



Study of Knowledge Attitude and Practice towards Care Givers

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Abstract

It discusses caregiver obligations, the changing nature of caregiving over time, the increasing complexity and scope of caregiver roles, and surrogate decision-making difficulties. Family caregiving is more rigorous, difficult, and time-consuming than it has been in the past, and careers are rarely well prepared for their roles. Many careers, according to a growing body of data, suffer from negative psychological repercussions. Some caregivers, particularly those who spend long hours caring for elderly individuals with severe dementia, are at higher risk than others. Caregivers should have access to high-quality, evidence-based treatments that can help them avoid or lessen negative health impacts.

We have traditionally relied on families to offer emotional support and to aid their elderly parents, grandparents, and other family members who are unable to operate independently. This chapter looks at the many and changing responsibilities that family caregivers of older individuals play, as well as the influence these duties have on caregivers' health and well-being. It describes the trajectory and dynamic nature of caregiving over time, as well as the increasing complexity and scope of caregiver responsibilities, including the issues involved in family caregivers' role as surrogate decision makers and the evidence on the impact of caregiving on caregivers' health and well-being. The chapter examines a large body of research on family caregivers for elderly individuals. It also uses data from the National Health Service.

Increasing care demands

The caring journey of a typical older person with functional decline who lives in the community and gradually becomes more reliant on the caregiver for support. Monitoring clinical symptoms and prescriptions, as well as managing domestic activities, interacting with health specialists, and giving emotional support to the care receiver, may be among the first tasks. Caregiving responsibilities frequently increase over time to encompass self-care, acting as a surrogate decision maker for the care receiver, and delivering specialist medical treatment, such as injections [1]. The wide range of duties carried out by caregivers is detailed below. The extension and increased complexity and intensity of the caring trajectory is a prevalent element in the middle to late phases of a caregiving trajectory [2].

Roles of family caregivers

Despite the individual nature of each caregiver's involvement throughout time, family caregiving is characterized by major fields of activity. Caregiving can include everything from assisting with everyday chores to providing direct care to the care recipient, as well as navigating complicated health-care and social-service systems. Assistance with domestic activities, self-care tasks, and mobility; emotional and social support; health and medical care; advocacy and care coordination; and surrogacy are some of the dimensions of the caring role. There are various tasks and activities in each area [3]. Continuous problem solving, decision making, communication with others (family members and health and human service professionals),

and persistent monitoring over the care recipient's well-being are all continuing cognitive and interpersonal activities in which caregivers engage (Gitlin).

The specific combination of caring activities and time requirements vary from person to person [4]. Caregiving for people with dementia has been repeatedly found to be one of the most demanding forms of caregiving in various research. However, a 2004 poll indicated that cancer and dementia caregivers reported approximately equal amounts of care and hardship, but that particular duties varied (Kim and Schulz, 2008) Cancer caregivers, for example, were more likely than dementia caregivers to assist with getting in and out of bed, whereas dementia caregivers were more likely to cope with incontinence [5].

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