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THE INFORMAL CAREGIVER OF AN OLD FAMILY MEMBER

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ABSTRACT: *The objective of this research was to analyze the risk and protective factors present in the informal caregiver of an old relative, in two families of the Municipality of Hecelchakán, of the State of Campeche. The method used was carried out using a qualitative approach of an exploratory nature. The sample consisted of 2 families (main caregiver) of the municipality of Hecelchakán. An interview was applied where the following items were considered: family, economic, social, health and emotional. The results obtained from this project indicate that among the risk factors is the family area, with little or no support in the care of the elderly, likewise the health factor of the people involved undoubtedly affects their well-being. The protective role is given by the society in which they are immersed and the love they feel for who is in their care. As conclusions we can say that the primary caregiver should have help and try to distribute the work more equitably, the secondary caregiver should also be involved in the care of the old relative. The main recommendations are to activate care programs for informal caregivers and to carry out more research about the informal caregiver.*

KEYWORDS: Informal Caregiver, Caregiver, Elderly, Risk Factors, Protective Factors.

INTRODUCTION

In this research we will talk about the informal caregivers of the elderly, in the municipality of Hecelchakán and we will explain the protective and risk factors that the caregiver of an old relative could have. The informal care of the elderly in the home is a problem that requires experience, attention and personalized care, these have to be adjusted specifically for the needs of each person. This is with the purpose of leading a life with quality and without diseases, in order to avoid institutionalization of it (Salmon, Álvarez and Zamora, 2014).

Sánchez, in (Osorio, 2011) describes that being a caregiver means living in a different way, modifying the usual functions, making decisions, assuming responsibilities, performing tasks and actions of physical, social, psychological and religious care, in order to take care of the changing needs of the patient. This generates feelings that, sometimes, allow closeness and stability, but in others they are overwhelming and cause different responses in the caregiver, in order to face or evade the situation, in front of itself and its context.

The innumerable physical and emotional effort that caregivers endure, the time and dedication required to take care of a sick person, the unexpected and the uncertainty due to the severity of the illness, the imposition of caring when it occurs, the changes in daily life that must be adopted and the restructuring of life plans to adjust them to care could lead caregivers to experience frequent feelings of fear, anguish, irritability and loneliness (Pérez in Espín and Margarita, 2014).

The psychosocial model proposed by Gordon Hamilton (in Contreras, 2006), starts from the

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assertion that man is a psychosocial organism and that, therefore, people are immersed in a series of living events that is not determined by the type client or the type of problem. All problems are both emotional and social, that is, "psychosocial". In diagnosis and treatment, the economic, physical, mental, emotional and social variables of the assisted person will always be present.

The psychosocial model places trust in the human condition and emphasizes the support of healthy patterns of growth and development, defining as the objective of the intervention to establish the optimal conditions for this development to be fulfilled, helping the client to obtain a form full and satisfactory self-realization according to their capabilities and potentials. It also points out the need for a permanent search for deeper knowledge about human beings and their psychosocial situations by professionals who subscribe to this approach (Contreras, 2006).

Following this line of thought, Florence Hollis and Mary Woods (in Contreras, 2006), postulate that, to understand and effectively help people, they must be visualized in the context of their interrelations or transactions with the environment. Fundamentally, all cases have internal and external characteristics and include a person or a family and their situation. They also include an objective reality and the meaning that that reality has for those who experience it. Therefore, the professional must recognize and understand this medium, that "external" world, which may be the family, the social group, the work or study environment, or any other of which the client is a part.

Description of the Method

The present study has a qualitative and exploratory approach. This approach is considered since in the first place we worked with an open interview which gathered the complete discourses of the subjects, to proceed later to its interpretation, analyzing the relationships of meaning that are produced in a certain culture. On the other hand, the qualitative approach studies reality in its natural context, just as it happens trying to make sense of interpreting phenomena according to meanings for the people involved. It is the one that produces descriptive data: people's own words, spoken or written, and observable behavior. In qualitative research, the researcher does not discover, but builds knowledge (Flores, Jiménez and Rodríguez, 1996).

