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Relation Between Caregivers' Burnout and Psychological and Verbal Abuse for Elderly Living in Geriatric Institutions

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Abstract

Elder abuse related to the unidentified crime that seniors are hesitant to speak about. **Aim:** To assess the relation between caregivers' burnout and psychological and verbal abuse for elderly living in geriatric institutions. **Design:** A descriptive correlational design was used. **Setting:** Om Kalthoumand Huda Talaat Harb geriatric institutions at Helwan District. **Sample:** Purposive sample including 60 elderly and 35 caregivers working in the above mentioned settings. **Tools:**1) Demographic interviewing sheet about the caregivers and elderly 2) Maslach Burnout Inventory for the caregivers 3) Psychological and verbal abuse assessment sheet for elderly. **Results:** Revealed statistically significant direct correlations concerning working hours/day and years of experience, and burnout and exhaustion scores($p<0.05$). The elderly gender was the only significant predictor for psychological score. There were no statistically significant correlations between all caregivers' burnout items and elderly scores related to psychological and verbal abuse, and among caregivers' scores and each other's($p<0.05$). **Conclusion:** There were direct positive correlations between caregivers' burnout (exhaustion) and psychological and verbal abuse for elderly. **Recommendations:** Training program for care providers and family members to improve their knowledge about needs and problems of the old age and factors that lead to elder abuse.

Key words: Caregivers' burnout, psychological and verbal abuse,elderly, geriatric institutions.

Introduction

Older people aged sixty years and above were doubled, from 900 million in 2015 to approximately two billion in 2050 globally**(World Health Organization (WHO), 2016)**. In Egypt, the number of elderly people reached six million elderly in 2015 and represented 6.9 percent of the total population, and expected to increase this proportion to 11.5 percent in 2031. Also, the number of elderly care institutions were reduced from 170 institutions in 2014 to 168 institutions in 2015 all over Egypt, but the number of beneficiaries of the service has increased from 3180 to 3961 elderly in 2014**(Central Agency for Public Mobilization and Statistics (CAPMAS), 2016)**.

Elder abuse is significant public health problem. While there is slight information about the degree of abuse in seniorpeople, particularly in developing countries, it is estimated that one in ten older people have abuse every month **(National Center on Elder Abuse, 2016)**.

Abuse by caregivers for elderly may be any physical, sexual, or emotional and also encompasses intentional or unintentional negligence, financial exploitation, and abandonment. Elder abuse may be performed by another person, and can happen in any setting as in home, an institution, or in the community. It may be due to increase age, isolation, disability, dependence on caregivers, and decreased physical or mental capacity that can rise their exposure and vulnerability to abuse. Additionally, older adults especially those on the beginning of retirement may be exploited financially due to their apparent resources **(National Center on Elder Abuse, 2014)**.

As well, abuse of older person across the world often goes undetected. In the UK alone between 500,000 and 800,000 older people are abused in their own homes each year **(Gary, 2016)**.As well, it is estimated that, about one to two million U.S. senior citizens, sixty five years old and older, have been maltreated, or injured by the caregiver. Occurrence estimates concerning the abuse of the elderly range from two to ten percent, depending on how the study was done**(Abuse Prevalence and Incidence, 2016)**.

The common form of abuse was psychological abuse. Types of abuse reported in order of prevalence were: Financial, physical and sexual abuse **(DiRosa et al., 2015)**. Psychological abuse includes emotional, verbal abuse, deprivation of contact, humiliation, blaming, controlling, intimidation, harassment, isolation, withdrawal from services and supportive networks**(Elder Abuse Context and Theory, 2015)**.

Many older adults have the capacity and ability to communicate their concerns about abuse but, for a variety of reasons such as shame, embarrassment, and fear they are reluctant to talk to anyone**(Durham, 2011)**.It is associated with a number of influences, both for individuals as well as societies. The elder person may suffer from a growing sense of insecurity, from illness, anxiety and depression. The consequences of abuse may be worsened because fear of getting institutionalized may cause reluctance to seek for help and they are often dependent on their abuser **(WHO, 2011)**.

