

Female Caregiver Devotion as a Stress Factor in Caring for Hospitalized Elderly in Indonesia

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Abstract

Objective: To explore the female caregiver stress factors during caring for hospitalized elderly with chronic illness at Universitas Sumatera Utara/USU Hospital, Medan.

Method: This study was a qualitative research with phenomenological approach. The participants are collected with purposive sampling method with inclusion criteria; a primary female caregiver for the elderly for more than one year, have a family relationship with the elderly, above 18 years old, suffer from moderate to heavy stress and willing to participate. Before data collection, the participants are identified for stress level with the Zarit Burden Inventory instrument which consists of 12 questions and 0 to 4 scale. The data collection was conducted with an in-depth interview. The interview is verbatim transcribed and analyzed with thematic analysis.

Result: The result of this research involved nine female informal caregivers. Six caregivers are the elderly's daughter and three of them are the elderly's wife. The age of the caregiver is varying, from 32 – 67 years old. Seven caregivers are suffering from moderate stress and two of the participants assessed with heavy stress. The research themes emerge four main themes, namely (1) Financing elderly, (2) Caregiver fatigue, (3) Experiencing negative relationship, and (4) Female devotion in the family.

Conclusion: Female devotion in a family is considered as a functional duty which impact the women in many aspects, physically and mentally. This research showed that the filial piety impacts the female caregiver in a stress condition. Therefore, it is strongly advised to consider female caregiver in a holistic intervention along with the elderly during hospitalization.

Keywords: *Female devotion, Female caregiver stress, Hospitalized elderly.*

Introduction

Caregiving process is the provision of care that are usually voluntarily and mostly carried out by the family members⁽¹⁾. This informal health care is delivered among the children, parents, elders and the patients by involving emotional connections and a devotion to

those who receive the treatment⁽²⁾. The female are the main caregivers among the family members who usually provide services to meet their daily needs and contribute to financial support occasionally⁽³⁾. Further, there are several factors that make female caregivers involved in the caregiving process such as the influence of relationship, instrumental,⁽⁴⁾ and cultural dimensions⁽⁵⁾.

The relationship dimension involves emotions between caregivers and the care recipients⁽⁶⁾. Mostly it is influenced by a strong bond between the families and family values that have been hereditary⁽⁷⁾. Therefore, in most cases, the female caregivers have to do the obligation without any hesitant. It's a filial piety, a devotion in which the women are responsible for

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meeting the basic needs of the person being cared for in the family, and ensuring that those people are available for a good treatment. In terms of instrumental dimension, the female be liable for financial commitment for the patient (Yu et al., 2017). And, the cultural factor is the inherent family values, such as a sense of dedication, solidarity, protection, and compassion towards others⁽²⁾. However, in many cultures, this social norms are found detrimental for women, especially in countries with patriarchal culture, such as Indonesia⁽⁸⁾.

It is obvious that in Asian culture the women reproductive function requires women to do domestic chores, and on the other hand women were also demanded to double roles as a financial supporter⁽⁹⁾. This is strongly related to the community's view of the function of women as gender groups that have a main task in the internal affairs of the household. In the other hand, most women showed a submission role in which underestimate the women's rights as wives and mothers who must be respected. According to⁽⁸⁾ the burden and responsibility of women in the household raises a complex problem, such as family conflict⁽⁷⁾, financial burden⁽¹⁰⁾, and deterioration of female caregiver health status.

In addition, the caregiving burden contribute to the women's stress and affect the mental health status⁽³⁾. According to research⁽¹¹⁾, the main stressor among female caregivers is related to the elderly decline in physiological and psychological abilities. Both health status changes of the elderly burdened the female psychological condition and suffered from a poor health status, depression, anxiety, and loneliness⁽¹²⁾. It is worsening since most those female is also the financial supporter for the elderly during the health care provision. Therefore, the obligation of devotion in Asian culture impact these caregivers in most of their life, affect their daily routine and in some case related to the caregiver's quality of life.