On the other hand, there is the type of study that is exploratory, which are the investigations that aim to give us a general vision, of an approximate type, with respect to a certain reality. This type of research is done especially when the chosen topic has been little explored and recognized. It is difficult to formulate precise hypotheses or of a certain generality; at other times they are not formulated since it is usually very complicated as in this case (Flores, Jiménez and Rodríguez, 1996).

The sample was formed by two families of the municipality of Hecelchakán, the first caregiver is 57 years old, the family is made up of 6 brothers and the old man, the main caregiver is only a housewife, she has health problems such as diabetes and psoriasis.

In the second family the caregiver is 50 years old, it is made up of 5 brothers and the old man, the main caregiver is only a housewife and the health problem that this presents is arterial hypertension.

Both caregivers are married, and their respective families live with them since their children attend the bachelor's degree; we focused only on the main caregiver, the rest of the family was only taken into account to know how they were involved with the care of the old man, in terms

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of their work they do not have a job, since they take care of the home, they have studied in schools which has allowed them to be secretaries in offices, however they left it many years ago, now one of them looked for a job in order to be able to contribute with the expense of his mother because her brothers did not send her the necessary money since they were going through an economic crisis.

For the interview, a permit had to be carried out to be able to enter the house of the two families that was required in order to carry out the project; For which the signature of the authors and of the family participants was requested; Then, the questions for the interview were semi-structured, which contain 23 questions and are divided by 5 variables, which are: "with yourself" which corresponds to knowing more about the person in terms of their personal care and the care she gives to her mother, the second variable is the "family", it consists of inquiring about who supports the caregiver and about her family dynamics, as well as knowing the roles that her family represents in caring for the old, the third variable "physical" represents discovering how the caregiver is in terms of physical and mental health, the fourth variable "social and leisure" is to discover how much time you have in your spare time and your social network, the fifth and last variable intended to know how much the economy affects the care of the elderly.

RESULTS

According to the data obtained through the interview of the informal caregivers of the municipality of Hecelchakán, it was observed that the risk and protection factors are very distinguished in both families.

It was possible to appreciate that the risk factors of the families are the overload of work that are due to the fact that they are the main caregiver, "I almost do not sleep because I have many tasks at home, my mom goes to the bathroom often because she has diabetes and that makes me want to go to the bathroom at night and that also makes me very thirsty, sometimes I cannot sleep, and in the evenings I sleep less because I have to take care of my mother, sometimes she sleeps in the afternoon and I use those 15 minutes to take a nap". A very important factor for human health is sleeping well, this has already become a risk for the caregiver since people need a good sleep to have a better performance. "My mother has gotten bad sometimes and that has made feel that I can't do it anymore, but with the support of my family I have been able to get ahead" emotional changes affect the mood and health of the caregiver therefore they can be considered a risk. "I feel quite tired" Despite having support from another caregiver, the physical performance diminishes due to the lack of help in marriage. The caregiver of an old man is not an easy task, as the subject mentions, only occasionally it is considered the help of a relative so the health deteriorates. "I don't go out with my friends very often, it's very rare to go out" the old man depends so much on the caregiver that there is no time to have fun, so the mood diminishes. "I have diabetes and psoriasis", "I suffer from high blood pressure and I have to take care of myself because I can get sick if I get scared", in addition to taking care of the old man, they also take care of themselves. They suffer from diseases that need to be monitored.

One of the factors of protection is the economic factor, which they receive from their families, and in the same way there is support from the neighbors in case of having an emergency. This is the most relevant and significant result obtained from the interview.

