



The Level of Emotional Fatigue of Caregivers of Dementia Patients at Dr. Soetomo Hospital Surabaya as One of the Dimensions of Caregivers Burnout

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ABSTRACT

Dementia is a chronic, progressive, and irreversible neurobehavioral syndrome that is not part of the normal aging process. It significantly impacts the independence of patients, necessitating continuous support from caregivers. The prolonged caregiving burden can lead to emotional exhaustion, a key dimension of caregiver burnout. This descriptive observational study used the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) questionnaire to assess the emotional fatigue levels of caregivers for dementia patients at the Geriatric Polytechnic of Dr. Soetomo Hospital Surabaya in October 2024. Consecutive sampling techniques were applied, involving 24 caregivers. The findings indicated that 54.2% of caregivers experienced low emotional fatigue, 33.3% experienced moderate emotional fatigue, and 12.5% experienced high emotional fatigue. These results suggest that caregivers in this setting are generally experiencing low levels of emotional fatigue, which may indicate a reduced risk of caregiver burnout. However, the study highlights the need for targeted interventions to address emotional fatigue and improve caregiver support systems. Further research with larger samples and exploration of external factors such as social support and caregiver personality are essential to fully understand the dynamics of caregiver burnout and enhance the well-being of both caregivers and patients.

Keywords:

Dementia;
Emotional Fatigue;
Caregiver Burnout

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INTRODUCTION

Dementia is a chronic neurobehavioral brain syndrome, which progresses slowly and progressively, characterized by various cognitive function disorders globally, sometimes accompanied by changes in the patient's personality, without being accompanied by a disturbance in the level of consciousness (Agronin, 2014; Denton, 2012; Gehl & Paulsen, 2021; Walaszek, 2019; Wolff et al., 2018). Dementia is commonly found in the elderly, but it is not part of the normal aging process. When the elderly are diagnosed with dementia, it is unlikely to recover as before (irreversible), so the target of dementia management is to inhibit the progression of dementia and improve the quality of life of the elderly who experience dementia (Sitawati, 2025). The number of elderly people who are increasing every year is related to the prevalence of dementia cases that continues to increase every year (Jowsey et al., 2013; Kim et al., 2012; Spillman et al., 2014). In Indonesia, 8.03% of the total population, or around 20.5 million people, are suspected of having dementia. Dementia disorders have an impact on the

independence of the elderly in carrying out their daily life activities, so the elderly who experience dementia certainly need the help of *caregivers* in their daily activities for a long period of time. A survey in the United States showed that *caregivers* of elderly patients devote about forty hours or more of their time a week to caring for elderly people with dementia (Andrews et al., 2024; Awwaliyyah et al., 2024).

Elderly caregivers with dementia often complain that their daily activity schedules become cluttered, unable to do social activities resulting in feelings of isolation from other individuals. This is prone to causing *burnout*. *Burnout* is a mental health problem that arises from the long-term effects of chronic interpersonal stress. (Maslach and Leiter, 2016). A quantitative study of forty *family caregivers* of dementia patients in an Alzheimer's community in the city of Bandung reported that 17.5% experienced *low-level burnout*, 57.5% experienced moderate-level *burnout*, and 25% experienced *high burnout* (Wijaya and Fun, 2022).

Emotional fatigue is a psychological condition in which a person is drained due to constant emotional demands, so that the person does not have enough emotional energy to do his or her tasks and finds it difficult to adapt to his or her work environment. Being *caregivers* for dementia patients, of course, requires long-term responsibilities without or with adequate rest time, considering that the prognosis of dementia disease is not good. This condition is also exacerbated by the conflict of roles between the obligation to care and the personal life of *caregivers*, especially if there is no or lack of social support from the patient's immediate environment or *caregivers*, which will certainly affect the *performance of caregivers* in accompanying and caring for dementia patients as *care-recipients*. Therefore, emotional fatigue is one of the important predictors of caregiver care outcomes in dementia patients, as well as high *turnover* of *caregivers* of dementia patients (Reb et al., 2016; Awwaliyyah et al., 2024).

This condition is one of the dimensions of the symptoms of a person who experiences *burnout*. Another dimension of *burnout* is depersonalization and lack of productivity (Klamut, Olivera-Figueroa and Weissenberger, 2022). There have not been many studies that review each dimension of burnout, so further studies are needed as an early detection measure for *caregivers burnout*, especially in dementia patients at Dr. Soetomo Surabaya Hospital, which will certainly affect the quality of care of *caregivers* and the quality of life of dementia patients themselves.

