

Partners in Care

By Lisa M. Petsche

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Caregiving Mistakes to Avoid

Caring for a chronically ill or frail older relative is not easy. As with some other key roles in life, such as parenting, there is no training course to adequately prepare for the challenges.

It's inevitable that caregivers will make mistakes along the way, especially when they are new to the role. But they can avoid some of them by heeding advice from involved healthcare professionals and learning from the experiences of seasoned caregivers.

What kinds of mistakes do caregivers tend to make? Read on to learn about some of the most common ones.

- Not accepting help and taking breaks. This stoic reluctance can be motivated by guilt or pride. In the latter case, the caregiver believes no one can look after their relative as well as they can; thus they are not prepared to relinquish control even temporarily. This is most likely to happen when the caregiver is a perfectionist by nature or has invested all of their energy in the caregiving role and derives their identity from it.
- Withholding information from other family members about the loved one's diagnosis, prognosis or care needs. This is usually done protectively, in order to shield others from realities that may cause distress (for example, that the loved one is not simply forgetful but, rather, has a dementia diagnosis). Unfortunately, it leaves the caregiver shouldering decision making alone, and often providing care alone as well. When others involved in the care receiver's life learn the truth, as they eventually do, they may be resentful, feeling that the caregiver shut them out during an important time in their relative's life and denied them the opportunity to participate in caregiving.
- Micromanaging care, whether it's provided by a home care worker or a hospital staff member. Exerting tight control is often accompanied by holding other caregivers to impossibly high standards. This results in scrutiny and criticism, which leads to frustration on the part of healthcare professionals and eventually, perhaps, alienation. Another down side to micromanaging care is that it can lead to burnout of the caregiver, owing to the mental and emotional toll exacted by hyper-vigilance.



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- Not showing appreciation to other involved caregivers, whether they are family members or formal caregivers at home or in the hospital or a long-term care facility. It should never be overlooked that positive reinforcement and gratitude, when warranted, go a long way in forging constructive relationships.

- Making assumptions regarding care by others, without first asking questions to get a complete picture. For example: a caregiver visits at the hospital, finds their relative's meal tray untouched

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Caregiving Mistakes to Avoid (cont.)

and automatically gets angry, assuming no one provided their relative with needed assistance, when in fact the patient may have felt too nauseous to eat or a friend visited and fed them homemade treats.

- Nitpicking about others' care of their relative and perhaps also 'flying off the handle' on a regular basis. Such fault-finding can make healthcare professionals resentful, always feeling on the defensive even though they may not have done anything inappropriate. This pattern is counterproductive to good communication and to a partnership approach to care. Some caregivers misdirect their general frustration and guilt into anger towards staff when they can no longer manage their relative's primary care or their relative's condition is declining. Although the caregiver may be burnt out or experiencing other stresses in their personal life, it's important that they behave respectfully in their interactions with others and get help if they feel angry all the time.

- Trying to be a medical expert. Without a doubt the Internet has fueled the inclination towards instant expertise. Caregivers can research symptoms, conditions and treatments online – not always from credible sources - and may subsequently challenge a healthcare professional working with their loved one, either suggesting or directly stating that the professional is misguided in their assessment or treatment. Although it's important to have one's questions and concerns addressed, it's never a good idea to use an approach that may come across as insulting or dismissive of a professional's expertise.

- Believing that healthcare professionals are the only experts. Caregivers are experts on their loved ones, too--not only regarding health history but also the unique constellation of characteristics and life experiences that have made their relative who they are today. It's important to share such personhood information to help healthcare professionals better understand and treat their loved one.

- Promising that they will never place their loved one in a nursing home, or that a terminally ill loved one can die at home versus in a hospital or hospice. The truth is, no one knows what the future holds. Although made in good faith, the 'care promise' can lead to guilt and resentment down the line, should the care receiver's needs or the caregiver's circumstances change unexpectedly and plans need to be altered.