



Bakım verene kim baksın?

Who will care about the caregiver?

● Özden Gökdemir¹ ● Olgu Aygün² ● Ülkü Bulut Batur³
● Hadiye Küçükkaragöz⁴ ● Dilek Güldal⁵

¹⁾ Izmir University of Economics, Faculty of Medicine, Family Medicine, Asst. Prof., İzmir. / {ORCID:0000-0002-0542-5767}

²⁾ Bozyaka Reserch and Training Hospital, Family Medicine Department, Spc. Dr., İzmir. / {ORCID:0000-0002-9767-011X}

³⁾ Aksaray University, Faculty of Medicine, Family Medicine Department, Asst. Prof., Aksaray. / {ORCID:0000-0003-3011-0924}

⁴⁾ Dokuz Eylül University, Institute of Education Sciences, Asst. Prof., İzmir. / {ORCID:0000-0002-4576-0295}

⁵⁾ Dokuz Eylül University, Medical Faculty, Family Medicine Department, Asst. Prof., İzmir. / {ORCID:0000-0002-7344-9349}

İletişim adresi:

Dr. Özden Gökdemir

E-mail: gokdemirozden@gmail.com

Geliş tarihi: 06/12/2022

Kabul tarihi: 04/09/2023

Yayın tarihi: 30/06/2023

Alıntı Kodu: Gökdemir Ö ve ark. Bakım verene kim baksın?

Jour Turk Fam Phy 2023; 14 (3): 215 - 220. Doi: 10.15511/tjfp.23.00311.

Özet

Arka plan: Bu kısa rapor, İstanbul'da düzenlenen 20. WONCA Avrupa Konferansı 2015 sırasında düzenlenen bir çalıştay hakkındadır. Çalıştaya doktor ve hemşireler olmak üzere toplam 42 sağlık profesyoneli katıldı. Demanslı kişilere bakan yetişkinler, yalnızca Amerika Birleşik Devletleri'nde değil, Türkiye'de de ikinci en büyük gayri resmi bakıcı grubudur çünkü demanslı kişilerin çoğu 65 yaş ve üstü yaşlı yetişkinlerdir. Demans bakıcılarının, demans olmayan sağlık sorunları olan kişilere göre çok çeşitli olumsuz davranışlar veya sağlık sorunları yaşama olasılığı daha yüksektir. Örneğin, demans bakıcıları sıklıkla uyumsuz başa çıkma stratejileri sergilerler, düşük yaşam kaliteleri hakkında endişelerini dile getirirler, daha düşük sağlık değerlendirmeleri yaşarlar ve daha yüksek düzeyde bakıcı yükü bildirirler. Buna ek olarak, demans bakıcılarında, diğer bakıcılara kıyasla ciddi uyku bozuklukları, klinik depresyon ve daha yüksek ölüm oranı bildirilmektedir. Bakım verenler ve demanslı kişiler arasında aile bağı olduğundan, bu olumsuz etkiler bakım alanlara yansıtılır. Bu sorunlar, hasta çocukların bakıcılarında da olasıdır. Bu nedenle, bakım veren stresinin ve ilgili sorunların azaltılması hem bakım verenler hem de bakım alanlar için kritik öneme sahiptir.

Kronik bakım sürecinde sağlık profesyonelleri-hasta bakıcıları tükenmişlik yaşamaya başlamaktadır. Çalıştay, katılımcılara bu durumu baş edebilmek için bireyin sınırlarını sorgulama, mükemmel olma baskısından kurtulma, motivasyonunu kaybetmeden gelişmeye ve öğrenmeye devam edebilme fırsatı sağladı.

Amaç: Çalıştayın amacı, kronik hasta bakımı veren katılımcı sağlık çalışanlarının Tükenmişlik Sendromu, yaşam kalitesi, stresle baş etme, duygusal değerler konularında durum değerlendirmesi ve çözüm önerilerini derlemektir.

Yöntem: Çalıştay öncesi duygusal zeka ölçeği tanıtıldı ve uygulandı. Çalışma grupları oluşturularak tartışmalar yürütülmüştür. Çalıştay Programı Konuları; Tükenmişlik Sendromu, yaşam doyumu (vaka çalışmaları), yaşam kalitesi (vakalar ve sorunlar), stresle başa çıkma (geliştirici çözümler), duygusal nicelikler idi. Küçük gruplar arasında sunumlar: Katılımcılar rastgele sayılar kullanılarak gruplara ayrıldı.

Gruplar: Olgular gruplar arasında paylaşılmış ve tartışmak için 15 dk, sunum hazırlamak için 15 dk süre verilmiştir.

Sonuç ve Değerlendirme: Gruplar sunumlarını paylaştılar ve deneyimler paylaşıldı. Sonuçlar, grupların kullandığı broşürlere yazılmıştır.

Anahtar kelimeler: Tükenmişlik Sendromu, bakım veren, başa çıkma stresi, yaşam kalitesi, duygusal nicelikler, yaşam doyumu

Summary

Background: This short report is about a workshop held during the 20th WONCA Europe Conference 2015, Istanbul. The doctors and nurses a total of 42 health professionals attended the workshop. Adults caring for persons living with dementia are the second largest informal caregiver group not only in the United States but also in Turkey because most people with dementia are older adults aged 65 and older. Dementia caregivers are more likely to experience a wide range of negative behaviors or health problems than persons with non-dementia health problems. For example, dementia caregivers frequently exhibit maladaptive coping strategies, express concern about their poor quality of life, experience lower self-rated health, and report a higher level of caregiver burden. In addition, dementia caregivers report severe sleep disturbances, clinical depression, and higher mortality compared to other caregivers. These negative effects are projected back to the care recipients since caregivers and persons with dementia are interdependent in the family unit. These issues could be a concern for the caregivers of ill children, too. Thus, the reduction of caregiver stress and related problems is critical for both caregivers and care recipients.

The health professionals-caregivers during chronic care begin experiencing burnout. The workshop provided opportunity to the participants to question the limits of the individual to cope with this situation, to escape the pressure to be perfect, to be able to continue to grow and learn without losing motivation.

Aim: The aim of the workshop was to compile the situation assessment and solution suggestions of the participant health professionals who were also chronic patient caregivers, regarding burnout syndrome, quality of life, coping with stress, emotional values.

Method: Before the workshop emotional intelligence scale has been introduced and implemented. Discussions have been carried out by forming working groups. Workshop Program Topics were Burnout Syndrome, satisfaction of life (case studies), quality of life (cases and problems), coping with stress (solutions to improve), emotional quantities.

Presentations among small groups: Participations were divided into groups by using numbers randomly.

Groups: Cases were shared among the groups and 15 min duration has given to discuss and 15 min duration for preparation of presentations.

Conclusion and Evaluation: Groups have shared their presentations and experiences were shared. The outcomes have written through the leaflets on the board of the groups.

Keywords: Burnout Syndrome, caregiver, coping stress, life quality, emotional quantities, satisfaction of life

Alıntı Kodu: Gökdemir Ö ve ark. Bakım verene kim bakın?

Jour Turk Fam Phy 2023; 14 (3): 215 - 220. Doi: 10.15511/tjffp.23.00311.



Introduction

Adults caring for persons living with dementia are the second largest informal caregiver group not only in the United States but also in Turkey because most people with dementia are older adults aged 65 or older.⁽¹⁾ Dementia caregivers are more likely to experience a wide range of negative behaviors or health problems than persons with nondementia health problems. For example, dementia caregivers frequently exhibit maladaptive coping strategies, express concern about their poor quality of life, experience lower self-rated health, and report a higher level of caregiver burden.⁽²⁾

In addition, dementia caregivers report severe sleep disturbances, clinical depression, and higher mortality compared to other caregivers. Interestingly, these negative effects of dementia care giving project to their care recipients because caregivers and persons with dementia are interdependent in the family unit.⁽³⁾ These issues could be concerned for the caregivers of ill children, too. Thus, timely reduction of caregiver stress and related problems are critical for both caregivers and care recipients. This burden increased during COVID-19.⁽⁴⁾

Aims and relevance

The aim of this workshop was to investigate “Burnout Syndrome, life satisfaction (case studies), lifestyle quality (cases and problems), stress management (solutions to improve) of healthcare professionals who assist patients with professional issues. The participants discussed emotional quantities. How do

you relate to the emotional intelligence? “Emotional intelligence” is a competency that could be beneficiary for not only caregivers but also for the patients.

Emotional intelligence includes the following qualities: emotional expression, independence, self-esteem, assertiveness, self-actualization, empathy, social responsibility, stress tolerance, impulse control, joy and optimism, problem-solving, empathy, and the capacity to understand and control both one’s own and others’ emotions.⁽⁵⁾ Its aim is to raise awareness about the importance of concepts in both their professional and personal lives.

