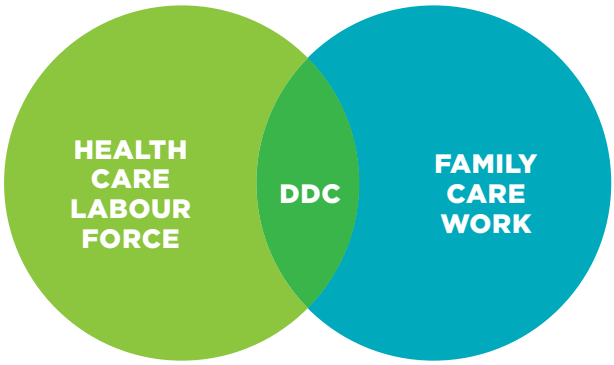
SUPPORTING DOUBLE DUTY CAREGIVERS A POLICY BRIEF



KEY MESSAGE

Located at the intersection of two competing policy domains, **health care labour force** and **family care work**, the term 'double duty caregiver' refers to a portion of the health care labour force who double up as family caregivers to older relatives/friends. The consequences of double duty caregiving (DDC) – for health care providers and for those whom they care for – can be dire. When providing four hours or more of care per week, double duty caregivers are more likely to reduce their work hours, change their work patterns, or turn down a job offer or promotion.[1] Double duty caregivers should be supported. Now is the time to pay attention to monitoring the health of this segment of the health care work force, and to invest in strategies to support double duty caregivers by: 1) Enhancing Workplace Supports, and 2) Enhancing Home/Community Care Supports. This policy brief offers nine recommendations that can help double duty caregivers balance their professional and family caregiving responsibilities.

- **Over 4 million family caregivers in Canada[4]**
- **2.7 million Canadians over 45 provided care to an older person in the last year[5]**
- **670,000 new family/friend caregivers since 2002**
- **60% of caregivers care for a parent or parent in law[5]**
- **Depending on the sector, 30-70% of employees provide care to older relatives[6]**
- **40% of nurses 35 years and older care for older relatives[7, 10]**

RECOMMENDED ACTIONS

Supporting double duty caregivers (health care providers who are also family caregivers) must be a top priority to ensure a skilled and healthy workforce and a viable stable economy. It is important that workplace supports are developed and refined to assist double duty caregivers of all ages and all health disciplines to meet both their familial and health care responsibilities. Furthermore, creating a homecare system with enhanced community services to adequately support double duty caregivers would help alleviate some of the competing care demands for double duty caregivers.

THE EVIDENCE

- As more people are being sent home "quicker and sicker,"[2] family members are taking on more frequent and complex caregiving responsibilities than in the past.[3] Many health care providers are trying to balance family care with professional care responsibilities (double duty caregivers).[8,9]
- Double duty caregivers who are the least supported and experience the greatest expectations to provide care report worse health outcomes[10] such as mental and physical exhaustion,[7,8,9] and experience an increased risk of making drug errors or other mistakes in the workplace,[11] a decrease work productivity,[12] and inability to provide high quality patient care.[13]
- While some double duty caregivers are **Making it Work**, others struggle while **Working to Manage**, and many are **Living on the Edge** of poor health and/or having to exit the health care labour force. Overall, the health experiences are generally poorer for those Living on the Edge, followed by Working to Manage and Making it Work.[10]

> Because of where I've worked and of the connections that I have, I can get my mother in to see a good surgeon. It meant that when the time came for her to be referred to the cancer clinic, it was very easily done… because I am actively nursing, I know medications and I was able to work with the cancer clinic, deciding what medications were best for her."

–Making it Work

> Because of my [nursing] education and training, I offered myself as a designated representative… so I became the liaison and the interpreter as well. I took on the role just to try to keep things consistent and understood. It was very stressful actually. When her health was better it was not a big a deal, but as her health failed, it became a bigger role to play."

