



Family Caregivers' Burnout: A phenomenological Approach

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Abstract:

Home care providers are prone to a high degree of emotional and physical exhaustion and financial hardship. As a result, burnout is a common and growing phenomenon especially with care providers in the community who experiences caring of elderly people. The **purpose** of this study is to explore the experience of home caregivers of an old age Bahraini person. A qualitative **design** was used. **Inclusion** criteria were family caregivers who spent minimum of 4 hours/daily for at least two months. **Data collected** by interviewing participants and audio recording them. **Data analysis** was done by following steps of qualitative research. **Four themes** emerged including: Preparation for the caregiving role, caregiver's support, care coordination and caregiving cost. **Implications** include providing lessons to prepare care providers to their roles, adopting strategy of "community nursing part timers" by facilitating expertise to the community, providing medical equipment and material to caregivers in the community and families selecting a care coordinator. This study is assumed to help in perceiving the impact of caregiving role and therefore contribute to their unmet needs of care providers.

Introduction:

Caregiving for the elderly in the community is primarily a family responsibility. In Bahrain caregiving of old aged parents perceived as the obligation of the children and mainly the elder ones. It's also considered a blessed duty and neglecting it is considered a form of ingratitude.

Given the intense responsibilities faced by family caregivers, it is not surprising that this group encountered many difficulties. Home care providers are prone to a high degree of emotional exhaustion, depersonalization, financial hardship and low personal accomplishment (Takai M. et al 2009¹; McDaniel et al 2012)². The impact of caregiving on caregivers' lives reported by caregivers as having poorer health, feeling of no choice in taking on this role (Belden, Russonello & Stewart, 2004)³, and burned-out (Zech E. & Gérain P. (2019)⁴.

Health care providers' burnout is a common and growing phenomenon especially with care providers in the community who experiences caring of people who continue to live at home. Burnout is defined as the general exhaustion caused by excessive psychological and emotional demands made on people helping people (Yılmaz A. 2009)⁵. Burnout can occur at both physical and mental levels, but remains primarily emotional in nature (Galiatsatos et al, 2017)⁶. Vigilant caregivers saw themselves as "on duty" even when they were not "doing things" (Mahoney D.F. 2021)⁷. This commitment may lead them to burnout especially when lack the medical and social support to enhance their coping with the difficulties encountered.

Some elements that can cause burnout are lack of free time, getting less leisure activities and physical exercise, family conflicts, less academic and job accomplishment, and therefore financial strain (Belden, Russonello & Stewart, 2004)³.

Burnout was described as the evaluation of the equilibrium between demands and resources. This evaluation leads to outcomes that might be psychosocial (e.g., depression or well-being), behavioral (e.g., substance consumption), or physiological (e.g., health issues related to chronic stress) (Alves L.C. et al. 2019)8.

The level of burden is based upon the amount of time caregivers spend helping the care recipient and the number/types of activities performed for the care recipient. (Belden, Russonello & Stewart, 2004) 3. Other factors are the duration of care giving, the age of recipient and the type of health problem the recipient has. For instance, caregivers of patients with degenerative diseases like dementia and Alzheimer disease experience considerable burden and lower level of health-related quality of life and may be predisposed to clinical depression (Covinsky K. E. et al 2003 9; Chiao C.Y. et al 2015) 10.

The purpose of this study is to explore the experience of home caregivers of an old age Bahraini person. This study is assumed to help in perceiving the impact of caregiving role on care givers and their unmet needs such as managing their stress and finding time for themselves whilst continuing their caregiving role.

