

Caregiving burdens, depression levels, and related factors of attendants who care physical treatment and rehabilitation patients who applied to Turgut Ozal Medical Center

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Abstract

Aim: The aim of this study was to evaluate the caregiving burden, depression and related factors of the caregivers of chronic patients who received physical therapy.

Materials and Methods: Research was conducted as a cross-sectional descriptor. The sample of the study included 129 people who met the criteria for participation in the study and who applied to Turgut Özal Medical Center between 1 March 2018 and 1 March 2019, and cared for physical therapy and rehabilitation patients. Data was collected by using The Patient Information Form, Personal Care Form, Zarit Burden Interview (ZBI) and, Beck Depression Inventory (BDI), which were prepared by the researcher.

Results: The mean of the caregiving burden was found to be as 38.48 ± 12.68 , and the mean depression score as 13.68 ± 9.41 . These values indicate that the caregiving burden is low-moderate and the depression score is mild. There was a significant positive correlation between the scores obtained from ZBI and the scores obtained from BDI ($r:0.782, p<0.001$). In the study, it was determined that factors such as age, gender, marital status, degree of proximity, income level, getting help, caregiving break, the presence of chronic disease of the caregiver affect the caregiving burden and depression level. It has been observed that some features of the patients affect the care burden and depression scores.

Conclusion: As a result of the study, it was determined that the level of depression increased as the caregiving burden increased. A positive relationship was found between the caregiving burden and depression. It is advisable to arrange training and consultancy programs for caregivers to deal with the problems they face and to monitor caregivers at regular intervals.

Keywords: Caregiving burden; caregiver; depression; physical therapy

INTRODUCTION

Today, in which extraordinary developments in science and technology are experienced, significant progress has been made in the field of medicine, a branch of science dealing with human health. Thanks to the advances in early diagnosis and treatment methods, deaths due to diseases have decreased and life expectancy has been prolonged. With prolonged life span, the incidence of chronic diseases increased and emerged as an important public health problem. With the increase in the number of individuals with chronic diseases, the need for life-long treatment and care has emerged (1).

Giving care involves care in the treatment process offered at health institutions and an ongoing task at home after treatment. It covers a very long and difficult process. The

care task given at home and in the hospital brings many physical, economic, social and psychological burdens to the caregiver. Research on patient care burden shows that the demographic characteristics of the caregiver and the patient, the nature of the disease, and various factors have effects on the care burden (2).

Studies on increased burden of care in recent years support the claim that individuals who care for patients who require long-term care, such as hip fractures, musculoskeletal disorders, Alzheimer's disease, heart disease, and stroke, have a serious burden while providing care (3-7).

In a study on care burden in chronic diseases in our country; It was emphasized that individuals caring for patients such as schizophrenia, psychological diseases,

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mentally disabled children, developmental disorders, the elderly, and cancer patients experience care burden. It was mentioned that various factors belonging to patients and caregivers are effective on care burden. It was emphasized that caregivers experience depression along with the care burden (8). For this reason, it is very important to examine the individuals who care for chronic physical therapy patients who become dependent due to the diseases they have undergone, who have suffered physical and functional loss. It is believed that identifying the burden of care and depression of these caregivers and implementing the necessary regulations on this issue will contribute to improving the health of them and the patients they care for.

The healing process of the diseases that fall into the field of physical therapy and rehabilitation is a long-term journey. In this process, caregivers have to undertake complex and challenging care tasks for their patients who need rehabilitation. These unexpected tasks can create stress for the caregiver. This stress can limit the caregiver's ability to use internal and external resources to solve and deal with daily problems. Therefore, knowing the factors that will negatively affect caregivers and determining the burden on them can contribute to improving the quality of life of the patient and caregiver by taking some precautions.

In literature studies on the subject, it was observed that the increase in the care burden and stress level experienced in patient care both at national and international level is common. As far as we have experienced in the clinic, we have observed that those who care for physical therapy patients face various challenges. And it was that they had various needs in terms of care. It is very important to determine the level of care burden and depression they experience and to provide solutions for them. Due to the lack of studies in the field of physical therapy in the literature, it is believed that this study will be a guide.

The study was conducted to determine the care burden, depression states and related factors experienced by the attendants who provide care to individuals who receive treatment in the Physical Therapy and Rehabilitation Department of Turgut Ozal Medical Center in Malatya. The questions for which the research seeks answers are given below:

1. Does the type of disease have an impact on the care burden and depression?
2. What are the factors affecting care burden and depression?
3. What is the mean score of the caregivers' "care burden" scale?
4. What is the "depression" scale point average of the caregivers?
5. Is there a relationship between the care burden scale and the depression scale?