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The life they have now was not planned and that somehow affects them personally because they cannot perform their daily activities as they used to do, caring for an older adult requires the caregiver's time. The experience of caring involves a great responsibility and an enormous effort, this causes an increase in the burden of the caregiver, which if it is not managed properly can bring physical, mental and socioeconomic repercussions and, therefore, it also compromises life, health, well-being, care and self-care not only of the caregiver, but also of the person dependent on care, that is why a more global social support is considered necessary; This leads to saying that the answers said by the caregivers coincide with the affirmation of the aforementioned author.

"Yes, I have had some changes in my family maybe it is due to the roles we have had to take" as already mentioned before, the changes of roles and the time that the person needs to take care of their relative is too much. "The relationship with the other members of my family is good, everyone has my mother in mind, however, my other brothers do not help in my mom's care because they are not in the city, although they are not present they try to support me with money "this answers the question to the family variable, where the members play a different role from the one they had before, therefore this establishes a change in the family routine. "My brother who only sees her at night, and from time to time a little sister comes to help me with the laundry, but very rarely, my other 3 brothers just send the money", both caregivers have the support of their families, although they are not present, they help them financially, however, this does not cover all the needs of the old man, since he needs the presence of his children, as well as the caregiver's. My mother inspires me a lot of love, tenderness, is a bond of affection and affection that makes me feel forced to take care of her even though I have so many problems at home ", "Many things, trust, love, peace, tenderness but above of all love, because she is my mother and I love her like no one else does, now I have to take care of her as she did with me, I will accompany her in her old age, I know it can be difficult but that is the least of it, since the important thing is the love I have for her" this is a very important protective factor in the caregiver because it is a motivation that gives them to move forward.

The subjects agreed that the help they receive is limited by the members of their family, but in different concepts. Although they have the financial support of their families, it is not possible to cover all the needs of the old man, since he needs the presence of his children.

According to the subjects' answers, it could be found that health is also involved in the care of the family member, the first subject states that she has perceived strong mood changes such as sadness, happiness and bad mood, and that she feels tired usually, the second subject states that she almost does not sleep because she has a lot of things to do during the day and she also has to take care of her mother, the first subject also claims that she does not sleep much either because she tends to have insomnia and sleep problems. Therefore, the great role played by the primary caregiver in these patients can cause health problems, not only physical but also mental, which are related to the responses of the subjects, where they claim to have repercussions on their health for the care of their mother.

According to the responses of the subjects it was found that health is also involved in the care of the family member, the first subject states that she has perceived strong mood changes such as sadness, joy and bad moods, and that she says she usually feels tired, the second subject affirms that she almost does not sleep because she has a lot of things to do during the day and take care of his mother, as well as affirms the first subject who does not sleep much because he tends to have insomnia and problems with his sleep. According to Ruiz and Nava (2010, p.164), burnout or burnout syndrome is a syndrome that was first described in the United States

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in 1974, which consists of a deep emotional and physical exhaustion experienced by the person who lives and cares to a sick person. Ruiz and Nava (2010) affirm that taking charge of a dependent person for long periods of time can trigger health problems in the caregiver since, when they are overloaded, they begin to notice alterations in all aspects of their life. Among the physical alterations are: fatigue, headache, dyspepsia, vertigo, sleep difficulties and joint pains; from all these physical symptoms, the quality of sleep can have harmful effects on health, which makes it particularly relevant. Uribe in Ruiz and Nava (2010, p.165) states: "The daily and long-term care of a sick family member, whether it is assumed voluntarily and with affection, entails risks to the health of the people who perform it, mainly if the entire responsibility rests with only one person." Therefore, the great role played by the primary caregiver in these patients can cause health problems, not only physical but also mental, which is related to the responses of the subjects, where they claim to have repercussions on their health for the care of their mother.

