



BURNOUT SYNDROME IN FAMILY CAREGIVERS OF DEPENDENTS

Luis Manuel Rodríguez Otero¹

¹Doctor in Social Work from the University of Vigo, Social Worker in the Commonwealth of Verin, Spain

ABSTRACT

Studies show that care in the family caregiver figure / a is susceptible to suffer burnout (Carelo et al., 2009; Martínez, 2009; Rogero-García, 2010; Moreno, 2011) due factors: (i) personal, (ii) educational and (iii) organizational. Which repercussions level: physical, mental and emotional (Maslach and Jackson, 1981; Atance, 1997; Maslach et al., 2001; Axayacalt et al., 2006). The objective of this research is to examine whether 17 family dependents of the City of Oimbra perceived economic benefit of the Xunta de Galicia for providing care in the family environment associated manifest signs of Burnout Syndrome. An investigation of empirical descriptive instrumental type arises through sample survey using as instruments: a socio-demographic questionnaire, a rating scale for the assessment of general health and Zarit (Zarit et al., 1985). The results reveal medium-low values. Be higher if: (i) dependent possess a higher degree of dependence, (ii) declare that they pay more care to more familiar, (iii) indicate a greater number of years providing care to dependent and (iv) have younger. That is why the need to promote preventive measures from the municipal social services is concluded.

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1. INTRODUCTION

The burnout syndrome or Burnout refers to the feeling of failure, existence of mental, emotional and / physical exhaustion, emotional exhaustion and reduced personal accomplishment that results from a chronic overload energy demands, personal resources and spiritual force in situations emotionally demanding. Following factors (i) personal, (ii) educational and (iii) organizational (Maslach and Jackson, 1981; Pines et al., 1981; Perea Quesada, 2004).

When analyzing this phenomenon it is necessary to take into account certain characteristics that define this syndrome. The Del Álamo (2004) notes that care stress results in various symptoms and classified as: (i) emotional, (ii) psychosomatic, (iii) greater ease in getting organic diseases and (iv) defectuológicos behavioral problems. On the other hand, some authors suggest that burnout

affects the caregiver dimensional level. Emotional exhaustion, depersonalization and lack of personal accomplishment (Maslach and Jackson, 1981; Atance, 1997; Maslach *et al.*, 2001; Axayacalt *et al.*, 2006).

Flórez (2002); López-Elizalde (2004) and Moreno Jiménez *et al.* (2001) when exposing the effects and consequences of this syndrome differentiate between two types of events: mental and behavioral. (I) would be associated mental aspects such as low self-esteem, exhaustion, personal fulfillment, anxiety, frustration, concentration and various physical manifestations such as headaches, insomnia, pains, gastrointestinal problems, etc. (II) Behavioral describes as derived from dominance of addictive behaviors, such as the consumption of coffee, tranquilizers or drugs and evasive as absenteeism, low personal performance, social distancing, etc.

Axayacalt *et al.* (2006) also refer to different warning signs, distinguishing between: denial, isolation, anxiety, fear, depression, anger, leakage or cancellation, addictions, personality changes, guilt and autoinmutación, excessive workloads, risky behavior, the feeling of being overwhelmed, abandonment of self, memory loss and disorganization.

Several studies indicate that in these situations are considered as potential risk factors follows. Regarding the caregiver / a: (i) age, (ii) the level of health, (iii) lack of social environment, (iv) Night work, (v) inaccessibility to the GP, (vi) not available complementary resources, (vii) economic status and (viii) lack of training and information on the / s pathology / s sick / a. In relation to the sick person: (i) intensity and type of pathology, (ii) no relatives in the immediate environment, (iii) lack of social circle, (iv) symptoms of aggression, agitation and psychosis, (v) duration of disease and diagnosis, (vi) the existence of hallucinations, delusions and confusion, (vii) incontinence, vomiting and bedsores, (ix) insomnia (x) pluripathologies and (xi) not having complementary resources (Morris *et al.*, 1988; Jerrom *et al.*, 1993; Laserna *et al.*, 1997; Artaso *et al.*, 2001; Muela *et al.*, 2002; Rodríguez del Álamo, 2002; Artaso *et al.*, 2003; Del Álamo, 2004). However as indicated Atance (1997) "between epidemiological aspects of the syndrome [...] there appears to be unanimous agreement among authors although there is a certain level of agreement for some variables". It is therefore indicates the following: (i) age, (ii) sex, (iii) rotating shifts, (iv) work overload, (v) the salary and (vi) the claim. Axayacalt *et al.* (2006) state that the clinical picture may follow four steps or sequences characterized by: (i) imbalance between job demands and individual resources, (ii) over-exertion to adapt to the demands, (iii) occurrence of burnout syndrome and (iv) deterioration psychophysical.

