Caring for the Carers:

An Advocacy Proposal for Family Caregiver Capacitation, Well-being and Support in a Tertiary Government Hospital

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BACKGROUND

Family caregivers (CGs) are essential partners in the informal care system, providing crucial support for their family members and/or loved ones. Family CGs address physical, medical, psychological, financial, and social needs, often leading to caregiver burden over time. This can manifest as depression, anxiety, acute illness, and chronic diseases.

This proposal outlines an advocacy strategy to promote caregiver (CG) health and well-being within the Philippine General Hospital (PGH), a tertiary government hospital, through holistic, preventive, compassionate, and multidisciplinary care for families.

METHODS

- 1. Situational analysis on factors contributing to caregiver burden
 - Characterization of caregiver burden as a health problem
 - Assessment of social needs, epidemiological data, educational and ecological contexts, including policies in PGH and the Philippines
 - Integration using Pearlin's Caregiver Stress Process Model to analyze factors affecting burden

2. Formulation of intervention opportunities in PGH

- Scoping review of international and local policy and practice models
- Force field analysis to describe enabling and restraining forces for intervention opportunities and prescribe initial action areas

SITUATIONAL ANALYSIS

Background: Caregivers in the Philippines

ADI, 2018; Laguna, 2019; Varona et al., 2006

- Majority of caregivers are women and daughters of care recipient, around 40 to 60 years old
- Different levels of caregiver training and coping styles
- Majority have previous caregiving history

Context: Organizational and Societal

- No PGH or university-wide policy for family caregiver support
- Uncomfortable physical environment for bedside caregiving and education sessions
- Republic Act No. 11965 (2023) protects domestic (formal) caregivers' rights and welfare
- No national law or policy for family caregivers

Primary Stressors: High-risk for Caregiver Strain

National Academies of Sciences, Engineering, and Medicine, 2016.

- More than 100 hours of care per month
- High care recipient personal/mobility care needs, e.g. post-stroke, severe disability
- Dementia care (incl. behavioral symptoms)
- Medical care (nebulization, suction, wound care)
- Coordinating care (appointments, lab workup)

Mediators: Social Conditions and Coping

Lasco, 2023.

- Provider or service-dependent degree of health-related and psychosocial support
- Shared local knowledge, incl. among other informal CGs
- Informal community support groups

Figure 1. Determinants affecting caregiver health in the Philippine General Hospital (simplified). Pearlin's Caregiver Stress Process Model (1990) was utilized to integrate the analysis of contextual factors contributing to caregiver burden. **Secondary stressors**, not depicted in this figure, include family conflict, work conflict, and financial strain arising from caregiving activities and contributing to risk of CG strain.

FORMULATION OF INTERVENTION

POLICY MODELS for Adaptation



A National Caregiving Strategy for Canada

Canadian Centre for Caregiving Excellence, 2025
Policy on key areas of action to address caregiving crisis, including financial support, sustainability, and training.



Framework for Caregiver Interventions

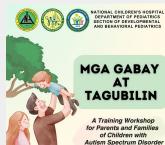
National Academies Press, 2016. Framework for reviewing family caregiving interventions,

on societal, organizational, and individual/social level

PRACTICE MODELS for Integration and Scaling

	Madalas (3)	Paminsan minsan (2)	Halos Hindi
 Nasabala ang aking pagtulog dahil sa pag-aasikaso sa pasyente. 			
 Ang pag-aalaga sa aking pasyente ay nakakapagod dahil sa pagkarga, pag-alalay at pag-asikaso. 			
Ang pag-aalaga sa aking pasyente ay nagdulot ng mga pagbabago sa buhay ng aking pamilya dahil sa nagulong pang-araw-araw na gawain.			
Nauubos ang aking pansariling oras sa pag-aalaga ng aking pasyente.			
 Ang pag-aalaga sa aking pasyente ay nagdulot ng mga pagbabago sa aking mga plano sa buhay tulad ng pagpalit o pagtigil sa trabaho o pag- aaral, paglabas-labas, pagbabakasyon, at iba pa. 			
Bukod sa pag-aalaga sa aking pasyente, mayroon pang dumagdag na responsibilidad na nangangailangan din ng aking oras.			
 Ang pag-aalaga sa aking pasyente ay nangangailangan ng tibay ng loob dahil sa hindi naiiwasang mga alitan at hindi pagkakaungwaan. 			
 Ako ay nalulungkot dahil malaki na ang ipinagbago ng aking pasyente mula ng siya ay magkasakit. 			
 May mga pagkakataon na nauubos ang aking pasensiya at ako ay naiinis dahil sa ikinikilos ng aking pasyente. 			
 Lubos akong nag-aalala kung paano ko makakayanan ang sitwasyong ito. 			
 Malaki na ang aking gastusin dahil sa pag-aalaga sa pasyente. 			

MCSI Questionnaire to Screen for Caregiver Strain PGH Dept. of Family and Community Medicine (DFCM) Use of Modified Caregiver Strain Index for families of patients enrolled in the Family Health Services unit



Online Caregiver Training Workshop

National Children's Hospital - Developmental and Behavioral Pediatrics

Regular webinars and fora on social media platform



Home Care Instructions

PGH Div. of Supportive, Hospice & Palliative Medicine Home care skills and needs checklist in Filipino provided during discharge planning



'Bukas Puso at Isip' Family Support Group PGH Dept. of Psychiatry and Behavioral Medicine Monthly disease-based peer and facilitated support group with counselor and family caregivers

PROPOSED STRATEGY

POLICY PRINCIPLES

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CAREGIVER-CENTERED HEALTH CARE SERVICES, prioritizing screening families at high risk for CG burden

ACCESSIBLE INFORMATION featuring standardized psychoeducational materials on various caregiving and illness-related topics shared on website and social media

SOCIAL ORGANIZATION through informal and facilitated family caregiver support groups
SUPPORTIVE ENVIRONMENT with community and

institutional mobilization for respite care and resources

NITIAL ACTION

- ✓ Centralize and standardize existing home care instruction materials and guides from different medical and surgical services
- ✓ Scale up caregiver burden screening currently being offered by the DFCM Family Health Services unit, and offer to all families at high-risk for strain across other services and clinical settings
- ✓ Institutionalize monthly family education and peer support groups for patients and families

CONCLUSION AND RECOMMENDATIONS: This advocacy proposal suggests a protocol for caregiver health promotion within a tertiary government hospital which focuses on high-impact areas affecting the caregiver, their family, and the local environment by addressing four principle intervention areas. Initial and intermediate action includes the integration, scaling and improvement of existing efforts, while lobbying for institutional support for resource mobilization and environmental modification. Collaboration from hospital administrators, healthcare providers, caregivers and their families is crucial to achieve improved caregiver well-being and care outcomes for both family caregivers and the care recipients.

REFERENCES: [1] Alzheimer's Disease International. 2018. Global estimates of informal care. ADI and Karolinska Institute; [2] Lasco G. 2023. Notes on the 'bantay' system. In Philippine Inquirer; [3] Laguna EP. 2019. Caring for older persons, in GT Cruz, CJP Cruz and Y Saito (eds), Ageing and Health in the Philippines. Economic Research Institute for ASEAN and East Asia; [4] National Academies of Sciences, Engineering, and Medicine. 2016. Families Caring for an Aging America; [5] Pearlin et al. 1990. Caregiving and the stress process: an overview of concepts and their measures. The Gerontologist; [6] Varona R et al. 2006. Caregiving in the Philippines: a quantitative survey on adult-child caregivers' perceptions of burden, stressors, and social support. Archives of Gerontology and Geriatrics.