Burnout defined as physical and psychological syndrome, involves three elements: Exhaustion, depersonalization and a low personal achievement **(Schaufelt et al., 2009)**. This occurs as a result of widening gap between the individual and demands of the job **(Maria,2012)**. Working environments for elderly caregiver include job stressors such as discomfort, stress, absence of support from supervisors, and interpersonal conflicts. So, caregiver has a risk profession for exhaustion and burnout**(Wang et al.,2015)**.

Caregiver burnout is a condition of physical, emotional, and mental exhaustion that may be lead to a change in attitude from positive to negative. It can happen when caregiver doesn't get the help he need, or if he try to do more than he is able, either physically or financially. Caregivers sometimes feel guilty if they spend time for themselves rather than for their ill elderly. They may experience stress, fatigue, anxiety, and depression**(National Alliance For Caregiving, 2017andFamily Caregiver Alliance, 2016)**.

Significance of the problem

Older people are vulnerable as they are often challenged with physical and health challenges which increase their risk of being abused. Abuse of older people is not a new phenomenon. There is even less information on elder mistreatment in institutional settings in developing countries. Data on the continuing of the problem in institutions such as nursing homes, hospitals and other long-term care facilities are limited. A survey of nursinghome workers, in the United States of America, proposeshigh rates as about 40% were psychologically abusing, because elder misuse is a silent condition, as no one knows

exact number of elderly in our nations that are being exploited and abused. Evidence suggests that there are many of elderly being maltreated every day, but there are no official statistics exist **(National Center on Elder Abuse, 2016)**.Consequently, the study aimed to assess the relation between caregivers' burnout and psychological and verbal abuse for elderly living in geriatric institutions.

Aim of the study

The aim of this study was to assess the relation between caregivers' burnout and psychological and verbal abuse for elderly living in geriatric institutions.

Research question:

- What are the relation between caregivers' burnout and psychological and verbal abuse for elderly?

Subjects and Methods:

Design:

A descriptive correlational design was used.

Setting:

The study was done in two geriatric institutions at Helwan District (Om Kalthoum and Huda Talaat Harb).

Sample size calculation

$$n = \frac{zx/2^{2}\ p\hat{q}\ \text{ط}p\acute{O}}{d^{2}}$$

Where;

n= Sample size.

öó/ ٦= Standardized value at significant level Ŭ. (when we consi level to be 0.05, then this value is 1.96)

P=Target proportion in population (estimated to be 0.0015 based upon the ratio between number of elderly people living in elderly (nursing) homes and the total number of elderly according to Egypt Demographics Profile, 2016).

(1-p)= 1- target proportion in population.

¨H= Marginal error (to be set between 1 ï5 %), the researcher set it to 1%.

$$n = \frac{1.96^{2}\ 0.0015\ \times (0.9985)}{0.01^{2}} = ٩٫٩$$

Then, the minimum estimated sample size is 57.5 = 58 elderly subjects.

Sample: A purposive sample classified as the following:

1- Sixty elderly live in Om Kalthoumand Huda Talaat Harb geriatric institutions with the following inclusion criteria: Have 60 years and above, present all time of data collection, accept to communicate with the researcher and totally or partially dependent on the caregivers. The exclusion criteria include: Disoriented elders and mentally diseased.

2- Thirty five caregivers who are working in the above settings with the following inclusion criteria: Present all time of data collection, accept to participate in the study, have overload and work directly with elderly.

Tools for data collection: It includes 3tools:

Tool I: Demographic interviewing sheet: Contain two parts**:**

Part 1: Caregivers demographic data sheet, included: Age, sex, marital status, number of children, occupation, experience, etcé..

Part 2: Elderly demographic data comprised of : Age, sex, social status, level of education, diagnosis, and duration of residence in geriatric institutions.

Tool II: Maslach Burnout Inventory (MBI) for the caregivers, it was developed by **Maslach & Jackson,(1981) and Maslach & Jackson, (2011)**.It was modified and translated by the researcher, to be consisted of 26 items divided into three sections: Section A: Burnout or emotional exhaustion (8 items);section B: Feeling of depersonalization (10 items), and section C:Personal achievement (8 items).

