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# Caring for Informal Caregivers: A Challenge for the Nursing Profession?



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## Mini Review

# Consider the following example of a woman I will call A

A is in her early 60s, divorced, and working full-time. Her father, now almost 90, was diagnosed with Alzheimer's about 4 years ago, and lives in an apartment with his wife, who does not drive. His two sons also live in apartments in the same building, A does almost all of the care giving. The father fell and broke his hip about two years ago but now can walk with the help of a walker. There was a period in which the father began to hit his caregivers, but apparently this seems to have stopped. An uncle and aunt of A lived in the same apartment building but have passed away. They were unable to have children so adopted a baby girl, who was diagnosed with schizophrenia as a teenager. A tried to get this now young woman into a home but she refused; not clear if this young woman takes her medications or not. Every Sunday A drives to see the young woman and give her money. If the young woman is not there or will not answer the door, she leaves the money at a nearby grocery store. A has a grown son with a female partner. This young women's mother died when relatively young; she has been genetically tested, having her breasts removed (did not go well and is still facing ongoing surgery), and must have a hysterectomy within the next year to help her live a longer life. A is very much invested in the lives of these two people as well. Her best female friend had a daughter about the same age as A's son, the children were friends growing up. About two years ago this woman's daughter was diagnosed with breast cancer. She undertook chemotherapy, but it failed to arrest the cancer, and the young woman died. An also provided support to her long time best female friend as well. A thus has had a very hectic seven day a week schedule beyond her work hours. Over the past two years, A has developed some health problems (a lump on her throat that required surgery, an enlarged swollen tongue, osteoporosis). A is in distress with no help in sight.

In my research and writing efforts I have tried to keep abreast of emerging developments in keeping with my overarching interests in work and well-being [1]. This book emerged from earlier work on an aging workforce [2,3] and on caring for caregivers involved in the "sandwich generation" [4-6]. An aging workforce obviously contains more older workers, with associated health implications. A recent note from the Center on Aging and Work at Boston College, based on survey data, stated that half of both women and men plan to work after they retire. Similarly an increase in "sandwich generation" families in which working women and men have care giving responsibilities for both their older and aging children and their aging parents adds to the health care needs of both caregivers and their aging parents. Women end up undertaking most of this care giving with associated increases of both stress and strains of the care giving role. More caregivers are now dealing with an increasing number of parents with Dementia, Alzheimers or Parkinson's, having to provide care while still holding down a full-time job in many cases.

Most home-based care is provided by family or friends without pay. Caregivers have to deal with both psychological and physical needs of their family members. Caregivers are responsible for managerial issues (planning, supervising, dealing with external experts) and hands –on needs (e.g. bathing, dressing, changing diapers, counseling).

Caregivers occasionally have to deal with a crisis (parent falls and breaks a hip, parent begins to strike caregiver). Organizational support to caregivers can be a huge asset (e.g. flexible work arrangements, elder-care support groups, referral services, on-site adult daycare).

Various levels of government in Canada (national, provincial, city) funders of the health care system are under pressure to contain increasing costs of health care, leading to more family

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members and friends providing care to adults with chronic health conditions and the disabled. A recent article in the Toronto Star [7] indicated that the nursing home wait-list was to double in the next six years.

Governments can do more to support caregivers by initiating family-friendly policies in government workplaces, making more government funding available to informal care, even paying family caregivers and making tax benefits available to caregivers. Organizations need to do more to support their staff engaged in informal care giving. And what can the nursing and health care profession to help the increasing numbers of women, like A, who provide informal care?

### **Authors Contribution**

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