



Double-Duty Caregivers: Balancing Caregiving at Home and Care at Work

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Background

Across Canada, the COVID-19 pandemic has exposed weaknesses in the health and community care systems. Health care providers are worried that the healthcare system is collapsing after the stress of COVID-19 and current staffing shortages. Family caregivers and the people they care for have also been hard hit by the COVID-19 pandemic, the public health protocols to control it, and subsequent strain on the healthcare system.

Healthcare providers can also be family caregivers. "Double-duty Caregivers" refers to healthcare providers who are simultaneously providing care at work and at home, in both their personal and professional lives.

Objectives

Our goal was to understand how double-duty caregivers were faring after 2 years of dealing with COVID-19 pandemic.

Methods

We employed sequential mixed methods in this study, a survey followed by in-depth individual qualitative interviews.

Data Collection:

Survey delivered online from March 9, 2022-June 30, 2022 on the secure REDCap data collection platform.

Valid and Reliable Scales

- Double-duty Caregiver Scale.** (22 Items) (Ward-Griffin, Keefe et al. 2009)
 - designed to understand the experience of simultaneous paid and unpaid caregiving and its effect on the health and wellbeing of double-duty caregivers.
 - Five dimensions of double-duty caregiving: Expectations, Supports, Knowing limits, Setting limits, Connections, and the Caregiving Interface.
- Six-Item State Anxiety Scale** (Tluczek, Henriques et al. 2009)
- Six-Item DeJong-Gierveld Loneliness scale** (De Jong Gierveld and Van Tilburg 2006)
- Clinical Frailty Scale (Self report version piloted by (Rasiah, O'Rourke et al. 2021)
- Changes in Mental and Physical Health in last 12 months
- Financial hardships

Individual Interviews Conducted from July 15 –November 30, 2022

Data Analysis:

Quantitative Data: SPSS

Qualitative Data: Imported into NVivo, then subjected to Braun and Clarke's Thematic Analysis

Participants

By June 30, 585 people clicked on the survey, 22 did not complete any questions. There were 451 surveys with over 90% of the questions completed.

Findings: Demographics

47 different occupational roles: Nurses 33.3%, Diagnostic imaging specialists 15.3%, Social workers 7.3%, Physicians 4.4%, and Radiation therapists 4.2% most common.

Gender: 91.6% identified as women, 6.2% as men, 0.2% as transgender, 0.4% as non-binary, and 1.26% preferred not to answer.

Ages: Almost half were 35-44 years of age, about a third (32.4%) were 45-54 years, and just over a quarter (28.6%) were 55-64 years old.