The subjects agreed that the help they receive from some family member is limited, but in different concepts. Although they have the financial support of their families, it is not possible to cover all the needs of the old man, since he needs the presence of his children. Similarly, the caregiver is sometimes overwhelmed by the burden that represents the responsibility of caring for the old. According to Olson in Paladines and Quindes, 2010, a dysfunctional family does not fulfill the functions and roles assigned. In this way, as Hernández mentioned, family dysfunction is a predisposing factor of the appearance of psychosocial difficulties, that is to say, the family instead of being considered a factor of protection and development, it becomes a factor risk".

Ruiz and Nava (2010) mention that a substantial part of the time previously devoted to leisure, to friends, must be dedicated now to the task of caring. Frequently, the family caregivers perceive that they do not have time for leisure. It is even possible that they do not devote that time to themselves because of the feelings of guilt that comes with thinking that they are abandoning their responsibility. The reduction of activities in general and, above all, of social activities is very frequent and is related to feelings of sadness and isolation, "I almost do not have time to go out". Similarly, Ruiz and Nava (2010) say that the demands of care can cause caregivers to see their leisure time considerably reduced. As a result, it is possible that significant relationships with family and friends decrease both in quantity and quality, "I used to go out for walks with my sisters-in-law, go to church and do activities belonged to several groups, go shopping with my daughter to the the city simply and organize meals on Sundays with the family."

Caring for a person involves financial expenses. According to an investigation, the income and security of the retirement of women are more at risk when the care is informal. The risk increases as they provide a longer period of care. Women are more susceptible to reporting that they face emotional stress as a result of providing care than men (40% vs. 26%) at the highest levels of stress annotations (AFSCME, 2016). "I had to look for a job once to help with my mom's expenses since my brothers suffered an economic crisis", taking care of a person implies financial expenses. According to an investigation the income and the security of the retirement of the women are more at risk when the care is informal. The risk increases as they provide a longer period of care.

Some of the answers in this variable were "If they give us the support of 65 and more that is every two months, my mother can charge a little money and the support of my brothers", "My brothers help me". In this variable we have found that the brothers of the caregivers help them

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with the expenses of their mother. Caring for a person implies economic expenses, according to an investigation the income and the security of the retirement of the women are put under more risk when the care is informal. Women are more susceptible to reporting that they face emotional stress as a result of providing care than men (40% vs. 26%) at the highest levels of stress annotations (AFSCME, 2016).

On the other hand, Ruiz and Nava (2010), allude that a substantial part of the time they used to dedicate to leisure and friends, now they have to devote to the task of caring. Frequently, the family caregivers perceive that they do not have time for their leisure. It is even possible that they do not devote that time to themselves because of the feelings of guilt that comes with thinking that if they do, they are abandoning their responsibility. The reduction of activities in general and, above all, of social activities is very frequent and is related to feelings of sadness and isolation, "I used to go for walks with my sisters-in-law, do activities at church with other people, go shopping with my daughter to the city to simply organize meals on Sundays with the family", the caregiver clarifies that she used to have more time to go out with her friends to the church since she belonged to several groups, and she would go to the city with her daughter, Similarly Ruiz and Nava (2010), mention that the demands of care can cause caregivers to see their leisure time considerably reduced. As a consequence, it is possible that significant relationships with family and friends decrease both in quantity and quality. "I almost do not have time to leave", the life they have now was not planned and that somehow affects them personally because they cannot perform their daily activities as they did before, caring for an older adult requires a lot of time.

The experience of caring involves a great responsibility and an enormous effort, it causes an increase in the caregiver's burden, which if it is not managed properly, it can bring physical, mental and socioeconomic repercussions and, therefore, compromise life, health, welfare, care and self-care not only of the caregiver, but also of the person dependent on care, so that is why having a more global social support is required (Flores, Rivas and Seguel, 2012). "Everyone has my mother in mind, one of my sisters helps me for a week, however, my other brothers do not help in my mom's care because they are not in the city, even though they are not present they try to help me with money, which is not an easy task because it involves a lot of physical effort, such as holding her so she does not fall." This leads to saying that the answers said by the caregivers coincide with the affirmation of the author.

