

## Correlation between Caregivers' Burnout and Elderly Psychological Abuse

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**Abstract:** Psychological abuse of elders is a growing but hidden problem and is often under reported. Aim: this study aims to investigate the correlation between caregivers' burnout and elderly psychological abuse. Design: A descriptive correlational research design was utilized to conduct this study. Sample :It included 150 older person residing Dar El-Deiafaa, Dar El-Salam and Dar El-Zahraa for disabled and elderly people and 50 of caregivers (nurses & elderly sitters), who are working in these settings. Tools of data collection: include, 1) socio-demographic data sheet concerned with caregivers' personal characteristics, 2) Burnout Inventory developed by Maslach (1981), it was modified and translated into Arabic by the researchers and 3) Elder Abuse Screening Instrument developed by Fulmer et al (2004), that was modified and translated into Arabic by the researchers. Results: the study results revealed that, 34% of the studied caregivers their ages ranged from 35 to 40 years, 62% were male, 52% their education at secondary stage & only 8% had university degree. Majority of them 64% worked as elderly sitter and 36% were nurses. 62% were unsatisfied with their paid, and 38% were satisfied with their paid. 58% had experience less than 5 years in their working with the elders, but 6% only had experience more than 10 years. Conclusion: There are strong positive associations between levels of caregivers' burnout and levels of elders' psychological abuse. Recommendations: It is recommended that media coverage of abuse in elders homes has made the public knowledgeable about and outraged against abusive treatment in those settings, providing education, appropriate training and counseling for the caregivers to find solutions for their problems and the problems of the elderly and about the risk factors for abuse.

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**Key words:** Elders, caregivers, burnout, psychological abuse

### 1. Introduction:

Aging is a continuous process from birth to death, which encompasses physical, social, psychological, and spiritual changes.

Although aging is an ongoing process, the value of aging is seen differently at different points in the process. Some of the changes are anticipated with joy, other changes are greeted with a less positive response, such as gray hairs that appear (Hunt, 2004).

In fact, world wide population of individuals older than 65 years will surpass 1 billion people in 2030. This trend reflects a drastic increase in the global population. Even in many third world countries the life expectancy has increased to 80 years. By 2040, the elderly will comprise 20% of the world's population. The estimated number of individuals 80 years of age and older, will double or triple (Rutty, 2008).

In Egypt, people of age 65 and above are 4.1% of all population. Average of life span for males is 68 years, while it was 72 years for females (EDHS, 2005). Therefore, the ever expanding growth of the geriatric population increases the likelihood of elder

abuse and neglect to occur, both in public and in private setting (Rutty, 2008).

Abuse shall mean an act or omission which results in harm or threatened harm to the health or welfare of an elderly person. Abuse includes intentional infliction of physical or mental injury; sexual, or withholding of necessary food, clothing, and medical care to meet the physical and mental needs of an elderly by one having the care, custody or responsibility of an elderly person. Elder abuses that may take many forms are often classified as physical abuse and neglect, psychologic abuse, financial exploitation and violation of rights (Kurrle et al., 1997).

Emotional or psychological abuse is a willful act executed to cause emotional pain, injury, or mental anguish (Kruger et al., 1999). Psychological or emotional abuse is also defined as the intentional or reckless infliction of psychological pain, injury, suffering, or distress through verbal or nonverbal acts (Carney et al., 2003). However, the victims of emotional and verbal abuse may be threatened, humiliated or kept isolated from family and friends. Moreover, the elder's self-esteem is damaged and

added that emotional abuse which is difficult to detect (Tennstedt, 1999).

However, older age, social isolation, functional debility, psychologic 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 elder emotional abuse are identified as agitation, anger, negative attitude, fearful behavior, especially around certain individuals as well as 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 are also emotional and psychological abuses that occur when a person is demeaning and dehumanizing to 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 helps 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 & Kosloski, 2000).

In this regard, factors that can lead to caregiver burnout include role confusion, lack of control (i.e., many caregivers become frustrated by a lack of money, resources, and skills to effectively plan, manage, and organize their one's care); unrealistic expectations (i.e., 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 (Grinfeld, 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 yourself or the person for whom you are caring,

emotional and physical exhaustion and irritability (Zarit, 2006).

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). Moreover, health care professionals also see themselves as abused by the system; especially working with older persons is considered "second class", with low wages and less qualified staff than in other areas (World Health Organization, 2002).

