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Introduction

This article summarizes the conclusion of my thesis about the career of family caregivers in the home care's situation of a sick elderly person. In this paper, I will discuss the situation of the caregiver in France. I will also talk about the work already done about this subject. I will present my results of my research, the various stages of the career of caregiver, the points of rupture, the beginning of the career and also its end. I will explain the heterogeneity of the profiles of caregivers. For Roger [1], "Aging is a gift". We will see in the article that is gift is not only for the elderly people but for the family around them.

The french family caregivers

In this part, I will show that being a family caregiver is not a new situation but while the statistics keep showing that this population is clearly expanding, the research work on this question in sociology is relatively recent.

In France, the public authorities have only recently been interested in the problem, offering some solutions (financial help, professional status, etc.) to help the caregiver's work. As Bernard explained in his book [2], "We usually say that caregiving policies put in place in France by the government start in the beginning of the 60's with the publication of the Rapport Laroque and the birth of home care services."

In context

To grasp the challenges that aging in France represents today: we have to take a look at statistical realities of this phenomenon. In January 1, 2016, in France, 12.5 million people were 65 years old or over which means 18.8% of the population. This proportion has increased by 4 points in 20 years (INSEE 2016). According to INSEE in 2016, 52% of people over 65 were women, 2/3 of the population over 85 and 3/4 at age 95. At 95 years old, 26% of men and 42% of women live in institutions compared to 4% and 5% respectively at 80 years old. The average age of entry into an institution is 84 years and 5 months in 2011. In 2014, 8.3 million of family caregivers, 70% of whom had a workload of more than 6 hours per day (CNSA 2014). Today, half of the caregivers, about 4 million people, help a person over 60 years old at home. 56% of caregivers are women and 55% of caregivers are over 50 years old. Finally, 87% of caregivers look after a family member, 47% of whom look after a parent (CNSA 2014). Today, the family remains the first instance of caring for the elderly in front of the home care professionals and the institutions. (INSEE 2015). The definition of informal caregivers can be the one wrote by Sandrine and Alain [3]: "The very definition of the informal caregiver is based on belonging to the patient's entourage and providing help with activities of daily living. This informal help concerns most activities of daily life: basic activities and instrumental

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reconversion of their activities; of in order to save some of them and to continue doing what is most meaningful to them" [8]. But it can also be applicable to the division of work inside a family of caregivers and between professionals and caregivers.

The family caregiver will delegate some tasks to another professional or family caregiver, in order to preserve the tasks that are important to him.

Literature Review

This review is a qualitative approach based on a comprehensive sociology. As Olivier Bernet, explained, the comprehensive sociology means that "sociologists reproduce the logics of actors with regard to the contexts in which these logics are expressed" [9]. The goal of this approach is to understand the experience of elderly persons and their family caregivers. Most of the data is based on comprehensive interviews. I have interviewed 30 caregivers: family members (children or spouses) and 15 Professionals: Home Helpers, Psychologists, and Occupational therapists in Paris.

The journey of informal caregivers

In this part, I will discuss the results of my thesis. I will cover the journey of informal caregivers of elderly people with Alzheimer's disease from before the diagnosis until the death of the elderly person. I will show the different steps in this process, the multiplicity of the situation, the evolution of relations with professionals and the conflicts within the family.

Before the diagnosis

Even before the diagnosis, the future caregiver already has new social roles, they are set up insidiously and unconsciously, and they are not always requiring a daily presence. The new tasks of the future caregivers are often the management of tax papers, the administrative work etc. The family caregivers have also one special place in the medical journey; they are the ones who often start this path. They start to have doubts about their spouse or parent's health and take them to the doctor. But sometimes, it takes time and there are some conflicts with the medical staff. Alzheimer's disease, for example, is often initially diagnosed by the family doctor as a depression. This step into the medical world, is the beginning of the caregiver's journey, they are slowly becoming expert in their elderly family member's disease and therefore there are sometimes conflicts with the medical staff who "do not see that something is wrong" with their spouse or parents.

Taking care

In a family caregiving situation, housing is the first big change. The elderly person can stay home alone for some time, but when the situation gets worse, either constant professional help is needed day and night or the caregiver has to live with the elderly person. If this is not the case for caregivers of spouse, for the children the question of taking home their parent or going to their home is often asked. The choice can be made according to the family situation or depending on monetary problems. This change of housing will crystallize many conflicts: with the rest of the caregiver's family unit, with the elderly person, with the siblings but also with the professionals who will enter in the intimacy of the caregiver. In my interviews, the choice of housing is always decided by the caregiver.

The division of tasks

As Bernard explained [10] "taking care of an elderly family member is often a lonely task". The division of tasks within the family happens but it's not the most common situation, most of the time, especially when the caregivers are taking care of their parent there is conflicts

or parent moved into a nursing home that the caregivers are no longer helping. They are maintaining their role but have to adjust to the new situation. Some of them even keep some tasks they used to do at home: they cook some food and bring it to the nursing home, or participate in activities, they also keep doing some medical tasks. This particular aspect can lead to some tension between caregivers and the staff. Some caregivers become invested in the nursing home daily life, attend board meetings, or organize weekly activities with all the residents.

The death

The caregiver, who sometimes spent more than 10 years almost entirely on caregiving, finds himself, once the elderly person has died, brutally ripped away from his caregiving role. The readjustment can sometimes be brutal. The role of family and friends is very important after this kind of death. Family and friends will allow the caregiver to find new social roles to replace those lost. As we saw above, professional's visits are a source of social connection but also a rhythm of the day. When the person dies, the help given to him disappears with him. The caregiver finds himself without these temporal landmarks but also without this social link. It is the same when the spouse or the parent

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