Scoring system: The items were scored on a five points Likert scale: Never takes zero, few times per year takes one, few times per month takes two, few times per week takes three, and every day takes four points. The total score for each section calculated as follows: The caregiver who got 67.5% of total score was considered low level of burnout, who had 51% -74% considered moderate level of burnout and who had 75% -100% considered high level of burnout.

Then, the total score was calculated for each caregiver by adding the scores of each section, and comparing it with the scoring results interpretation as the following:

Section A: Burnout: Caregiver had low level burnout when his/ her total score was 16 or less, moderate level burnout when his/ her total score was between 17 and 23,whilehighlevel burnout if total score was 24-32 points.

Section B: Depersonalization: Caregiver had low level burnout when his/her total score was 20 or less, moderate level burnout when his/ her total score was between 21 and 29 and high level burnout if total score was 30- 40 points.

Section C: Personal Achievement: The reduction of personal achievement: Caregiver had high level burnout when his/her total score was16 or less, moderate level burnout when his/ her total score was between 17 and 23 and lowlevel burnout if total score was 24-32 points.

Tool III: Psychological and verbal abuse assessment sheet for elderly person consisted of 10 items.

Scoring system: The elderly was asked to choose a response from the following: Rarely takes zero, frequently takes one and always takes two points.The total score was calculated for each elder by adding the score of all items.

Content Validity

The validity of the tool were recognized and reviewed by a panel of jury of three experts of community health nursing for decision of clarity, significance of sentences, and completeness of questionnaire content. According to the opinion of the expertises slight modifications were utilized on the form of rephrasing, and explanationof certain questions was done.

Reliability of the Tools

All tools used in the present study showed good reliability as follows: Maslach Burnout Inventory for the caregivers contain 3 sections, Section A: Burnout and exhaustion (Cronbach's alpha = 0.673), Section B: Depersonalization (Cronbach's alpha = 0.617), and Section C:Personal achievement (Cronbach's alpha = 0.702), and Psychological and verbal abuse assessment sheet for elderly(Cronbach's alpha = 0.692).

Pilot Study

A pilot study was done on 10% of the studied subjects both (caregivers and elderly), it was used to check the clarity of the tools, to determine the time required to fill it, and omit any ambiguous words.

Ethical Considerations

Agreements were taken from caregivers and elderly to participate in the study. They were given an opportunity to refuse and withdraw at any time from research without any reason. As well, they were assured that, the data given will be preserved confidentially and used for the research purpose only.

Field Work

Permissions were taken from the directors of the geriatric institutions to visit and conduct the study at Huda Talaat Harb, and Om Kalthoum because of the existence of cooperation protocols between the Faculty of Nursing and these two geriatric institutions in Helwan District. After that, the researcher conducted an assessment for caregivers and elderly after explaining to them the purpose and nature of the study. Data were collected through three months from first of March to end of May 2015. The caregivers interviewed and self-reported the demographic data and Maslach Burnout Inventory it took about 20 minutes to filled, and the elderly were interviewed also to fill in a form of demographic data, and psychological and verbal abuse, any clarification on the tools were done by the researcher. The time taken for answering the questionnaire sheet from the elderly ranged from 20-30 minutes.

Statistical Analysis:

The numerical data were presented in values as mean and standard deviation. The qualitative data were presented as frequencies and percentages. Reliability of the tools was calculated by using Cronbach's alpha coefficient. Spearmanôs corr coefficient was used to determine correlations between caregivers and elderly scores. Linear regression analysis was performed to detect significant predictors of the different scores. ANOVA (f-test) was used to test model fit. Regression coefficients with their 95% confidence intervals were calculated. The level of significance was established at P Ò 0.05. the a executed by IBM, using SPSS, Version 20 for Windows.

