

Background

Caregivers are important players in home care and inpatient health care. But caregivers who live close by to care for and support their loved ones on site are becoming a scarce resource.

- In the course of demographic dynamics, increased labor market mobility, and changing family patterns, long distance caregiving (LDC) becomes a frequent practice.
- Work and physical distance complicate family caregiving tasks – a new challenge for the society, family members and their employers.

Goals

- Identifying strategies to help both, employed and unemployed caregivers, with particular challenges and burden of LDC.
- Better compatibility of work and LDC to ensure employability and productivity of long distance caregivers.
- Sensitizing employers and health care services that they are able to provide adequate help and communication.

Methods

The binational R&D project Distance Caregiving "DiCa" with an interdisciplinary German and Swiss research team aims to investigate different dimensions and involved parties of LDC: caregivers, employers and health care institutions.

- Literature research to illustrate the current state of science and to analyze current models of good practice.
- Secondary data analysis: SHARE (Survey of Health, Ageing and Retirement in Europe) and DEAS (The German Ageing Survey).
- Guided interviews with experts from five German partner companies (industry and health care institutions).
- Problem-focused interviews with long distance caregivers: N=35 (Germany) and N=10 (Switzerland) – both national and cross-border LDC (ongoing).

Selected results from the literature review

1. Specific challenges for LDC

- Communication, dealing with conflicts, maintain a good relationship from a distance
- Uncertainty and less control from a distance (difficult to estimate care needs)
- Travelling costs and time issues
- Organizing, managing and maintaining a functioning network on site for care
- Balancing work and care from a distance

2. Support possibilities for LDC

- Emotional and financial support, and motivation
- Support with information, information processing and decisions
- Coordination, organization, administration and case management

3. The potential of new technologies to support LDC

- Communication: Phone, video calls, E-Mail, SMS, diary with iGoogle, telecare
- Cognitive support: Electronic reminder for medication, scheduling via eCareDiary
- Information/coordination: Electronic patient record, collaboration tools to network
- Monitoring/safety: Tele monitoring, wearable and motion sensors, GPS, safety mats

Selected survey results

Table 1: The prevalence/estimation of distance caregivers in Germany and Switzerland

	Mother lives			Father lives		
	25*-100km distance	> 100km** distance	Fair/poor health (all)	25-100km distance	> 100km distance	Fair/poor health (all)
Germany	13,91%	22,84%	60,1%	16,30%	28,91%	55,8%
Switzerland	23,30%	25,57%	53,3%	20,32%	26,29%	44,4%

Notes: * 25km ≈ 15,5 mi; ** 100km ≈ 62 mi; already a distance of 25 to 100km can signify a huge challenge for caregivers.
 Source: Börsch-Supan, A. (2017). Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 6. Release version: 6.0.0. SHARE-ERIC. Data set.

Selected results from the expert interviews

- LDC (as one topic of reconciling care, family and career) is so far no subject of special interest in companies and health care institutions in Germany.
- Employees tend to avoid talking about care at the workplace, therefore immediate supervisors need to be sensitive and empathetic.
- Personal and individual face to face agreements are most effective for all.
- Vision at the end of the interview: implementing company eldercare in addition to company childcare.
- LDC (in the sense that families of patients don't live close by to visit and care on a regular base) seems to be no area of concern for health care institutions. The crucial factor is emotional distance rather than geographical distance.

Discussion

- LDC adds an additional burden on caregivers that is needed to take into consideration.
- The vast majority of publications on LDC comes from the US, Canada, Australia and Great Britain. Due to differences in health care policy and employment legislation, results cannot be directly applied to other countries such as Germany or Switzerland.
- The results from European survey data suggest a significant number of actual and potential long distance caregivers.
- Long distance caregivers are not easy to identify – they often see themselves not as caregivers as they fulfill different tasks and less classical care at the bedside. Nevertheless, they provide valuable care contributions that need to be recognized and appreciated.

Conclusions

- The gap of literature and studies on LDC in German-speaking countries needs to be closed to find strategies and solutions that fit to the specific situation.
- Employers need to extent their portfolio to better balance the demands of carers and family life and care needs for LDC.

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