–Working to Manage

> My biggest fear is that I would miss something…it was very exhausting, all that running around. I was beside myself. When I think back, I wonder if I was so tired that I missed my dad's complaint about the abdominal pain. Like, why didn't I know that his sigmoid was going to blow? I will take that guilt with me to the day I die."

–Living on the Edge

A CALL TO ACTION: ENHANCING WORKPLACE SUPPORTS

If health human resources are to be retained, enhanced, and recruited in the future, it is important that workplace supports are developed and refined to assist double duty caregivers of all ages and all health disciplines to meet both their familial and professional care responsibilities.

RATIONALE

Supporting both younger and older health care workers has the potential to enhance the health and wellbeing of double duty caregivers and those they care for, while addressing the issue of recruitment and retention of workers in the Canadian health care workforce. Recruitment of younger workers and retention of older workers in the Canadian workforce will address sustained economic recovery and enhanced economic growth in Canada.

RECOMMENDATIONS

1. Employers/Health care agencies should **converse with double duty caregivers in their workforce** about familial care expectations, the resources they are using/needing, as well as how their caregiving role is impacting their labour force participation and health status.

2. Health care administrators, human resource managers, researchers, policy makers, health provider associations and/or union officials should **conduct a comprehensive review of the current supports/ strategies that are relevant to double duty caregivers.** Using a life course perspective, it would be useful to assess what supports (e.g. flex time/ schedules, family leave) are available and used by double duty caregivers, and which supports are most needed among new graduates, early-, mid-, and late-career health care providers. A comparison of those supports from other agencies/provinces would be helpful to identify and evaluate supports that could be adopted and/or adapted from other agencies/regions.

3. Employers/health care agencies and researchers should **collaborate to identify the ways in which double duty caregiving impacts productivity, and labour force participation** such as turn over/retention, as well as quality of patient care. For instance, exit interviews could be conducted to determine if and to what extent double duty caregiving was a factor leading to resignation, early retirement, the transition from full to part-time, and/or sick leave. Professional associations could also ask this question on the annual registration forms.

4. National, Provincial and Territorial professional health care provider associations and unions should **continue to work collectively with all levels of government to retain older workers.** Together, the identification and adoption of successful retainment strategies will ensure a healthier health care workforce and improve retention and recruitment to the professions.

5. Governmental officials, employers, union representatives and/or researchers should continue to work collaboratively to **enhance workplace supports and HR policies that recognize and support double duty caregivers and create caregiver-friendly workplaces.**

A CALL TO ACTION: ENHANCING HOME/COMMUNITY CARE SUPPORTS

Creating a supportive homecare system with enhanced community services to adequately support family caregivers who are juggling professional and familial care responsibilities will help alleviate some familial care demands experienced by double duty caregivers.

RATIONALE

The demand for homecare services in Canada has increased exponentially in recent years. Caregivers provide more than 80% of care to individuals with 'long-term health conditions' and contribute more than $5 billion worth of unpaid labour annually to the health care system.[14] With the aging of the population, familial care demands are expected to increase. Health care providers who also provide care to family members are often called upon to employ their skills and knowledge from their professional training to care for family members, without the resources or supports from their practice setting.

RECOMMENDATIONS

1. A specific amount of the Federal government's transfer of health care dollars to the Provinces and Territories should be targeted to **achieve measurable outcomes in the improvements to family/friend caregivers.** For example, such targeted funding could support specific programs geared towards the assessment of family/friend caregivers' needs, network of supports and health risks, including an assessment of the expectations placed on employees by their workplace.[15]

2. To acknowledge the social and economic contributions of family caregivers, provincial/territorial governments across Canada should **adopt a caregiver recognition act** similar to that of Manitoba. Provisions could include: creating general provincial principles relating to caregivers, outlining how caregivers should be treated and considered when interacting with the public, health staff and in the workplace; instituting a progress report every two years, which would evaluate caregiver needs and supports; establishing a caregiver advisory committee to provide the minister with information, advice and recommendations; starting consultations with the minister and caregivers, organizations that provide care, appropriate government departments, the advisory committee and others; proclaiming a caregiver recognition day and generating awareness and recognition among health professional regulatory bodies and associations (including colleges) of the work of double duty caregivers.