Material and Method

This is a qualitative study with phenomenological approach. The population were all informal female caregivers who deliver care to the hospitalized elderly at Universitas Sumatera Utara Hospital/USU Hospital. The sampling technique applied was purposive sampling and research samples are determined with several inclusion criteria⁽¹³⁾, such as female above 18 years old, the female caregivers were the elderly daughters, wife, daughter-in-

law, or granddaughter who act as the primary caregiver for the elderly. The elderly should receive the treatment for more than one year with chronic illness such as cancer, diabetes, dementia and frail elderly conditions. In addition, the female caregiver is the most responsible person for health care activities fulfill among the elderly, cooperative, able to speak Indonesian and determined suffer from moderate to severe stress. Prior the interview, the caregiver stress was assessed with the short version of Zarit Burden Inventory/ZBI-12⁽¹⁴⁾ to screen for stress level. It consists of 12 questions with the score zero to four, from no to mild stress (0-10), mild to moderate stress (10-20) and heavy stress (above 20).

The participants recruited in this study should have the stress score above 10 and willing to participate during the data collection. There were nine female caregivers included as the research samples and interviewed with some unstructured questions such as, "*how is your feeling as the caregiver in your family?*" or "*Would you tell me what did you feel during care your family members?*". Interview are conducted in private area of the hospital while the others family members visit the elderly, so the caregiver had their own time for interview. All interviews are conducted in Bahasa and lasted around 60 minutes for each participant in one session. Verbatim transcription is analyzed with thematic analysis to determine themes and sub-themes.

Findings: There were nine caregivers who were participate in this study; six of them are the elderly's daughter and three of them are the elderly's wife. All participants are the main caregivers and obligate to fulfill the elderly activities daily living. The participants age is varying, from 32 – 67 years old. Seven caregivers assessed for moderate stress score and two participants identified with heavy stress. Analysis of the qualitative data emerges four themes, namely; (1) Financing elderly, (2) Caregiver fatigue, (3) Experiencing negative relationship, and (4) Female devotion in the family. The fourth theme emerged as one important aspect in Asian culture especially in Indonesia and need to be explored more in this research result.

Financing the Elderly: The most common themes in this study was financing the elderly with two sub-themes found, that are; supporting the elderly daily living expenses and less income during hospitalization. All participants were the person who took in charge for the elderly daily life activities expense including the hospitalization expenditure. One participant stated about

the monthly amount that should be provided for the elderly during treatment, *“So, we need to find strategy based on our parent need. Three of us try to give him money for daily life (P5). Others participants’ comments about the daily living expense during hospitalization and the transportation costs, “Since we need to bring our parent to the hospital, we try to adjust our finance, even though it really need more money (P9). “Yes, we do need to visit her twice a week in this hospital. It need money for transportation and our meal during our visit (P2). In addition, the result showed that the elderly hospitalization revealed less income during hospitalization since the caregiver have no chance to go to work such as the caregiver comment, “I feel so stress since I can’t make any money during his hospitalization”(P7).*

Caregiver Fatigue: The study result asserted that fatigue affects the female caregiver physically and emotionally. It found three sub-themes to describe the theme, that are; taking care of the elderly daily living activities, the elderly misbehavior and mentally exhausted. All participants are the person who deliver daily care for the elderly in the hospital. The caregivers feel exhausted to fulfill all the elderly daily activities. Some participant’s statements as follows, *“Sometimes I told my husband that I’m not a nurse, I’m an ordinary person. I feel disgusted when he defecates but refuse to clean himself. I offer him my help; he insists not to. Sometimes I told him why he always silent? I want him to know that I’m so tired taking care of him (P6). “Definitely I feel so tired to take care of my husbands’ need. I also need to do all my chores, and taking care of my grandson (P7). In addition, while caring for the elderly in the hospital, the caregivers often feel pressured by elderly behavior during treatment, such as ignoring caregiver requests for prescribed treatment, as well as the elderly who show misbehavior responses, which makes the caregivers mentally exhausted like the following caregiver comments, “My husband is so stubborn that he always refuses to obey the treatment. Sometimes it is made me so mad of him”(P7).”For instance, if the nurse gives her meal, I try to feed her but she always keeps silent, don’t want to chew her food until I force her to do so” (P2). During the hospitalization, the caregiver admits that they feel mentally exhausted with the elderly misbehavior. Some statements are as follows. “Yes, I feel depressed. Sometimes I can’t handle my emotion. But she is my mother and she’s sick already. I’m the only person who works on everything for her (P9). “I feel guilty, angry, depressed. However, I need to do all of*

this (P5).

