



Adequate Care of the Elderly: Family Caregivers & Nurses

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Abstract:	
<p>This study is a part of Arcada-Loviisa project regarding healthy aging which is commissioned by Loviisa City. The main purpose of this study and its motivation is to establish what constitutes adequate care of the elderly; to define personal qualities and the skills needed to provide quality care and to identify the role of the professional nurse in formal (family) caregiving. This study will seek an answer to the following research questions 1. What is adequate care? 2. What personal qualities and skills do formal caregivers need in order to adequately take care of the elderly? 3. What is the role of the professional nurse in formal caregiving? Kari Martinsen's theory in concept of care manifests the holistic nature of caregiving and requires personal qualities in the caregiver, was introduced as a guide lines to seeking solutions for the research questions. In the analysis eleven articles and deductive content analysis was used. As a result, as far as knowledge and skills are concerned the nurses are also teachers. They need to transmit all the necessary knowledge and monitor the acquisition of the skills. It is evident that the time and patience that this teaching task requires will vary greatly depending entirely on the condition and need of the patient. As a matter of fact, life is a process; human life in particular is made up of many phases. Each one is a process in itself. Therefore, the caregiver needs to monitor the changes in the patient, not only psychical ones or decreased mental capacities but also the positive moments, the lucidity and the richness of memory creating opportunities for a more intimate interchange between the caregiver and patient, mutual moments of gratitude, of forgiveness, of shared memories.</p>	
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1 INTRODUCTION

In today's society, when looking at the speed of the changing world, the aging population is a big concern. I am very fortunate to have been working in homecare service for several years now, and I have come to better understand the importance of caregiving and how one can help the elderly have a better quality of life, no matter their disabilities. Caregiving requires more than a mere physical presence at the patients' side. In the course of my job, I have seen and gained experience with patients and caregivers, such as husbands and wives. I was able to exchange thoughts and concerns regarding their job of caring for their loved one. Many of them are happy, satisfied and feel worthy. Although their satisfaction goes along with one of their biggest concerns, i.e. their lack of sufficient knowledge and skills to provide adequate and continuous care for their loved ones. They feel unprepared, and often lack confidence which, in turn, increases tiredness and stress levels.

With all the conversations I had with the caregivers, I have learned that they need to learn specific skills required to perform their job properly. Those include not only technical skills, but also soft skills. Both types are important and form a whole, enabling caregivers to care for their loved ones. Therefore, I came to the conclusion that the nurses have an extremely important role to play. They need to teach and train caregivers not only the technical skills specific to her profession, but also those soft skills which enhance the quality of life and care of the patients. The role of the caregivers, as will be explained later, is extremely important in today's society and it is worth investing time in educating them to enable them to take care of their beloved. For this reason, I decided to make my research on what can qualify as an adequate care for the elderly, on which skills caregivers need in order to provide a more qualitative care and on the importance of the nurse's role in a caregiver's life. This thesis will shed light on compassion and hope, on communication, on knowledge but also on some specific technical skills such the basic care for the elderly. The author will as well touch upon the importance of the nurse's role in the family life of the caregiver and the patient.

My concerns and reflection led me to start investigating, searching for literature related to caregivers. At this junction I discovered Kari Martinsen and her theory on caring. For Martinsen, a nurse and philosopher, the fact that human beings are interconnected and dependent on each other represents a central ontological feature, and care constitutes a fundamental precondition of our lives: as human beings, we are, by nature, dependent, and this dependency requires a human response in the form of care.

Therefore, the aim of this paper is to bring knowledge from nursing into the field of caregiving and will be looking at the nurse's perspective, taking important scholarly works on care by Norwegian nursing scientist and philosopher Kari Martinsen.

This research is commissioned by Loviisa City project for improving care of the elderly in Finland, most specifically old people living at home.

2 BACKGROUND

According to the statistics gathered by Omaishoitajat ja läheiset liito ry, there are about one million Finns taking care of their relatives on a day to day basis. Currently there are estimated to be about 300,000 caregiving situations, of which 60,000 are mandatory, which means couples have no choice about caring for an ill or disabled partner. Only a small portion of all the family caregiving situations are within the scope of government support for formal caregiving. However, the municipalities do have the necessary financial funds to support all the formal caregiving, but the question is how the funds have been used. In 2013, it was estimated that about 42,500 carers received support for formal care granted by the municipality, according to the Act on Support for formal Care. In the law Act on Support for formal Care, “a carer is a relative or another person who is close to the care receiver who has signed a formal care agreement with the municipality”.

The agreement concerning support for formal care is established between the carer and the municipality, and includes a written care and service plan. As a caregiver, they have legal support from the municipalities and that support includes care. Services provided to the care receiver, care allowance granted, and carer’s leave: three days during each month that the carer has been bound to provide around the clock or daily care and other services that support formal care (Omaishoitajat ja läheiset liito ry, 1991-2016).

In the Finnish homecare system, social and health care services work hand in hand to prepare a care and service plan for each client together with the formal caregiver who requests the needs or care and services, target and the means of reaching them (Eloranta, 2009). In many clinical settings, professional nurses are already involved in the education and support of family caregiver, but moreover, preferably nursing professionals should get involved in the supervision of the basic care given at home since, due to the fact that healthcare professionals focus their attention on the patient without always taking into account the problems that might exist in his or her family

environment. In some cases, they are not even aware of the family issues (Delicado et al, 2012).

In Finland, care of the elderly living at home, homecare is organized by the municipal homecare system and mostly supported through public funding. Homecare contains several services provided by the homecare staff, such as home-help services, housework, hygiene, home nursing and support services (Hautsalo et al, 2012). Indeed, the majority of elderly people in Finland dream of staying at home where they feel safer than ever, not to mention being with the family they love and share common things together. On the other hand, the main concerns raised by the family members are the fear for their older parent's feeling of loneliness and for their safety when no one is around. The urgency of having someone to take care of them is an essential service for the society (Hautsalo et al, 2012).

Although homecare service assumes a major role in assisting elderly people living at home, and regardless of the unlimited care given by homecare services, the family is irreplaceable, as their support provides a life functionality and life quality leading to a healthy, happy and nourishing aging era (Güven et al, 2010).

Before proceeding to the proposed thesis, the Author deems necessary to examine more closely the nature of a human being, since both caregivers and those receiving care have personal characteristics which affect the care given and must be taken into consideration. This will be explored in the next section. In this thesis, the adequacy of care provided by formal caregivers will be examined, and recommendations may be made, if warranted.

2.1 The Innate Worth of a Human Being

It might be a surprising question, but why is a person valued? The starting point for care is the value of the person as being a person, a human being. Human beings are born to live, progress and perfect themselves and their actions

during their lifetime. From childhood to adulthood profound changes occur in and around them i.e. people, circumstances, events, etc., and yet it is always unmistakably a question of the same human being. Each and every human being shares the exact same common nature, the same being. This type of being is called “the person”. This humanness is what connects persons with one another (John P. II, 2020). The word “person” undoubtedly refers to “someone” and never to “something”. The Collins English Dictionary (2016) gives the following definition to “personhood”: the condition of being a person who is an individual with inalienable rights. Personhood is therefore at the core of what a human being is (Williams A.P et al, 2010).

Human beings have a spiritual soul and a body, endowed with external and internal senses, emotions, and passions but also with the spiritual faculties of intellect and free will. This complex being is what is referred to as a person. It becomes immediately evident that respect cannot be merely limited to courtesy, to certain forms of etiquette which are exactly as they are defined: external forms. Respect, in personal dealings – i.e. person to person – includes recognition of the ‘who’ of the other, embracing the other person as a whole, with his/her condition and situation. As will be seen later in greater detail, in practice, respect necessarily includes compassion – a positive compenetration with the “who” of the other. It is important to emphasize the word ‘respect’ as defined above. Keeping in mind this comprehensive meaning, the word ‘respect’ will enable us to discover that respect, as a fundamental attitude permeating all actions of caregivers, is a primary ingredient of adequate care (Yepes, 2003).

Each person has his own inner world, and this intimate world is described by Yepes (2003) as “the inside that only the self knows, and where thoughts, plans, ideas and desires are. It makes a person to be he and not someone else”. Through dialogue, a person may freely decide to express this inner world either by words, gestures or actions. Though these characteristics are possessed by all people, each person is a unique individual who is incapable of being anyone other than himself (Yepes, 2003).

According to Köchler (2006), human beings have the potential to know the surrounding world and possess the freedom to decide their own actions. Human beings are capable of making choices and accepting responsibility for their actions and decisions; they are not slaves to their instincts. Man can recognize whether something is good or not through his intellect, and he can use his free will to put it into effect. Together, free will and rationality enable one to know what is good and to decide his actions. However, Yepes (2003) says human beings are dependent on both one another and the world, and as result, they are vulnerable. However, this dependency is not negative and is an attribute of the human condition. Through this dependency and as a result of human relationships, one's intellect and will are shaped and developed.