3. National, Provincial and Territorial associations and NGOs such as the Canadian Home Care Association and the Canadian Caregiver Coalition should **continue the development of National Best Practices in homecare.** By offering standards for health and safety, these best practices will identify successful and transferable systems and practices to facilitate government decisions regarding investment in homecare and will ensure the ongoing enhancement of home care procedures. Furthermore, these best practices should include provisions for health care providers who provide care to an older relative, including practice standards and guiding principles that acknowledge their active participation in providing care.

4. National, Provincial, and Territorial professional associations from across the country should **lobby government to institute caregiver rights that recognize the value of caregivers' unpaid labour.** Suggested practices for enhancing double duty caregivers' financial security include: the provision of tax credits for caregiving; top-ups from employers for employees forced to take a leave; revisions to the compassionate care benefit program and increased flexibility of the Canadian Pension Plan; and the creation of registered caregivers' savings accounts.

DOUBLE DUTY CAREGIVERS ARE MORE LIKELY TO REDUCE THEIR WORK HOURS, CHANGE THEIR WORK PATTERNS, OR TURN DOWN A JOB OFFER OR PROMOTION.

Recommendations for Enhancing Workplace Supports:

1. Converse with double duty caregivers in their workforce.
2. Conduct a comprehensive review of the current supports/strategies that are relevant to double duty caregivers.
3. Collaborate to identify the ways in which double duty caregiving impacts productivity, and labour force participation.
4. Continue to work collectively with all levels of government to retain older workers.
5. Enhance workplace supports and HR policies that recognize and support double duty caregivers and create caregiver-friendly workplaces.

Recommendations for Enhancing Community Supports:

1. Achieve measurable outcomes in the improvements to family/friend caregivers.
2. Adopt a caregiver recognition act.
3. Continue the development of National Best Practices in homecare.
4. Lobby government to institute caregiver rights that recognize the value of caregivers' unpaid labour.

RESEARCH TEAM:

Principal Investigator: Dr. Catherine Ward-Griffin, Professor, Arthur Labatt Family School of Nursing, Western University, and Scientist, Lawson Health Research Institute, London.

Co-Investigators: Dr. Janice Keefe, Professor of Family Studies and Gerontology, Isabel Jodrey Chair in Gerontology and Director, Nova Scotia Centre on Aging, Mount Saint Vincent University; Dr. Mickey Kerr, Associate Professor, Arthur Labatt Family School of Nursing, Western University; Dr. Judy Belle Brown, Professor, School of Social Work, King's University College; Oona St. Amant, PhD(c), Arthur Labatt Family School of Nursing, Western University.

Project Collaborators (alphabetical): Association of Registered Nurses of British Columbia; British Columbia Ministry of Health (Health Human Resources Planning); Canadian Centre for Elder Law; Canadian Federation of Nurses' Unions; Canadian Nurses' Association; College of Licensed Practical Nurses of Nova Scotia; College of Registered Nurses of Nova Scotia; Community Health Nurses of Canada; First Nations & Inuit Health – Saskatchewan & British Columbia, Fraser Health; Fraser Health Medicine Program; Health Canada – Office of Nursing Policy; Human Resources and Skills Development Canada; Northern Health; Nova Scotia Ministry of Health; Ontario Ministry of Health and Long Term Care; Ontario Nurses' Association; Prince Edward Island Nurses' Union; Registered Nurses Association of Ontario; Saskatchewan Union of Nurses; Simon Fraser University – Gerontology Department; Strategic Policy Branch – Health Canada; UBC School of Nursing; Victorian Order of Nurses.

Project Coordinator: Ryan DeForge, PhD(c), Health & Rehabilitation Sciences, Western University.

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