Therefore, health care professionals must take the lead in recognizing, reporting, and seeking help for the frail elderly. With a good reporting system in place, nurses also 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)

#### Significance of the Study:

Elder abuse is a violation of human rights. Elder abuse has devastating consequences for 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). Elder abuse is a problem that manifests itself in both rich and poor countries and at all levels of society (World Health Organization, 2002).

Because of differing definitions, poor detection and underreporting, the extent of elder mistreatment is unknown and firstly gained attention as medical and social problems about 20 years ago (Swagerty et al., 1999).

In this regard, institutionalized elderly who are frail and dependent are vulnerable to be abused by overwhelmed caregivers especially caregiver psychological abusive behavior. Therefore, the purpose of the study is to investigate the correlation between caregivers' burnout and elderly emotional abuse.

#### 2. Subjects and Methods:

The aim of this study was to investigate the correlation between caregivers' burnout and elderly emotional abuse.

#### Research question

Is the caregivers' burnout leading to an elderly emotional abuse?

#### Technical design:

A descriptive correlational research design was utilized to conduct this study.

#### Setting:

The study was conducted at the Dar El-Deiafaa, Dar El-Salam and Dar El-Zahraa for disabled and elderly people, Amman, Jordan.

#### Inclusive criteria for elderly residents:

- Age: 60 years and above.
- Geriatric home residents.
- Capable of verbal communication
- Totally and partially dependent on the caregiver.\

#### Inclusive criteria for caregivers:

- Less qualified (without special geriatric training).
- Poorly paid
- Over worked.

#### Sample:

A purposeful sample of 150 older persons who reside Dar El-Deiafaa, Dar El-Salam and Dar El-Zahraa for disabled and elderly people and are matching with the determined inclusive criteria were included in the study sample. A 50 caregivers (nurses & elderly sitters), who are working in Dar El-Deiafaa, Dar El-Salam and Dar El-Zahraa for disabled and elderly people were also involved in the study sample.

#### Data Collection Tools

- 1- A socio-demographic data sheet, concerned with caregivers' personal characteristics was developed by the researchers. It included caregivers' age, sex, marital status, number of children, educational level, occupation, monthly income, and years of experience.
- 2- Maslach Burnout Inventory developed by Maslach & Jackson (1981) modified and translated into Arabic by the researchers. Maslach Burnout Inventory comprised two aspects of burnout syndrome: (a) 8 items concerned with feelings of being emotionally overextended and exhausted by one's work; (b) 10 items concerned with feelings of depersonalization /frustration (i.e., impersonal response towards recipient of one's service, care, treatment, or instruction).

#### Scoring system:

Every participant of the caregivers was asked to point a response with rare, frequently, always according to the frequency of the experienced feeling.

3-Elder Abuse Screening Instrument developed by Fulmer et al. (2004), it was modified and translated into Arabic by the researchers. It comprised two main aspects; 12 items concerned with elder safety and 8 items concerned with elder access of health services.

#### Scoring system:

Every participant of the elder residents was asked to indicate a response with rare, frequently, always according to the frequency of the exposure to these caregivers' abusive behaviors.

#### Operational Design:

##### Pilot study:

A pilot study was undertaken with the objectives of testing the tools and ensure their practicability, and to determine the clarity of the statements. It also helped to clarify the way the study will be conducted. It was carried out on 15 elder residents and 5 caregivers representing 10% of the total participants of both samples involved in the actual study.

##### Field work:

Once permission was granted to proceed in this study, the researchers contacted the participants (elder residents & caregivers) in the study to explain simply the purpose and the nature of the study in the light of their grasping. They were assured anonymity of answers and that the information will be used for scientific research only and will be strictly confidential. Data of this study were collected throughout three months from September to November 2008 in Dar El-Deiafaa, Dar El-Salam and Dar El-Zahraa homes for disabled and elderly people. Concerning socio-demographic data sheet and Maslach Burnout Inventory, they were distributed to the nurses and elderly sitters at their working place to fill in. Then they returned the filled in sheets to the study researchers. Meanwhile, the elder residents were interviewed for approximately 20 minutes to fill in the Elder Abuse Screening Instrument.

#### Statistical Design:

In order to achieve the study objective and respond to its question many of statistical procedures have been used such as frequency tables, means, and standard deviation in addition to r-test.