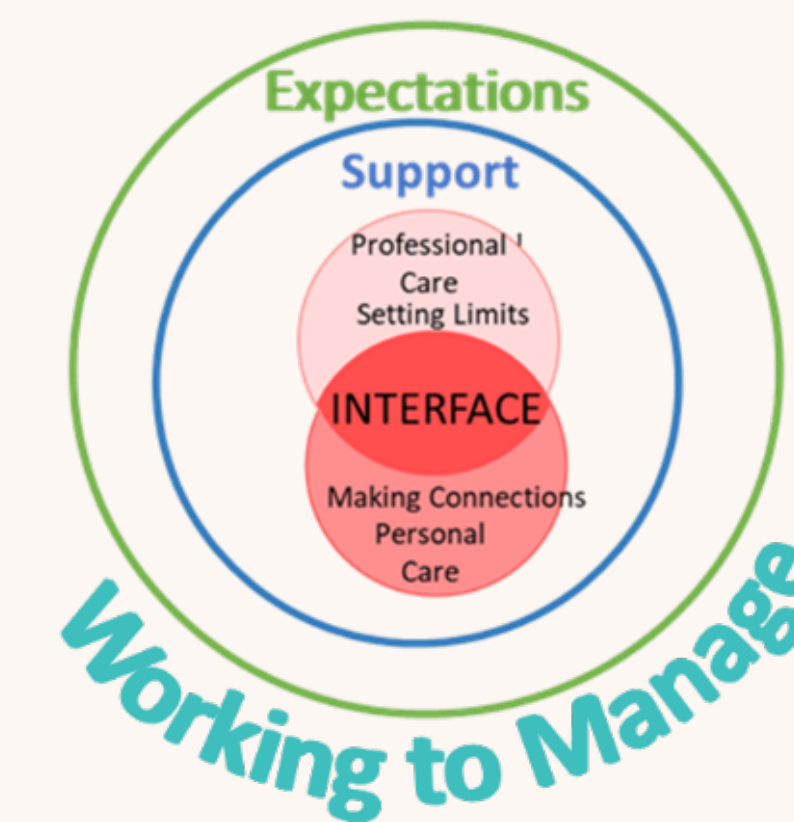
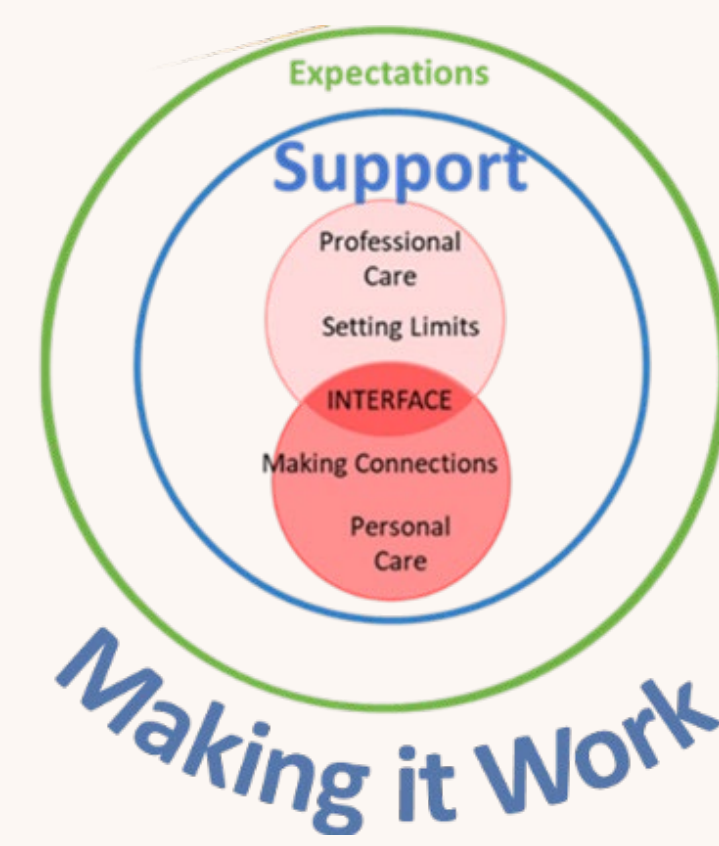
Healthcare Setting: They worked in a variety of healthcare and community settings. The majority were from acute care (30%), followed by primary care (16%), and community and social care (14%).

Family Care Work

One-third (33%) of these double-duty caregivers were caring 10 or less hours a week, 22% were caring for 11 to 20 hours, and **40% were caring for 21 or more hours a week.**

Employment Care Work

Over a quarter (28%) of participants were employed part-time (under 34 hours a week, half (51%) were working fulltime, and **19% were working more than 40 hours per week.**



Double Duty Caregivers: Three Prototypes

Making it Work

Few changes, Support from family, colleagues, and workplace. Enjoyment at work.

There hasn't been too much impact. I do go to work sometimes quite stressed but find that my coworkers are very supportive, so it actually helps me to be around them. My patients help distract me from my problems as they are often very anxious and need support from me.

Working to Manage

Increased workload and stress of both employment & family caregiving. Less support at home and work. Caregiving spilled into employment. Professional and family care roles were blurring,