MATERIALS and METHODS

This study is a research of the descriptive cross-sectional type. The universe of the study consisted of caregivers of patients who received inpatient or outpatient physical therapy between 1 March 2018 and 1 March 2019. The sample of the study consisted of 129 caregivers over 18 and under 65 who volunteered to work during this period and were directly responsible for the care of the patient. Care providers for a fee were not included in the study.

The forms were applied by face to face interview method by the researcher to the patients who met the case selection criteria and their caregivers. Patient information form for socio-demographic data to patients; caregiver information form, Zarit Burden Interview (ZBI), Beck Depression Inventory (BDI) were applied to the relatives of the patients.

Ethics committee approval of this study was obtained by Inonu University Non-Interventional Clinical Research Ethics Committee dated 13.02.2018 and numbered 2018 / 4-8. Participants were given an informed consent form and their signatures and approvals were obtained.

BDI

It is an inventory created in 1961 by Beck et al. using 21 questions. Although its measurement consists of a 4-point Likert type, the questions are scored between 0 and 3. If the score value indicates Zero (0), it means that there is no depression, and three (3) indicates a high level of depression. The results of this scale express a value between 0 and 63 points. If the result shows more than 17 points, the presence of depression is mentioned. Its validity and reliability in Turkish was made by Hisli in 1989 (9).

ZBI

This scale was developed by Zarit et al in 1985. It is an assessment scale commonly used to determine the caregiver / patient relationship, the health status of the caregiver, psychological comfort, social life, and the degree of economic burden. The scale consists of 22 questions answered by the caregiver. Given a score of 0-4 from positive to negative for each question, the maximum score that a caregiver can receive on this scale is 88. The scores obtained were graded as (0-20) low / no load, (21-40) light / moderate load, (41-60) moderate / severe load and (61-88) overload (10). The validity study of the maintenance load scale was conducted by Inci in 2006 and the internal consistency coefficient of the scale was determined between 0.87-0.94, the reliability of the test-retest was determined as 0.71 and the alpha value as 0.79 (11).

Statistical Analysis

The data collected in the research was transferred to the SPSS program and the data was checked in the first place and the incorrect data was corrected. The analysis of the data obtained in the research was carried out using

SPSS-22 package program. The frequency distributions, arithmetic averages, standard deviations of the obtained data were taken and Student-t test and one-way ANOVA test were applied to explain the analyses obtained as a result of SPSS program. ZBI and BDI scale scores were tested with Kolmogorov Smirnov test for normal distribution. It was found suitable for normal distribution. Student-T test was performed for binary groups, and one-way ANOVA test for groups of three and more. At Anova, LSD testing was performed for groups that made the difference.

RESULTS

Analysis of care burden and depression scores according to the characteristics of caregivers is shown in Table 1. According to age, marital status, degree of proximity,

income level, state of receiving help, discontinuation of care, chronic illness of caregiver, ZBI score was found significant ($p < 0.05$). The BDI score was found to be significant in terms of gender, marital status, degree of closeness, income level, status of receiving help, discontinuation of care, and chronic illness of the caregiver ($p < 0.05$).

Table 2 shows the mean scores of ZBI and BDI and the correlation between them. The average ZBI score was 35.62 ± 16.53 . It has been determined that caregivers experience mild / moderate burdens. The mean BDI score was 13.68 ± 9.41 . It has been observed that caregivers experience mild depression. It is seen that there is a relationship between BDI score, which expresses the stress and depression level of caregivers, and ZBI, which expresses the care burden perception. It was observed