Most studies on this syndrome focus its object of analysis in paid professionals (Schutz and Long, 1988; Benoliel *et al.*, 1990; Jones, 1990; Moreno *et al.*, 1993; Kompier and Levi, 1994; Friedman, 1995; Moreno-Jiménez, 1996; Hinds *et al.*, 1998; Moreno, 2011). But others such as Moreno (2011); Martínez (2009); Rogero-García (2010) and Carelo *et al.* (2009) show that the family caregiver is also susceptible to suffer burnout.

With the entry into force of the law of dependence Figure family caregiver recognized through granting of economic warrants linked to this service (España, 2006) arises. After almost eight years of existence of this resource research arises to determine the level of health described by caregivers.

2. METHODOLOGICAL DESCRIPTION

2.1. Objectives

The overall objective of this research is to examine whether caregivers recipients of the warrant for care in the family environment dependent manifest signs associated with burnout syndrome. To this end the following objectives are proposed: (i) analyze the socio-demographic characteristics of caregivers, (ii) identify the characteristics of users / dependents as, (iii) observe how the sample values their health in general terms and (iv) review on socio-demographic variables of caregivers / as and dependents are crucial.

2.2. Sample

The initial sample of this study consisted of a total of 17 family caregivers and recipients of providing family dependent rural municipality of Oimbra (Ourense, Spain). The final sample was 16 participants.

2.3. Type an Analysis

This research is based on a design by empirical descriptive instrumental (Cubo *et al.*, 2011) through sample survey aimed at identifying a particular population. The sampling was random according to six criteria: (i) gender, (ii) age, (iii) years of care, (iv) dependence of the family, (v) educational level and (vi) provision of care more families. Results expressed as total, frequency, mean and standard deviation *data collection instruments*. For the realization of this research has used an anonymous questionnaire that the following instruments were collected: (i) a socio-demographic questionnaire and scale assessment on the assessment of general health, (iii) and the Zarit Scale (Zarit *et al.*, 1985). The socio-demographic questionnaire is homemade composed of 9 questions, you strain 7 are of open type, 1 semi-open type 1 closed and 1 in scale format. These are identified on the following sample information: gender, age, origin, marital status, family educational level, providing informal care, number of years of care, dependency of the family, providing more family care and assessment of general health. The Zarit scale was used translated into Castilian version consists of 22 questions in Likert format from 0 (never) to 4 (almost always). This instrument is based on the analysis of the degree of subjective overload of carers, ie feelings regarding fatigue in performing the work of the caregiver. It is characterized by having a psychometric properties 0.91 0.85 internal consistency and test-retest reliability (Martín *et al.*, 1996; Alonso *et al.*, 2004).

2.4. Criteria for Inclusion, Codification Procedure and Results

Have not used any criteria for inclusion. Are included all of the sample to obtain a broader result. However it has completed the analysis of the results based on the full and the variables analyzed. The procedure for conducting this research included a temporary space of one month during January 2015. For the purposes of the tests were contacted from the Departments of Community Social Services Township Oimbra with caregivers / family dependents as perceived the warrant. The study was presented at the time of completion of the annual statement of the appeal. After presenting the study proceeded to the delivery of the instrument for your reply and

asked to depositasen the end of the clerk of the municipality. After obtaining the instruments proceeded to number each questionnaire and through the SPSS program version 15.00 encode the results for later analysis. In analyzing the results of the Zarit scale the highest possible score is 88 points. Based on the criteria of *Martín et al. (1996)*; *Gort et al. (2008)* and *Álvarez et al. (2008)* are considered less than 46 points of "no overload", between 47-55 points higher than 56 points "greater burden" slight "overload" and Ratings.

