

Carer Health and Wellbeing

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Introduction

Caring has been associated with poor health, (Bolas, Van Wersch, & Flynn, 2007) and carer burden, encompassing a number of issues such as physical, psychological, social, and emotion problems, is well documented (Scuffman, Synnott, Turkstra, & Hegney, 2010). The wellbeing of the carer and caree are closely related, with deterioration in one inevitably impacting the other (Hare, 2004).

Despite this, there is a paucity of research that has investigated caring from the personal viewpoint of formal and informal family carers (Chappell, Reid, & Dow, 2001). The present study sets to address this lack of research.

Method

29 carers (10 male) were recruited through local carer's associations



Semi-structured telephone interviews consisting of open ended questions were conducted



e.g. "how supported do you feel in your role as a carer?"; "what are the most stressful or difficult aspects of caring for someone?"; and "can you tell me how you stay positive in difficult circumstances?"



Interviews were recorded using a two-way telephone conversation recorder and then transcribed.

Results

The interviews were analysed using line-by-line coding. Eight primary themes were identified, revealing significant issues regarding the health and wellbeing of carers. Table 1 outlines the themes and their key components.

Table 1: Primary themes and key components.

Theme	Key Components
Social Consequences	Isolation Lack of social life
Personal time	No time for self Live revolves around caree Caring is 24/7 Tied down/restricted by caring
"Just do it"	No choice Acceptance Sense of duty Get on with it
Support	More support needed from services Lack of funding/carers allowance Fight for access to services/support Lack of respite/affordable respite
Family/friends	Some supportive Some unsupportive Don't want to bother others/ask for help Issue of locality
Personal health	Deterioration Try to stay healthy for role
Outlook	Think/be positive Always others worse off Worry for future Caree's happiness/comfort is key Humour
Self	Life is not your own Loss of identity Life on hold Guilt

Below are a number of illustrative quotes:

"I used to describe it, a little while back, as being under house arrest. Because you know, I was so restricted in what I could do." Carer 9

"they don't tell you what's available, you have to find out for yourself, and when you do find out, you have to fight every step of the way." Carer 10

"I do think about my own health quite a bit, I've got to keep healthy." Carer 1

Conclusion

Approximately 1.2 million family carers contribute over 50 hours of care a week, a larger workforce than that of the National Health Service (Cameron, 2010). As such, these findings may have considerable implications for the health and wellbeing of a large proportion of the population.

References Bolas, H., Van Wersch, A. & Flynn, D., 2007. The well-being of young people who care for a dependent relative: An interpretative phenomenological analysis. *Psychology and Health*, 22(7), 829-850; Cameron, J., 2010. Carers and the issues they face. *InnovAIT*, 3(4), 232-236; Chappell, N., Reid, R., & Dow, E., 2001. Respite reconsidered: A typology of meanings based on the caregiver's point of view. *Journal of Aging Studies*, 15, 201-221; Hare, P., 2004. Keeping carers healthy: The role of community nurses and colleagues. *British Journal of Community Nursing*, 9(4), 155-159; Scuffham, P. A., Synnott, R., Turkstra, E., & Hegney, D. (2010). Present and past carers' health: Some considerations. *International Journal of Nursing Practice*, 16, 609-615.