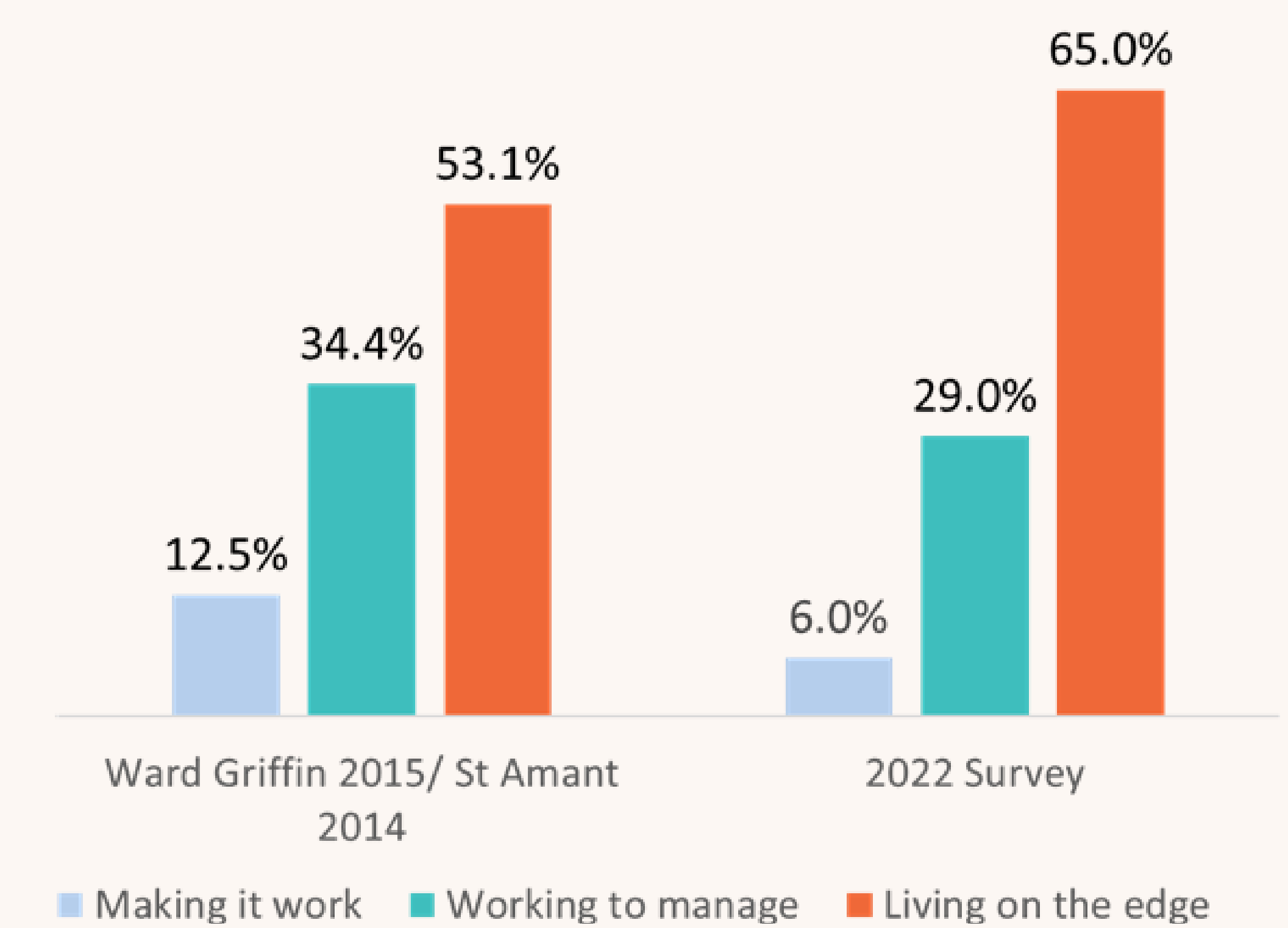
I think the stress with family influenced my outlook at work - less resilient to stressors at work. Also, finding help for my mom as a health professional while maintaining boundaries was also very challenging - at times a struggle so could see how more difficult finding supports would be for those not working in health.

Living on the Edge

COVID-19 increased expectations at work and at home. increased difficulty accessing supports and little recognition of the extra work or stress. Opportunities to experience joy decreased and participants described experiencing emotions such as loneliness, fear, and compassion fatigue.

Work is busier than ever (and I've practiced 30 years). Fewer physicians, poor government relations, and the COVID/vaccine deniers have certainly taken a toll on my joy in life and work, which of course definitely impacts my caregiving role.