Methodology:

Qualitative **design** was used as the most relevant paradigm of this study. The phenomenon of “elderly care providers’ burnout” was explored through the descriptions of primary care providers of an old age Bahraini man. It’s anticipated that this approach will provide the richest and most descriptive data and give valuable insights, which might have been missed by any other method. **Inclusion criteria** are family primary caregivers spend minimum of 4 hours/daily for at least two months. Two female **participants** were interviewed and audiotaped in the care recipient’s home **setting**. Special attention was paid to the **ethical dimensions** in this study, including providing written information to the participants and obtaining informed consent. It is believed that standards related to credibility and reliability were met. **Data collected by following a** conversational, audio recorded, interviewing, utilizing open-ended guided list of questions that was designed by the researcher to organize the conversation. Researchers acted neutrally throughout the interview by holding opinions, perceptions, or feelings. Instead, the researcher led the discussion, observed, and reflected only. Interviews lasted between 45min to one hour and 30 minutes. **Data analysis was done by following steps of qualitative research** audio recording was transcribed. Two transcriptions of raw data were coded, and categorization was carried out by identifying commonalities and differences. Four themes emerged including: Caregivers’ preparation, caregiver’s support, care coordination and caregiving cost.

Table 1: Categorization mechanism leading to the identification of themes.

Sub-themes	Themes
Caregiver's willingness	Caregivers’ preparation
Caregiver's tolerance	
Caregiver’s values and beliefs.	
Caregiver's patience	
Caregiver's awareness	
Caregiver's perspective to caregiving	
Caregiving stress	

Caregiving facilitators Caregiving constraints	Caregiver's Support
Caregiving Manager Focused care Caregiving coordination Reciprocal care Lack of physical restraint Caregiving rotation	Caregiving Coordination
Financial cost Caregiver's satisfaction Caregiver's health Caregiving injuries Burden of caregiving	Caregiving cost

Discussion:

Profile of Care Givers:

- Care giver 1/Transcript 1 (T1): Second elder daughter of the care recipient, widow, age above 50, unemployed and living at the same residence as the care recipient, was a care provider for 14 years.
- Care giver 2/ Transcript 2 (T2): House made, single, age above 40, and living at the same residence of the care recipient, was a care provider for 12 years.

Profile of care recipient (Mr. Ebrahim):

A male, widower, care recipient began at age 77years old until age of 91years old (care giving duration is 14 years). Had seven daughters and three sons. Reported by his family to have hard life as a car mechanic. Had a sporty figure, tall and strong body built and did not suffer from any chronic diseases. At the age of 70, developed lumbosacral disc prolapse and later dropped foot. The sudden loss of his beloved wife because of cardiac arrest in his 77years old changed his life and affected his health. He was devastated and depressed and with time manifested hostility, sadness and had episodes of paranoia. A psycho-geriatrician was consulted, and treatment was given. Thereafter Mr. Ebrahim's physical activity declined with aging and frailty made him eventually dependent and bedridden. Mentally, care recipients suffered Alzheimer disease and psychotic depression.

Characteristics of caregiving situation:

In the current case the daughter cared for her father with the help of the house made for a duration of 14 years T1: "I spent almost 14 years caring for my father until he passed away in September 2019". More than 12 hours of care are provided daily. Care recipients gradually became bedridden and required assistance in all activities of daily living. The family hired nurses as the care demand increased therefore, the care hours were reduced to 4-8 hours for each primary care provider/day. Activities of daily living included positioning, bathing, and grooming, dressing, feeding, giving medications, toileting and dealing with double incontinence and skin care. Furthermore, caregivers fulfilled multiple roles including arranging transportation, grocery shopping, housework, managing finances, attending patient's appointments, providing safe environment at home by modifying living facility and continuous observation.

Emerging Themes:

1. Caregivers' preparation for caregiving role:

A compelling body of evidence suggests that caregivers may experience negative psychological effects. Some caregivers are at higher risk than others, especially those who spend long hours caring for older adults with advanced dementia.

Without preparation, many care givers say they were burdened (Schulz R. 2016) 11. Furthermore, lack of choice in becoming the caregiver is associated with higher subjective burden (Adelman et al., 2014) 12. Intrinsic motivation to care appears to be a protective factor for informal caregiver burnout. Feeling one had a choice in taking on the role of a caregiver is linked with the degree of emotional stress felt, somatic complaints and how heavily burdened (Belden, Russonello & Stewart, 2004) 3.