### 3. Results:

Table (1) shows that 34% of the studied caregivers their ages ranged from 35 to 40 years, while only 16% of them were under 25 years. More than three fifths of them (62%) were males. 64% of them were married and only 6% were separated. Concerning number of children the highest percentage (48%) had no children, 14% had one child, another 14% had three and 20% of them had two children. Considering education 52% of the studied caregivers, their education was at secondary stage, while only 8% had university degree. Less than two third of them (64%) work as elderly sitter while 36% were nurses. As for

monthly income 62% were unsatisfied with their pay while the remaining percentage (38%) was satisfied with their pay. Almost three fifths of the studied caregivers (58%) had experience less than 5 years in their working with the elders but 6% only had experience more than 10 years.

As regards levels of emotional exhaustion pertinent to burnout and experienced by the studied caregivers, table (2) demonstrates that the highest percentage of them representing 62%, 66%, and 68% always "feel emotionally drained from their work", "feel used up at the end of the work day" and "feel fatigued when they get up in the morning and have to face another day on the job; compared to 2%, 2%, 0% who rarely had these feelings. Regarding to levels of depersonalization/frustration pertinent to burnout and experienced by the studied caregivers, the highest percentage of them 58%, 64%, and 56% frequently "worry that this job is hardening them emotionally", "don't really care what happens to some recipients" and "became not caring with many things that used to please them previously, respectively versus 4%, 20%, 22% rarely had these feelings.

Investigating levels of elder safety pertinent to psychological abuse experienced by the studied elders, table (3) demonstrates 72.7%, 84.7% of them were always "exposed to isolation from friends or regular activities" and "any one caused blame, harassment, or improper call naming" for them respectively. Otherwise, 3.3% only rarely "feel unsafe where they are living" compared to 62% always have this feeling.

Table (1): Distribution of the Studied Caregivers according to their Demographic Characteristics (n=50).

Item	No	%
Age in (years):		
<25	8	16.0
25-	15	30.0
30-	10	20.0
35-40	17	34.0
Gender:		
Male	31	62.0
Female	19	38.0
Marital Status:		
Single	15	30.0
Married	32	64.0
Separated	3	6.0
Number of Children:		
None	24	48.0
One	7	14.0
Two	10	20.0
Three	7	14.0
Four	2	4.0
Educational Level;		
Elementary stage	20	40.0
Secondary stage	26	52.0
University degree	4	8.0
Occupation:		
Nurse	18	36.0
Elderly Sitter	32	64.0
Monthly Income:		
Satisfactory paid	19	38.0
Unsatisfactory paid	31	62.0
Years of Experience:		
<5 years	29	58.0
5-10 years	18	36.0
>10 years	3	6.0

Table (2): Distribution of the Studied Caregivers According to their Levels of Burnout (n =50).

Item	Rarely		Frequently		Always	
	No	%	No	%	No	%
<b>Emotional Exhaustion:</b>						
1-I feel emotionally drained from my work.	1	2.0	18	36.0	31	62.0
2-I feel used up at the end of the work day.	1	2.0	16	32.0	33	66.0
3-I feel fatigued when I get up in the morning and have to face another day on the job.	0	0.0	16	32.0	34	68.0
4-Working with people all day is really a strain for me.	0	0.0	25	50.0	25	50.0
5-I feel frustrated by my job.	0	0.0	21	42.0	29	58.0
6-I feel I'm working too hard on my job.	0	0.0	20	40.0	30	60.0
7-Working with people directly puts too much stress on me.	0	0.0	24	48.0	26	52.0
8- I feel like I'm at the end of my rope.	3	6.0	40	80.0	7	14.0
<b>Depersonalization/Frustration:</b>						
1-I feel I treat some recipients as if they were impersonal objects.	50	100.0	0	0.0	0	0.0
2-I've become more callous toward people since I took this job.	29	58.0	21	42.0	0	0.0
3-I worry that this job is hardening me emotionally.	2	4.0	29	58.0	19	38.0
4-I don't really care what happens to some recipients.	10	20.0	32	64.0	8	16.0
5-I feel recipients blame me for some of their problems.	22	44.0	14	28.0	14	28.0
6-I became isolated from my family, friends .....etc.	13	26.0	25	50.0	12	24.0
7-I became not caring with many things that used to please me previously.	11	22.0	28	56.0	11	22.0
8-I feel changes in my appetite & weight.	24	48.0	21	42.0	5	10.0
9-I feel changes in my sleep patterns.	24	48.0	21	42.0	5	10.0
10-I feel a desire to hurt my self or others for whom I provide care.	49	98.0	1	2.0	0	0.0

