Caregiver Stress: The Physician’s Role

Abisola Famakinwa, MD, Instructor in Medicine, Harvard Medical School; Staff Physician, Edith Nourse Rogers Memorial Hospital, Bedford, MA, USA.

Increases in life expectancy and the aging of the baby boomer generation has resulted in unprecedented high numbers of older adults in the U.S. and Canada and, thus, a rising number of frail older adults with chronic medical conditions. Informal caregivers, primarily family members, have traditionally provided a large proportion of care at home, and their contribution is expected to be of even greater significance. Informal caregivers provide care at great expense to themselves, because caregiving can result in emotional, physical, and financial stresses. This article discusses the role physicians play in identifying and alleviating caregiver stress.

Key words: family caregivers, informal caregivers, caregiver stress, physician, older adults

Introduction

Informal caregivers are the adult relatives and friends who provide essential, but unpaid, care to frail older adults as well as those who are ill or disabled.1 It is estimated that there are 44 million U.S. and 933,000 Canadian caregivers.2,3 While the majority of caregivers are female, a substantial proportion of caregivers are men, and male caregivers are more likely to be employed outside the home.2,3 The responsibilities of the caregiver include everyday activities relating to managing a household and performing personal care activities such as bathing and dressing. In addition, they carry out medical procedures ranging from giving medications to tube feedings and complex wound care, and interact with the formal health care and social service systems on behalf of the care recipient. They may be also required to play an active role in legal and financial planning and participate in making advance directive decisions. Most care recipients indicate that they are satisfied with the care provided.4 While caregiving can be very rewarding and emotionally satisfying, vigilant caregiving has been associated with physical, emotional, and financial stress for the caregivers.

Caregiver Stress

It has been well documented that the population of older adults in North America is rapidly increasing. In the U.S. alone, it is projected that the number of older people will almost double by the year 2030.5 This will result in a large proportion of older adults with chronic medical conditions and disabilities, and the role of the informal caregiver will become even more important. In 2006, unpaid caregivers’ contributions to the U.S. health care system had an estimated economic value of about US$350 billion.6 Annual costs of informal caregiving for specific diseases have been estimated at over US$1 billion for cancer,7 US$6.1 billion for stroke,8 and US$18 billion for dementia.9 Hence, it is essential that health care professionals acknowledge and support family caregivers.

Informal caregivers have to deal with the emotional burden of watching a loved one decline physically and mentally, and even die. Caregivers are more likely to have psychiatric morbidity, physical illnesses, and exposure to chronic stress.10,11 These effects may manifest as high blood pressure,12 altered lipid profiles,13 an increased risk of coronary artery disease,14 and even increased mortality among caregivers.15,16 Other consequences of caregiver stress are immune system impairment17,18 and slower wound healing.19 Caregiver stress is considerably increased in situations where care is provided to an individual who is terminally ill or has dementia. Such caregivers have to provide help with greater frequency and intensity.20–23 Caregivers often have to take time off work to perform their caregiving responsibilities. This can result in financial stress as income is lost from reduced work hours, time out of the workforce, family

Table 1: Assessment Questions

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<td>Who is the person who provides the most care to the patient and makes the medical, financial and legal decisions (the primary caregiver)?</td>
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<td>Who else is available to assist with the care of the patient (the secondary caregivers)?</td>
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<td>What are the capacities and current responsibilities of each caregiver? For example; Do they feel they are adequately trained to administer medications? Do they know when they should call the doctor? Can they describe exactly how they help the patient?</td>
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<td>What does the caregiver need to reduce their stress? For example, if transporting the patient to medical appointments is causing significant time out of work, the physician can refer the caregiver to programs that provide transportation for the elderly and disabled.</td>
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At times, the caregiver must pay for services for the care recipient that may not be covered by government or private insurers. Primary care physicians have a critical role in identifying stressed family members and taking steps to support them as caregivers. Primary care physicians have an in-depth understanding of their care recipients’ medical history and social and psychological needs, usually developed over a long period of time. Thus, they are more likely to fully understand the caregiving situation and adequately assess and manage the needs of the caregivers.

The Council on Scientific Affairs of the American Medical Association suggests a model that considers the caregiver and the care recipient as a single unit of care, and also considers the caregiver as a partner with the physician in the care of the care recipient. This approach should be an essential part of primary care as it promotes the health and well-being of both care recipients and caregivers.

Table 2: Physician Interventions

Explore social supports and resources: For example, enquire about the possibility of adult children, other family members, neighbours and friends helping out.

Make appropriate referrals: For example, if the patient has difficulty with bathing or dressing, refer them to a social worker or agency that can arrange the services of a home health aide.