Results :

Table 1. Presents that the currentstudy was conducted on 35 caregivers; 5 males (14.3%) and 30 females (85.7%). The mean ± standard deviation values of age were 39.4 ± 8.4 years with a minimum and a maximum of 21 and 50 years. More than one fifth of caregivers (22.9%) were single, while more than three quarter (77.1%) of them were married. Nearly three quarter of caregivers (71.4%) had two or more children,22.9% of caregivers were nurses, 25.7% were assistant nurses, while (40.0%) were elderly sitters, and 11.4% were supervisor nurses. More than one tenth (11.4%) of caregivers had 1 ï 4 years of experience, about one quarter (25.7%) of them had 5 ï 9 years of experience, while more than three fifths (62.9%) of them had 10 or more years of experience. The mean ± standard deviation values of daily working hours were 9.3 ± 2.8 hours/day with a minimum of six hours/day and a maximum of 12 hours/day. The majority of caregivers (80%) had low monthly income, while one fifth (20%) of them had moderate monthly income.

Table 1. Demographic characteristics of caregivers under study (n=35)

Items	No	%
Gender		
Male	5	14.3
Female	30	85.7
Age		
Mean ± SD	39.4 ± 8.4	
Median (Range)	40.0 (21.0 ï50.0)	
Marital status		
Single	8	22.9
Married	27	77.1
Number of children		
None	4	11.4
One	6	17.2
Two or more	25	71.4
Job		
Nurse	8	22.9
Assistant nurse	9	25.7
Elderly sitters	14	40.0
Supervisor nurse	4	11.4
Years of experience		
1 ï4	4	11.4
5 ï9	9	25.7
Ó 1 0	22	62.9
Working hours/day		
Mean ± SD	9.3 ± 2.8	
Median (Range)	8.0 (6.0 ï12.0)	
Monthly income		
Low	28	80.0
Moderate	7	20.0

Table 2.Shows the results of responses to burnout and exhaustion scores. Majority of caregivers(94.3%) feel they work too hard and feel tired when getting up in the morning at work .Regarding to feeling of depersonalization scores, less than half (45.7%) of caregivers feel they are at the end of their practice by the end of their working day. All caregivers (100.0%) never felt they want to hurt themselves or others. Regarding personal achievement scores, most of caregivers(82.9%) accomplish many things in their job every day. Less than one third (28.6%) of them never felt refreshed when they have been close to their clients at work.

Table 2. Percentage distribution of burnout and exhaustion, feeling of depersonalization and personal achievement scores among the caregivers under study.

Items of Burnout &Exhaustion (Section A)	Never		Few times/ year		Few times/ month		Few times/ week		Every day	
	No	%	No	%	No	%	No	%	No	%
I feel emotionally drained by my work.	0	0.0	2	5.7	2	5.7	9	25.7	22	62.9
Working with people all day long requires a great effort.	0	0.0	0	0.0	2	5.7	1	2.9	32	91.4
I feel like my work is breaking me down.	0	0.0	0	0.0	3	8.6	8	22.9	24	68.6
I frustrated by my work.	0	0.0	0	0.0	2	5.7	4	11.4	29	82.9
I work too hard at my job.	0	0.0	0	0.0	0	0.0	2	5.7	33	94.3
It stresses me to work in direct contact with people.	0	0.0	0	0.0	1	2.9	8	22.9	26	74.3
I ôamthe end of my rope.	0	0.0	0	0.0	0	0.0	10	28.6	25	71.4
I feel tired when I get up in the morning at work.	0	0.0	0	0.0	0	0.0	2	5.7	33	94.3
Total score (Mean ± SD)	3.8 ± 0.2									