Table 1. Comparison of caregiver features							
Variable	n	%	ZBI	p	BDI	p	
Gender	Female	87	67.40	36.85± 7.62	0.191	33.09±13.84	0.002
	Male	42	32.60	33.09±13.84		10.38 ± 7.16	
Age	30-	20	15.50	26.90±13.66	0.026	10.00 ± 7.27	0.148
	30-39	23	17.80	37.26±16.98		14.78 ±10.53	
	40-49	38	29.50	34.78±17.28		13.47 ±10.48	
	50-59	34	26.40	36.58±15.15		13.47 ± 8.32	
	60+	14	10.90	45.35±16.34*		18.28 ± 8.54	
Marital Status	Married	99	76.70	38.13 ± 16.42	0.002	15.17 ± 9.80	0.001
	Single	30	23.30	27.36 ± 14.20		8.80 ± 5.83	
The degree of proximity	Wife	40	31.00	44.65±16.48*	0.001	19.62±10.04*	0.001
	Mother	25	19.40	35.68 ± 14.86		13.04 ± 8.11	
	Daughter	25	19.40	27.24 ± 14.89		10.56 ± 8.93	
	Son	15	11.60	31.66 ± 14.63		9.40 ± 5.80	
	Sister	11	8.50	32.90 ± 18.36		11.90 ± 8.82	
	Brother	7	5.40	27.71 ± 13.68		10.28 ± 5.52	
	Other one	6	4.70	34.33 ± 9.75		7.83 ± 6.70	
Income Level	High	14	10.90	29.07 ± 18.26	0.004	11.57 ± 9.69	0.048
	Medium	71	55.00	32.91 ± 15.31		12.36 ± 8.45	
	Low	44	34.10	42.09±16.18*		16.50±10.32*	
Getting Help Status	Yes	82	63.60	33.14 ± 5.70	0.028	12.31 ± 8.93	0.033
	No	47	36.40	39.95 ± 17.20		16.08 ± 9.84	
Care Pause	Yes	20	15.50	28.00 ± 14.31	0.017	7.80 ± 6.34	0.001
	No	109	84.50	37.02 ± 16.58		14.77 ± 9.50	
Caregiver' Chronic Ailment	Yes	47	36.40	41.51 ± 17.17	0.003	18.29 ± 10.21	0.001
	No	82	63.60	32.25 ± 15.25		11.04 ± 7.83	

ZBI: Zarit Burden Interview; BDI: Beck Depression Inventory
*Difference-Making Variable

Table 2. Caregiver's care burden and depression score averages

Variable	Interpretation of Score	n	%	Average of scores
ZBI	0-20 little or no burden	29	22.50	35.62 ± 16.53
	21-40 mild to moderate burden	55	42.60	
	41-60 moderate to severe burden	34	26.40	
	61-88 severe burden	11	8.50	
BDI	0-9 indicate minimal depression	52	40.30	13.68 ± 9.41
	10-16 mild depression	35	27.10	
	17-29 moderate depression	32	24.80	
	30-63 severe depression	10	7.80	

ZBI: Zarit Burden Interview; BDI: Beck Depression Inventory

Pearson's correlation coefficient test was used for correlation analysis. (r:0.782, p:0.001)

Table 3. Comparison of care burden and depression score by type of disease

Variable	n	%	ZBI	p	BDI	p
Hemiplegia	35	27.10	38.60 ± 16.02	0.211	14.54 ± 9.10	0.378
Cerebral Palsy	17	13.20	31.64 ± 15.92		11.88 ± 9.04	
Paraplegia/ Tetraplegia	21	16.30	39.47 ± 17.25		15.28 ± 8.84	
Parkinson	10	7.80	28.80 ± 17.79		10.60 ± 9.66	
Muscular Dystrophy	11	8.50	36.90 ± 17.21		15.63 ± 9.71	
Multiple Sclerosis	13	10.10	41.69 ± 15.81		17.69 ± 11.95	
Gullian Barre Syndrome	4	3.10	34.25 ± 6.75		9.75 ± 4.42	
Geriatric Patients	13	10.10	26.92 ± 13.69		9.61 ± 7.34	
Ankylosing Spondylitis	5	3.90	31.00 ± 22.74		12.40 ± 13.14	

ZBI: Zarit Burden Interview; BDI: Beck Depression Inventory

Table 4. Care burden and depression scores according to the characteristics of the patients