**Table (3) Distribution of the Studied Elders According to their Levels of Psychological Abuse (n= 150).**

Item	Rarely		Frequently		Always	
	No	%	No	%	No	%
<b>Elder Safety:</b>						
1-Do you feel unsafe where you are living?	5	3.3	52	34.7	93	62.0
2- Are you exposed to unauthorized physical or chemical restraint?	25	16.7	124	82.7	1	0.6
3-Are you exposed to isolation from friends or regular activities?	0	0.0	41	27.3	109	72.7
4- Has anyone caused blame, harassment or improper name calling?	0	0.0	23	15.3	127	84.7
5-Has anyone ever touched you without your consent?	11	7.3	82	54.7	57	38.0
6-Has anyone forced you to do things you didn't want to do?	4	2.7	86	57.3	60	40.0
7- Has anyone ever taken any thing or money that belongs to you without your ok?	36	24.0	102	68.0	12	8.0
8-Has anyone ever strike you with any objects.	46	30.7	98	65.3	6	4.0
9- Has any one treated you as an infant?	0	0.0	70	46.7	80	53.3
10-Has anyone withheld your consent for particular interventions?	8	5.4	50	33.3	92	61.3
11-Does anyone scold or shout at you.	0	0.0	50	33.3	100	66.7
12- Has any one tried to hurt you or harm you recently?	25	16.7	108	72.0	17	11.3
<b>Elders Access to Health Services:</b>						
1-Has anyone ever discriminate you from others?	0	0.0	29	19.3	121	80.7
2- Are you deprived by your caregiver from access to adequate food?	6	4.0	82	54.7	62	41.3
3- Are you deprived by your caregiver from proper personal hygiene, clothing?	6	4.0	64	42.7	80	53.3
4- Has your caregiver failed to provide necessary medical care?	39	26.0	96	64.0	15	10.0
5-Has your caregiver deprived you from proper transfers?	42	28.0	82	54.7	26	17.3
6-Does anyone make you isolated from the outer world including phone calls, visitors?	33	22.0	107	71.3	10	6.7
7- Has your caregiver failed or refused to provide services or care necessary to maintain physical or mental health?	28	18.7	88	58.6	34	22.7
8-Has your caregiver failed to provide an outlet for recreational/occupational activities.	0	0.0	39	26.0	111	74.0

Around half of the participant elders 54.7%, 57.3% are frequently" touched from someone without their consent" and " forced to do things they didn't want to do" respectively. More than half of them (53.3%) always"treated by others as infants" and 66.7% were always "scolded or shouted at them by others". Regarding to levels of elder access to health services pertinent to psychological abuse and experienced by studied elders, the highest percentage of them 80.7%, 74% always suffer from " discrimination from caregivers in their dealing with them" and " their caregivers failed to provide an outlets for recreational/occupational activities". About half (53.3%) are always also "deprived by their caregivers from proper personal hygiene, and clothing". 71.3% are frequently " isolated from the outer world including phone calls, and visitors", 64% frequently " their caregiver failed to provide necessary medical care" and 58.6% frequently "their caregivers failed or refused to provide services or care necessary to maintain physical or mental health. Compared to only 4% are rarely " deprived by their caregiver from access to adequate food" and 4% also rarely" deprived by their caregiver from proper personal hygiene, and clothing"

Table (4) shows that there are strong positive associations between levels of caregivers' burnout related to emotional exhaustion and levels of elders' psychological abuse related to feeling of

safety ( $r=+0.97$ ) which means that elders' feeling of safety declines with escalation of emotional exhaustion levels for either the nurses or elderly sitters as caregivers in the geriatric homes. As well, there are strong positive associations between levels of caregivers' burnout related to depersonalization/frustration and levels of elders' psychological abuse related to feeling of safety( $r=+0.83$ ) which means that elders' feeling of safety decline with escalation of depersonalization/frustration levels for the participated caregivers.

Table (5) shows that there are strong positive associations between levels of caregivers' burnout related to emotional exhaustion and levels of elders' psychological abuse related to their access of health services( $r=+0.79$ ) which means, access of health services for the participated elders declines with escalation of emotional exhaustion levels for either the nurses or elderly sitters as caregivers in the geriatric homes. Moreover, there are strong positive associations between levels of caregivers' burnout related to depersonalization/frustration and levels of elders' psychological abuse related to their access of health services( $r=+0.81$ ) which means that, access of health services for the participated elders declines with escalation of depersonalization/frustration levels for the participated caregivers.



