Caregiver Stress

Overview

In the United States, family members or friends often do informal caregiving. These informal caregivers often accompany older adults, especially those who are frail or have dementia, to their health care appointments. Although most caregivers provide care out of love and/or obligation, many experience stress as the demands become increasingly burdensome. It is important to understand the stressors and demands that are imposed on these informal caregivers, be alert to signs of escalating stress, and initiate interventions that may help to reduce caregiver burden.

Caregiver burden can be objective and subjective. Objective burden relates to those things that can be measured: the number and type of tasks performed; the amount of time spent; and, the financial cost to the caregiver and/or family. Subjective burden may be more difficult to assess, but is even more important to detect. Subjective burden is the psychological, social, and emotional impact that providing care has on the individual caregiver. A meta-analysis of the literature found that caregivers with poor health; those with depression and/or anxiety; and, those who were spending many hours in intensive caregiving activities were most likely to report caregiver burden. (Jennings, Reuben, Evertson et al, 2015).

Key Points

Family members or friends who provide care for an older adult are often referred to as informal or family caregivers.

Caregivers may spend many hours a day involved in tasks that allow the elderly person to remain semi-independent at home. These tasks may include instrumental activities of daily living (IADL) such as doing the grocery shopping and laundry, cooking and cleaning, handling the finances and medications. Activities may also include direct activities of daily living (ADL) such as bathing, grooming, dressing, and feeding.

Health care providers need to be sensitive to caregiving responsibilities required to maintain their older patients at home and assess the degree of burden that family caregivers may be experiencing.

Caregivers are often the 'hidden patient' and health care provider should be aware of the need to assess them for physical and mental stress and intervene, as appropriate.

Caregivers who have high levels of stress, depression, and burden are at considerable risk for increased morbidities, and even for mortality.
Assessment

A number of short clinically appropriate instruments are available to assess the most common problems encountered by caregivers. Rigby, Gubitz, & Phillips, 2009, review a number of these measures in their meta-analysis. Copies of instruments to assess caregiver depression, strain, burden, and preparedness for caregiving with instruments for use and scoring, and reliabilities are available on the Hartford Institute for Geriatric Nursing, ConsultGeriRN.org website.

Intervention

Caregivers may benefit from a wide variety of interventions (Brereton, Carroll & Barnston, 2007; Eldred & Sykes, 2008; Rigby, Gubitz, & Phillips, 2009; Smith, Foreret & Young, 2009). Caregivers may benefit from psychological counseling, support groups and educational programs. Community resources can also be beneficial for caregivers. The level of care will vary according to the needs of the loved one. Levels of care include assistance from home-health services, adult day care programs, residential services, assisted living facilities, memory care units, or personal care homes, nursing homes and hospice (when appropriate).

The care management of patients with chronic and disabling diseases and the health of their family caregivers are extremely important in geriatrics. Families cannot be expected to understand the options that are available to them and will need the assistance of the interprofessional health care team in making the best decisions, as the situation changes.

References


