

Overloading and Depression in Primary Caregivers of Chronic Patients of the City of Cartagena

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Summary: Providing care to patients with chronic diseases is a very particular situation that generates stress, sadness and burden upon the caregivers, which may result in physical, psychological and social ill-being. Over time most of these caregivers develop traits and maybe considered as hidden patients, hence they acquire a great emotional load while taking care of their fatal patients. Objective to determine the levels of overload and depression in primary caregivers of patients with chronic diseases; methodology a quantitative, cross-sectional and descriptive study, using surveys of 92 primary caregivers of hospitalized patients. The sampling was non-probabilistic for convenience. Zarit (overload) and Beck (depression) scales were used for data collection, results Out of the 92 individuals surveyed, 81.91% were women, 28.72% corresponded to mothers, and 26.60% to the children of the fatal patients, at the same 65.96% of the caregivers belonged to low socioeconomic stratum. Furthermore, when analyzing the levels of overload presented in the caregivers, we noticed that 34.04% had mild depression, 17.02% had moderate levels, and 4.26% was suffering from severe depression and discussion this study tests the hypothesis that primary caregivers face a process of overload and depression. The results reveal the need to create new healthcare strategies that help reduce the burden on the caregivers, as well as implementing new mental health programs that are focused on the caregivers.

Keywords: Chronic cases, caregivers, depression, disease, overload.

I. Introduction

In 1999 the World Health Organization defined the primary caregiver as a person within the environment of a patient who voluntarily assumes the role of a guardian, who is willing to make decisions on the behalf and for the patient, and certainly to cover the patient's basic needs (2). Currently, we often see families have a primary caregiver in their homes to attend to the basic needs of the patient. This often involves several physical, psychic and family-related problems for the caregivers (2).

Studies show that caregivers that look over older adults present physical exhaustion related to their work movements, family difficulties, anxiety and depression, thus leading the caregiver to develop associated work illnesses (3-4), and despite all the symptoms mentioned above, it is difficult for the caregivers to acknowledge that their sickness is related to patient and the environment simply because of their dedication.

The bibliographical references consider that the caregiver's overload is a result of a combination of psychological stress, physical tension and emotional pressure related to the burden of taking care of a fatal patient (5). This overload will vary according to the patient's illness and their remaining life time.

When reviewing the articles, we found several studies evaluated the patient's physical and emotional cases, yet very few studies focused on the caregivers' situation, who all indirectly face the disease process and develop syndromes with medium and long term effects secondary to the effect of the care provided.

Based on the above considerations, the objective is to determine the levels of overload and depression in the primary caregivers of patients with chronic diseases, using as references the Beck depression scale and Zarit overload scale. This is due to the fact that overload and depression influence the health of primary caregivers consecutively, considering that they not only develop psychological and physical problems in the short term, but also in the long term depending on how affective the relationship with the patient was.

II. Materials And Methods

The study was developed under a quantitative, descriptive and cross-sectional approach. Prior to the collection of data, we requested the institutions' permit and gave the participants the informed consent.

The population consisted of 124 primary caregivers from three health institutions in the city of Cartagena during the year 2015. The sample size was calculated with a confidence level of 95% and a margin of error of 5% giving total Of 94 primary caregivers.

The information was collected through a survey, where we employed the free-use scales of Zarit and Beck that were evaluated in a pilot test. The survey consisted of 3 parts: the first presented their personal data and socio-demographic variables; the second measured the variables of the Zarit free use scale that corresponds

to the level of overload, and the third part had the Beck scale of free use to evaluate the level of depression. The information was then processed in the SPSS statistical software.

III. Results

3.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS:

The study showed that, 48.94% of the caregivers were between 36 - 50 years old, while those over 50 reached a share of 17.02%. Regarding gender, the predominance of females was found to be 81.91%. In terms of the caregivers and the patient relationship in concurrence with the caregiver's gender, we found that 32.47% of the female caregivers were the patient's respective moms, while 25.97% were the daughters' patients; on the other hand, those of masculine gender that were parents formed the 33.33% of the caregivers while the other 33.33% were sons of the patients. Moving on to the estimated time dedicated to providing care, we found that 55.32% dedicate between 12 - 24 hours of care; where as 28.72% dedicated 7 - 12 hours per day, and last 6.38% of the caregivers dedicated 1 - 6 hours daily.

3.2 OVERLOAD LEVEL OF THE CAREGIVER OF HOSPITALIZED CHRONIC PATIENTS:

TABLE 1: Overload level

Case	Absolute Frequencies				Relative Frequencies			
	CMBA	CCOSPC	SYBDC	Total	CMBA	CCOSPC	SYBDC	Total
No overload	9	5	26	40	40,91%	41,67%	43,33%	42,55%
Mild overload	3	3	14	20	13,64%	25,00%	23,33%	21,28%
Severe overload	10	4	20	34	45,45%	33,33%	33,33%	36,17%
Total	22	12	60	94	100,00%	100,00%	100,00%	100,00%

CMBA: Buenos Aires Medical Center CCOSPC: San Pedro Claver Cardio-Oncology Clinic SYBDC: Caribbean Health and Welfare IPS

Source: Surveys to primary caregivers of chronic patients

The study showed that 36.17% had mild overload, a significant proportion of 21.28% experienced intense overload and 42.55% of the caregivers did not present signs of stress or overload. In one of the healthcare centers where the study was applied we found a predominance of intense overload in 45.5% of the care givers considering that this center in particular is a high complexity pathology facility, and the patients surveyed have had several years of treatment; which may have increased the burden on caring. **Table 1**

The overload levels data was presented in co-relation with the socio-demographic characteristics of the caregivers, therefore we could link their emotional and economic status; we noticed that the majority of the patients -47.1%- with intense overload were between 36-50 years old, 88.2% were female, 44.1% were married, 41.2% were the chronic patients' moms, and 85.3% being of low socio-economic strata. Moreover, regarding the time devoted to the patient's care, 55.9% of the population spent between 12 - 24 hours a day.