Variable	n	%	ZBI	p	BDI	p
Treatment Form						
Outpatient	53	41.10	31.73 ± 17.16	0.028	11.56 ± 9.22	0.032
Inpatient	76	58.90	38.34 ± 15.62		15.17 ± 9.32	
The Use of Assistive Tool						
Yes	93	72.10	37.34 ± 16.95	0.045	14.89 ± 9.55	0.014
No	36	27.90	31.19 ± 14.69		10.58 ± 8.40	
Existing Problems of Patients Contact						
Yes	7	5.50	36.42 ± 10.92	0.852	16.00 ± 7.09	0.413
No	122	94.50	35.58 ± 16.82		13.55 ± 9.53	
Nutrition Problem						
Yes	6	4.70	34.00 ± 19.87	0.844	14.66 ± 9.81	0.812
No	123	95.30	35.70 ± 16.44		13.64 ± 9.43	
Walking Problem						
Yes	88	68.20	38.97 ± 16.24	0.001	15.01 ± 9.42	0.017
No	41	31.80	28.43 ± 14.91		10.85 ± 8.87	
Loss of Balance						
Yes	98	76.00	36.80 ± 16.54	0.150	14.23 ± 9.42	0.246
No	31	24.00	31.90 ± 16.18		11.96 ± 9.34	
Urine / Gaita Problem						
Yes	50	38.80	43.28 ± 16.36	0.001	17.72 ± 9.77	0.001
No	79	61.20	30.78 ± 14.79		11.13 ± 8.27	
Sleep Problem						
Yes	39	30.20	40.33 ± 17.11	0.040	17.07 ± 9.99	0.011
No	90	39.80	33.58 ± 15.93		12.22 ± 8.81	

ZBI: Zarit Burden Interview; BDI: Beck Depression Inventory

that the depression state increased with increasing care burden ($r = 0.782, p < 0.001$).

According to the analysis results in Table 3, the disease types did not make a significant difference on ZBI and BDI scores ($p > 0.05$). Although the diseases did not have a significant effect on the care burden and depression score of the caregivers, it was observed that the care burden and depression scores of the individuals who care for patients with multiple sclerosis, paraplegia / tetraplegia, hemiplegia are higher.

In Table 4, a significant difference was found between ZBI and BDI according to the treatment type and the use of auxiliary tools ($p < 0.05$). In other words, caregivers of inpatients experience more care burden and depression. At the same time, it is seen that caregivers of patients using assistive vehicles experience more care burden and depression.

When the mean scores of ZBI and BDI of the caregivers according to the problems experienced by the patients were examined, walking problems, urinary / stool problems, and sleep problems were found to be statistically significant ($p < 0.05$). In other words, individuals who cannot walk, have urinary / stool problems, and provide care to patients with sleep problems have been observed to experience more care burdens and depression than those who care for patients who do not experience these problems.

DISCUSSION

According to the analysis results of this study, ZBI was found significant according to the age of the caregiver ($p < 0.05$). When the BDI score was examined, it was not found significant by age ($p > 0.05$). In this study, the average ZBI score of caregivers in the age group of 60 and above made a difference compared to other age groups. The age of the caregiver can affect the burden of care. There is evidence in the literature that caregiver burden increases with caregiver age (7,12,13). This situation parallels the results of this study. Caring for patients with functional loss is a demanding job. It is more difficult for older caregivers to encounter this. In addition, the social limitations faced by elderly caregivers and the extra responsibilities of the care duty may further increase the burden on them.

67.4% of the caregivers in this study were female caregivers. According to the data obtained, it is seen that the people who caregivers are mostly spouses, mothers or daughters of the patient. When many studies in the literature are examined, it is seen that there are more female caregivers (14,15). In the study conducted by Yilmaz, it is seen that primary caregivers are mostly the spouse and daughters of the patient. It is concluded that the duty of care undertaken as a result of chronic diseases is mainly carried out by women (16). The result of this study is compatible with the studies in the literature. Although the ZBI score of women was not significant ($p > 0.05$), it was observed that women experienced more

care burdens than men. Mean score of BDI was found to be significant ($p < 0.05$). It was observed that female caregivers experienced more depression than men. It is more difficult for women to care for patients who have suffered physical loss than for men. The specific tasks that our traditional family structure imposes on women can be seen as a logical reason why the task of caring for women is seen as a necessity, that women are more emotional, that they play a more active role in the task of caring. Therefore, in order to reduce the negative effects of the burden of care and stress, female carers may be advised to share this task and seek professional support during care. In this way, patients with functional loss may be able to maintain their care more easily.

In this study, it is seen that 76.7% of the individuals providing care are married. When studies in the literature are examined, it is seen that the majority of caregivers are married (6,14,17). In this study, ZBI and BDI scores made a statistically significant difference in terms of caregivers' being married and single ($p < 0.05$). The mean scores of ZBI and BDI of married people were found to be significant and higher. In another study investigating the care burden and related factors in the caregivers of the elderly with chronic disease, the care burden of married caregivers was found higher than the care burden of single caregivers (18). A higher level of care burden and depression in married individuals can often be caused by married female caregivers having to meet both the physical inadequacies of the patients and the difficulty in carrying out family responsibilities together. Supporting these individuals in order to reduce the constraints caused by the duty of care will reduce the likelihood of negative consequences for caregivers.