**Table (4): Correlation between Levels of Caregivers' Burnout and Levels of Elders' Psychological Abuse Related to their Feeling of Safety.**

Levels of Caregivers' Burnout	Levels of Elders' Feeling of Safety			r-test
	Rarely X±SD	Frequently X±SD	Always X±SD	
<b>Emotional Exhaustion:</b>				
-Rarely	0.7±1.1	0 ± 0	0 ± 0	+0.97
- Frequently	6.3±0.9	8.7±0.8	6.3±0.9	
- Always	0 ± 0	14.3±0.4	13.7±0.4	
<b>Depersonalization/ Frustration</b>				
-Rarely	7.0±0.8	12.6±0.5	3.4±1.0	+0.83
- Frequently	0 ± 0	8.9±0.8	10.1±0.5	
- Always	0 ± 0	1.5±1.2	6.3±0.9	

**Table (5): Correlation between Levels of Caregivers' Burnout and Levels of Elders' Psychological Abuse Related to their Access of Health Services.**

Levels of Caregivers' Burnout	Levels of Elders' Access of Health Services.			r-test
	Rarely X±SD	Frequently X±SD	Always X±SD	
<b>Emotional Exhaustion:</b>				
-Rarely	0 ± 0	0 ± 0	0.7± 1.1	+0.79
- Frequently	4.3±0.8	2.3±1.6	15.4±0.4	
- Always	1.4±1.2	22.7±0.3	2.9±1.0	
<b>Depersonalization/Frustration:</b>				
-Rarely	4.3±0.8	13.6±0.4	7.1±0.8	+0.81
- Frequently	1.7±1.2	8.9±0.8	7.4±0.8	
- Always	0±0	2.5±1.0	4.5±0.9	

#### 4. Discussion:

Every man, woman, and child deserves to be treated with respect and caring. Individuals of all ages deserve to be protected from harm by caregivers. Elder abuse is being recognized increasingly as a health and social phenomenon. Elder abuse is defined as the infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish. It can also be the willful deprivation by a caregiver of goods or services that are necessary to maintain physical or mental health (American Psychological Association, 2006; Lee, 2007). Psychological or emotional abuse is a category of maltreatment. Usually defined as an act carried out with the intention of causing emotional pain or injury, psychological abuse often accompanies physical abuse (Lachs & Pillemer, 1995). The present study aimed at investigating the correlation between caregivers' burnout and elderly emotional abuse.

Regarding to levels of burnout among the studied caregivers of the resident elders, the results of present study revealed that about three fifths of them are always emotionally exhausted since they felt emotionally drained from their work and they felt used up at the end of the work day and feel fatigued when they get up in the morning and have to face

another day on the job compared to nearly none of them rarely had these feelings. Additionally, around three fifths of them are frequently depersonalized/frustrated since they worry that this job is hardening them emotionally and don't really care what happens to some recipients and became not caring with many things that used to please them previously. Conversely, minorities of them rarely had these feelings. This finding could be due to that the responsibilities of caregiving to those elders who experience limitations in one or more tasks of daily living activities are the potential for stress on the individual caregivers themselves, which means that giving care to recipients with physical frailty including chronic illnesses, and physical and sensorial disabilities are leading to high levels of stress. These results are in agreement with those of the study conducted by Cocco et al. (2002), to compare levels of stress and burnout among staff caregivers in three nursing homes and nine geriatric sections of general hospitals and reached to that, the studied caregivers are experiencing higher Maslach Burnout Inventory, depersonalization and emotional exhaustion

These results are also congruent with those of the study done by Mandiracioglu et al. (2006), to describe the frequency of violence against personnel

from residents and to identify the prevalence of burnout among staff working in nursing homes. It was found that staff who had complaint about the elderly and work conditions had more exposure to violent behaviour and higher burnout scores. Within the same context, Truzzi et al. (2008) stated that emotional exhaustion is the core burnout dimension and is directly associated to high levels of work overload.