In the current study, availability and preparedness of caregivers affected the quality and sustainability of recipients' care. Caregiver described how they agreed to take their role in care giving willingly: T1 *"I shifted to live in my father house after I became a widow at the same period and thereafter started to look after my father. It was convenient because I was free from other familial obligations, I do not have husband, my children all became adult, married, and independent, even my grandchildren are grownup"*.

"My father was never left alone. I moved to live with him, I was babysitting my grandchildren at the same house, so he could see his grandchildren and play with them daily. My sisters and brothers always come to visit and help".

"I believe that my father was blessed and rewarded from God in his late life because he was a very faithful man. He used to always pray in mosques, attend ritual activities, very generous and a charity provider "his hand was open wide for others". Regardless the difficulties of caregiving everything seemed to be well planned and arranged by God like me being free for him".

"During Corona breakout, my father had to be admitted due to gastric problem. Our housemaid (2nd care provider) suggested that she stays with him in the hospital, and she took that risk to stay in an infectious environment to serve my father. During his stay he developed a pressure ulcer. I was doing the dressing for him at home after discharge and I was thinking what would happened to my father if he stayed longer in the hospital, he might have developed multiple ulcers. From this experience I realized that home care is much better than hospital care." "I would not bear either allow my father to be instituted in elderly care center, or even in hospital, that is why during his admissions I was visiting him twice a day".

"The housemaid was very dedicative to her duty although it was extremely difficult, and my father was comfortable in her presence. I name her an angel for the merciful care she provided to my father".

T2: *"Readiness and acceptance are very important. You must love what you do to continue doing it. Because I love Baba like my father, I care for him and because I like my work, I became patient and tolerant."*

"Taking care of elderly needs lot of patience. Sometimes when he physically abused me, I felt like I wanted to hit him back, because I was in pain and I felt angry, but by being more patient and remembering that he must have done this unintentionally because of his sickness I became calm. Instead, I became more alerted and with time my concern altered on his health and food intake, and not for other things like aggression, swing of mood or abusive behavior, I reach with time this level to awareness. I was with him from the beginning, when he was mobile and healthy, he was so nice with me, but when he became bed ridden his mind altered and so his behavior. Understanding this made me tolerate".

"It is very tough to deal with an elder person, especially when there is a problem in the elder mind. You must hold your temper and become calm, and you should be aware all the time that he does not know what he is doing".

"I was with him in the hospital during his admission. In compare, home care is much better than hospital care. Nurses in the hospital provide minimum care and they are always in a hurry".

"Sometimes when I had pain and exhaustion, I felt like quitting this job, but soon I would feel relieved after crying alone in my room. I also used to share these feelings with Madam "Mr. Ebrahim's daughter" and she would assure me, these were some ways to ease my anger".

Key mediators between the determinants and caregiver burnout are the caregiving appraisal. Appraisal is the subjective evaluation of the caregiving experience by the caregivers themselves.

It can be also the evaluation of the balance or imbalance between demands and resources (Galiatsatos et al, 2017 6; Lindström et al., 2011 13). For instance, appraisal elements such as feeling trapped in the caregiving role are probably related to caregiver burnout. Similarly, constant worrying and need for control in the caregiving role appear to be risk factors, as they require chronic alertness from the caregiver (Cuijpers and Stam, 2000). In the given study, care providers' positive appraisal appeared to have a positive impact on their well-being and therefore less burden feelings:

T1: *"I was committed to my father caregiving and always thinking that I must be patient and carry this obligation".*

"Emotionally, caregiving was rewardable. Sometimes I feel that I did not give enough, and if my father was still among us, I would continue caring for him. I feel contented and satisfied. All the people in our small community knew that I was his primary care provider and used to ask me about his health. I was and still very proud that I could be the guardian of my father".

"Not everyone can take this role, I was gifted and privileged with this role. It is not easy to look after an old person many years until his death".