Provide information and training: For example, if a caregiver has to dress a wound, arrange for a homecare nurse to visit the caregiver at home and demonstrate how this is done.

Table 3: Websites

U.S. National Alliance for Caregiving: www.caregiving.org

U.S. National Family Caregivers Association: www.nfcacares.org


U.S. Alzheimer’s Association: www.alz.org

Caregiving Online: www.caregiving.com

Family Caregivers’ Network Society (Victoria, British Columbia): www.fns-caregiving.org

The Family Caregiver Newsmagazine, Canada’s National Home Care Publication: www.thefamilycaregiver.com

Canadian Caregiver Coalition: www.ccc-ccan.ca

Family Caregivers’ Network Society (Victoria, British Columbia): www.fcns-caregiving.org

Family Caregiver Centre: www.familycaregivers.ab.ca

Long Term Care Planning Network: www.caregiver.on.ca

Table 4: Books


Caregiver as a Partner with the Physician

The partnership approach encourages the physician to consider family caregivers as members of the health care team and partner with them in the management of the care recipient. To be an effective team member, the caregivers need to be educated about the care recipient’s medical condition. The physician can provide this information by direct communication as well as through written and audiovisual materials (see Table 5).

Training caregivers to perform their specific tasks is also important. As described previously, caregivers perform several tasks ranging from assisting with activities of daily living, which may involve lifting and turning the patient, to complex medical tasks, which may involve assisting with home-based technologies. The physician should ensure that caregivers are adequately trained to provide education, support groups, and financial assistance to the caregiver.

Conclusion

Family caregivers play an important role in ensuring that adequate care is given to care recipients. This service is associated with many stresses. Failure to recognize and support caregivers leads to increasing caregiver stress and burnout. This, in turn, results in a larger number of institutionalized or homebound older adults receiving multiple services, often at government expense. Primary care physicians play an important role in acknowledging and supporting these caregivers while partnering with them to provide high-quality care to frail and disabled older adults.

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References


The caregiver stress theory emphasizes the stress of the abuser as the predominant factor that leads to elder mistreatment. The obligations associated with providing care for the elderly may place overwhelming demands on providers. Frequent falls, wandering, incontinence, disrobing, and verbal abuse by elders are examples of occurrences that place undue stress upon the caregiver. Family physicians are often in a particularly powerful position to address caregiver issues. In some cases, the family physician is the doctor for both the dementia patient and the caregiver. Family medicine’s commitment to continuity and a comprehensive biopsychosocial approach provides a useful framework for understanding and addressing the stresses that affect family members. Role confusion, difficulty separating your roles as caregiver and as the parent, sibling, or spouse of the care recipient. Unreasonable demands placed upon a caregiver by other family members or the person being cared for. Unrealistic expectations about the effect caregiving efforts will have on loved ones with progressive diseases such as Parkinson’s or Alzheimer’s. Sources: Cleveland Clinic, Johns Hopkins Medicine. 

Tell your physician that you’re a caregiver and bring up any concerns you may have. A daily relaxation and meditation practice can be beneficial as well. Editor’s note: This article, published on October 21, 2019, has been updated with information from the "Caregiving in the U.S. 2020" report from AARP and the National Alliance for Caregiving. Caregiver stress syndrome is a condition characterized by physical, mental, and emotional exhaustion. It typically results from a person neglecting their own physical and emotional health because they are focused on caring... There are a number of factors that can play a role in caregiver stress syndrome. For some caregivers, the constant demands of caring for a person who has a serious illness can result in burnout. For others, the lack of boundaries between their roles as a caregiver and a spouse, child, or other loved one can be challenging. Still other caregivers put unrealistic expectations on themselves, thinking that they can do it all and refusing to ask for help. This may often be because they don’t want to be a burden on anyone else. Caregivers are those that care for others because they either can’t care for themselves or need assistance to carry out everyday tasks. Caregivers are often related to the people they are caring for, and the person being cared for is frequently a cherished loved one. The job of caregiving, while a worthwhile and rewarding endeavor, is fraught with stress and requires an incredible amount of patience and understanding. Sometimes loved ones suffer from memory loss or have lost some physical ability. Sometimes they have medical issues that need to be tended to daily. They can require help with daily activities. Many caregivers often feel stress due to their caregiver role. Physical symptoms can be your body’s way of letting you know you aren’t coping with stress well. Easy stress management may help patients feel better. Take care of your health. Studies show that caregivers are more likely to suffer from a number of health problems. The following can help manage stress and minimize your risk for health problems: Avoid using alcohol and tobacco. Eat a healthy, balanced diet. Copyright © American Academy of Family Physicians. This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject.