

Factors determining satisfaction of elderly people's caregivers with the home care they provide

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ABSTRACT

Introduction: Family is the basic institution providing informal care to elderly and disabled individuals.

Purpose: To present care situations encountered by persons providing home care to an elder, the caregivers' needs for support and the factors determining their satisfaction with the care they provide.

Materials and methods: The study was conducted at the Geriatric Ward of the Hospital of the Ministry of Interior in Białystok among 105 home caregivers of the elderly. A diagnostics survey was based on an original survey questionnaire and the COPE Index. Functional capacity in the elderly (N=100) was determined based on the Barthel ADL (activities' in daily living) Index and the category of nursing care (category, I-III). The analysis covered also the pressure sore risk assessment (the Norton Scale).

Results: The analysis based on the Barthel ADL Index showed that over 30.0% of the elderly

individuals were given up to 40 points in the nursing assessment (seriously disabled). Almost all patients – 97.0% qualified to the 3rd category of nursing care. 64.0% of the elderly had an increased risk of pressure sore development (the Norton Scale). The problems connected with providing home care listed by caregivers included the lack of time, disability of the elder and locomotion difficulties. The analysis based on the Cope Index showed a positive relationship between the caregiver's age ($r=0.216$), education ($r=0.196$), the distance from the elder's home ($r=0.216$), the quality of received support ($r=0.554$), and the satisfaction in the care provided.

Conclusions: Caregivers reported the need for different forms of support. Higher education, longer distance from home and the quality of received support were significantly associated with higher satisfaction with caregiving.

Key words: Elderly caregiver, social support, satisfaction with care

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INTRODUCTION

According to demographic forecasts, Poland is entering the elderly boom with a constant growth in the elderly population numbers. It is conditioned by a number of factors such as the effectiveness of promotional and preventive measures; the early diagnose of diseases, the progress in medicine, the improved living conditions as well as the changes in lifestyle and diet [1].

Old age is defined as the final stage of the ageing period, when biologic, mental and social processes start to interact synergically disrupting the individual's biological and mental balance [2]. Aging-associated diseases in an obvious and independent way speed up the process of natural senescence. Old-age pathology is characterized by a number of particular distinctive features such as: multiple morbidities, multi-organ character of diseases, which have been atypical, oligo-symptomatic and concealed onset.

Elderly persons tend to have worse memory, problems with remembering new words and situations, which are not related to their everyday life. Their psychomotor and thinking speed is weakened. The dominating psychological needs are: the need for safety (increased anxiety, the sense of threat and fear); the need for usefulness; belonging (loneliness becomes a problem); dependence (looking for help and treating it as something the environment is obliged to provide to the elderly) and the same time - the need for independence and prestige.

Very often, elderly people are not able to perform self-care activities, and their deteriorating health requires adequate therapy; care and assistance provided both by professional and informal caregivers [3,4].

Family is the basic source of support and assistance to the elder. The inhabitants of Poland are characterized by strong family ties. According to the statistics, the majority of elderly people live with their closest family members. Such contacts are the source of emotional balance for the elderly and the fundamental condition of adjusting to social life. At the same time; experience shows that the burden put on the caregiver, especially if the elder needs permanent, systematic care, might cause a difficult and stressful situation. Hence, family caregivers also need different forms of social support [5,6].

Study objectives

The analysis of care situations of home caregivers, their recognized needs for support and the factors determining satisfaction with the care they provide.

Detailed objectives:

- to identify the major problems faced by elderly caregivers,

- to determine the level of satisfaction with their role as a caregiver,
- to determine the influence of the socio-demographic factor on the quality of provided care.

MATERIALS AND METHODS

The study was conducted at the Geriatric Ward of the Hospital of the Ministry of Interior in Białystok in the period from 01.05.2012 to 31.01.2013 among 105 persons providing home care to elderly individuals they were visiting during hospitalization.

The method used in the study in relation to elderly caregivers was a diagnostic survey with an original survey questionnaire (the socio-demographic situation of the caregiver) and the COPE Index (the current situation of the caregiver, the need for support and satisfaction with care they provide). The COPE-Index is a screening tool which recognizes the need for supporting family caregivers of older people. The Cope Index has three subscales: Negative Impact of Care (7-28), Positive Value of Care (4-16) and Quality of Support (4-16).