"Now, my age is above 60 and I'm living alone without a fixed income. This situation could have devastated me. In the contrary, I see the good luck in all my life aspects, and I believe that is God reward because of the blessing role I have played in my father's life. I feel that I lived in his lifetime and even after it like a queen. Everything that I need will come smoothly, everyone is helping me, my children, my brothers, and my sisters".

"I believe that we provided him with excellent home care that is why he did not develop bed sore, was always clean and smell good. My nurse sister used to tell that I provided my father "7 star" care".

T2: *"My feelings as a care provider, though the difficulties I was and still very satisfied because Mr. Ebrahim in his healthy days was very good to me and I was caring to him from my heart. He was a happy person and prayerful and he used to read the holy Quran. If it was not for his Alzheimer, he will not be a difficult person. I understand that is why I was positive about it and have a peaceful mind before and after his life. Nevertheless, caregiving requires lots of love, patience, and time dedication and these traits are not with everyone, that's why caregivers differ".*

In general, informal caregivers are often unprepared. Outlining and defining roles of care providers is important to designing possible interventions and to helping caregivers be prepared for this role (Schulz R. 2016). 11 Caregivers should have access to high-quality, evidence-based interventions designed to mitigate or prevent adverse health effects to them and their client.

2. Caregiver's Support

As the disabilities and care needs of the elderly people increase over time, the accumulated financial, social, psychological, and physiological effects of family caregiving also intensify (Gaugler J.E. et al 2008) 14 Caregivers without support are a high-risk group for the development of emotional symptoms such as nervousness, exhaustion, decreased appetite, difficulty sleeping, and psychiatric disorders. Additionally, the caregiver's perception of how well they're supported in the caregiving role emerges as an important correlate of psychotropic drug use, especially consumption of antianxiety, antidepressant, and sedative/hypnotic agents (Clipp E.C. 1990)15.

It was found that the most significant and common predictor of caregivers' burnout is the lack of work support. Supporting care givers includes instrumental, informational, and psychological support (Clipp E.C. 1990) 15. In institutional level like hospitals workload is positively rotated among group of workers and shifts duties while at home care providers probably feel lack of support, have more caring-related stress and being stuck in a continuous duty at home.

In the given study care providers express that seeing the care recipient health deteriorating was emotionally exhausting:

T1: "I had a busy mind all the time because I am monitoring everyone and everything, the house maid, the nurses, his medication, and appointments, his surroundings, his cleanliness, and his comfort. This gave me lots of psychological and mental strain. I was making sure every day that he was comfortable and free of pain. Sometimes I used to stay awake at night with him because I know from his sound if he is uncomfortable, so I stay until he goes into deep sleep. Whenever he looked into my face he smiled. My presence gave him comfort".

T2: "It was very difficult after Mr.Ebrahim. became bed ridden and aggressive. He used to hit and kick anyone who touched him. I have got lots of hits and pain while providing care. Sometimes he is good but soon his mood would change, and he will turn aggressive.

"His appetite changed, and he used to refuse food and medications. If he was not in the mood to eat, I used to try persuading him or manage by trying again and again. I used to grind medication and put it into milk with a little honey to hide its taste. After that I used to note down the medication to avoid forgetting. All this required a long time and patience from my side".

"I was not looking after an elderly basic need only, but also will strive and stay awake at night to deal with aggressive unaware elderly and will deal with your own stress and exhaustion. That's why care providers must balance everything. They should take care of their own health. Care providers may become mentally sick because they cannot maintain the balance between the caregiving demands and their own health. To balance I used to eat healthy food, have enough sleep, do stress management by always expressing my feelings, crying, and most importantly praying. If you care about someone, you have first to care about yourself. But I also believe if you are ready to do caregiving you will not suffer from mental distress.

Current care providers found that having the biggest possible number of care providers is the best support they could have. The family therefore hired two nurses to relieve the primary caregivers, preventing their burnout especially with the care recipient level of agitation and irritability increasing during nighttime. Hired nurses worked in shift duty, provided daily routine activities, and medical care.

