68
SD	5.93	3.75	4.31	2.8	8.56

It is evident from table number 1 that mean score of burden was 18.05 and coping strategies were 62.11 with a mean difference of 44.06. The SD was 5.93for burden and 8.56 for coping strategies. The above facets of Problem focused, emotional and avoidant coping are analyzed for Self-distraction, Denial, Substance Use, Behavioral disengagement, Emotional Support, Venting, Humour, Acceptance, Self-Blame, Religion, Active Coping, Use of Instrumental Support, Positive Reframing, and Planning among care givers. Among the mean score areas of coping, the mean score for emotional coping was highest 25.90 and SD is 4.3.

Table 2: Findings related to level of burden and coping strategies of care givers. (N=303)

Grading of Score		Care giver burden	Percentage (%)
Grade	Score	F	
Mild	0-4	30	10
Moderate	5-8	181	60
High	9-12	92	30
Total Score	Min-0/ Max-48	303	100

As shown in the table no.2 that 66% of the caregivers had moderate level of burden and 92(30%) had high burden of care giving.

Table 3: Distribution of level of coping strategies adopted by the sample. (N=303)

Grading of Score		Coping strategies	Percentage (%)
Grade	Score	F	
Low	1-9	30	10
Medium	10-18	181	60
High	19-28	92	30
Total Score	Min-28/ Max-112	303	100

As evident from table 3 that, 60% of the care givers had medium levels of coping orientation towards care giver burden and 30% of them had high level of coping strategies.

Table 4: Distribution of specific coping strategies scores of the sample.**(N = 303)**

Grading of Score		Coping strategies					
Grade	Score	Problem focused coping		Emotional coping		Avoidant coping	
		f	%	f	%	f	%
Low	1-9	128	42	127	42	75	25
Medium	10-18	156	52	171	56	223	73
High	19-28	19	6	05	2	05	2
Total Score	Min-28/Max-112	303	100	303	100	303	100

It is evident from table 4 that 73% of the care givers had avoidant coping, 56% of them had emotional

coping and 52% of them had problem focused coping towards care giver burden experienced by them.

Table 5: Correlation between care giver burden and coping strategies**(N = 303)**

S.N.	Mean score	SD	R value	df	Remark
Care giver Burden	18.05	5.93	0.234	301	Moderately positive correlation
Coping strategies	62.11	8.69			

As evident from table 5, caregiver burden and coping strategies shared moderately positive correlation indicating that increased burden of care giving can influence on coping strategies.

Association of care giver burden and coping strategies with their demographic variables

Care giver burden shared significant association with age ($\chi^2=19.64$, $p=0.05$), relationship ($\chi^2=38.79$, $p=0.05$) and duration of care giving ($\chi^2=2.86$, $p=0.05$). The coping strategies were significantly associated with age ($\chi^2=17.05$, $p=0.05$) and occupation ($\chi^2=19.16$, $p=0.05$). Rest of the variable did not have association with their care giver burden or coping strategies.

Discussion

Here, 60% of the studied caregivers had moderate level of burden. The mean of emotional oriented coping strategies was higher that is 25.90 while, the mean of problem oriented coping strategies was 17.75 and avoidant oriented coping mean was 18.45. This result agrees with a study done in India by (Ajay S, Kasthuri A, Kiran P, Malhotra R 2017)⁴ they found that, impairments of older persons with caregiver burden among family caregivers due to workload it effects on coping of care givers. There was moderately positive correlation between caregiver burden and using of problem, emotional and avoidant oriented coping strategies. In a study done by Chen et al. (2018)¹² they found that, problem-focused coping

was negatively correlated with caregiver burden. A study done in Eastern Turkey by Dayapoğlu & Tan (2017)¹³ reported that, there was a moderate caregiver burden and social support. In this study individual areas were not tested to find out the correlation between two variables.

Conclusions

The caregiver's burden is common among caregivers who care for elderly. Caregivers have been found to be using avoidant coping strategies more than problem oriented coping strategies. Caregiver burden and its impact with various coping strategies need to be explored in detail and measures need to be taken to reduce their burden in physical, economic, social with problem, emotion, avoidance coping areas.

Recommendations:

The researcher recommends that this study need to be replicated in large number of sample size for generalization. The study can be done on economic burden of care givers.

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Conflicts of Interest: No conflict of interest.

Ethical Clearance: The ethical clearance was obtained from Maniba Bhula nursing college and ethical committee on 27/06/2024 with reference number UTU/Ph.D/255/2024.

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