

# Geriatric health professionals experience added burden when caring for own family members

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(Boston) —In what is believed to be the first study of its kind, researchers from Boston Medical Center (BMC) and Boston University School of Medicine (BUSM) have found that in addition to the well-known burdens of caring for an older family member, a further set of complex stressors is imposed on geriatric health care professionals serving in this capacity. These findings, which appear online in *Gerontologist*, highlight the critical challenges facing all caregivers, even those who deal with these patients daily on a professional basis.

Caregiving for older adults is a major social issue with enormous implications for [health care](#) and with an estimated cost of \$450 billion in the United States alone. More than 60 million Americans were [family caregivers](#) in 2009 that involved hands-on help and supervision, financial management/support, emotional support, medical and legal decision making and health care needs. The research team recruited 16 geriatric [health care professionals](#) who participated in 60- to 90- minute individual interviews, based on a semi-structured guide. Questions explored participants' dual experiences as geriatrics professionals and as family caregivers. The authors identified three major themes: dual-role advantages and disadvantages, emotional impact of dual roles, and professional impact of family caregiving.

Participants described their health care expertise as a huge advantage in caring for older family members. All participants used their skills and

knowledge as geriatric [health care providers](#) to aid in their caregiving role. However, because of the participants' professional backgrounds, they had high expectations for their own performance as caregivers, and many experienced conflicts and disappointment.

Participants' professional experiences impacted their ability to intervene in ways other nonprofessional caregivers might not have been able to do so. And though the impact of their interventions were usually positive, respondents described internal angst over their use of health care knowledge. "All participants described multiple ways in which the child/health professional dual role caregiving experience affected them emotionally. Caregivers gladly provided care and felt a strong sense of reward, but there was a significant theme of emotional struggle," explained lead author Clare M. Wohlgemuth, RN, GCNS-BC Nursing Director, Geriatric Services at BMC and a clinical instructor at BUSM.

The researchers also found that the participants' experiences as caregivers resulted in using what they learned to improve the care of their patients and to reduce caregiver stress. "Although their expertise introduced a significant emotional intensity to their personal caregiving experiences, those experiences positively influenced their professional insight, empathy and advocacy for the caregivers of their own patients," added Wohlgemuth.

The participants experienced emotions common to all caregivers of any background: emotional exhaustion, guilt and stress from struggling with multitasking to provide and coordinate care.

According to the researchers, given the challenges reported by experienced geriatric health care professionals, attention must also be focused on the lay caregivers who have more limited experience coping with aging and end of life.

"All caregivers need support in the use of communication and negotiation skills to effectively engage with providers regarding concerns about care. Both lay and professional caregivers would benefit from developing tools and techniques to discuss the many difficult issues and decisions related to increased frailty, dependence and dignity of risk. It is imperative to focus on empowering and teaching all [caregivers](#) and providers how best to have these difficult conversations with family members and with each other," she added.

Provided by Boston University Medical Center

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