Since the health worker gives care to the members of the profession (as well as a psychologist, social worker, family counselor, nurse etc.) who are interested in similar issues, it becomes difficult to forget the difficulty of chronic patient care and the possibility of burnout increases. After a while these professionals begin experiencing burnout about themselves. To know the limits of the individual to cope with this situation, to escape from the pressure to be perfect, to be able to continue to grow and learn without losing the motivation.^(6,7)

Method

The location and the context of the ws and the program and process: The workshop has been performed in Istanbul WONCA Europe Congress room. The ice-breaker method was used before the introduction and exercises had been performed among the groups. The participants presented their products and shared their experiences and ideas.



Process: The study was completed with group work and feedback from administrators using psychodrama techniques between and after the researchers' presentations on the foundations of emotional intelligence.

Materials and techniques: Warm up with some music. 'Recognition of the hidden object, alleys' was played for the mental process and group warm-up. Research into matching-mirror techniques and boundaries. When necessary, technical briefings were held during the games. Paper, pencils, and crayons were used and presented by groups. It was suggested that participants dress comfortably and wear comfortable shoes.

Emotional intelligence (EQ)

Recent studies have revealed that many people who are very successful in academics and have high cognitive intelligence (IQ) do not have the same level of success in their daily lives, work, social lives, and family lives. The concept of intelligence was reintroduced in the 1970s.⁽⁸⁾

While today's scientists and psychologists state that intelligence measured by tests is not an important indicator for life success, they state that people who can understand and manage their own and others' emotions are happier and more successful.⁽⁹⁾

Gardner (1983), the creator of the theory of multiple intelligences, proposed a distinction in his theory between "knowing one's inner world" and "social skills." "Many people with an IQ of 160 who have poor personal intelligence work lower than people

with an IQ of 100 who are strong in this area." This distinction between interpersonal and intrapersonal intelligence serves as the foundation for the development of emotional intelligence theories.⁽¹⁰⁾

According to Goleman (1996), in Arnold's 1992 study of high school freshmen, they showed high success in university and an average level of success after the age of 20, 10 years after high school compared to their peers, but only one-quarter of them reached the highest level of success in the branch they chose. Others were discovered to be far less successful. Goleman (2005a) emphasizes other skills that are more important in life than IQ.⁽¹¹⁾

Emotional intelligence is a type of social intelligence that includes the ability to control one's own and other people's emotions, choose between them, and use these emotions to guide one's life.⁽¹²⁾

Emotional intelligence is a cognitive ability. It is not only about having feelings, but also about understanding what they mean. The concept of emotion necessitates logic, but it is emotions that bring a person to the mental system and give rise to creative ideas.⁽¹³⁾

Emotional intelligence is a multifaceted concept. Expression, independence, self-esteem, self-actualization, empathy, social responsibility, social relations, problem solving, resilience, stress tolerance, impulse control, happiness, and optimism are all aspects of emotional awareness.⁽¹⁴⁾

Emotional intelligence was defined by Peter Salovey and John Mayer (1990) as "the ability to reflect one's own or others' feelings and emotions, to



distinguish them, and to use this knowledge in one's thought and action".^(15,16)

As a result, self-awareness; recognizing, identifying, expressing, and managing emotions; controlling strong emotions and impulses; coping with stress and anxiety; basic emotional and social skills, such as being able to read social and emotional signs, be aware of and understand the feelings of others, care for people in general and form emotionally close relationships, and evaluate the current situation, are some of the elements that form the foundation of emotional intelligence. The level of expertise in these qualifications has a significant impact on life.

Homecare:

Before the 1960s, home health care was envisioned as a form of community service. The nurses that came to your home provided this service. However, after Medicare was passed, it was mandated that anyone receiving home health care must have a doctor's checkup in order to be eligible to pay for it. This was done in an effort to turn home health care into a therapeutic profession. Many people were able to get home health services thanks to the increase

of the range of home health services between 1990 and 1997, thanks to advances in technology and a sharp rise in the number of home health institutions. The home health care sector in the healthcare sector has had the biggest growth and is the second fastest growing sector in the US economy.^(17,18)

While carers who are anxious to take all the responsibility of "care" attempt to seek outside assistance, but this is insufficient to do so, and, in fact, makes them feel more helpless. In current society, the range of home health services now includes carers. It is possible to create a system that helps children comprehend the psychological toll it takes on the carers. With the participation of social workers working under the social services unit and staff from home health services, more routine and systematic training workshops may be planned to address the issues facing carers, and working principles can be coordinated.

