

RESEARCH BRIEF

Caregiver Burden and Workplace Productivity Among Hospice Cancer Caregivers

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OBJECTIVES: To examine the relationships among family caregiver burden and workplace productivity and activity impairment among home hospice family caregivers of individuals with cancer who worked while providing end-of-life caregiving.

SAMPLE & SETTING: Baseline data from a longitudinal study of communication between hospice providers and hospice family caregivers were used for this secondary analysis.

METHODS & VARIABLES: Working family caregivers with complete workplace productivity and activity impairment data were included in this analysis (N = 30). Demographic data, caregiver burden, and workplace productivity and activity impairment were examined with descriptive statistics, correlation analysis, and hierarchical linear regressions.

RESULTS: Hospice family caregivers were primarily White, female, married, and employed full-time. Caregiver burden levels were significantly positively associated with activity impairment, presenteeism, and work productivity loss. These relationships remained statistically significant when controlling for age.

IMPLICATIONS FOR NURSING: Hospice and oncology nurses can support working hospice family caregivers by assessing for burden and associated workplace challenges, as well as by providing referrals for respite and community resources.

KEYWORDS family caregiver; caregiver burden; workplace productivity; hospice; employment
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Family caregivers are key members of the cancer hospice care team who engage in an array of care activities, including activities of daily living, pain and symptom management, and nursing procedures such as medication administration and wound care (Parker Oliver et al., 2017). These contributions and associated burdens affect caregivers' own social, physical, emotional, financial, and occupational well-being (National Alliance for Caregiving and AARP Public Policy Institute, 2020; Parker Oliver et al., 2017).

The rates of working family caregivers are not fully understood because data are often only captured for individuals caring for adults; however, several national studies provide context. Hopps et al. (2017) reported that 18 million employed adults aged older than 18 years identify as family caregivers. Longacre et al. (2017) reported that more than half (52.9%) of caregivers aged between 18 and 64 years were employed either full- or part-time, and the National Alliance for Caregiving and AARP Public Policy Institute (2020) reported that in 2020, 61% of family caregivers worked.

Working caregivers reported more symptoms of depression (53% versus 32%) and insomnia (46% versus 37%), higher rates of healthcare utilization (4.1 versus 2.7 outpatient visits), and higher work productivity impairment (24% versus 14%) than noncaregivers (Hopps et al., 2017). Working family caregivers often report work interference with family caregiving (52.4%) and may have to reduce working hours or modify their schedule (Longacre et al., 2017). Some working family caregivers report leaving the workforce entirely because of caregiving responsibilities (39.8%) (Longacre et al., 2017). In later life, caregivers have lower incomes and lower net worth than noncaregivers (National Academies of Sciences, Engineering, and Medicine, 2016).