3.4 LEVEL OF DEPRESSION OF THE CAREGIVER OF HOSPITALIZED CHRONIC PATIENTS:

TABLE 2. Caregiver depression level

Case	Absolute Frequencies				Relative Frequencies			
	CMBA	CCOSPC	SYBDC	Total	CMBA	CCOSPC	SYBDC	Total
No depression	11	5	26	42	50,00%	41,67%	43,33%	44,68%
Mild depression	5	4	23	32	22,73%	33,33%	38,33%	34,04%
Moderate depression	3	3	10	16	13,64%	25,00%	16,67%	17,02%
Severe depression	3	0	1	4	13,64%	0,00%	1,67%	4,26%
Total	22	12	60	94	100,00%	100,00%	100,00%	100,00%

CMBA: Buenos Aires Medical Center CCOSPC: San Pedro Claver Cardio-Oncology Clinic SYBDC: Caribbean Health and Welfare IPS

Source: Surveys to primary caregivers of chronic patients

After studying the existence of overload among the caregivers, we proceeded to analyze what level of depression they had. Mild depression was observed in 34.04% of the caregivers, where as moderate depression level were found in 17.02% -being considered a significant aspect in the study-, and last a reduced proportion 4.26% was determined to have severe depression. **Table 2**

Based on the above, it was intriguing to know in which caregivers had the highest and lowest levels of depression -according to the classification provided by the Beck scale-, in the case of severe depression, we noticed that these were to a greater extent in individuals aged between 18 - 25 years old 75.0%, all of the female gender 100.0%, living in free union 50.0%, mothers of the patient 75.0%, and people who dedicate from 12 to 24 hours of daily care to the chronically ill patient in 75.0%.

IV. Discussion

The research studied, was an input on the investigation articles regarding caregivers and their health issues, specifically those relating overload and depression experienced while being apart of the “providing care” process. In this study, we can validate the hypothesis of the presence of overload and depression in the caregivers.

From the social and demographic aspects of the caregivers, we found that the results obtained were consistent and similar to those presented in previous ones, such as those performed by *Pinzón, Aponte & Galvis* (8,9,10,11,12) where evidence showed that caregivers are often females, a fact that may be related to that over time, women are more involved in the caretaker role of the defenseless, sick and weak, culturally similar to the family ties that associate these attributes to the female figure, (13) where the relationship most frequently observed was that corresponding to being the patient’s mother 28.72%. (14)

Regarding the educational level variable, we observed that the caregivers surveyed had a low level of education, where 40.43% reached secondary education, and 24.47% reached primary education. In an international scope, *Navarro* (15) mentions that a large number of individuals that only had primary studies assume the role of caregivers. *Vega* and other authors, (16, 17) found that 62.5% of the primary caregivers of chronic patients are those with low levels of education. This factor is fundamental in the caregiver, hence understanding and dealing with the disease depends on the knowledge they have previously acquired.

Moving on, although caregivers who experienced levels of intense overload were not strictly the most frequent, there was no doubt that they had a notorious participation of 36.17%. These levels of overload, according to *Palomé & collaborators* (18) and *Sánchez*, (19) are evidently a product of the continuous demands for care by the chronic patients, which in turn, arises from the fact that caregivers face critical moments related to stress. Such as depletion, lack of support from other family members who sometimes act as judgments, lack of helping methods, diminishing opportunities, poor motivation and absence of energy to establish and maintain social relationships.

On the other hand, the presence of different levels of overload in patients could be explained by the different care requirements that patients have, which in terms are associated to different levels of physical and / or cognitive dependence, this could also be explained by the diversity of supporting networks and of course their profusion (19).

When talking about depression, 34.04% of the surveyed individuals had mild levels, where as 17.02% suffered from moderate depression, and 4.26% had severe cases. *Palacios & Jiménez* (20) identified that some primary caregivers experience sadness, depression and low energy for a certain period of time repeatedly, and others present some mood changes towards negativity. All these mood changes depend on particular and individual situations of the caregiver and certainly it may vary over time, that’s why it’s very important to follow up caregivers who did not present depression or may present mild stages, thus avoiding future complications.

Last but not least, regarding the 44.68% of caregivers who did not present depression, it is important to highlight that this does not guarantee a normal future, since it is possible that by time, those who were diagnosed with mild depression may vary (21). However many caregivers over time can recover and resume a normal life.

V. Conclusion

It is feasible to conclude that the results of this study can be used to support and promote measures to improve the overall issues of the caregivers in terms of overload and depression, as well as, it is fundamental the development of strategies in different healthcare entities to promote the awareness on the care of the caregivers, thus avoiding secondary diseases. With respect to the nursing profession, it is necessary to improve supporting networks and communication strategies with both caregivers and patients.

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