2.4. Contribution/ Originality of this Study

This study contributes to the literature to corroborate the existence in non-professional burnout family caregivers. And identify such demonstrations in the Galician countryside and especially in women. It also highlights the need to incorporate measures to intervene with such manifestations.

3. RESULTS

3.1. Profile

Through the socio-demographic questionnaire results show that the whole sample are women and the municipality of Oimbra. It is also noted that 13 of them are married (81.25%), 1 single (6.25%), 1 separate (6.25%) and 1 widow (6.25%). In relation to their education level one cannot read or write (6.25%), 2 have not completed the minimum studies (12.5%) and 13 Primary studies have graduate or EGB (81.25%). It also identifies that 10 respondents to a dependent care (62.5%) and the remaining 6 to several relatives (37.5%). Regarding the dependent family shows that in 3 of them is your spouse (18.75%) in 10 participants (62.5%) their parent (middle his father and the other his mother) and in 2 his father (12.5%) and her mother-in-1 (6.25%). Depending on the degree of dependence that have the results show that in June with a degree II (37.15%) and 10 grade III (62.5%). Finally on the number of years of care provided so far shows that 6 indicate less than 10 years (37.5%), 1 July period between 10 and 15 years (43.75%) and 3 between 16 and 20 years (18.75%).



Gráfico-1. General Health Rating sample in%.

Source: own.

3.2. Rating General Health

According to the assessment made by the sample overall health shows that: any participant indicates that it is very bad, 3 the values as bad (18.75%), 8 neither good nor bad (50%), 3 as good (18.75%) and 2 as very good (12.5%).

These results indicate that the valuation declaring the sample corresponds to an average of 2.25, indicating that such valuation is average and corresponds to a standard of "good or bad".

3.3. Degree of Subjective Overload

Applied the Zarit scale, as shown in Table 1 and Figure 2, the results show that: an assessment of "never" issues identified in 12 (54.56%) of "almost never" in 6 issues (27.27%) of "sometimes" in 3 issues (13.63%) and "several times" in question 1 (4.54%).

Table-1. Average Total Answer each question and classification.

Assessment									
Never		Rarely		Sometimes		Several times			
Issue	Value	Issue	Value	Issue	Value	Issue	Value	Issue	Value
3	0,28	16	0,37	1	1,87	2	2,68	8	3,75
4	0,25	17	0,81	10	1,43	7	2,62	-	-
5	0,62	18	0,68	12	1,93	11	2,18	-	-
6	0,05	19	0,5	14	1,5	-	-	-	-
9	0,75	20	0,75	15	1,5	-	-	-	-
13	0,62	21	0,75	22	1,87	-	-	-	-

Source: own.

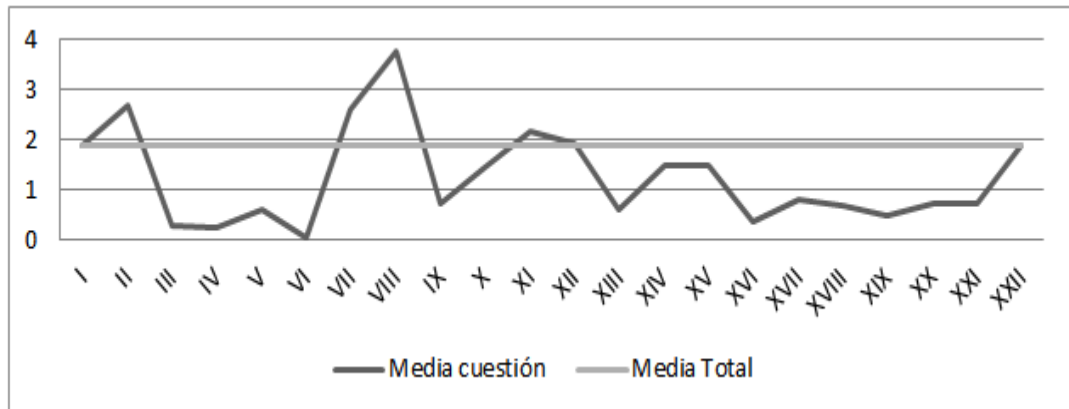


Gráfico-2. Total Media and Zarit scale according to issues.

Source: own.