Items of Feeling of Depersonalization (Section B)	Never		Few times/ year		Few times/ month		Few times/ week		Every day	
	No	%	No	%	No	%	No	%	No	%
I look after certain clients impersonally, as if they are objects.	14	40.0	2	5.7	7	20.0	4	11.4	8	22.9
I have the impression that my clients make me responsible for some of their problems.	0	0.0	1	2.9	9	25.7	10	28.6	15	42.9
I am at the end of my patience by the end of my work day.	0	0.0	1	2.9	5	14.3	12	34.3	16	45.7
I d o n ô t c a r e a b my clients.	8	22.9	2	5.7	14	40.0	9	25.7	2	5.7
I have become more insensitive to people sin c e I ô v e b e e	8	22.9	3	8.6	14	40.0	8	22.9	2	5.7
I fear that my job is making me unfeeling.	9	25.7	11	31.4	6	17.1	9	25.7	0	0.0
I isolated from my family, friends etc.	2	5.7	3	8.6	14	40.0	8	22.9	8	22.9
I feel changes in my appetite & weight.	3	8.6	5	14.3	12	34.3	10	28.6	5	14.3
I feel changes in my patterns of sleep	0	0.0	5	14.3	12	34.3	11	31.4	7	20.0
I feel I want to hurt myself or others.	35	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Total score (Mean ± SD)	2.2 ± 0.8									

Items of Personal Achievement (Section C)	Never		Few times/ year		Few times/ month		Few times/ week		Every day	
	No	%	No	%	No	%	No	%	No	%
I accomplish many things in my job.	0	0.0	0	0.0	0	0.0	6	17.1	29	82.9
I feel full of energy.	2	5.7	0	0.0	5	14.3	14	40.0	14	40.0
I am easily able to understand what my clients feel.	0	0.0	0	0.0	0	0.0	10	28.6	25	71.4
I look after my very effectively.	1	2.9	0	0.0	0	0.0	16	45.7	18	51.4
I handle emotional problems very calmly in my work.	2	5.7	1	2.9	10	28.6	13	37.1	9	25.7
Through my work, I have a positive influence on individuals.	1	2.9	2	5.7	12	34.3	12	34.3	8	22.9
I am able to make a relaxed atmosphere with my clients.	1	2.9	0	0.0	10	28.6	16	45.7	8	22.9
I feel refreshed when I have been close to my clients at work.	10	28.6	3	8.6	9	25.7	5	14.3	8	22.9
Total score (Mean ± SD)	3.0 ± 0.6									

Figure 1. Illustrates the levels of burnout and exhaustion of caregiver. One fifth of caregivers (20.0%) had moderate level, while the most of them(80.0%) had high level of burnout and exhaustion.

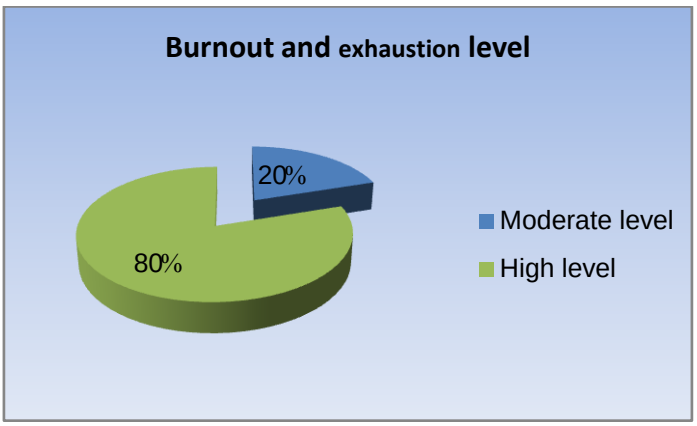

Figure 1. Burnout and exhaustionlevels of caregivers under study.

Figure 2. Represents the levels of feeling of depersonalization. Majority of caregivers (94.3%) had high level of feeling depersonalization, while(5.7%) of them had moderate level.

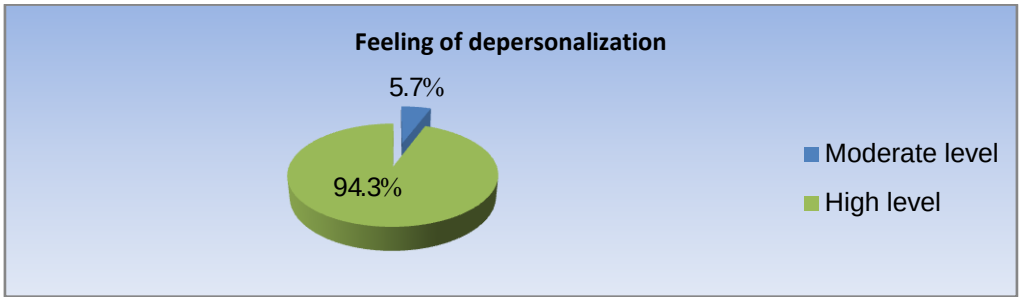

Figure 2. Feeling of depersonalization levels among caregivers under study.