Descriptive studies about caregiver attitudes, behaviors, anxiety levels, and burnout levels predominate in the literature. However, in order to understand the status and feelings of caregivers, using music, painting, dance, and encouraging them to learn emotionally is an innovative method.

Kaynaklar:

1. Brodaty H, Donkin M. Family caregivers of people with dementia. *Dialogues Clin Neurosci*. 2009;11(2):217–28.
2. Yuan Q, Wang P, Tan TH, Devi F, Poremski D, Magadi H, et al. Coping patterns among primary informal dementia caregivers in Singapore and its impact on caregivers - Implications of a Latent Class Analysis. *Gerontologist*. 2021;61(5):680–92.
3. McCurry SM, Logsdon RG, Teri L, Vitiello M V. Sleep disturbances in caregivers of persons with dementia: Contributing factors and treatment implications. *Sleep Med Rev*. 2007;11(2):143–53.
4. UNICEF PG for the SDPW and for A. Caring for Caregivers during the COVID-19 Crisis. 2020. Accessed from <https://www.unicef.org/media/84131/file/CFC-COVID-19.pdf>, address on 12/07/2022.
5. Gilar-Corbi R, Pozo-Rico T, Sanchez B, Castejon JL. Can emotional intelligence be improved? A randomized experimental study of a business-oriented EI training program for senior managers. *PLoS One*. 2019;14(10):1–21.
6. Søvdal LE, Naslund JA, Kousoulis AA, Saxena S, Qoronfleh MW, Grobler C, et al. Prioritizing the mental health and well-being of healthcare workers: An urgent global public health priority. *Front Public Heal*. 2021;9(May):1–12.
7. Gokdemir O, Dağbağlı G, Aygün O, Bulut Batur Ü, Güldal D. Burnout and job satisfaction among family physician. *Turkish J Fam Med Prim Care [Internet]*. 2022;16(2):376–84. Available from: <https://dergipark.org.tr/en/pub/tjfmprc/issue/70366/977985>, address on 24/09/2022.
8. Romanelli F, Cain J, Smith KM. Emotional intelligence as a predictor of academic and/or professional success. *Am J Pharm Educ*. 2006;70(3):69.
9. Subhi TY, Neber H, Linke SK, Hava EV, Zeidner M, Matthews G, et al. What we know about emotional intelligence: How it affects learning, work, relationships, and our mental health. *Gifted and Talented International*. 2012;27:161–6.
10. Klein PD. Multiplying the problems of intelligence by eight : A Critique of Gardner 's Theory. *Can J Educ*. 1997;22(4):377–94.
11. Darwin C. *The Descent of man, and selection in relation to sex. Second Edition*. New York, D. Appleton Company. 1889.
12. Serrat O. *Knowledge solutions: Tools, methods, and approaches to drive organizational performance. 1st ed*. Springer Nature. 2017:1–1140.
13. Drigas AS, Papoutsis C. A new layered model on emotional intelligence. *Behav Sci (Basel)*. 2018;8(5):1–17.
14. Chopra PK, Kanji GK. *Emotional intelligence: A catalyst for inspirational leadership and management excellence. Total Qual Manag Bus Excell*. 2010;21(10):971–1004.
15. Salovey P, Mayer J. *Salovey and Mayer's Emotional Intelligence Theory - Exploring your mind [Internet]*. 1990. Available from: <https://exploringyourmind.com/salovey-mayers-emotional-intelligence-theory/> accessed on 28/09/2022.
16. Tyng CM, Amin HU, Saad MNM, Malik AS. The influences of emotion on learning and memory. *Front Psychol*. 2017;8(AUG):1454.
17. Panel AMAHA. *Guidelines for the medical management of the home-care patient*. *Arch Fam Med*. 1993;2(2):194–206.
18. Taylor FR. *The Future of Nursing: Leading Change, Advancing Health / Transforming Practice. Chapter 3*. Washington (DC): National Academies Press (US). 2011.

Alıntı Kodu: Gökdemir Ö ve ark. Bakım verene kim baksın?

Jour Turk Fam Phy 2023; 14 (3): 215 - 220. Doi: 10.15511/tjfp.23.00311.