T1: "The demands of my father's care were increasing and so I felt that I needed assistance from a nurse who can stay with us. He was having a big body built and difficult to move. We needed a man assistance to do turning and lifting. Additionally, he needed continuous observation through nighttime because he remained mostly awake and tried to get out of bed and was at risk of falls and injuries".

T2: "After Baba became bed ridden and aggressive it was very difficult to attend his hygienic needs alone. It required two to three people to do this duty. At times he was stubborn and fighting although he was bedridden, he was still strong and resisted us. He used to hit, punch, bite and move while we tried to provide him with care. This problem was solved after hiring nurses. One person was holding his hands and others doing the cleaning and changing otherwise he would have hurt himself and others".

Formal institutional help is very important, especially for people who care for elderly relatives at home. Regardless, the complexity of the health care system makes it nearly impossible for families to understand how various services work together, identify what legitimate and feasible, manage demands and learn how to obtain medical information in a timely and efficient manner (Rantz M. et al 2015) 16. As a result, caregivers need to communicate to an official health system to raise awareness and facilitate using the available health services such as material, equipment, respite, and adult day care (Belden, Russonello & Stewart, 2004) 3.

In Bahrain, the official health care planners are members of mobile units in the local health centers, who take the role of conducting home visits to elderly people in the community to deliver appropriate assistance, relieve primary caregiver, and improve the quality of home caregiving of elderly people. The reciprocal interactions between families with formal health support are likely to influence their adaptability, access to information, and motivation to seek help from others (Edvardsson J.D. et al 2005) 17. This partnership between formal and informal social supports often complements each other (Choi N.G. 1996) 18.

Primary care givers in this study age of 50-64 years, serve a bed ridden care recipient with Alzheimer's disease, and co-reside with him. Therefore, they needed help to face the increasing demands of care at home including mobilization, hygiene, elimination, eating, medication, sleeping and safety. The family has successfully utilized available services "Community nursing team" from the local health center to aid to their adjustment.

T1: *"As my father's movement limited, he became heavier, and it was difficult to take him to his regular appointments. I reported it to the local health center and asked for their assistance. Community nurses were assigned to come regularly every few weeks and do assessment and record in his file notes. During the same timing he developed a heel pressure ulcer. Nurses brought medication and dressing and taught me how to do it. Also, the health center supplied a monthly amount of adult Napkin, and I was bringing them".*

"He developed hallucination, imagining things and was very fearful. He was even afraid from the housemaid whom he used to see every day. At this stage we consulted a psychiatrist who prescribed some medication that made him calm and sleepy at nighttime".

T2: *"I basically learnt from community nurses how to change napkins and I was at many times doing it alone. Community nurses were very helpful, they would do vital signs and record notes and they will advise how to manage Baba's care".*

3. Caregiving Coordination

Caregivers used to seek health information, from the internet, doctors/nurses and other health professionals regarding recipient health conditions and treatments (Belden, Russonello & Stewart, 2004) 3. Still many care providers lack the information regarding keeping the recipient safe at home, techniques of moving or lifting the care recipient, finding easy activities that can be done, managing personal time, emotional and physical stress.

Care can be coordinated through a family member, a friend, or a health profession personal. *Care coordinator* or *Case manager* often involved in decision making with and, in some circumstances, for care recipients (Schulz R. 2016) 11. Frail older adults may be able to express their preferences, but lack executional autonomy or the ability to carry out their decisions without considerable assistance from a caregiver (Feinberg L. and Whitlatch C. 2001 19; Feinberg L. and Whitlatch C. 2002 20). From this perspective, care coordination is increasingly seen to help patients and families manage medical conditions, social and psychological problems more effectively by health care planning and by recommending the needs of care. (Garvelink et al., 2016) 21.

In the given study, caregivers were exposed to a variety of stressors because of managing varieties of tasks, including monitoring physical, behavioral, psychological, and environmental needs of the care recipient. Given the complexity and intensity of caregiving for a person with Alzheimer, it wasn't surprising that caregivers reported psychological distress as the care recipient started refusing the care, became stubborn and aggressive. Therefore, there was an urgent need for a family member who can surrogate health decisions. The care coordinator was the middle daughter of the care recipient who is a nurse and acts as the decision maker regarding the care.