In a global society, retaining human values is more essential than ever. Hence, it is compulsory to talk on the subject and bring about awareness of human values into the modern society, especially in today's world where older people are suffering. Güven et al, (2010) makes valuable observations regarding aging is a period when losses and collapses in life are experienced. Aging as a process, and the process of aging is affected by cultural, environmental and economic factors. As Güven et al (2010), comments "each individual has a biological past, undergoes inborn and familial effects, educational and professional experiences and an emotional life". Being an elderly person is a process and struggle which includes developmental tasks to be performed.

This statement allows us to conclude that far from being simple, caring for the elderly is a challenge that needs to be met differently as the process progresses, as well adapting itself to each individual situation and condition. In short, it is question of personalized care.

An elderly person is someone to look up to, such as parents, grandparents and other older people. An elderly human person, like the person or persons who are caregivers, different only in the span of time they have lived and consequently at a different phase in the progression from birth towards maturity

and old age. Looking briefly at the elderly from the perspective of person through the eyes of a philosopher and a theologian will allow preliminary premises to be drawn. The individual referred to by Güven et al, 2010 is a person, in particular an elderly person.

In his 1999 document, Letter to Elderly, Pope John Paul II makes the following considerations: "In the past, boundless respect was shown to the elderly. In addition, the elderly were considered in their dignity as a person, which does not weaken with the passing years or with physical and mental deterioration. It is clear that such a positive view can only be displayed in a culture capable of exceeding social stereotypes which judge a person's worth on the basis of youth, productivity, physical vigor or perfect mental health. Experience shows that when this positive view breaks down older people are quickly downgraded and condemned to a loneliness which is a kind of social death" (Paul II, 2002).

From the above, it is possible to conclude the following:

- The elderly are as fully 'persons' as every other person regardless of his/her phase in the process of development. That is what constitutes their human dignity.
- Adequate care for the elderly can only be built on the fundamental premise of respect for the human dignity of each elderly person.
- Ignoring this fundamental, positive, truth or minimizing its importance in practice leads to equally fundamental negative results, as John Paul II puts it 'a loneliness that is a kind of social death'.
- Respect for the human dignity of the elderly person in need of ongoing care ought to inform the fundamental attitude of every person involved in and throughout the process of providing care for the elderly, that is to say professional and formal caregivers. In addition, mutual respect should govern

all person to person dealings, communications, etc. between professionally and formal caregivers.

Danish psychiatrist Lomholt Kemp (1998), comments that when meeting her patients, she started to think about what it means to be a psychiatrist: it is to struggle to see her and hear her patients not as patients, but as human beings. Furthermore, it is to dare to see, understand, and experience their version of life and how to care (Martinsen, 2006 p.73).

2.2 Anatomy of Care

The word of crucial importance is "care". Not understanding the meaning of "care" correctly will automatically lead to an erroneous understanding of the term "caregiver", which is the key focus of this thesis. According to Collins dictionary (2016), the word "care" is defined as: "feeling or showing care and compassion, goes with the synonyms of compassionate, loving, kindly, warm, soft, sensitive, tender, and sympathetic and many other more" (Collins, 2016).

According to Roach (1997 p.14) which echoes Martinsen's theory in caring, one becomes genuinely human as one's capacity to care. Caring is very important for human development across the lifespan, and caring has a special relationship to human dependency shown in an illuminating manner in the development of a person. Human caring is a total way of being and being in a relationship, and it involves intellect, will and affection. Caring is a reaction from the core of the person, the human heart. It is also said of the spiritual power of affectivity, which in cooperation with intellect and will, responds with joy, esteem, understanding, enthusiasm, veneration, love and compassion. Love is a central aspect of spirituality.

Dr. Sarah Eagger, (2001) says to care is to love, but healthcare professionals nowadays may feel uncomfortable with the word, or even the idea of love. Often it is easier to describe "love in action". In another words, the effect of love in the kind of work nurses do is care. Roach (1997 p13), adds that the nurse-

professional role highlights the essence of her own chosen profession of being a nurse. For a nurse there is a sense that caring is fulfilling a human need within herself. Not to care is somehow to lose her being; by caring, she becomes a more authentic human being.

In addition to this, personally and professionally people care because they are human, and the great manifestation takes various forms depending on the occupational skills, experience and purpose. Roach also states that caring indeed requires knowledge and special knowing. For Roach, “knowledge is seeing through the mind, but knowing is seeing through heart” (Roach, 1997 p.87). Roach also adds that caring, as knowledge is transformed to caring as knowing, through reflection as a human being, as a nurse, as a caring person.

2.3 What Is a Caregiver?

Being Caregiver is an especially essential job, due to the rapidly changing world and aging population. The elderly, the infirm, and those who have suffered either accidents or debilitating illnesses all requires someone to care for them, whether that individual be a family caregiver or hired caregiver. The fundamental task of the caregiver is complex, no matter what kind of patient it is. What is most essential is to give good and quality care. By quality care is meant care that comes from the heart, respect for the patient, understanding, and full awareness of his feelings (Stengård, 2005).

The caregiver in Finnish, “omaishoitaja”, refers to “close relatives, family members such as parents, children, spouses and sometimes other close relatives” (Stengård, 2005). In English, the use of the term “caregiver” has changed over the past two decades; in earlier studies the researchers often use the concept “relative” or family member”, but in recent studies the term “caregiver and “carer” are most common. Caregivers are not necessarily family members; they can also be people close to the recipient who have a strong bond or friendship (Stengård, 2005). According to the definition of carer given by the Finnish Network for Organizations Supporting Family Caring, “A carer is

a person who takes care of his/her family member or other loved one who cannot cope independently with everyday activities due to an illness, disability or other special need for care” (Halmesmäki et al, 2015).

Delicado Useros, et al (2012) says formal care is provided by close family members who “act unselfishly and with generosity of spirit”. On the other hand, they are those persons who, in the majority of the cases, take care of an ill family member in a "unstructured" way, i.e. they are not part of support service agency or of an hospital, they are family members, friends, neighbors or come from the social network of the patient. The care receiver needs assistance in daily activities and in many other tasks such as wound care, urinary catheter hygiene, ventilator etc.

The Omaishoitajat ja läheiset- liitto ry (OHL-liitto ry) gives a complete description of the formal caregiver’s situation which appear in the family life at different stages. Parents caring for a child with a disability, spouses caring for their partners, and daughters and sons caring for their elderly parents are carers. A care relationship can grow gradually as a result of a loved one’s growing need for assistance, or it can develop quickly as a result of sudden illness, accident or the birth of a child with special needs. In the case of the child, many parents do not think of themselves as carers, but it comes naturally due to the family bonds and love between them. In addition, there has been a rapid growth of chronic illnesses with a consequence increase in the demand for long-term care services. Thus, the tasks of the formal caregivers have developed mainly in the long term care service (Williams A.P et al, 2010).

Schumacher and his colleagues (2006) have distinguished between “primary” and “secondary” caregivers. Primary caregivers are typically those taking on the whole role of providing most of the day to day aspects of care. Spouses are the most common primary caregivers, followed by daughters or sons or even distant relatives and friends. Different activities in daily living are involved in this primary care and can often be categorized in many ways, such as “ assisting with eating, bathing, walking, and using the toilet, as well as instrumental

activities of daily living, such as driving, household tasks, and managing personal finances (Schumacher et al, 2006). Secondary caregivers have a tendency to help with the irregular activities such as shopping, transportation from one place to another, accompany with walking, doing small errands, home repairs etc. When the spouse is the primary caregiver, the children can act as the secondary caregiver, providing emotional support and handling emergencies (Schumacher et al, 2006).

2.3.1 The Importance of the formal caregivers

Güven's (2010) complex definition of the elderly clearly points to the formal caregiver as the ideal one. It is the formal caregiver who would be familiar with the person's cultural, environmental and economic factors, as well as the biological, familial, educational and professional past and present of the person needing care.

In many ways it could be said that formal caregiver is the ideal caregiver. The complexity of Güven's definition of the elderly, points directly to the formal caregiver, who alone is in the position of knowing the patient's *"biological past, familial effects, educational experiences and an emotional life"* (Güven, 2010).

The Author already pointed out that, according to Hautsalo et al, (2012), in Finland the majority of the elderly dream of staying at home where they feel "safer than ever", not to mention being with the family they love and share common things. The vast majority of families want to take care of their loved ones. Hautsalo et al, (2012) also speaks of formal caregiving providing an essential service to society and the urgent need of making it possible for formal caregivers to be able to take care of their family members. Formal caregiving involves learning new tasks as a caregiver, such as guidance and supervision, treatment, personal assistance, the use of assistive devices and cooperation with various professionals.

Moreover, Toljamo (2011) the family caregiver's experience has become more positive and also better recognized, due to the fact that family caregiving is now perceived as worthwhile, and because the majority of caregivers had a close relationship with the person they cared for and hence received support from their family. Moreover, Hautsalo et al, (2012) clarifies that the most valuable nursing care is performed in partnership with families. It has also a major economic value and it has become an important part of the health care system. There are many factors which need to be considered and can affect a person's decision to become a caregiver. Some caregivers feel the quality of life of the sick person will improve and he/she is happier being taken care of at home rather than being in elderly care home service.

Stengård (2005) studied the formal caregiver, and states that the "most crucial motivation for formal care is a relationship that is not based on love and a need for caring but it (the love) already existed prior to that". She also has an excellent method of dividing caregiver motivation into three groups.

Table 1. Caregiver motivation

1.	The first group has to do with the caregivers themselves
<input type="checkbox"/>	Material situation
<input type="checkbox"/>	Social situation
<input type="checkbox"/>	Psychological state
<input type="checkbox"/>	Including love, sentimental value, and feelings of family ties, feelings of obligation, resignation and guilt, a thoughtful need to help others
<input type="checkbox"/>	Socio-economic dependence
<input type="checkbox"/>	Belief in the healing process
<input type="checkbox"/>	Religious or anti-institutional convictions
<input type="checkbox"/>	Personal characteristics
<input type="checkbox"/>	Family tradition
<hr/>	
2.	The second group of motives refers to availability
<input type="checkbox"/>	The family
<input type="checkbox"/>	The community
<input type="checkbox"/>	The institutional resources which could offer an alternative caregiving situation
<hr/>	
3.	The third group of reasons is associated with the care recipient
<input type="checkbox"/>	The dependent person's refusal to be placed elsewhere and his or her state of health
<input type="checkbox"/>	The level of autonomy that made it possible to provide care at home

Stengård, 2005

Lewis (2008), found that the caregivers' rewards and satisfactions of caregiving have been a cause of pride, in the fulfillment of an important commitment, learning new skills or simply the feeling of being appreciated. Some caregivers say that it is a way to express love or pay back a family member who needs care.

According to Toljamo (2012), the family caring includes "enjoyment of the role, positive effect, satisfaction, well-being, role gain, uplifts, rewards, gratification,

mastery, growth and meaningfulness". With chronic illnesses, such as dementia, some of the caregivers see their role as an "opportunity to give back, to discover personal strengths and become closer to the care receiver". Couples' shared histories, love and mutual responsibilities are the main background in which family caregiving contains emotional support and practical and personal assistance.

The major motivation that caregivers have is the happiness resulting from the action of serving and caring for those they love. It is more rewarding, as it is the result of us doing our best for others and making them happy. Serving can be one of the most joyful, most fulfilling aspects of life. In this sense, happiness is shared with the others by caring and serving them. The experience of happiness is enjoyment- the exhilarating sensation of being fully alive. Human beings have the capacity to realize and develop their inside world through the relationships that they have with other people and with the world. He is capable of learning from the other's help and example, and everyday realities give a reliable content and meaning to his life, to care is to serve. Moreover, sacrificing for others is more meaningful than just doing a favor (Csikszentmihaly, 2003, p.37).

2.3.2 Basic skills Caregivers Need

According to Given and her colleagues (2008), the level of burden upon caregivers is greater with chronic illness patients than the ones with physical illness, because of the psychological and emotional stress. Furthermore, Kelly et al (2008) referred to caregivers as "secondary patients", meaning that caregivers who provide care to the chronic illness patients also need and deserve protection and guidance from the nurses and other healthcare staff. Research supports that this caregiver as-client viewpoint focuses on ways to protect family caregivers, their health and safety, because their caregiving demands place them at high risk for injury and accident.

In recent times, researchers have suggested that family caregivers require both knowledge and skill to provide care and to reduce their own stress. According to Given et al (2008) nurses and social professionals should assess the care situation and help formal caregivers improve the skills and knowledge they need. In accordance with this research by Given et al (2008), formal caregivers who have these skills report having lower levels of stress. It is important to reiterate “caregivers need certain knowledge and skills both to provide the best possible care and to protect their own well-being” (Given et al, 2008).

2.3.3 Knowledge

According to Kelly et al (2008), to be knowledgeable is to be aware of all of the circumstances and the complexity of relationships between caregivers and their family members. The challenges may be physical, emotional, or financial. It is necessary to understand the patients’ needs and to know how to support them with respect and compassion. It is also important to be familiar with the resources available, and to possess the knowledge of how to make other people happy, getting to know what makes them happy, and what they like to do. When patients feel wanted and needed, they gain strength and feel special.

Moreover, family has the legal right to acquire information from the healthcare services regarding illness, treatment and rehabilitation of the patient involved with the permission from the patient. Kela (kela is a provider of social security benefits for all residents of Finland). Insurance companies and municipalities provide various services guides. It is also essential for the caregivers to gain knowledge on various services offered for them to be used to help them cope with their current situation (Halmesmäki et al, 2015). Below is a table 2, detailing different services.

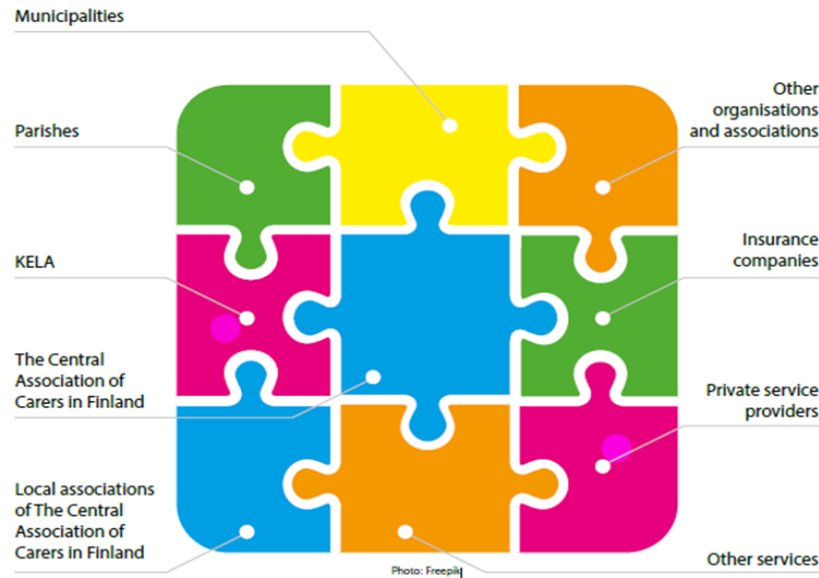
Table 2. Services and From Where, Am I a Carer?

<p>MUNICIPALITIES</p> <ul style="list-style-type: none"> • Support for formal care: services to the care receiver, care allowance to the carer, leaves and support for the carer • Home care: domestic services and home nursing, support services for homecare, e.g. catering, bathing, laundry and shopping services as well as safety phone services the running errands • Short-term care and daytime activities for the care receiver • Supported living
<p><i>PRIMARY HEALTH CARE (Health Center)</i></p> <ul style="list-style-type: none"> • Healthcare and medical care examinations • Rehabilitation; individual, group and veterans • Assistive devices that support daily activities, alarms and access control systems” • Care supplies • Mental health services
<p>SPECIAL HEALTH CARE</p> <ul style="list-style-type: none"> • Special health care procedure, examinations, nursing, social work, medical rehabilitation and rehabilitation guidance • Special assistive devices for mobility, sensory processes and communication that support daily activities • Mental health services (outpatient clinic, institutional), rehabilitation guidance
<p>KELA</p> <ul style="list-style-type: none"> • Rehabilitation (professional, discretionary and that of a severely disabled under 65-yearold) and adaptation training for the care receiver and carer • Disability benefits, disability allowance for children under 16 or persons aged 16 years or over and care allowance for pensioners • Special care allowance for caring for a sick or disabled child • Sickness allowance • Medicine reimbursements; reimbursements of the costs of private medical care, dental care and rehabilitation and the related travel allowance
<p>LOCAL ASSOCIATIONS</p> <ul style="list-style-type: none"> • Guidance, advice and information • Excursions and events • Peer support groups & Holidays and recreation • Social influence & Carer training <p>www.omaishoitajat.fi</p>

(Halmesmäki et al., 2015)

The chart 1 describes the different social and healthcare services in Finland where the system provides various forms of support for caregiver.

Chart 1. A puzzle of Services in a nutshell, Services and From Where, Am I a Carer?



(Halmesmäki et al., 2015)

According to Margaret J, B, et al (2002) information and knowledge is an important need. The family caregivers need knowledge about the elders' disease or illness and their expectation regarding their illness. One good learning opportunity is for them is to attend a work- shop together with other caregivers, where one can share each other experiences and worries regarding their love one. Exchanging experiences can help and motivate other caregivers to have new ideas, and may even help them emotionally on how to deal with difficulties.

It is important to consider information concerning diets, medication and treatment plan. Medication in particular is a challenged for the caregivers since they not only need to know what the medicine is for and how often they elder should take it, but the caregivers should also know the symptoms and signs to look out for that might indicate adverse effects of the medicines. Therefore, it is

essential to teach caregivers about each medication and its potential adverse effects on the body. Having information regarding the medications is always necessary before administering them. Having the correct information about the medications can assist caregivers in identifying the etiology of the symptoms and whether they need to call a doctor or a nurse assistant (Bull et al, 2002).

In addition, instruction for technology absorbs an ever growing part of the caregiver's routine. Transferring the knowledge on how to use this technology is a key factor to help the caregivers in performing their role, for example, equipment in the home, such as indwelling central lines, intravenous therapy, or patient controlled analgesia devices. It is also important to have information about community resources available, such as where to buy medical equipment and rehabilitative devices (Bull et al, 2002).

According to Delicado et al (2012), nurses should be familiar with the financial aid options available for short- and long term treatment and providing this information to the caregivers is absolutely critical. Nevertheless, social workers and nurses are the first point of interaction for the family caregivers. Hence, healthcare providers must be supportive of the family caregivers and help them acquire knowledge and skills in order to maximize the quality of care they provide.

2.3.4 Competencies and Skills

Schumacher and her colleagues indicate that family caregivers need “the ability to engage effectively and smoothly in nine care processes requiring psychomotor, cognitive and psychological skills.” They go on to describe the nine processes as “monitoring, interpreting, making decisions, taking action, adjusting to changing needs, comforting with hands-on care (direct care), accessing resources, working with the “ill” person and negotiating the health care system.” Skills such as monitoring and interpreting require complex reasoning (Schumacher et al, 2006).

Given et al (2008) speaks specifically several of the nine processes there is specific need to understand and achieve complex medical tasks, supervise patients, and make complex decisions, try to solve the problems and of course to provide care. According to Given et al (2008), using all the above skills, caregivers administer medications, plan and provide meals, handle medical equipment. All are very crucial most particularly medication dispensing. Caregivers also need to know basic things such as wound care and lifting and turning. In addition caregivers need to learn to monitor patients for new signs and take vital signs. Thus, caregivers should be able to perform complex medical tasks, supervise patients, make decisions, solve problems, provide emotional support and comfort and coordinate care. By acquiring these skills and knowledge caregivers make both their life and the life of the person they are taking care for easier (Given et al, 2008).

The National Care Planning Council (NCPC, 2016), who promotes and supports planning for long term care for elderly, proposes that caregivers encourage and possibly even “push” the older person, provided they are not seriously limited, to become stimulated mentally, socially and physically, to be involved actively, and to give them a purpose for living. Viktor E. Frankl, (2006) says “Those who have a 'why' to live, can bear with almost any 'how'.” Here are some ideas that can be taken into action. Both the elderly person and the caregiver should have challenging activities throughout the day, such as making trips/excursions to interesting places together or with a hired practical nurse, be active in visiting senior centers, or to get involved in church work. If the patient is interested in doing handcrafts, creative design, scrap books or other home-oriented activities it can stimulate their brain and help them feel useful. Opportunities can be provided for family and friends to come by and visit and encourage or even arrange such encounters. In addition, having a common exercise program and encouraging each other to do it can be beneficial (NCPC, 2016).

It is necessary to receive help and encouragement in order to, in turn, be able to encourage older people, because one can be drained from trying. Therefore, it may be necessary to seek help from friends and other family members. It is

important to remember that everyone should work together as a family, with the common goal to improve life for elderly people. Having a common family goal and mutual support helps the caregiver, even though difficulties may arise (Given et al, 2008).

2.3.5 Communication

To communicate effectively is essential in the healthcare environment. Nurses and other social workers should and must be able to communicate all the necessary information to the family caregiver in a helpful manner. However, this involves knowledge of family systems and dynamics and requires one to have outstanding communication skills and ability to translate science into practicality (Lewis, 2008). Nigolian et al (2011) recommends that one can effectively communicate by using simple language, creating a shame free environment, slowing down, breaking down information in to short statements that the caregivers are able to understand, using so called “ chunk and check,” meaning giving small pieces of information at one time and checking to see whether they have been understood. Meanwhile, focusing on the two or three most important concepts and checking for understanding by using teach back. The caregiver also needs to make important decisions regarding the patient, and some of the caregivers have difficulty communicating their problems. For example, they may be unable to find the correct words or simply may be unable to express themselves, so nurses should ask questions, have daily meetings with the caregivers in order to gain their trust, and to make them feel not alone. Support and care should be shown by nurses and by physicians. However, caregivers need to talk and be able to connect with someone who can help them; in that way, it gives them confidence in their work, which is necessary in effective caregiving (Nigolian et al, 2011).

At times, there may be barriers to communication in the healthcare environment. Nurses must be aware of these challenges which can arise when communicating with caregivers. Since Finland has an increasingly diverse ethnic population and cultural differences, nurses must be aware of cultural

differences. These differences can manifest themselves in the areas of social interaction, communication styles, and views on health and healing (Nigolian, 2011). Nigolian also mentions that language differences can be a potential source of misunderstanding, especially when an interpreter is not available. Given (2008) suggests that nurses can provide better care by learning about the major ethnic groups represented in their caregiving cases. Though nurses cannot be expected to be experts on all cultures, nurses can extend a level of sensitivity and attitude of respect to caregivers and their families. As seen in table 3 are listed the recommended skills for effective caregiver communication.

Table 3. Communication competencies Nurses need to support Family Caregivers

Effective Caregiver Communication	
Patience	Patients talk slowly, they move slowly, misunderstand easily, hear mistakenly. Nurses/ Caregivers need to demonstrate that they care about them and assure them that everything will go well.
Listening	One of the most essential skills anyone can have is listening. Firstly, ask questions; second, listen to their reply; be attentive to what they say. Eye contact is very important. Sometimes it is not only a material need that needs taking care of. They also need to see that someone is listening to them.
Effective talking	Take time to explain things, and stay calm because often they lose the thread of the conversation and nurses need to explain 2-3x before they understand. Speak slowly and take time to explain.
Body language	Whether you are talking or listening, it is important to pay attention to your own body language. In this way the elderly know that, as a caregiver, you are paying attention, are interested in them, and are actively engaged in what is going on around you. Smiling and nodding tells them you are listening.
Additional considerations	Some of the patients may need special communication accommodations. For instance, if their hearing is impaired, you will want to look directly at them when you speak, talk loudly and clearly, and avoid distractions while communicating with them. If the patient uses a hearing aid, make sure you know where it is.

(Given et al., 2008)

2.4 The role of the Nurse in Family Caregiving

According to Kelly et al (2008), some caregivers say they feel more in control when they have suitable education and feel less nervous when homecare nurses are able to educate and prepare them for the caregivers' job. Formation is essential because it lessens the risk of error and increases self-confidence. Therefore, nurses have a key role to play in this effort, since they have more

knowledge of the disease and experience with different kind of patients (Kelly et al, 2008). Both the caregiver and the nurses have a holistic view of the elderly with chronic illness, and their common goal is to improve and sustain the elderly's health and quality of life (Nigolian, et al, 2011).

However, nurses should have the competence to teach the caregivers as well as the patient. Nurses have a major involvement in caregiver planning, and effective communication is linked to greater satisfaction with care and improved adherence. When providing the information to the patient and family, nurses need to enthusiastically contribute in promoting the patients' health and value of the patient education (Nigolian, et al 2011).

Lewis (2008) recommended some aspects of how nurses should get involved and what are the qualities nurses should ponder in order to support family caregivers. First of all, nurses should have knowledge to understand how complicated caregiving is, since it entails not only physical but also emotional care to ill or weak elderly patients. Formal caregivers, on the contrary, do not have this background knowledge. Secondly, the importance of communication skills. Nurses should give information to the family caregivers in open-minded supportive manner. Keeping those in mind, nurses have a great role in teaching the family caregivers and making the patient's life easier (Lewis, 2008).

Research made by Zarit et al (2008) shows that caring for an elderly or disabled person affects the health and well-being of the caregiver. Nurses have long been concerned about the lack of support, resources and potential isolation of long- term caregivers.

According to Given (2008), many family caregivers say they do not have the necessary skills and knowledge to sustain care for the person with chronic illness. They feel they lack the confidence and feel unprepared, and some of the caregivers do not know how to assume the caregivers role because they are not familiar with the type and amount of care needed. Some of the caregivers thought caregiving to be worthwhile, especially with a family member, but others

found caregiving to be too demanding. Apart from all these, family member's life (caregiver's) also involves specific stressors and risk factors which is a product of the current situation and a risk factor. In a 2005 study (Stengård), certain factors have been linked to depression. The caregivers' stress can arise from the ill person's behavior and incapacity, or even the amount of time the caregiver devotes to caring. Devoting over 32 hours per week to caregiving decreases the caregiver's wellbeing (Stengård, 2005).

Caregiving has features of chronic stress, and caregiving may have psychological, behavioral, and physiological effects that can contribute to impaired immune system function and coronary heart disease, and even early death (Schulz, 2008). In caregivers, some of these are objective aggravation pointers to psychological stress and impaired health behaviors, which motivate physiologic responses resulting in illness and mortality. As a result, caregivers experience layers of stress. To the burden of caring often for their sick loved ones, separated from their own support systems, while balancing at the same time their own life responsibilities, threatens to overwhelm them. The negative effects in health are increased by individual differences in assets and weaknesses, for example economic status, health status and level of support given (Schulz, 2008). Mental health is one of the difficult things to deal with. According to both Margaret (2012) and Schulz R (2008), the most noticeable signs and symptoms of caregiving stress are psychological difficulties, most commonly anxiety, depression and loneliness, energy depletion, sleeplessness, fatigue and impaired emotional health, and restoring energy results in reduced quality of life for caregiving.

Richard Schulz and his colleague Paula R. Sherwood (2001) found that caring for a patient with dementia is more challenging than caring for someone with physical disabilities alone. The patient with dementia naturally requires more observation and is less likely to express gratitude for the help he receives and is more likely to be depressed. Greater degrees of depression, stress and low ratings of well-being in caregivers is reliably associated with the following factors: the care receivers behavioral problems; cognitive impairments;

functional disabilities; the duration and amount of care provided; the caregiver's age; the relation between caregivers and care receivers, with a husband and wife relationship having a greater effect, caregiver's sex, with females being more affected.

One of the primary roles of the nurses is to provide information to the caregivers and to teach them different skills they should have. However, patient education is also responsibility of the nurse because of the helpful behavior enhances the patient health (Schulz et al, 2001).

From the nurse's point of view, research made by Delicado et al, 2012 indicate certain attitudes in the caregivers and qualities of the care itself make caregivers better providers of care:

- Continuity: quality of care: "He/she is always there the patient wholeheartedly."
- Ability/quality of the caregiver to learn: "They are very alert when they are being taught. Even when they aren't asked to, they learn by observing." "They pay a lot of attention to how you treat patients to all the details: the mattress, the protection."
- Previous training and initiative: (caregivers CV): "I have met family members who understand completely how to provide care; they are well trained and know when the patient needs to be admitted to the hospital."
- Motivation and commitment: (caregiver) "Whether it is vocation or not."

However, certain factors adversely affect care:

- The advanced age of many caregivers limits their ability to understand and remember very specific and technical tasks.
- Lack of experience, especially in men and younger people.
- Added to the above factors are insecurity and fear (Delicado et al, 2012)

Therefore, the demands of providing care has such different factors as the patient's personality, the type or stage of illness and the caregiver's physical,

cognitive, social, and organizational and psychological knowledge and skills. Nurses should be involved with patient and caregiving planning, active communication is associated to a greater satisfaction with care and improved observance.

In conclusion, it is crucial that nurses take the time to get involved with caregivers when a patient returns home from the hospitals. Having the information given by professional staff makes the caregivers feel more in control and especially less stressed because they believe they are effectively prepared to manage care at home (Nigolian et al, 2011). Delicado and her colleagues agree on the fact that nursing professionals should preferably be involved in the administration of basic care given at home. Nurses are qualified to provide complete care to caregivers as well as to the patients, which require paying attention to the home environment. Thus, building a relationship with the caregivers is, in the ultimate analysis, vital (Delicado et al, 2012). Some studies demonstrate that family caregivers suffer emotionally and may be vulnerable to a wide variety of medical conditions. Stress and the feeling of being overburdened can be avoided with a nurse's help (Grant et al, 2012).

3 COMPASSION AND HOPE

Among the personal qualities of the caregiver compassion is a condition without which adequate care is not possible. Anne Fried (1998, p21) states “Rakkaus ei ole aina mahdollista. Myötätunto on aina mahdollista” (Love is not always possible but Compassion is always possible).

Compassion is identifying oneself with a suffering person. Though not with suffering in general, or with suffering that comes with a certain medical condition or disease or aging in theory. It means identifying oneself with a concrete person, this person in front me, unique, with his personal complexity and background (Roach, 1997). Güven (2010) expresses it in detail “biological pass, inborn and familial effects... and emotional life”, whose life has been shaped also by cultural and environmental, and economical factors. I, caregiver (with my own past and present) need to identify myself with the unique person in front of me, trying to understand his suffering and desiring to take care of this specific person. Convinced that it is worthwhile to take care of this person. Saying to that person with or without words, you are worthwhile to take care of. It is this compassion that inspires hope in the patient.

The word hope was selected because of its close link to the spirit of a human being. It is not possible to inject hope in another person, but one can communicate peace through a positive attitude towards the person and his/ her process and struggle. This places definite demands on the caregiver.

According to Watson (1993), another dimension that is relevant to the discussion of the exchange that occurs between caregivers and patients and the nature of interpersonal meaningful dimension that it is called “empathy” and “compassion”. First, to understand compassion for the other, one must notice that the other person is suffering. Second, compassion involves feeling moved by others’ suffering so that one can feel the other person’s heart respond to the pain. In fact, compassion literally means to “suffer with”. When this happens, one feels warmth, caring and desire to help the suffering person in any way

possible. Compassion also means providing understanding and kindness, rather than judgment, when others fail or make mistakes (Neff, 2011).

According to Watson (1993), caring offers access to a greater force which is original and universal psychic energy, similar to love. With this energy, a sense of harmony of mind, body and spirit is created, which can activate the self-healing process. In one word, both the patient and the caregivers can relate at the level of their own humanness and vulnerability as they learn from each other. When shared, it allows humanity to transcend itself by feeling a part of something greater than oneself.

The philosopher Mayeroff (1971) describes caring as an existential position that offers an order and meaning to life, and the foundation on which people organize their involvements and find their place in the world. Mayeroff (1971) identifies eight qualities that are necessary for a person to be “caring”. These qualities need to be adapted to the situation of the elderly but nevertheless remain applicable. In table 4 shows the main caring ingredients describe by Mayeroff.

Table 4. The major ingredients for caring

1. **Knowing**

Caring requires knowledge of the other. One must be able to understand the other's needs and respond properly to them. Good intentions alone do not guarantee a caring response.

2. **Alternating Rhythms**

One learns from one's mistakes and modifies behavior in response to the other. Another important form of rhythm is that of moving back and forth between a narrower and wider framework, so one can go from attending to detail to attending to the larger context.

3. **Patience**

One must have the patience to allow the other to grow "in his own time and in his own way". We not only give the other time, but we also give space, by giving the other "room to live".

The elderly also need time and space to live, but they particularly need patience and understanding with their defects.

4. **Honesty**

Honesty involves being open to oneself as well as to the other. The one who is carer must be honest enough to accept the other as he/she actually is rather than how the carer one would like him or her to be.

5. **Trust**

Trust requires faith in the ability of the other to grow and self-actualize in that person's own time and way. It appreciates the independent existence of the other, that the other is other. Trusting the other is to let go, it includes an element of risk and a leap into the unknown, both of which take courage.

6. **Humility**

Involves being willing to learn from the one being cared for. This requires overcoming the arrogance that exaggerates the power of the one who is caring, at the expense of the one being cared for.

7. **Hope**

Hope means believing that other will grow through caring. This hope is not based on the hope of an idealized future at the expense of the present, but rather "an expression of ...a present alive with a sense of the possible".

8. **Courage**

Is required in order to follow the other into the unknown. This is similar to the courage of a caregiver who rejects his own comfort to take care of the other and make the other person happy. Courage is also needed to when faced hard question "like, how long will I live?"

(Mayeoff, 1971)

“A generous person knows how to be loving and understanding and how to give material help without demanding love, to care is to love and when love is given it forgets it has given and in this lies its richness. It is better to give than to receive, that to love, is in its essence, to give oneself to others. Thus, to be able to really love truly it is important to be detached from everything and especially, from oneself, to give gratuitously, this detachment from self is the source of a balanced personality. “It is the secret of happiness” (Fernández 1989 p.99). When one becomes a caregiver, one should know how to think of others before oneself.

A generous happy person will necessarily communicate hope. Hope cannot be communicated directly. It is not an injection; words are not enough even though, there may be many synonyms for hope. Only a person such as described by Fernández is able to communicate hope to another person. He does so, by who he is and not by any specific word or action. Furthermore, Anne Fried, (1998 p.22) writes that love is not always possible but compassion is always possible, Fried defines compassion as “Rinnalla Kulkemista” (walking alongside) she expresses this in the following words, “I’m always ready to listen to and understand the other person, to be open to receive each person such as he is. I am always ready to give him what they need, but I am also ready to receive that which they can give: what they are, and represent” (Fried, 1998).

4 THEORETICAL FRAMEWORK

This theoretical framework is suitable for a research study, because it allows the researcher to offer with confidence the evidence that has been collected through this study. In this case, to understand Kari Martinsen's concept of care manifests the holistic nature of caregiving and requires personal qualities in the caregiver.

4.1 Theory of Caring by Kari Martinsen

The theoretical framework in this paper will attempt to bring knowledge from nursing into the world of caregivers by taking the significant academic works on care by the Norwegian nurse, scientist and philosopher Kari Martinsen. Her work has influenced the current understanding of care in nursing in Scandinavian countries. Therefore, I decided to use her theory of care since it is her concept of care that I wanted to base my research on. In addition, Kari Martinsen being from the Nordic countries and this research being conducted in Finland may provide a significant similarity.

Furthermore, Martinsen's findings about care given by a professional nurse may be applicable to the context of nurses supporting caregivers. To date, this challenge has not been satisfactorily met.