3. Experiencing Negative Relationship

The research result showed two sub-themes, that are had a negative relationship with the siblings and negative relationship with the family in law. Caregiver complains about the adjustment of the household chores, work and the elderly treatment. This situation leads to an internal conflict between families and families in law. *“For instance, I have to take care of my mother in the hospital, but a have a small child who need to go to school. So, I need my sister to change my shift and come to the hospital as soon as possible. But, she came too late, so that’s why I feel angry to her (P2). Another participant complained about the family in law authority into their own family issues since their father hospitalization. “No, my father denies my sister in law help since he doesn’t like her. It’s because her family interferes my father treatment too much. It’s normal if my brother helps us, but they didn’t like it (P3).*

Female Devotion in the Family: There are two main themes found related to the female devotion in the family that are females’ obligation in the family and female multiple role in the family. A participant admit a statement as follows, *“What should I say? I’m the only female in my family. It is my obligation as a daughter of my parents” (P5). This statement showed that the feeling of serving among female caregivers are considered as a functional duty in the family that must be carried out. The demands of the elderly treatment require 24-hour work with numerous care. It makes the female caregiver then sacrifice the professional job work and change into the informal sector that is more flexible in managing time. One participant said, “I have to take care of my mother. I quit from job since it’s my responsibility to take care of my mother” (P8). This statement is similar with one of the caregiver testimony, “I quit from my job since I need to take care of my mom. I cannot complain about it” (P4). These two statements showed that the feeling of devotion is related to the women responsibility to take care of the family. This responsibility brings out the women destiny that should be received without any hesitation, even though the caregivers feels so stressed during the caregiving process. One participant added, ““I said to my sister that this is what I should be, as a wife and as a caregiver for my husband” (P6). All of these statements showed that the caregiving process among the female caregiver become an obligation in the family and culturally accepted. In fact, most of the*

participants in this research showed multiple roles in the family as a daughter, a wife, a mother, a financial provider and a caregiver. This lead to a complicated situation for the female caregiver. Some respondents support with some statements. *“Yeah, I need to arrange all my responsibilities. Before 3 o’clock in the evening, I cook cookies to sell. Then, I work as a housemaid in one of the college students’ house. I prepare my son’s needs for his school then I also need to take care my mother after I did all my jobs” (P5)*. A participant complaint for her roles in many aspects, *“Definitely I feel exhausted since I need to do my chores, taking care of my husband, taking care of my grandsons, do laundry and clean the house” (P7)*.

Based on the statements above, it showed that the participants roles in the family are considered as a filial piety. It is how to return the parents’ or husband in an affection way. Therefore, the participants see the caregiving process as an obligation that should not refuse. It is overwhelmed physically and stimulate stress among the caregivers, in addition, the caregivers also serve as a financial support for the elderly, not only as informal care provider. Thus, the participants must manage all the issues along with different responsibilities and different roles in a moment.

Discussion

According to the research result, it found four main themes related to the female caregiver stress during the elderly hospitalization. All female caregivers are the primary caregivers and suffer from moderate to heavy stress. According to (3), the female caregivers for hospitalized elderly showed a significant stress during care delivered, and this condition lead to a poor health status among the caregivers. It is because the caregiving process is a very stressful situation (12) and impact the caregivers physically and emotionally (4). Based on this study result, there were nine female caregivers participated in this research; the elderly’s daughters and the elderly’s wife. Research revealed that women are found as the most caring gender among the family. It reached around 80% compared to the male caregiver (11).

This study asserted four themes, namely; (1) Financing elderly, (2) Caregiver fatigue, (3) Experiencing negative relationship, and (4) Female devotion in the family. Many researchers found the stress related factors to the elderly caregiving process is the issue in finance, physically and mentally exhausted and

impact the family relationship. It is overwhelmed among the caregivers as the caregiving process delivered. So, it is obvious that the three main themes are normally found as the stress factor among female caregiver. But, not many researches related the stress factor to the devotion among the female caregivers. Cultures values in some ethnic groups are socially accepted are greatly influences family norms in caregiving process. This can be seen from the results of the study, that the values of female caregivers are responsible for household chores such as cooking, caring for children, washing, and taking care of the elders and being a family nurse (9). And, in some cultures, the domestic chores among the women are considered as a pride and it describe their own position in the family (15). Therefore, the women should support the family daily activities, social, emotional and financial support without any complaining since it’s part the female responsibility (16). The women should spare a lot of time and energy to do the chores delivered (17). Female caregivers cannot refuse what the culture has determined them to do in caring for family members, this is considered a resistance and has an impact on family relationships (18). The research results showed that several statements from the participants indicated that caregiving was something they could not refuse. The position as a woman in the family is a big responsibility which then demands women to feel obliged to meet all the needs concerning the elderly. In fact, all these responsibilities impact the female caregivers to suffer from stress and risk of decreasing health status (19).

Several studies have shown that the women triggers depression globally(1) with double risk compared to men(20). Moreover, there is a habit that socially accepted in communities that the women are the financial provider. On the other hand, the women also required to serve the whole family, parenting the children and do the nurture care. Obviously, these factors are contributing to the female stress during caring for the elderly(21). For instance, it is mostly known in Asian culture that women are the main gender who responsible in domestic chores and fulfilling family obligations(22). In Indonesia, domestic chores are related to the female responsibility to provide daily family care(23). Therefore, women in most regions are suffered from discrimination and injustice in most aspects, such as access for education, low payment and multiple roles in family(24,25). In terms of family obligation, it related to the women’s feeling of devotion and less autonomy to decide for herself(26). In this case, most women are accustomed to obey all the cultural rules

that are generally accepted in the family and community, such as not being able to have an independent opinion, or not be able to defend for her own decision. Definitely, this condition is considered in equal since woman and men have the same rights and obligations as men in most aspects.

According to the research result, it can be shown that the society recognition about the women's role is accustomed and accept the habits as determine by the society. Therefore, many of the participants chose to leave their jobs in various sectors because of the cultural values which gave responsibility for parental care to women. It is because women provide a holistic caregiving as well as support the family in household work, financial assistance and family care provider⁽²⁷⁾. Obviously, these long-standing values in society related to the women's role eventually become habits and cultural values. Thus, the factor values that civilize women as the most responsible person for the elderly care in Indonesian is considered as a factor that impacts stress on women⁽²⁷⁾. Stress on female caregiver should be prevented because women are a gender group that is vulnerable to mental illness⁽²⁰⁾. Instead, these women should be given interventions to increase knowledge, coping and support while providing care to the elderly⁽²⁸⁾. So that stress on female caregiver can be prevented as early as possible.

Conclusion

Culture is a group of values that is inherent in communities and affects social life. In some cases, these values affect the women as the family caregiver. Researches revealed that women's multiple roles as caregivers and domestic workers showed a decrease in the condition of physical and mental health status. Then, it leads to the vulnerable condition of fatigue and stress. The study result showed that the tendency of women to experience stress was also caused by the women's responsibilities in household chores and elderly care which has been become a habit in community. Therefore, these women are not supposed to refuse and must provide services for 24 hours to care for families and the elderly.

Conflict of Interest: There is no conflict of interest in this study result.

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Ethical Clearance: As part of research ethics,

the researchers explained the study purposes to the participants before data collection and were given informed consent to be signed as a proof of agreement as participants in this study. All participants are allowed to withdrawn anytime and there is no sanction approved. No funding was provided to caregivers during the data collection process. Written permission is obtained from the Research Ethics Committee of the Faculty of Nursing, Universitas Sumatera Utara. The permission also obtained from the Universitas Sumatera Utara Hospital

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