NB. All caregivers (100.0%) had high level of reduced personal achievement.

Table 3. Indicates that the present study was conducted on sixty elderly. More than half (53.3%) were males and slightly less than half (46.7%)were females. The mean ± standard deviation values of their age were 70.8 ± 8.7 years with a minimum and a maximum of 60and 91years. One fifth (20.0%) of elderly were single, more than tenth(13.3%) were married, while 11.7% were divorced, and more than half (55.0%) of them were widowed. One third (33.3%) of elderly were illiterate or read and write, less than fifth16.7% have basic education, while two fifth (40.0%) had secondary education, and one tenth (10.0%) of them have university. The most common disease was hypertension and diabetes among 38.3%.

Table 3. Demographic characteristics of elderly under study (n=60)

Items	No	%
Gender		
Male	32	53.3
Female	28	46.7
Age		
Mean ± SD	70.8 ± 8.7	
Median (Range)	68.5 (60.0 ï91.0)	
Social status		
Single	12	20.0
Married	8	13.3
Divorced	7	11.7
Widowed	33	55.0
Level of education		
Illiterate or read and write	20	33.3
Basic education	10	16.7
Secondary	24	40.0
University	6	10.0
Diagnosis		
Alzheimer's disease	10	16.7
Hypertension and diabetes	23	38.3
Heart disease	3	5.0
Osteoporosis	12	20.0
Parkinson's disease	7	11.7
Right &left side impairment	5	8.3
Duration of residence in (years)		
Mean ± SD	2.75 ± 2.6	
Median (Range)	1.75 (0.08 ï10.0)	

Table 4.Shows the results of psychological and verbal abuse scores.Slightly less than one half (48.3%) of elderly subjects always have someone talking at them in a way that made them discomfort. All subjects (100.0%) rarelyhave access to attend group meetings.

Table 4. Percentage distribution of psychological and verbal abuse scoresamong the elderly under study.

Psychological and Verbal Abuse	Rarely		Frequently		Always	
	No	%	No	%	No	%
Has anyone ever talked at you in a way that made you discomfort?	7	11.7	24	40.0	29	48.3
Does anyone talk to you like a child?	15	25.0	33	55.0	12	20.0
Does anyone ever threaten you?	38	63.3	13	21.7	9	15.0
Has anyone ever scolded you?	13	21.7	22	36.7	25	41.7
Has anyone ever failed to help you take care for yourself when you wanted?	26	43.3	29	48.3	5	8.3
Does anyone ever call you names?	41	68.3	12	20.0	7	11.7
Does someone restrict your visitors?	29	48.3	25	41.7	6	10.0
Keep friends or family members away from you.	15	25.0	33	55.0	12	20.0
Have access to a phone?	30	50.0	17	28.3	13	21.7
Have access to attend group meetings?	60	100.0	0	0.0	0	0.0
Total score (Mean ± SD)	0.74 ± 0.27					

Table 5.Explains that there were no statistically significant correlations among all items of burnout scores. There were direct positive correlation between caregivers' burnout and psychological, verbal abuse scores. On the other hand, there were negative correlations between caregivers' burnout (exhaustion), and personal achievement scores.

Table 5. Results of Spearman's correlation coefficient for the correlation between different scores.