According to Martinsen (2006) numerous caregivers have high qualities and brilliant ideas about how to make a trustful and effective relationship with patients in order to provide them with the best possible care. The researcher seeks to identify a few essential qualities that could be taught and acquired to some degree by all formal caregivers. Martinsen highlights care as being basic to human existence. She states that human beings are social beings, dependent on other people, and rely on them. A human life is essentially a life of interdependence. The undeniable fact that human beings are interconnected and dependent upon each other thus represents a central ontological feature of Kari Martinsen's theory on care, which establishes an essential quality of our

lives. Human beings are basically dependent, and this dependency requires a human response in the form of care.

Martinsen (2006) often interprets a situation of care as being emotionally overloaded and particularistic in nature. At the same time, she clarifies: "Care is to be concrete and present in a relationship by our senses and our bodies. It is always to be in a movement away from ourselves and towards the other" Care is to relate to the other as a response to the concrete situation of the other.

Martinsen, (2006) highlights that in order to care for the patient, "we must both be able to see and express the patient's appeal for help." To notice the need (to see) and at the same time focus on the importance of practical action in care (to express). She also indicates a significant ethical implication: namely, the strengthening of a patient's life courage in the suffering. Therefore, care is not only about being empathic or being emotionally attached. The essential element is to be able to recognize the need of the other and to act accordingly. For that reason, practical action represents an important dimension in Martinsen's care approach, together with a relational and a moral dimension. "Care is thus a trinity: "relational, practical and moral simultaneously" (Martinsen, 2006) pp.79-80).

5 AIM AND RESEARCH QUESTIONS

The main purpose of this study and its motivation is to establish what constitutes adequate care of the elderly; to define the personal qualities and skills needed to provide quality care; and to identify the role of the professional nurse in formal (family) caregiving. Therefore, the research questions follow:

1. What is adequate care?
2. What personal qualities and skills do formal caregivers need in order to adequately take care of the elderly?
3. What is the role of the professional nurse in formal caregiving?

6 METHODOLOGY

The purpose of this study is to carry out a qualitative research and the method used is literature review. Literature review entails choosing and using specific approaches and tools to collect themes by using several databases and to analyze data by compiling all databases. This plays a very essential role in evaluating the existing knowledge in this field of study, and it can also be helpful in the progress of the theoretical base (Wesleyan, 2014).

Qualitative approach is applied by using deductive analysis, which helps the author to narrow it down to more specific hypotheses and to get clear and certain information about this study. The research questions were used as a guide and the main goal was to find answers for the research questions in review.

6.1 Data collection

The Author data used in this study was collected from the Arcada University Of Applied Science Nelli Portal. The searches performed were limited to full text articles published academic journals, and web pages and published books were used.

The first research conducted was in “Academic Search Elite (EBSCO, The first key words used are (“Nurses AND Family caregiver AND Support”) to obtain the abstract author got 497 hits. After gaining 497 hits articles from EBSCO, the search was limited to full text and from year 2010-2015, Author got 254 hits. Since the topic is so relevant in today’s society, there have been many articles written, most particularly in the United States. Therefore, choosing the correct articles has been very difficult.

Therefore, after reading a few titles and the abstract I came across articles from the American Journal of Nursing. I went to the link and made a straight search from there. Key words used “Supporting Family Caregivers”. The result was 108

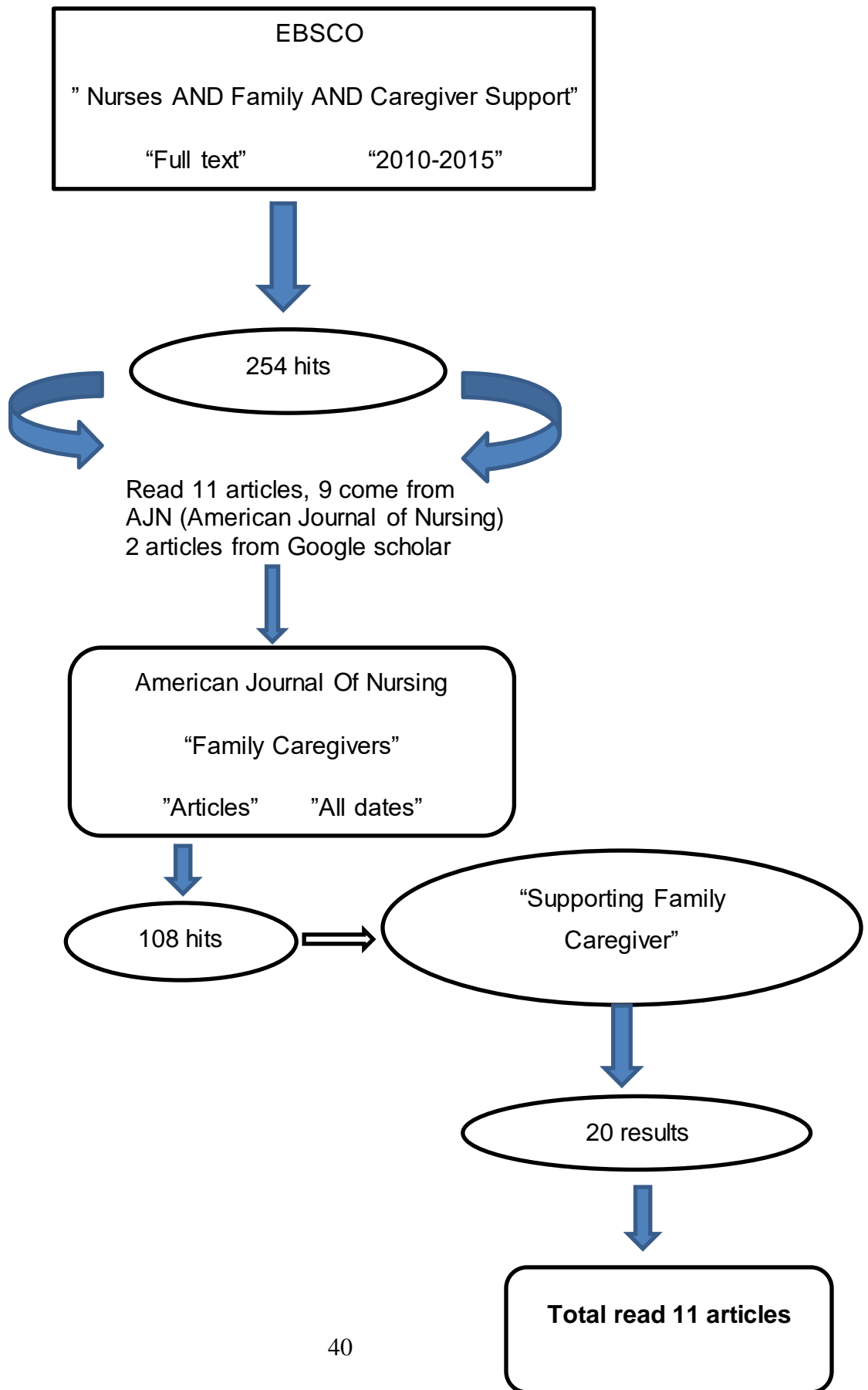
hits, the author made a limited search to eight years from now, and got 20 results. From the 20 hits, further selection was made, discarding articles that do not have the full text, free review or a video, therefore, I read through the remainder and have chosen nine articles that are most related to the topic and can answer the research questions. The other two articles were searched from Google scholar that is useful for the research.

6.2 Inclusion and Exclusion Criteria

The pre inclusion criteria was the extent to which these article abstracts related to the formulated research questions and the extent to which they shared the same keywords as the research question included and the goods which do not meet the criteria were excluded.

Inclusion criteria in this study were full text articles published in the English language. Pre-viewed articles were chosen from 20 hits academic database into 11 articles chosen scientific articles that are free of costs were selected. Excluding criteria were the articles that were payable, some with videos and some of the articles reviewed did not have sufficient content to enable to conduct a reliable research.

Figure 1. Illustrate on how are titles are selected



6.3 Chosen Articles for the Research Study

The following articles have been chosen to conduct the research study, which is mentioned above in inclusion and exclusion criteria.

1. Barbara Given, R. Sherwood Paula & W, Given Charles, What Knowledge and Skills Do Caregivers Need?, AJN, September 2008, Vol 108, No.9.
2. Bull J Margaret and McShane E. Ruth., Needs and Supports for Family Caregivers of Chronically Ill Elders, February 2002, Vol 14 No. 2, 92-98.
3. Delicado Useros Maria Victoria & Alfaro Espin Antonia & Candel Parra Eduardo and Barnés Martinez Anna, Family Caregivers: Nurses' Perceptions and Attitudes, March 2012, Vol 6, No. 3.
4. Güven Seval & Sener Arzu, Family Relations in Aging, December 2010, Vol 1, No. 3.
5. Grant Marcia and Ferrell Betty, Nursing Role Implications for Family Caregiving, November 2012, Vol 28, No. 4.
6. Kelly Kathleen & Reinhard C. Susan and Brooks-Danson Ashley, Executive Summary: Professional Partners Supporting Family Caregivers, AJN, September 2008, Vol 108, No. 9.
7. Lewis Laurie, Discussion and Recommendations (2008) AJN, September, Vol 108, No. 9.
8. Levine Carol, MA, The Hospitals Nurse's Assessment Of Family Caregiver Needs, "A smooth transition for the patient is the ultimate goal", AJN, October 2011, Vol 111, No. 10.
9. Nigolian J. Cynthia and Miller L. Karin, Teaching Essential Skills to Family Caregivers, AJN, November 2011, Vol 11, No. 11.
10. Schumacher Karen & Beck A. Claudia & Marren M Joan, Family Caregivers, Caring for older adults, working with their family, AJN, August 2006, Vol 106, No. 8.
11. Zarit Steven and Femia Elia, Behavioral and Psychosocial Interventions for Family Caregivers, AJN, September 2008, Vol 108, No. 9.