DISCUSSION

The risk factor in both families was in the family aspect, since they are only supported from time to time or at night and all the weight falls on them, the physical aspect would also be included since it tends not to yield enough and that exhausts them faster because they have chronic diseases such as diabetes and hypertension.

The factor of protection in both families was in the first instance the economic one since they receive support from the brothers, the other factor was emotional since both have that feeling of love towards the people who grew them and the last factor the social and leisure since it has the support of the neighbors in case they had an emergency with the old man would always help them.

We can conclude that the Psychosomatic Risks are “Physical ailments that do not have the possibility of practicing a medical diagnosis that explains them, Insomnia. Headaches, muscle

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tension, gastrointestinal disorders "(Gonzáles and Landero, 2008, p.43). This occurs in the aspect in which both caregivers suffer from psychosomatic risks as in the case of insomnia.

The caregiver may opt for unhealthy behaviors such as not resting enough or rejecting leisure activities. In sum, caregivers are subject to the danger of overflow and depletion of their personal resources that increase the risk of suffering from various physical problems, as well as significant emotional disturbances (Bonafonte in Fuentes and Moro, 2013), especially a significant incidence of depression (Vázquez, Torres, Otero, Hermida and Blanco, in Fuentes and Moro, 2013). So the caregivers had activities that they used to do before, but now they have diminished due to taking care of the old man and in the same way they have a physical and emotional exhaustion.

CONCLUSIONS AND FUTURE RESEARCH

- Discussions should be held for informal caregivers and families on how to carry out the care of the elderly.
- Existence of more research on the informal caregiver issue.
- Take into account both the elderly and those who exercise this work as informal caregivers.
- Involve the secondary caregiver since everyone should be involved.
- Create assistance programs for caregivers.

REFERENCES

AFSCME, (2016). We make American Happen, El cuidado de los ancianos. Recuperado 30 de mayo de 2017 de: https://www.afscme.org/news/publications/en-espanol/el-cuidado-de-los-ancianos.

Contreras M. (2006) principales modelos para la intervención de trabajo social en individuos y familia. Departamento de trabajo social. P.18-22.

Espín A. y Margarita A., (2008) Caracterización Psicosocial De Cuidadores Informales De Adultos Mayores Con Demencia, 34 (3).

Flores, G. E., Rivas, R. E. y Seguel, P. F. (2012). Nivel De Sobrecarga En El Desempeño Del Rol Del Cuidador Familiar De Adulto Mayor Con Dependencia Severa. Revista Scielo. Cienc. enferm. vol.18 no.1.

Flores, J.G., Jiménez, E.G., y Rodríguez, G. (1996). Metodología de la Investigación Cualitativa. Ed. Aljibe.

González y Landeros (2008). Síntomas psicosomáticos y estrés: Comparación de un modelo estructural entre hombres y mujeres. Ciencia-Uanl, 11 (4).

Osorio, M. (2011). Calidad De Vida De Los Cuidadores Familiares De Los Pacientes Con Enfermedad De Alzheimer. Universidad Nacional De Colombia, Facultad De enfermería, Programa De Maestría En Enfermería.

Paladines M., y Quinde, M., (2010). “Disfuncionalidad Familiar En Niñas Y Su Incidencia En El Rendimiento Escolar”. Universidad De Cuenca Facultad De Psicología.

Ruíz A., y Nava, M. (2012). Cuidadores: responsabilidades-obligaciones, Vol. 11, No. 3: 163-169.

ISSN 2055-0863(Print), ISSN: ISSN 2055-0871(Online)

Salmón, C., Álvarez A. y Zamora A. (2014). Cuidados informales y calidad De Vida De Los Adultos Mayores. Digital Ciencia. Facultad de Enfermería, Universidad Autónoma de Querétaro.

ISSN 2055-0863(Print), ISSN: ISSN 2055-0871(Online)