Also the overall average corresponds to a medium-low score of 1.90 points. Which corresponds to a Likert "almost never" very near "sometimes".

4. ANNALYSIS

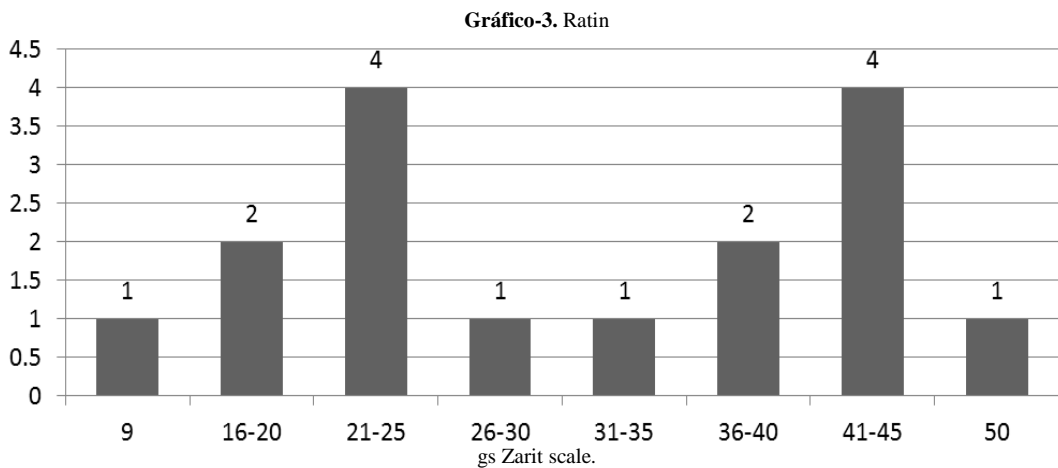
Considering the different clusters analyzed (dependence, provision of other relatives and age care) and based on the two criteria under analysis (scale Zarit and valuation General Health), as shown in the table below, the following have been reached results:

Table-2. Total Sox as strata.

Criterion	N	Average	God Bless You General	Overload		
				(Less than 46)	Slight (47-55)	
Total	16	30,50	2,25	15	1	
Grade Unit	I	0	0	0	0	
	II	6	26,66	2,33	6	0
	III	10	32,8	2,20	9	1
More care familiars	No	10	32,1	2	5	1
	Si	6	27,83	2,66	7	0
Years of care	Less than 10	6	27,5	2,83	3	0
	Between 10-15	7	30,71	2,14	6	0
	Between 16-20	3	36	1,83	9	1
Age	Menos de 50 years	3	35,66	2,66	2	1
	Between 51-66 years	9	29,44	2,33	9	0
	More than 65 years	4	29	1,75	4	0

Source: own.

From the overload level identified in the sample and analyzing the score evidenced in each caregiver, as shown in the following chart, recorded 9 points, 2 between 16 and 20, 4 between 21 and 25, one between 26 and 30, another between 31 and 35, 2 36 to 40 4 41 to 45 and one 50 points. These results indicate that the two groups are the scores of between 21 and 25 points (25%) and between 41 and 45 points (25%).



Source: own.

In general it is observed that family caregivers reported lower-middle scale values of Zarit. However higher scores are identified as: (i) the dependents have a higher degree of dependence, (ii) declare that they pay more care to more familiar, (iii) indicate a greater number of years providing care to dependent and (iv) have younger age (see Table 2). Also it is observed that the wearer of evidence a light load on is characterized by possessing less than 50 years, caring for one person; grade III of dependency and for more than 16 years period.

Moreover taking into consideration the level of overall health declared by the sample, as shown in the above table (Table 2), family caregivers recorded higher scores when: (i) family have a lesser degree recognized dependency, (ii) more family caregivers, (iii) indicate fewer years providing care to dependent and (iv) have younger.

5. CONCLUSION

Although not very high scores are evident in the Zarit scale, we find that in the sample characterized by caring for users / as with greater and greater time period scores are higher. That is why it would be ideal joint awareness-raising and attention from the municipal social services for preventive and avoid the existence and depth of this syndrome in caregivers / family members as dependents. Also it would be appropriate to propose the compatibility of this care with home help service to promote the respite.

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