6.4 Data Analysis

The method utilized to analyze the data was content analysis. Content analysis is a commonly used tool to define a phenomenon and to identify and learn to

understand different processes and form new information, for example by written, verbal or even visual communication (Elo S, et al, 2014). The content analysis is one of the several qualitative methods presently available for analyzing data and interpreting its meaning. Content analysis is a technique that can be used with either qualitative or quantitative data or an inductive or deductive method (Elo S, et al, 2014). The goal of content analysis is “to provide knowledge and understanding of the phenomenon under study”.

There are several approaches that can be used in content analysis. Hsiu-Fang & Sarah E. Shannon (2005) made three different approaches. Conventional content analysis is generally used with a study project whose aim is to describe a phenomenon. This kind of design is typically suitable when the existing theory or research literature and a phenomenon are limited. Directed content analysis is a more organized process, using current theory or prior research. The research begins by identifying key concepts or variables as first coding categories. Summative content analysis is a study that starts with identifying and quantifying certain words or content in text with the purpose of understanding the background use of the words or content. To analyze for the appearance of a specific word or content in textual material is referred to as manifest content analysis (Hsiu-Fang & Shannon 2005).

Qualitative content analysis is defined as a research method for the subjective interpretation of the content of text data through the systematic classification of coding and identifying themes or patterns (Hsieh & Shannon, 2005). The summary of the articles used in content analysis can be seen in appendix 1.

6.5 Ethical Consideration

“Ethics is the way in which a person uses his freedom to direct his life; his acts. These acts improve the human essence by endowing it with habits and virtues, or impoverish it by vices. (...) Ethics is to consider human life as a task.” (Selles, 2010) This rather abstract, anthropological consideration applies to all human acts: A human being is free and therefore responsible for his or her acts. Human beings have to consider if what they are doing or want to do is right or not.

The reason why I have chosen the topic is primarily due to my workplace. I have been working in homecare service for years and observed many different kind of caregivers that take care of the elderly. I have seen that some of the caregivers lack the basic skills to take care of their husband/wife, some of them also mention that they would need support from the nurses or physicians.

Ethical considerations are fundamental in professional care taking as constant decisions regarding patients have to be made. The material used in the research consists of scientific articles and books. Articles have been obtained from trusted web sites. I have mentioned all the sources from which were obtained the ideas, concepts and thoughts used in this research. Plagiarism has been avoided by making a correct reference according to Arcada University of Applied Sciences thesis writing guidelines.

7 DISCUSSION AND FINDINGS

The author will be presenting the findings here in detail which can be categorized into three main categories; what is adequate care, what personal qualities and skills does the formal caregiver need in order to adequately take care of the elderly and what is the role of the professional nurse in formal caregiving. These three categories are reflected in the following sub section below.

The author believes the greater part of the thesis is factual and therefore not a matter of discussion. Training for caregivers, with special attention to patient need, and communicating compassion; adequate medical attention to the caregivers themselves; communication at all levels, always in an atmosphere that conveys mutual trust and respect; are all observable phenomena.

The economical factor, however, needs to be addressed and solutions found so that considerably more family caregivers can receive government support. The elderly population is steadily increasing and already government support is lagging far behind. This is a complex challenge for the Government, Social security services, Medical institutions and Economic sector, including social workers.

7.1 Adequate Care for Elderly

As mentioned previously and as Güven points out, aging is a complex reality. The elderly go through a process and a struggle affected by many different factors. Therefore, caring for the elderly is a challenge that needs to be met differently as a person's aging process progresses, as well as to adapt itself to each personal situation. Adequate care for the elderly can only be built on the fundamental premises of respect for the human dignity of each elderly person. Respect for the human dignity of the elderly person in need of ongoing care ought to inform the fundamental attitude of every person involved in and throughout the process of providing care for the elderly. Martinsen (2006) cites

the example of Danish psychiatrist Lomholt Kemp's struggle to see and hear patients not as patients, but human beings and to dare to see, understand and experience their version of life and how to care. [6, 7]

Kemp's struggle can be captured in the word compassion. Anne Fried (1998, p.21) speaks of this quality in stating "Rakkaus ei ole aina mahdollista. Myötätunto on aina mahdollista" (Love is not always possible but compassion is always possible). She defines compassion as "Rinnalla Kulkemista" (walking hand in hand) she expresses this in the following words, "I'm always ready to listen to and understand the other person, to be open to receive each person such as he is. I am always ready to give him what he needs, but I am also ready to receive that which he can give: what he is and what he represents" (Fried, 1998).

At this point, it is essential to recall that the aging person is going through a period when losses and setbacks in life are experienced. Elderly people have additional needs and face additional challenges as they age. Therefore, as a caregiver, one needs to know what those needs are and how they can be met. Caregivers assist the elderly with their daily routine and in tasks that have become difficult, but at the same time they respectfully encourage the elderly to remain independent. [1, 5]

Looking at the circle of life from the outside, it seems that it reflects the reality of the elderly. However, the obvious dependency of the elderly person was preceded by many years of independent activity. In those years of independence, the person has developed his own way of doing things and of perceiving the reality around him, and has values which he holds sacred. In addition, the inner world of the elderly has lost nothing of its own richness. All of the previously mentioned factors need to be kept in mind and, in a way, should shape the manner in which care is given. [5, 6]

To the loss of independence need to be added the limitations due to illness or accidents. Kelly et al (2008) bring up the idea that the caregiver needs to be

knowledgeable about the patient's expectations regarding his illness. Such knowledge will enable the caregiver to be positive, but at the same time realistic when dealing with the patient. Some patients can be extremely sensitive without any reason, or justifiably so. In either case, a positive attitude is needed in order to give the patient hope, i.e a positive attitude to maintain on a day to day basis. [3, 5]

7.2 Personal Qualities and Skills Formal Caregivers Need in Order to Adequately Take Care of the Elderly

Given and Kelly et al, (2008) make clear that the demands on the caregiver are such that in order to meet those demands the caregiver needs to have balance in his life and know how to maintain it. One of the most important qualities which should be required of caregivers is compassion towards the elderly people. Compassion is not pity. It is identify oneself with the person suffering. Watson (1993), states that understanding compassion involves feeling moved by others suffering so that one can feel the other person's heart respond to the pain. It also means providing understanding and kindness, rather than judgment, when others fail or make mistakes. Apart from being compassionate, a generous happy person will necessarily communicate hope. Although, hope cannot be communicated directly, it is not an injection. But one should give hope to the elderly to go on from day to day with the positive attitude of its being worthwhile. As Fernandez (1989) states, to be able to love truly it is important to be detached from everything and especially, from one self, to give gratuitously. This detachment from self is the source of a balanced personality. "It is the secret of happiness" and a happiness that is communicative. Schumacher and her colleagues give a list of nine processes in caregiving; "monitoring, interpreting, making decisions, taking action, adjusting to changing needs, comforting with hands-on care (direct care), accessing resources, working with the "ill" person and negotiating the health care system." To perform these requires psychomotor, cognitive and psychological skills from the caregiver. Caregivers should also monitor their own condition and make the decision to take action asking help from the nurses when necessary. [3, 4, 7, 9, 11]

Mayeroff lists, (1971), eight major ingredients for caring, (see table 4) of those eight patience and humility, courage and hope are particularly important for the caregivers to foster.

Knowledge and skills need to be sufficient from the start in order to guarantee that the patient receive proper care. The personal qualities cannot be measured in the same way nor do they need to be. Compassion, generosity and the effort to deal with the person in a delicate manner will necessarily bring the person to be sensitive to all the needs of the patient and at the same time to be ready to develop all the qualities needed to give truly adequate care. [11, 4, 7, 9, 3]

7.3 The role of the professional nurse in formal caregiving

Nurses should be sensitive and try to support couples to get through difficulties they will be facing, because the continued loving relationship between the spouses provides the solid foundation needed for caregiving. As we have seen, nurses have an important role with caregivers. Why? Because nurses can support the caregivers and help them cope with the job they have. In the study made by Kelly et al, (2008) some caregivers feel more in control when they have support and suitable education and feel less nervous when nurses are able to educate them, because formation is essential and lessens the risk of error and increases caregiver self-confidence. Nigolian et al, (2011) also states that both the caregivers and nurses, each from their point of view, have a holistic view of the elderly with chronic illness and the common goal of both is to improve and sustain the elderly person's health and quality of life. [2, 7, 8]

Nurses need to be consistently aware of the many challenges that caregivers have to face and the difficulties they might have in communicating briefly, clearly and completely the recent update on the patient.