T1: *"I was consulting my nurse sister and she used to give instructions to modify his diet at times he suffered from vomiting or abdominal pain".*

"My father suffered from gastric problems like vomiting, constipation, and diarrhea and many times refused to eat. I was consulting my nurse sister and she used to give instructions to modify his diet to more healthy meals such as low cholesterol, rich in fresh vegetables, fruits, and fibers".

“Regarding his medication, my nurse sister was assisting to prepare them earlier in medication organizer box and administer them”.

“The night before he died, I spent time near to his bed praying because I knew from his sound that he was not okay. I called my nurse sister because he was unusually quiet and pale, she came early morning and checked his blood pressure was very low and dropping. My sister realized that he is going, and we decided to keep him at home and within few hours he passed away in his house, surrounded by his children, gripping his hand and he is in a beautiful shape and clean condition, hearing lastly word from the holy Quran. Some of my sisters objected to him staying at home and asked to shift him to hospital to have better care. But my nurse sister insisted this was the best care that could be provided for an elderly person in his last hours, and I agreed with her”.

T2: *“I basically learnt from his daughter nurse how to do dressing”.*

“The important factors that made Baba successfully aged and died at home with his family were the family members’ collaboration. As for me, as a housemaid and care provider to Baba, they were good to me, respect and look after my needs. Furthermore, his nurse daughter was making decisions regarding his health, and in my opinion, it was the right decision”.

4. Caregiving cost:

Insufficient resources are directly related to care provider competency, burnout, or both. Such resources are number of caregivers, perceived adequacy of space, and satisfaction with equipment and materials (Thornburg K.R. et al 2006) 22. It was found that the cost of caring for people with five or more chronic illnesses is roughly 17 times higher than for those without chronic illness (Rantz M. et al 2015) 16. Furthermore, caregivers of bed ridden, and dependent patients have asked for financial help more than other caregivers (Belden, Russonello & Stewart, 2004) 3.

It’s very common that care recipients aged 50 and older are more likely to receive additional unpaid support from their children. (Schulz R. 2016) 11. Among caregivers, those caring for someone with Alzheimer’s or dementia reported using paid care through an aide or nurse, a housekeeper, or other paid helpers. (Belden, Russonello & Stewart, 2004) 3.

Caregivers in this study were at risk of burnout because of financial demands:

T1: *“I grow older, and my health is not like when I was young. My age is already above 60, I suffer from diabetes mellitus, hypertension, neck laminectomy and should avoid heavy lifting. Because of all that, we have decided to hire a male nurse to stay overnights and to assists in heavy lifting and hygienic tasks, changing positions, bathing, and dressing. But hiring nurses was very expensive and required financial help from all his children”.*

Family in this study collaborated to provide healthcare manpower. There was a housekeeper who acted as a care provider as well as two hired nurses all are on the recipient children’s expenses:

T1: *“Hiring nurses was very expensive. The prices to hire a private nurse in Bahrain is too high and too exaggerated in my opinion. We were forced to hire two nurses for two shifts (morning and night) and they cost 800BD/month. My father still has income from his car garage and rent of a building but still that was not covering the expenses. Therefore, we all – sisters and brothers-shared the expenses for his care”.*

Modifying setting and obtaining assistive devices are two things which can make care giving easier and safer for the care recipient but will add financial pressure: T1: *“A Proper setting included accommodated room on the ground floor with wall side rails, window for good ventilation and a big bathroom with walls side rails was arranged. Necessary equipment included a medical self-operating bed with pillows, a cane, and an orthopedic prosthetic shoe which was custom made for his right foot to support his walking and a wheelchair for outing were offered”.*

Caregivers in this study also needed to provide range of activities that was relatively undemanding, such as driving Mr. Ebrahim to an appointment, or highly demanding, such as bathing, dressing, medication and feeding: T1: *“We started to take him in to and from the mosque but with time*

he became more aged and unable to move. He physically deteriorated and was moving out of the bed with walker or wheelchair”.