Looking at the various studies in the literature, one of the other variables that affect the burden of caregivers is income level. There are results that the burden of care increases with the decrease in income level (13,19). The results of this study also support the findings of the literature. It has been observed that caregivers with high income have less care burden and depression. This is an expected result. Because caring for patients with physical loss requires meeting instant needs, it causes the caregiver to spend most of his time with the patient. This causes the caregivers to stay away from work. The extra costs required to meet the patient's needs can cause the caregivers to feel financially inadequate. This effect created by the conditions will make the person psychologically negatively affected and will be a path to depression.

In a study conducted in the literature, it was observed that the parents who provide care for individuals with cerebral palsy provide approximately 14-15 hours of care per day. This result shows that parents spend most of their time to support individuals with cerebral palsy. It even shows that they are the only people to support individuals with cerebral palsy. It has been observed that these people do not properly distribute their care roles among all

family members. The result is not a desired situation for caregivers. It is very important to create a support system that can offer both emotional and practical support in order to reduce the practical difficulties experienced by parents who care for individuals with cerebral palsy (20). In this study, it was seen that most of the caregivers who needed care for various chronic diseases, including cerebral palsy, received help from someone else during care. The caregivers, who did not receive help during the care, had higher scores on ZBI and BDI compared to those who received help. Sharing care among family members can reduce to some extent the difficulties experienced by the caregiver. Taking on the task of caring for physical therapy patients is a long-term journey. It is important that they are supported in order to ensure that caregivers health are not impaired while the patient's recovery.

In this study, 84.5% of caregivers did not interrupt care. According to the results of the analysis, the mean scores of ZBI and BDI were found to be significantly different according to the interruption of care ($p < 0.05$). To put it differently, it was understood that those who did not interrupt care during caregiving had more care burdens and depression than those who took a break. In addition, the mean scores of ZBI and BDI were found to be significantly different in terms of caregivers' need for help during care ($p < 0.05$). That is, individuals who needed help during caregiving were found to have greater care burdens and depression states. These findings, it reveals the necessity of identifying the problems experienced by the caregivers and providing professional support to the caregivers in this direction (17).

In the study of Tasdelen and Ates, it was found that half of the caregivers had a chronic disease (21). In another study conducted by Ozmen, it has been shown that most caregivers have a disease (14). In this study, some of the caregivers (36.4%) were found to have chronic disease. Among the caregivers involved in the study, the mean burden and depression mean scores of those with any chronic disease were higher than those of healthy care providers, which made a significant difference ($p < 0.05$). Caregivers may have neglected their own illnesses and treatments due to their dedication to the duty of care. As a result, taking care of someone else and the additional responsibilities of the care task can put the burden on caregivers' own health problems. The negative effects of the caregiver's own illness on the body may cause them to have difficulty in providing care to the patient. This can lead to increased care burden and depression.

In the study of Karin et al., it was observed that as the number of care tasks increased, anxiety and care burden increased. However, it is noteworthy that despite the variety of other services such as eating, bathing and shopping depending on the type of disease, there is no difference. Regardless of the patient's illness, the care burden of the caregiver increases and the quality of life decreases (22). In this study, no significant relationship was found between care burden and depression as a

result of handling different diseases ($p > 0.05$). Since all of the patients included in the study were clinically seriously, the responsibilities of the caregivers increased, and this may be thought to result in increased care burden and depression. It can be said that the type of disease is not effective on the burden of care and depression score because the functional losses caused by the diseases are similar and severe.

Studies in the literature show that there is an important relationship between care burden and depression. Pinquart and Sorensen reported that care burden is significantly associated with depression, subjective well-being and stress (23). One study also reported that nearly a quarter of caregivers were at risk of developing depression in their role in caregiving. It was also particularly emphasized that this group had never been diagnosed with depression prior to its role in providing care (24). In this study, BDI mean score was found 13.68 ± 9.41 . It was observed that the caregivers experienced mild depression. The relationality between care burden and depression was also questioned in this study. The findings in this study show that, as in many of the studies in the literature, there is a relationship between the BDI score, which expresses the stress and depression level of caregivers, and the ZBI, which expresses the perception of the burden of care. Depression was observed to increase as care burden increased ($r = 0.782$, $p < 0.001$). In many cases, caregivers may have to limit their social activities, including routine work. Therefore, since chronic diseases are troublesome by nature, caring for these patients can cause stress and anxiety. If this situation is not intervened in a timely manner, caregivers may become depressed and, over time, the situation may become even more serious. This undesirable situation can negatively affect the caregiver, the patient, and the people who live with them.