The questionnaires were anonymous and each respondent declared their informed consent to taking part in the survey. A high score in the scale of *Negative Impact of Care* may suggest that the carer is stressed due to caregiving. A low score in the *Positive Value of Care* may indicate that the carer gets little satisfaction from caregiving while a low score in the scale of *Quality of Support* may mean that the caregiver does not feel supported in any way in his/her role [7].

The functional capacity in the elderly (N=100) was determined based on the results of the standard nursing assessment applied at the hospital ward – the Barthel Index (0-100 points) [8] and the category of nursing care (category, I - minimal care - the patient ability of self-care; category II - moderate care - the patient partially ability of self-care, moving alone or with a little help; category III - increased care - patient lying require assistance in carrying out all activities) [9]. The analysis covered also the pressure sore risk assessment (the Norton Scale) [10].

The caregivers of older people were included in the study following the order of the elderly person's admission to the Geriatric Ward. Using questionnaires was anonymous; each of the respondents gave informed consent for their conduct.

The study was conducted after being approved by the Bioethical Committee No. R-1-002/199/2012. A statistical analysis was conducted by the Statistica v.10 software. A value of $p \leq 0.05$ was established as statistically significant.

Pearson's linear coefficient of correlation, test Chi² and Student's *t*-test were applied to the study.

RESULTS

Profile of the surveyed group of caregivers

The study comprised 105 caregivers of elderly people, including 78 of women and 27 of men, aged 30 to ≥60. The groups were of comparative size. The most numerous were the group of caregivers over 60 years old - 29.5%.

As regards the relationship, 37.0% of caregivers were the elder's children. Slightly smaller was the group of spouses/partners - 22.0%. 11% were siblings, and 30% were not related. The variable related to education shows that subjects with higher education constituted a representative group -42.0%. Others declared secondary -27.5%, vocational - 20.0% or primary education - 10.5%. Over one-half -52.0% of respondents live in the same flat with an elder family member, 22.0% - about a 10-30-minute drive away and 10.5% lived in another flat, but in the same building. Only 7.6% of subjects had to travel about one hour with a chosen means of transport to get to their elderly close one. In the studied group, 38.5% of subjects were professionally active, 17.0% were retired while 10.0% were students. Only 12.5% declared being unemployed.

More than a half -50.5% of caregivers described their own condition of health as good, 26.0% - as average and 6.7% reported poor health.

Functioning of the elderly

Among the elderly (N=100), the most numerous were the persons qualified to the category of advanced old age, i.e. 75 years old or more - 92%. The average age of the elderly was 81.8± 4.9. The sex distribution in the studied group was diversified. There were nearly twice as many women as men (64.0% versus 36.0%).

While analyzing the functional capacity using Barthel ADL Index, it was observed that 37.0% of people were seriously disabled. Men need help with self-care activities twice as often (50.0% versus 29.7% women). Significantly disabled (45-70 points) constituted 28.0% of subjects. The percentage of moderately disabled (75-100 points) amounted to 35.0% of respondents (Table 1).

There were no statistically significant differences between the functional capacity assessment and sex.

As regards the pressure sore risk assessment (Norton Scale), the percentage of people with increased risk of pressure sore development was as high as 64.0%. It was on the same level for men and women (61.1% of men versus 65.5% of women). 36.0% of subjects showed no risk of pressure sore development (Table 2).

Table 1. Assessment of functional capacity in the elderly – Barthel ADL Index.

	Men		Women		Total n= 100
	n=36	%	n=64	%	
Barthel ADL Index (p NS)					
Seriously disabled 0- 40 points	18	50.0	19	29.7	37
Significantly disabled 45-70 points	6	16.7	22	34.4	28
Moderately disabled 75-100 points	12	33.3	23	35.9	35

There were no statistically significant differences between the pressure sore risk and the sex of subjects.

Table 2. Pressure sore risk assessment.

