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.

**KEY MESSAGE**

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).4,5

Double duty caregivers who are the least supported and experience the greatest expectations to provide care report worse health outcomes6 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

**THE EVIDENCE**

- Over 4 million family caregivers in Canada4
- 2.7 million Canadians over 45 provided care to an older person in the last year3
- 670,000 new family/friend caregivers since 2002
- 60% of caregivers care for a parent or parent in law5
- Depending on the sector, 30-70% of employees provide care to older relatives6
- 40% of nurses 35 years and older care for older relatives6,10

**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.
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.

RECOMMENDATIONS

1. Employers/Health care agencies should converse with double duty caregivers in their workforce about familial care expectations, the resources they are using/need, 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 retention 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.

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.

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

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REFERENCES:


For more information visit: http://www.uwo.ca/nursing/cwg/index.html

Acknowledgement: Canadian Institutes of Health Research is the funder of this project (grant # DIK119630).