People with chronic illness have limited functional capacity to perform some daily activities, such as personal mobility and dressing. This leads to increased demand for various support resources, such as assistive technology. Although physical therapy is an important part of a rehabilitation plan, auxiliary device support is important to maintain personal autonomy. For successful integration of patients into daily life, wheelchair, tripod, walking stick, walker etc. auxiliary devices can be very useful for patients who want to reduce their addiction to some extent (25). Although the use of auxiliary devices is thought to provide convenience for patients, trying to ensure the compatibility of these devices with the patient may adversely affect the caregiver.

In this study, the method of treatment and the use of assistive tools of the patient who was given care were statistically significant on the burden of care and depression ($p < 0.05$). It is an expected result that individuals giving care to patients using assistive devices will experience more care burden and depression. At the same time, caregivers of inpatients will experience greater care burden and depression. Because it is known that individuals receiving outpatient treatment are less dependent. Caregivers of the patients spend most of their

time in the hospital. This can put more pressure on them. They can be more psychologically affected in hospital setting. It may be beneficial to take measures in order to reduce the negative experiences experienced by the caregivers in the hospital environment. Providing training to caregivers for the use of auxiliary tools can contribute to achieving patient independence.

The functional loss that occurs in the person's congenital or subsequent body can be thought to be an important factor affecting that person's dependence on another person in their daily life activities. As a result of the person's loss of independence, to need the caregiver arises. In this study, it was observed that patients who suffered functional loss for any reason faced problems of communication, nutrition, walking, balance, urine-gaita, sleep and strength, and that they needed the care and assistance of another person to address these problems. According to the results of the analysis, when the average of ZBI score and BDI score of the problems experienced by the patients were examined, walking problem, urine / stool problem and sleep problem were found statistically significant ($p < 0.05$). In other words, individuals who cannot walk, have urinary / stool problems, and provide care to patients with sleep problems have been observed to experience more care burdens and depression than those who care for patients who do not experience these problems. In the study of Işık, it has been observed that elderly individuals are dependent on caregiver in various situations. 43.1% take a bath, 40.0% wear, 40.6% go to the toilet, 39.4% in motion, 40.0% continence and 31.9% nutrition it was observed that they were addicted to the caregivers in their activities (26). Since it is more difficult to take care of patients who are unable to walk, urinary-stool problems, and sleep problems, it may be thought that those who care for these patients will experience more burden and depression. It is natural for caregivers to feel burdened, as the addiction levels of chronic patients receiving physical therapy are high.

As mentioned above, conditions such as gender, degree of intimacy, marital status, age, duration of care, rest period, chronic illness of the caregiver affected the burden of care and the level of depression. In order not to focus care on one person, it is important to support the caregiver. Evidence supporting the findings of other studies in the literature is found in this study. This means that it is quite difficult for us to care for physical therapy patients. Therefore, it may be recommended that realistic and viable approaches be put into operation, especially in order to ensure that individuals who care for hospital physical therapy patients do not experience these problems. After discharge, it would be appropriate to follow up patients and their caregivers regularly and create alternatives for this.

LIMITATIONS

The research has some limitations. The fact that the research was carried out in a single center limits the generalization of the results. Due to the evaluation of

patients and caregivers once, there was no opportunity to monitor the differences in the concept of burden at various stages of the disease. The results regarding the depression level of the relatives of the patients are limited with the features measured by the Beck Depression Inventory. Data on care burden of patient relatives is limited to the features measured by The Zarit Burden Interview.

CONCLUSION

In this study, it was observed that individuals caring for chronic patients who are included in the scope of physiotherapy and rehabilitation experience mild depression and mild / moderate care burden. It has been determined that as the care burden increases, the level of depression increases. In this direction, caregivers of chronic patients who are treated within the scope of physical therapy and rehabilitation should be closely monitored. Especially in the hospital environment, it may be suggested to establish a support unit for caregivers on the basis of physical therapy and rehabilitation department. Planning, developing and implementing the necessary support programs for them will make a positive contribution to the care burden and depression they have experienced. By planning the care process, it may be recommended to share the providing care together with family members, to take equal responsibility for individuals in the family, creating environments where caregivers can solve their problems, and to conduct more comprehensive research on this issue.

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