	Men		Women		Total n =100 %
	n=36	%	n=64	%	
Norton Scale of Pressure Sore Risk Assessment (p NS)					
Increased pressure sore risk	22	61.1	42	65.6	64.0

Each patient hospitalized at the Geriatric Clinic was qualified to the appropriate category of nursing care. As a result, as many as 97.0% were qualified to the third category while only 3.0% of subjects were qualified to the second category. As regards the sex, 100% of surveyed men were and 95.3% of surveyed women were qualified to the third category (Table 3).

Table 3. Need for care.

Sex	Men		Women		Total n=100 %
	n=36	%	n=64	%	
Categorization of patients in relation to their sex (p NS)					
Category 2	0	0.0	3	4.7	3
Category 3	36	100.0	61	95.3	97

The analysis of health and social problems of caregivers

As regards the caregiving-related problems, a little more than 23.0% of caregivers believed that the lack of time is an issue. Disability of the elder, locomotion difficulties and the distance

to the ,elder's home were problematic for 15.4% of subjects, in each group. A smaller percentage was: lack of rehabilitation, pain perception by an older person, limited access to health care and financial difficulties.

The majority of respondents - 63.0% were able to count on help in caregiving whereas 37.0% had no support in this respect. The careers (or caregivers) of older people equally (20.0% each) needed different forms of support: psychological, financial, emotional and informational.

Thirty-nine percent of the participants reported that the care was always worth the effort. A slightly smaller percentage of subjects - 29.5% thought that it was often worth the effort, 26.7% - that sometimes and the smallest percentage - 4.8% - that never.

Caregivers' assessment according to the COPE questionnaire

In this study, the caregivers had the mean score of 15.4±4.117 points in the negative impact of care (slightly below the mean score), 12.038±2.340 in the positive value of care (slightly above the mean score) and 10.580 ±2.615 in the quality of support (slightly below the mean score) (Table 4).

Table 4. COPE scale.

	Negative impact of care N=105	Positive value of care N=105	Quality of support N=105
Threshold value	MIN-7 MAX-28	MIN-4 MAX-16	MIN-4 MAX-16
Min	7	7	5
Max	25	16	16
Mean	15.4 ± 4.117	12.038 ± 2.340	10.580 ± 2.615

The analysis show that there is a positive linear correlation between the *age* of the caregiver and his/her or her satisfaction with caregiving (positive value of care) (r=0.226), i.e., the older the caregiver the bigger their satisfaction with their role (p=0.026) (Table 5).

It was also observed that there is a linear correlation between the *education* of the caregiver and their satisfaction in their role (positive value of care) (r=0.196). It means that the higher the caregiver's education, the bigger their satisfaction with caregiving (p=0.044) (Table 5).

The study also showed a linear correlation between the *distance from the caregiver's home* and satisfaction with caregiving (positive value of care) (r=0.216). The results from the study indicate that the further the caregiver lives from the elder they are looking after, the more satisfaction they get from the care they provide (p=0.027) (Table 5).

There is also a linear correlation between the *quality of received support* and the satisfaction from caregiving (quality of support and positive value of care) (r=0.554). The *r* figure indicates a strong positive linear correlation between the quality of support the caregiver gets and the satisfaction with caregiving. This linear correlation is statistically significant (p<0.001) (Table 5).

Table 5. Positive value of care.

Age	Caregiver's education	Quality of support	Place of residence
N=105	N=105	N=105	N=105
p=0.03	p=0.044	p<0.001	p=0.027
r=0.216	r=0.196	r=0.554	r=0.216

The above data is confirmed by the analysis of relationship between the *distance from caregiver's home* and the negative impact of provided care (r = -0.327). It was shown that the further the caregiver's lives form the person he looks after, the less he feels the negative impact of provided care. This linear correlation is statistically significant (p= 0.001) (Table 6).

There was the relationship between the *quality of received support* and the negative impact of caregiving (quality of support and negative impact of care) (r= -0.281). It appears that the more support the caregiver gets, the less they feel the negative impact of caregiving. This linear correlation is statistically significant (p=0.004). A similar, negative relationship was found in the correlation between the education of the caregiver and the satisfaction with care (r = -0.190, p=0.052) (Table 6).