Items	Correlation Coefficient	P-value
Burn, exhaustion score and depersonalization score	0.027	0.880
Burn, exhaustion score and personal achievement score	-0.284	0.098
Depersonalization score and personal achievement score	0.061	0.727
Burn, exhaustion score and psychological, verbal abuse score	0.058	0.740
Depersonalization score and psychological, verbal abuse score	0.071	0.683
Personal achievement score and psychological, verbal abuse score	0.115	0.510

* Significant at P Ò 0.05

Table (6). Regression model results reveals that, working hours/day and years of experience were significant predictors for burnout and exhaustion. There were statistically significant direct correlations between working hours/day, and years of experience, and burnout

and exhaustion scores i.e., an increase in these variables is associated with an increase in burnout and exhaustion scores.

Table 6. Summary for results of regression analysis regarding significant predictors of different scores.

Regression Model	Variables	Unstandardized Coefficient (β)	95% CI for β		t-value	P-value
			Lower Bound	Upper Bound		
Predictors of burnout &exhaustion	Average working hours/day	0.035	0.012	0.057	3.135	0.004*
	Years of experience	0.106	0.017	0.195	2.414	0.022*
Predictors of psychological scores in elderly	Gender	-0.142	-0.279	-0.005	-2.068	0.043*

* Significant at P Ò 0.05

Table 7. Shows comparison between burnout and exhaustion scores among caregivers with different years of experience. Using ANOVA test displayed statistically significant (P-value = 0.022). Pair-wise comparisons using Tukey's test rev experience showed the highest mean score with non-statistically significant difference from those with 5-9 years of experience. The lowest mean score was found among caregivers with 1-4 years of experience with a statistically significant di

Table 7. Results of one-way ANOVA test for the association for burnout and exhaustion scores among caregivers with different years of experience.

Years of Experience						f-value	P-value
1 – 4		5 – 9		≥ 10			
Mean	±SD	Mean	±SD	Mean	±SD		
3.53 B	0.19	3.68 AB	0.24	3.82 A	0.18	4.292	0.022*

* Significant at P Ò 0.05 by significantly different superscripts are sta

verbal abuse for elderly living in geriatric institutions.

Discussion

Elderly mistreatment is prevalent in overall population structure as well as in the nursing home. It is expected to rise due to the aging world population which will put elderly in the vulnerable position to be abused, elder abuse causes harm and distress to an older person **(Akpeniba, 2016andWHO, 2015)**The present study aimed to assess the relation between caregivers' burnout and psychological and

Concerning demographic data of caregivers, the present study was conducted on thirty fife caregivers; more than one tenth were males and majority of them were females and more than three quarter were married. The mean ± standard deviation values of age were 39.4 ± 8.4 years with a minimum of twenty one years and a maximum of fifty years. In this regard, **Sabzwar et al. (2016)**,in Pakistan, reported that the mean age of caregivers was 47.23 ± 15.5 years, and most of them (68.9%) were female, and 88.9% were married. As well,

these results were supported by those of **Harkin & Melby (2014),** in Ireland stated that the majority (83.3%) of the respondents were females, more than half of the sample were married, and their age ranged from 25-50 years.

The current study result showed that slightly more than tenth of caregivers had 1-4 years of experience, and slightly more than quarter of caregivers had 5-9 years of experience, while more than three fifths had ten or more years of experience. The finding of current study is in congruent with that of **Zaki et al. (2016)**, who in Makkah Al-Mukaramah, found that more than half of the study subjects had less than five years of experience, while more than one third of them had from five to less than ten years of experience.

Concerning caregivers burnout, the current study results clarified that most of caregivers feel that they work too hard and feel tired when getting up in the morning at work. This might be due to the very stressful nature of their work every day, which reflects on their physical health. This finding is supported by that of **Zaki et al.(2016)**, who stated that, nurses who felt working too hard with job had a Mean and SD of 4.84± 1.55.

The present study revealed that one fifth of caregivers had moderate level of burnout and exhaustion, while the majority of them had high level. This might be due to decrease in perceived support and payment gained from their jobs, thus the caregiver who worked longer periods experienced greater burnout, because they had more exposure to the demands of work environment, and continuing exposure to strain rose their level of burnout. This finding is in the same line with **Harkin & Melby (2014)**,who reported that more than half of nurses reported high levels of emotional exhaustion.