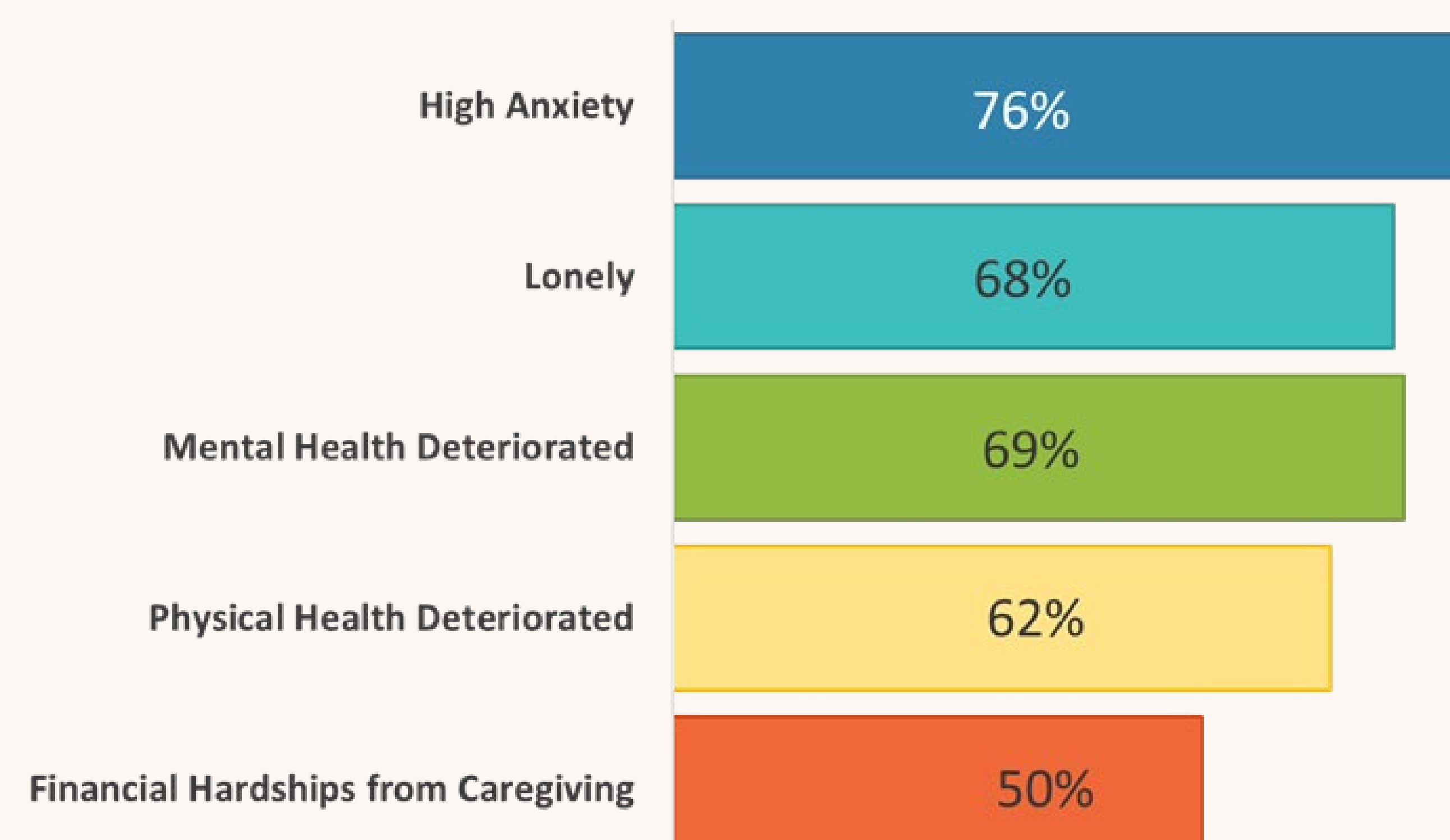
In 2022, fewer double-duty caregivers were Making it work and more were Living on the edge compared to Ward Griffin et al. 2015 & St. Amant et al. 2014



7 of 10 double duty caregivers

indicated their mental health is worse in the last 12 months

1 in 2 were experiencing **Financial Hardships** from caregiving.



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Discussion

Recommendations

- Healthcare systems need to conduct a comprehensive review of the current supports/strategies that are relevant to double duty caregivers.
- Collaborate with key stakeholders to identify the ways in which double duty caregiving can be supported that reduces impact on productivity, and supports their needs and well-being.
- HR policies that recognize and support double duty caregivers and create caregiver-friendly workplaces.

Selected References

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