Table 6. Negative impact of care.

Age	Caregiver's education	Quality of support	Place of residence
N=105	N=105	N=105	N=105
p=0.450	p=0.052	p=0.004	p=0.001
r=0.075	r = -0.190	r= -0.281	r = -0.327

DISCUSSION

According to gerontologists, old age is the most diversified stage of life. It depends on the previous stages, i.e. childhood, youth and adulthood [11]. The results of numerous studies indicate clearly that the functional condition gets significantly worse with age creating a growing problem in the society [12,13].

Due to the advanced aging of the population, there has been an increased need for medical and social care addressed to this social group. Bień and Doroszkiewicz showed that the intensified aging of the society and its consequences justify the growing need for nursing and caring services [14,15].

The family is the basic source of support for an elderly and disabled person [3,16]. Over 80% of the disabled elderly people are cared for by a family member, who every day, for many months or years provided services related to household chores, personal care, hygiene and nursing. They also cater for the elder's emotional needs and keep their company, giving them psychological and sometimes also financial support [17]. The study conducted by Morawska et al. [18] demonstrated that in Poland caregivers are usually family members (53.0% are children, 27.0% are spouses).

The results of this study show that 37.0% of caregivers were children, 22.0% - spouses or partners. Women were caregiver in over 74.0% of cases. Caregivers were aged 30–≥60. The most numerous groups were caregivers over 60 years old. The analysis of the Cope questionnaire showed a positive correlation between the age of the caregiver and their satisfaction with caregiving (positive value of care) ($r=0.216$).

A number of studies, including the one done by Morawska et al. [18] reveal that caregivers do not always live together with the person they look after, which also has its implications. Most caregivers looked after their elder close ones on average 5-10 hours a day and, at the same time, do not give up their jobs. The study conducted by Ober – Łopatka et al. show that 11.0% of patients live on their own and 50.5% of carers living with the patient are professionally active [19].

The most numerous groups of caregivers covered by this study (more than a half) lived in the same flat with the elderly person they looked after. The results of the Cope questionnaire indicate a linear correlation between the distance from the caregivers' home to their satisfaction with caregiving (positive value of care) ($r=0.216$).

The family is the main source of support for an individual suffering from a disease or disability. In the literature, there is a definition of burden, which is a clearly negative situation, influencing the physical and mental health of a caregiver of a chronically ill or disabled person. A worse functional condition of the patient results in a worse mood of the caregiver and makes him/her more prone to depression. Nevertheless, in the study conducted by Jaracz et al. [20], it was found that 2/3 of caregivers get satisfaction from the care they provide.

As reported by Ober-Łopatka [19], 31.0% of caregivers of older people declared that they were tired of having a chronically ill patient in their

family. The burden experienced by the caregiver may be significantly influenced by the degree of the elder's dependency on him/her, the background and context of the stressful situation, the primary and secondary assessment of stress factors and the style of coping with stress as well as the available and received social support [20].

This study shows that 23.0% of respondents pointed to the lack of time as the problem related to caregiving. Disability, distorted locomotion and distance were problematic for 15.4% of caregivers. Concerning caregiving-related problems, 39.0% of subject believed that the care is always worth the effort. The analysis of Cope questionnaire showed a positive correlation between the quality of received support and satisfaction with provided care.

Work with people is always a burden, especially when we look after an elderly person, who is often disabled and chronically ill. It seems important, then, to undertake activities, which would provide psychological and emotional support to caregivers. Interaction between the elder and their caregiver works both ways – the better functioning and the happier the elder, the better functioning and the happier the caregiver. Such a mechanism is referred to as the virtuous circle. Caregivers rarely get adequate support and often the support they get does not meet their expectations [21-23].

CONCLUSIONS

1. Lack of time for the care and physical disability of the elderly are significant problems in caregiving. Although the caregivers believed that the care is always worth the effort and felt satisfaction with caregiving.
2. Caregivers reported the need for different forms of support (physical, financial, emotional and informational).
3. Higher education, longer distance from home and the quality of received support were significantly associated with higher satisfaction from caregivers.

Conflicts of interest

The authors declare that there are no conflicts of interest of this paper.

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