“I used to buy over the counter medications like pain killer, laxatives, and nutritional supplements, and dressing material (Actisorb) from private pharmacies. Doing all this took lots of effort, time, and money. Many times, the Napkin was out of stock in health center, so I bought them from private pharmacies. It was better quality so I was mostly using them, it absorbs better, side adhesive stronger, and will not cause skin rashes”.

“The main constraint for elderly care provision at home is the financial constraint”.

“I suggest that governmental health institutions take the responsibility of organizing or assisting elderly care at home by providing medical beds and materials. Also, the government may facilitate coordinate a private nurse for families lack sufficient care providers at home. This can be arranged with the families who can pay part of the expenses and who need help in selecting a nurse to work at home and do shift duties. This type of governmental support will be very helpful to empower family members to give care at home and will also help in saving the health budget”.

Summing up expenses of Mr. Ebrahim’s homecare, family collaborated to provide manpower, healthy diet, home setting and necessary equipment and supplies. The family shared the expenses according to the potential and willingness of the individuals. They paid for the necessary modifications to his living area and bathroom. They provided a medical self-operating bed, side tables, wheelchair, walker, cane, easily removable clothes, and custom made orthopedic prosthetic shoes for his right foot drop. Furthermore, Mr. Ebrahim’s family were committed to his regular check-up and follow-up appointments, physiotherapy, medication, with necessary dressing material, skin care supplies, and high-quality adult diapers. The cost of caring for Mr. Ebrahim reported by his daughter to reached between 1,200 to 1,500 Bahraini dinars equivalent to approximately 3,750 \$ dollars per month.

T2 was not involved in cost-related information because she was hired by the family to provide care for the recipient-

Recommendations and Conclusion:

The given study discusses the phenomenon of burnout among home care providers of elderly people. Given the intensive demands of this role, especially when recipient suffer mental illnesses like Alzheimer diseases or dementia, caregivers reported emotional, physical, and financial strains.

Factors that were found to influence level and intensity of caregivers’ burnout were clustered. Four themes of the study emerged: Caregivers’ preparation and readiness to this role, support of formal and informal authorities, presence of a family care coordinator, and the cost of the care. Many implications were found to be of use for care providers in the community and for the health system.

Firstly, if we are going to protect the health and well-being of caregivers who are at risk, it is important to help them fulfill their needs so that they do not sacrifice themselves in the service of others. Lessons to prepare family care providers can be conducted by local health center when cases of elderly-home care are reported. Such programs will orient care providers of all what they ought to know and will fulfil their unmet needs such as managing their time, emotional and physical stress, and balancing work and family responsibilities.

Secondly, Health care system in Bahrain may adopt a strategy of “community nursing part timers” and offer families with nurses who are half paid by the government and work along with the primary care givers at home for families who can pay part of the expenses. People in the community do not know how to hire licensed and competent nurses. This strategy will mediate and facilitate an expertise to the community, assess health care providers at home, reduce primary caregivers’ burnout, reduce re-hospitalization, and help in saving the health budget. Families who have finance and social difficulties hiring nursing personnel should consider scheduling or rotating caregiving among the family members to maintain continuity of home care and prevent burnout to care providers.

Thirdly, the health care system can enhance elderly care at home by providing medical equipment and material to caregivers in the community. This can be facilitated through community nursing who should do proper assessment of the family and identify caring needs.

Fourth and last, families should select one or two members who can act as a care coordinator and make health decisions on behalf of the primary care providers and surrogate the elderly care recipient when necessary. It is always preferred that this member has some health career background.

Family care providers fulfill an important role not only for people they assist, but for the society. It was crucial to investigate the impact caregiving on caregivers lives and find practical contributions to prevent or reduce the intensity of burnout. Nevertheless, map a strategy for the public use to promote this important type of care.

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