The current study finding presented that all caregivers never felt they want to hurt themselves or others. This might be due to that they work in a team to provide support to each other, adding to that they are locating themselves in the place of these elderly. This result is in convention with that of an Egyptian research performed by **Elemary et al.(2011)**, who found that most of the studied caregivers rarely feel a desire to hurt themselves or others that they provide care for them.

The present study results represented that minority of caregivers had moderate level of depersonalization feeling, while most of them had high level, and all caregivers had highlevel of reduced personal achievement. This might be due to that the majority of them were married females, have children, beside their workload, so, they had no adequate time to personal achievement. This result is supported by that of a study done, in China, by **Wang et al.(2015)**, who explained that the study participants had low level of personal accomplishment and moderate levels of emotional exhaustion and depersonalization.

Concerning demographic data of elderly, the present study was conducted on 60 elderly, with a mean ± standard deviation age of 70.8 ± 8.7 years with a minimum and a maximum 60 and 91 years. The most common diseases were hypertension and diabetes. More than half were males and less than half were females, this might be due to that females used to depend on themselves, like to live in their own homes, and do not seek for help from others as males. In this regard, **El-Nady (2012)**, in the Kingdom of Saudi Arabia, pointed out that the number of elderly sample in his study was fourty female elderly, the majority were aged sixty years, and 37.5% of them had senile dementia.

The results of current study revealed that more than half of elderly were widowed. This result is in agreement with that of **Schiamberg et al. (2012)**,in England, who found that almost two-thirds (64.8%)of all residents in nursing home were widowed.

Regarding psychological and verbal abuse for elderly persons, in this study the results showed that nearly half of elderly subjects always have someone talking at them in a way that made them discomfort. And all subjects rarely have access to attend group meetings. This might related to the place regulations and rules. This results approved by **Elder Abuse Context and Theory(2015)**,in Finland, Ireland, Italy and Romania which mentioned that the psychological abuse was the common form that respondents 26.9 % of abuse, which involved staff members yelling, swearing at residents and abusive them. As well, 11.7 % of respondents was observed physical abuse.

Considering the correlations between different scores, the current study findings revealed that there was a positive correlation between burnout, exhaustion score and depersonalization score for caregivers. This result is supported by that of **Demirbas & OzelKizil (2017)**,who highlighted that depression and anxiety of caregivers increase the emotional exhaustion. As well, the depersonalization score and the anxiety inventory scores were positively and highly correlated. When anxiety level of caregivers increases, depersonalization increases.

The present study findings showed that there were positive correlations between caregivers burnout and psychological and verbal abuse for elderly. This might be due to aggressive or patience nature of elderly and staff dealing with them. These factors led to negative or positive feelings toward the elderly, which mean that caregivers burnout and exhaustion lead them to abuse the elderly. This result was in agreement with two research findings; the first was that of **Hass (2005)**,who stated that emotional exhaustion and burnout correlated with an increase in a negative events that lead to increase mortality; and the second was that of **Maya & Liao (2006)**, who mentioned that caregivers' stress and elder dependency increase the risk for abuse.

As well, a positive correlation was found between depersonalization and personal achievement scores. This might be due to a decrease in caregivers' motivation. These results were in agreement with those of **El-Nady(2012)**,who found that emotional exhaustion was correlated positively with depersonalization and negatively with personal accomplishment of caregivers.

Regression model results in the present study revealed that, working hours/day and years of experience were significant predictors for burnout and exhaustion. There were direct statistically significant correlations between working hours/day and years of experience, and burnout and exhaustion score. This result is in the same line with that of a study done by **Peeterset al.(2005)**, who stated that job and home demands have a direct effect on burnout.

Conclusion

There were direct positive correlations between caregivers' burnout (exhaustion),and psychological, verbal abuse.

Recommendations:

- Training program for care providers and family members to improve their knowledge about needs and problems of the old age and factors that lead to elder abuse.

- Promoting strategies for caregivers to cope with stress from work overload.

- Presenting mass media information about danger signs of occupational burnout and burden.

- Increasing public awareness about prevention of intentional and unintentional mistreatment.

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