The caregiving burden often leads to emotional exhaustion, one of the key dimensions of caregiver burnout. This phenomenon is especially prevalent among caregivers of elderly dementia patients, who, as reported in the United States, spend over forty hours a week on caregiving (Andrews et al., 2024; Awwaliyyah et al., 2024). Caregivers of dementia patients often experience disruptions in their personal lives, leading to social isolation and the risk of burnout (Maslach and Leiter, 2016). Despite its significance, emotional fatigue remains a less-studied aspect of caregiver burnout, especially in the Indonesian context. While several studies have addressed caregiver burnout (Wijaya and Fun, 2022), few have delved into the emotional fatigue dimension of caregiving for dementia patients in Indonesian healthcare settings.

This study aims to fill this gap by specifically examining the level of emotional fatigue among caregivers of dementia patients at Dr. Soetomo Hospital Surabaya. It contributes to the field by focusing on a local context where research on caregiver burnout, particularly emotional fatigue, remains limited. The novelty of this research lies in its focus on a specific healthcare

facility (Dr. Soetomo Hospital), providing detailed insights into the emotional challenges faced by caregivers in this region. Additionally, by utilizing the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), this study offers a structured, evidence-based approach to understanding emotional fatigue in this specific caregiver population.

Furthermore, while previous research has highlighted general caregiver burnout, this study uniquely examines emotional fatigue as a standalone dimension of burnout, offering a more nuanced understanding of the challenges faced by dementia caregivers in Indonesia. By addressing this under-explored aspect, the research adds new knowledge that can inform policies aimed at improving caregiver support systems and the overall quality of care for dementia patients.

METHOD

This study is a descriptive observational study with a cross-sectional design using primary data in the form of a demographic data questionnaire and the *Maslach Burnout Inventory-Human Services Survey* (MBI-HSS) questionnaire, with the aim of determining the level of emotional fatigue of *caregivers of* dementia patients at the Geriatric Polytechnic Outpatient Installation of the Department of Internal Medicine of Dr. Soetomo Hospital Surabaya in the period of October 2024. This questionnaire consists of 22 questions to measure *caregiver burnout*, of which 9 questions are measurements of the dimension of emotional fatigue. The answer to the question item is filling in the event frequency scale with a range of 0 points (never), point 1 (several times a year), point 2 (once a month), point 3 (several times in a month), point 4 (once a week), point 5 (several times in a week), point 6 (every day). The interpretation of the results of the score calculation was grouped as follows: 0-16 (low emotional fatigue), 17-26 (moderate emotional fatigue), ≥ 27 (high emotional fatigue). The measurement of the reliability of the MBI-HSS questionnaire has been carried out with the results of the assessment of the reliability of the dimension of emotional fatigue being 0.87 (Aguayo et al., 2011).

The sampling technique of this study is in the form of *consecutive sampling*. The data collection procedure is carried out in accordance with the applicable ethical permit at Dr. Soetomo Surabaya Hospital, starting with the selection of subjects in accordance with the inclusion and exclusion criteria. Subjects who are willing to participate in the study will sign an informed consent sheet before filling out the research questionnaire, accompanied by the researcher to ensure that the subjects understand the questionnaire questions and complete the required questionnaire data.

The analysis method used descriptive statistics to summarize the demographic characteristics of the participants and their emotional fatigue levels. The MBI-HSS questionnaire, which contains 22 items (9 of which measure emotional fatigue), was used to evaluate the emotional fatigue dimension. Responses were recorded on a frequency scale, ranging from 0 (never) to 6 (every day), and scores were categorized as follows: low (0–16), moderate (17–26), and high (≥ 27).

The study used consecutive sampling to select participants. A total of 24 caregivers participated, out of a target population of 30 eligible caregivers from the Geriatric Polytechnic Outpatient Installation. The inclusion criteria required participants to be actively involved in

caregiving, while the exclusion criteria applied to those who did not meet these criteria or declined to participate.

RESULTS AND DISCUSSION

There were 25 patients who visited the Geriatric Polytechnic Outpatient Installation of the Department of Internal Medicine of Dr. Soetomo Hospital Surabaya during the period of October 2024, of which 2 patients came alone without being accompanied by their caregivers, 2 patients with *caregivers* who were not willing to be involved in this study. Of the 21 patients with *caregivers* who were willing to be involved in this study, 18 patients came accompanied by 1 *caregiver*, and 3 patients came accompanied by 2 *caregivers* each, so that 24 *caregivers* were found who were willing to participate in this study. As for the characteristics of caregivers, the majority are female as many as 18 caregivers (75%), with the most age being 45-59 years as many as 12 caregivers (50%). The results showed that the highest level of emotional fatigue was at low emotional fatigue, namely 13 *caregivers* (54.2%), moderate emotional fatigue levels of 8 *caregivers* (33.3%), and high emotional fatigue levels of 3 *caregivers* (12.5%). The distribution of the level of emotional fatigue of the study subjects is illustrated in Table 1 below.