Regarding to levels of psychological abuse among the studied elders, the results of the current study revealed that majority of them always feel unsafe because of being exposed to isolation from friends or regular activities and anyone causes blaming, harassment for them or improperly call their names. Otherwise, a minority of them rarely feel unsafe where they are living, compared to slightly more than three fifths of them always feel unsafe where they are living and two thirds are scolded or shouted at by others. Around half of them are frequently touched from someone without their consent and are forced to do things they didn't want to do. Additionally, approximately half of them are always treated by others as infants. The majority of them always lack access of health services because of their exposure to discrimination from caregivers in their dealing with them and their caregivers failed to provide an outlet for recreational/occupational activities. About half of them also are always deprived by their caregivers from proper personal hygiene and clothing. A relatively higher percentage of them are frequently isolated from the outer world including phone calls and visitors, their caregivers failed to provide necessary medical care and their caregiver failed or refused to provide services or care necessary to maintain physical or mental health. However, minority of them are rarely deprived by their caregiver from access to adequate food and from proper personal hygiene and clothing. These findings could be due to that caregiver's stress is a significant risk factor for abuse a frail, ill, partially or totally physically or mentally impaired older persons since they frequently experience intense frustration and anger that can lead to a range of abusive behaviors. In addition, certain societal attitudes make it easier for abuse to continue without detection or intervention.

The current study findings are congruent with that of the study carried out by Wang (2005) to examine the prevalence of psychological abuse and identified that individuals' characteristics were associated with different levels of psychological abuse in a group of randomly selected elderly Taiwanese. Wang clarified that psychological abuse appeared to be higher among elderly people with lower cognitive and physical functioning. This result is consistent also with the study conducted by Hsieh

et al.(2008), who stated that institutionalized elderly who are frail and dependent are vulnerable to be abused by overwhelmed caregivers especially caregiver psychological abusive behaviors. Within the same context, Hawes (2002) highlighted that staff shortage and turnover are viewed as significant issues for elder abuse and neglect in residential long-term care facilities. In this regard, Post et al. (2008) pointed to caregiver's mental health and personal problems of the abuser and the personal characteristics of the elderly as primary factors of elder abuse and neglect.

The finding of this study also revealed that there were strong positive associations between levels of caregivers' burnout and levels of elders' psychological abuse. This could be due to that caregivers who are unhappy, frustrated, easily angered, and who feel entitled to lash out at others with less power may be more likely to commit some extreme forms of elder abuse. In this regard, Wang & Lee (2003) identified that female caregivers, caregivers with higher levels of burdens demonstrated more severe psychologically abusive behavior. Similarly, Lachs et al. (1998) and Compton et al. (1997) stated that elder abuse is associated with distress and increased mortality in older people and caregiver psychological morbidity. This finding is consistent with that of Wang (2005), which clarified that caregivers without special geriatric training or experiencing higher workload burdens displayed more severe psychologically abusive behaviors. Within the same context Robert and Griffith (1999) reported that "burnout" and "frustration" experienced by the caregivers can lead them to abuse their charge. Similarly, Maya and Liao (2006) confirmed that caregivers' stress and victim dependency increase the risk for abuse.

## 5. Conclusion:

Results of the study revealed that there are strong positive associations between levels of caregivers' burnout related to emotional exhaustion and levels of elders' psychological abuse related to feeling of safety. As well, there are strong positive associations between levels of caregivers' burnout related to depersonalization/frustration and levels of elders' psychological abuse related to feeling of safety.

Additionally, there are strong positive associations between levels of caregivers' burnout related to emotional exhaustion and levels of elders' psychological abuse related to their access to health services. Moreover, there are strong positive associations between levels of caregivers' burnout related to depersonalization/frustration and levels of elders' psychological abuse related to their access of

health services. That it means, heightening in the levels of elders' psychological abuse (i.e., declining in their feeling of safety and shortage in access of health services delivered to them) are closely related to escalation of burnout levels among the participated caregivers (i.e., intense feeling of emotional exhaustion & depersonalization and frustration)

### Recommendations:

In the light of the study results, it is recommended that:

By increasing awareness among physicians, mental health professionals, home health care workers, and others who provide services to the elderly and family members, patterns of abuse or neglect can be broken, and both the abused person and the abuser can receive needed help.

Appropriate training for the caregivers to be aware of the danger signs of burn-out and to have opportunities to manage their stress.

Educating the caregivers is the cornerstone for preventing elder abuse by focusing on the special needs and problems of the elderly and about the risk factors for abuse.

Media coverage of abuse in elders' homes has made the public knowledgeable about and outraged against-abusive treatment in those settings.

Counseling for the caregivers' behavioral or personal problems can play a significant role in helping them change lifelong patterns of behavior or find solutions to problems emerging from current stresses.

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