A Look at Caregiver Stress and Ethnic Diversity

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Educating students and practicing health care professionals on cultural similarities and differences may improve their confidence and skill when working with culturally diverse populations. But whether this knowledge also improves patient care outcomes is unknown.[1,2] A few recent studies have documented caregiver experiences and identified their needs in the United States and Asia.

One study of middle-aged Chinese caregivers caring for critically ill relatives found that the caregivers had high levels of stress.[3] Female caregivers with less education and those whose relative had suffered an unexpected critical illness that resulted in ICU admission reported the highest levels of stress. In another study, researchers developed a "culture-sensitive" scale to document caregiver burden in Taiwanese participants providing nonacute care to elderly parents or relatives.[4] Their findings suggest that the Taiwanese caregivers "place more emphasis on their physical and emotional interactions with the care-receiver than is found in other cultures." And a qualitative study of 16 Japanese American families examined family participants' experiences around the deaths of 22 family members, including interactions with clinicians and end-of-life decision making.[5] The researchers concluded that to best support decision making, clinicians "should take into account the cultural values and communication styles of families, including the ill family member." Nurses' and other providers' roles in improving the experience of death and dying for the caregivers were also highlighted. Although none of these studies specifically targeted caregivers of patients with dementia, the findings do speak to the importance of identifying and implementing culturally competent interventions.

To gain cultural understanding, Xakellis and colleagues suggest that the nurse consider asking the patient or family member questions such as, "Where were you born? Have you emigrated from another country or region? If so, how old were you? . . . Give me some examples of friends or family who have had good or bad health care experiences and why."[6] Although no one question will yield all the necessary information, if time is limited, asking "With what cultures or ethnicities do you identify?" may be a useful way to begin the conversation. In some settings, questions such as those above might be formally incorporated into the social history section of an intake form or added to the Information for the Hospital Team About a Patient with Memory Problems form. *—Christine Bradway, PhD, RN, GNP-BC, and Karen B. Hirschman, PhD, MSW*

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