Table 1. Distribution of Caregivers' Levels of Emotional Fatigue
Source: Researcher

Characteristics <i>Caregivers</i>	Caregivers' Emotional Fatigue Levels							
	Low		Keep		Tall		Total	
	n	%	n	%	n	%	n	%
Age								
19-44 years old	6	25%	3	12,5%	0	0	9	37,5%
45-59 years old	6	25%	3	12,5%	3	12,5%	12	50%
>60 years old	1	4,2%	2	8,3%	0	0	3	12,5%
Gender								
Man	5	20,8%	1	4,2%	0	0	6	25%
Woman	8	33,3%	7	29,2%	3	12,5%	18	75%
Final Education								
Elementary/equivalent								
junior high	0	0	1	4,2%	0	0	1	4,2%
school//equivalent	1	4,2%	1	4,2%	0	0	2	8,3%
High School/equivalent	8	33,3%	5	20,8%	0	0	13	54,2%
College	4	16,7%	1	4,2%	3	12,5%	8	33,3%
Patient Relations								
Pasangan								
Child	1	4,2%	4	16,7%	0	0	5	20,8%
<i>Caregivers</i> formal	10	41,7%	1	4,2%	1	4,2%	12	50%
	2	8,3%	3	12,5%	2	8,3%	7	29,2%
Marital Status								
Married	11	45,8%	8	33,3%	3	12,5%	22	91,7%
Unmarried	2	8,3%	0	0	0	0	2	8,3%
Monthly Revenue								
No income	1	4,2%	2	8,3%	0		3	12,5%

< Rp.1.500.000	1	4,2%	2	8,3%	1	4,2%	4	16,7%
IDR 1,500,000 -IDR 2,499,000	3		2	8,3%	1	4,2%	6	25%
IDR 2,500,000 – IDR 3,500,000	6	25%	1	4,2%	0	0	7	25%
> Rp.3,500,000	2	8,3%	1	4,2%	1	4,2%	4	16,7%
Duration of Treatment								
< 1 year	4	16,7%	4	16,7%	2	8,3%	10	41,7%
1-5 years	7	29,2%	2	8,3%	0	0	9	37,5%
>5 years	2	8,3%	2	8,3%	1	4,2%	5	20,8%
Durasi Daily Caregiving								
Full Time								
Part Time	2	8,3%	6	25%	1	4,2%	9	37,5%
	11	45,8%	2	8,3%	2	8,3%	15	62,5%

Based on the results of the study, male *caregivers* tend to have low levels of emotional fatigue. This can be attributed to the role of men in the theory of social roles rarely getting the role of caring for others, where usually the role of care falls on the female side, so that when men get the role of care, they usually get offers of help more often and accept the offer, but male *caregivers* do indeed prioritize the aspects of empathy and care compared to *caregivers* are female (Swinkels et al., 2019).

Research conducted by Maharani (2023) states that caregivers with a higher level of education have a good coping strategy so that they can minimize the risk of emotional fatigue. This is less relevant in this study where some *caregivers* with the last level of education in college have high levels of emotional fatigue. This can be influenced by several external factors, including the severity of dementia experienced by the patient being treated or the lack of support from the social environment. Dementia patients with aggressive behaviors such as frequent yelling, abusive words or abusing caregivers in daily life are prone to experiencing high emotional fatigue (Sorensen and Cornwell, 2011)

From this study, it was also found that *caregivers* with moderate and high levels of emotional fatigue were more often found in *caregivers* who had a husband or wife relationship with patients. This is linear with Lai (2023) research where the patient's spouse has the opportunity to experience a higher level of emotional fatigue than others because they feel trapped in a care role that is larger in the partner, the emotional bond that exists between the couple and living in the same house as the patient.

Low *duration of daily caregiving* (less than 12 hours per day) also played a role in the low levels of emotional fatigue of caregivers in this study. This is in line with a study that states that the longer a person's *caregiving* duration , the greater the risk of developing stressful conditions which has an impact on the increased risk of emotional fatigue (Werdani, 2020).

CONCLUSION

This study aims to identify the level of emotional fatigue of caregivers of dementia patients at the Geriatric Polytechnic of Dr. Soetomo Surabaya Hospital as an effort to detect the early risk of *caregiver burnout*. The majority of caregivers found to have low levels of emotional exhaustion, indicating a possible low level of caregiver burnout. However, the

research has several limitations, including that the research sample is not too large so that it is not possible to get a valid *p-value* to prove the dynamics of the relationship between variables and the existence of several external factors that are not researched such as the personality of caregivers and support from the social environment during *caregiving activities*. Therefore, it is necessary to conduct further research by adding several external factors with a larger sample number.

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