As far as knowledge and skills are concerned the nurses are also teachers. They need to transmit all the necessary knowledge and monitor the acquisition

of the skills. It is evident that the time and patience that this teaching task requires will vary greatly depending entirely on the condition and need of the patient. Nurses should never take for granted the knowledge and skills of the caregiver but impart the necessary knowledge and provide opportunity to practice the skills, thus ascertaining adequate care from the medical point of view. [9, 10, 8, 7]

8 CONCLUSION AND RECOMMENDATIONS

The aim of this research work is to assist caregivers on how to provide adequate care to the elderly person. Qualitative methods and deductive analysis were used to screen the selected articles. It is evident that in today's society, providing adequate care for the elderly is crucial, especially in Finland. As shown in the background chapter, Finns generally prefer family caregiving, and the government is unable to provide the necessary support that is needed for caregivers. Even with financial support, the care given is generally not adequate for elderly people.

The care provided by the caregiver is not a simple extension of the medical attention given by professionals. Kari Martinsen, (2006), indicates that it is essential to all caregiving that it be holistic. Nigolian (2001) applies this in particular to the chronically ill elderly. For example, the affection with which care is given is important in all types of medical scenarios, but it becomes vital in the caregiving situation and vital for the patient's well-being. In many cases, the caregiver may be the only person to person to contact for the patient. This, together with other factors, led me to examine extensively personhood. In a modern, global society, retaining human values is more important than ever, and it is necessary to spread awareness on the subject because many elderly people are suffering due to lack of awareness of these values (Güven et al, 2010).

In order for caregivers to have confidence in their ability to take care of their loved ones, they need to possess knowledge and basic skills. Nurses play a crucial role in providing training for caregivers. Lewis (2008) recommends some ways nurses should get involved and the qualities nurses should possess in order to support family caregiving. Apart from knowledge and skills, communication plays a significant role in all areas of the healthcare environment. Moreover, nurses and other healthcare workers must be able to communicate all the necessary information to the family caregiver in a helpful manner, and always in an atmosphere that conveys mutual trust and respect.

It is again (Güven et al, 2010) who reminds us that aging is a process. As a matter of fact, life is a process; human life in particular is made up of many phases. Each one is a process in itself. Therefore, the caregiver needs to monitor the changes in the patient, not only psychical ones or decreased mental capacities but also the positive moments, the lucidity and the richness of memory creating opportunities of a more intimate interchange between a caregiver and patient, mutual moments of gratitude, of forgiveness, of shared memories.

The caregiver, like every human person, evolves and grows. The professional support staff needs to perceive these changes also in the caregiver and take them into account, adjusting the training and support accordingly.

Family caregiving is demanding. Physical, emotional and spiritual energies are needed in order to take adequate care of the patient. Little or no time is left to replenish these, which in turn can easily cause stress to the caregiver. Once again it is the professional support staff that needs to be aware of this and take the necessary measures in anticipation if possible.

In the case of family caregiving between spouses it is particularly important for nurses to have the love between the spouses as a constant reference point. This, more than anything else, will provide a solid foundation for peace and ensure affection at every stage of the caregiving. The nurses should be sensitive to possible difficulties that may affect the manifestation of this love, which, if not dealt with in time can lead to the weakening of the love and the quality of the care given. The nurses need to address the weakening relationship and help the caregivers regain and strengthen the bond of love.

Government support is needed at all levels: family caregiving; training and support to the caregiver in carrying out his/her duties keeping in mind their holistic nature; medical and personal holistic attention of the caregiver him/herself.

A further limitation experienced by a vast number of elderly is the curtailment of professional and social lives. In certain cases, it could be a total absence of professional or social contact. If the contact of the patients with the outside world is limited, the caregiver himself represents a path to the outside world. Patients may have limited opportunities to go outside due to their disability, and the only way for them to hear and experience is through the caregiver. Therefore, it is essential for the caregiver to have that enthusiasm and interest to share.

First recommendation: in all caregiving and particularly in family caregiving, put into practice the holistic approach. In spite of phrases such as “*Yes, yes I’ve heard it all, it’s a litany*”, often repeated among nurses, hands-on experience is lacking. Organizing special “*koulutuspäivät*” would provide the opportunity to gain some experience.

Further, to develop a program of studies for nurses in order to enable them to train caregivers with a holistic approach, able to communicate compassion/hope, which is not a matter of feeling but taking into consideration the total needs of each patient, medical and personal.

At the same time, develop a parallel program of studies for training caregivers suitable to the various family caring situations.

As mentioned in Discussion, the economic factor is complex and suggesting solutions go beyond the aim of this thesis. Each Government entity needs to make studies in its own area to look for suitable solutions. Nevertheless, I would like to venture one more recommendation: not to lose sight of the increasing percentage of the population in need of caregiving and to remember that the elderly through their work and lives have contributed to making our country great.

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Appendix 1. The summary of the articles used in content analysis

Title / Author	Year	Aim	Result
<p>Article 1</p> <p>Behavioral and Psychosocial Interventions for Family Caregivers</p> <p>Zarit Steven & Fernia Elia</p>	2008	Aim is to find out the different characteristics of effective interventions.	Understanding Caregiver's social roles and characteristics.
<p>Article 2</p> <p>Discussion and Recommendations</p> <p>Lewis Laurie</p>	2008	Aim is to explore the state of the science concerning nurse's and social worker's interventions with family caregivers.	Author found a result and recommendation from nurses & social workers for the caregivers.
<p>Article 3</p> <p>Executive Summary: Professional Partners Supporting Family Caregivers</p> <p>Kelly Kathleen & Reinhard C. Susan & Brooks-Danson Ashley</p>	2008	Aim is to bring all the experts to advance family caregiving by identifying additional and further developing existing best practices in nursing and social work to help families care for elderly.	The highlight of Knowledge and Competencies Nurses and Social Workers Need to Support Family Caregivers.
<p>Article 4</p> <p>Family Caregivers, Caring for older adults, working with their family</p> <p>Schumacher Karen & M.Marren Joan & Beck A. Claudia</p>	2006	Aim is for the Nurses to know how to identify the primary caregiver, discern the level of strain cause by caregiving, and create a partnership with the caregiver to help ease the burden.	The article stress out, the reward and satisfaction of being a caregiver.
<p>Article 5</p> <p>Family Caregivers: Nurses' Perceptions and Attitudes</p> <p>Delicado Useros Maria Victoria & Espin Alfaro & Parra</p>	2012	Aim is to explore nurse's social representations and perceptions regarding the formal of dependent people.	To provide understanding who the formal caregivers are, it is typically provided by close family members who unselfishly and with generosity of spirit.

Candel Eduardo & Martinez Barnes Anna			
Article 6 Family Relations in Aging Güven Seval & Sener Arzu	2010	Aim is to integrating elderly into society, to increase their functionality & life quality.	Family life with all the support and helps provides, is the key to well & long life. Home & family life become more and more central to our lives and completely surround our lives.
Article 7 Needs and Supports for Family Caregivers of Chronically II Elders Bull Margaret J. E.McShane Ruth	2002	The purpose of the article is to assist homecare nurses to identifying caregivers at risk, assessing family caregiver needs, and intervening to deliver necessary resources.	The highlights of the Family caregivers need information about the elder's disease or illness. Medications particular challenge for family.
Article 8 Nursing Role Implications For Family Caregiving Grant Marcia & Ferrell Betty	2012	Aim is to describe the clinical, education and research roles of professional nurses caring for family caregivers.	Family caregivers need preparation to meet the demands of their new responsibilities, including physical care as well as psychological, social, and spiritual support.
Article 9 Teaching Essential Skills to Family Caregivers Nigolian Cynthia J, Miller Karin L	2011	Aim is to find a way to teach important skills to the caregivers.	The overview of the role of the nurse in patient education/ caregiver.
Article 10 The Hospitals Nurse's Assessment Of Family Caregiver Needs, "A smooth transition for the patient is the ultimate goal" Levine Carol	2011	Aim is to assess caregiver refers to a systematic that describes a caregiving situation and identifies the problem particular, needs, resources and strengths of the family caregiver.	Author found different kind of Caregiver assessment along with nurses. And Nurses, along with their colleagues are key players, both caregiver have holistic view of the older adult.

<p>Article 11</p> <p>What Knowledge and Skills Do Caregivers Need?</p> <p>Given Barbara R. Sherwood Paula & Charles W, Given,</p>	<p>2008</p>	<p>Aim is to identify caregivers need and certain knowledge and skills to provide the best possible care and to protect their own well-being.</p>	<p>Found the nine care process for the caregiver's skills/competencies. Monitoring, interpreting, decision making, direct care, negotiating.</p>
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