Nurses and family caregivers of elderly relatives engaged in 4 evolving types of relationships


QUESTION: What is the nature of the relationships between community nurses and family members caring for elderly relatives?

Design
Qualitative study using a critical ethnographic approach.

Setting
Southwestern Ontario, Canada.

Participants
23 nurse-family caregiver pairs were identified from 3 community nursing agencies. Most pairs saw each other weekly and had known each other for periods ranging from 3 months to 14 years. All of the family caregivers were women (age range 35–82 y), and most provided care to their husbands who had chronic illnesses.

Methods
Family caregivers and nurses each participated in private, indepth interviews in which they talked about their experiences of working together. Data from 38 interviews (mean length 75 min) and from field notes were transcribed and analysed using, as a frame of refer-

COMMENTARY
This study by Ward-Griffin and McKeever contributes insights into long term relationships with nurses and the needs of family caregivers who provide chronic care in the home. It identifies potential conflicts in the relationship between nurses and family caregivers. The authors analysed selected findings of a study about home care for the frail elderly. It is unclear how these data fit into the context and goals of the original study. The approach to the analysis and the framework used was well described and methodologically sound.

Clinical implications were examined in the context of family caregiver stress and the effects of conflict. Caregiving is stressful. The addition of relationships that engender chronic tension and conflict increases stress. These chronic stressors, which Lazarus and Folkman describe as daily hassles, have the most negative effects on physical and mental wellbeing and should be avoided or ameliorated.1 Interventions to relieve family caregiver stress should be aimed at education, problem solving, social support, and respite.2 The findings of Ward-Griffin and McKeever suggest an imbalance in the use of these interventions by nurses. Specifically, nurses underused respite despite caregivers' vocalised needs for relief from the service provision role. Nurses rarely considered increasing their responsibilities or using other less expensive caregiving services to decrease the family caregiver's workload. These strategies were so counterproductive that eventually the caregiver became the patient and the nurse had to provide short term respite services to prevent a crisis. It would be helpful to understand the reason that nurses underused respite as an ongoing intervention to assist family caregivers. Possible explanations are that nurses were unaware of the value of respite, reluctant to refer to less expensive caregiving services, reluctant to relinquish their former role as “hands on” caregiver, unaware of alternate resources, or unable to access additional resources.

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Conclusions
Nurses and family caregivers of elderly relatives oscillated among 4 types of relationships as the caregiving situation evolved. The most common types were nurse as manager/family caregiver as worker and nurse as nurse/caregiver as patient. Contradictory role expectations created tension within these relationships.