

# EMPOWERING CARE GIVING STAFF: DISABILITY CARE



*"Enriching  
Services"*

Developed & Published by



**NATIONAL INSTITUTE FOR EMPOWERMENT OF  
PERSONS WITH MULTIPLE DISABILITIES (DIVYANGJAN)**

*(Dept. of Empowerment of Persons with Disabilities (Divyangjan),  
Ministry of Social Justice & Empowerment, Govt. of India)*

**Indian Edition Published by NIEPMD. Copyright © 2020**

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**ISBN: 978-81-945768-4-6**

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**First Impression, 2020:**

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## **Preface**

*Caregivers are the supporting staff in every disability institute who work with the persons with disability in their therapies and help them to perform their day to day activities. These staff form the backbone of rehabilitation centre as they are the grassroots level workers who interact with the clients on day to day basis and look after them and their needs.*

*The challenges faced by these staff and their stress are least noticed and unfortunately, not much attention has been or is being directed towards helping these staff to cope with their stress. This book focuses mainly on the care giving stress faced by these staff and the factors that inhibit or facilitate their coping. It also talks about strategies of capacity building for the care giving staff and best practices in care giving staff management.*

*This book is primarily meant for care giving staff and those professionals or organizational people who manage them and are interested to constructively contribute and work for the empowerment of these care giving staff.*

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# CHAPTER-1 CAREGIVERS AND THEIR CHALLENGES

-C.Sylvina

*'The best way to find yourself is to lose yourself in the service of others'*

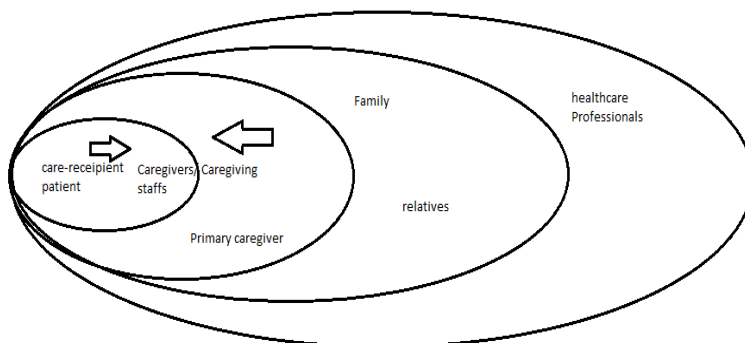
- Mahatma Gandhi

## INTRODUCTION

According to Merriam Webster Dictionary the word 'caregiver', is a person who provides direct care for children, elderly people, or the chronically ill / differently abled. The caregiver or career is anyone who cares the dependent i.e., who looks after the needs of an ill / older adult / person with disability. Caregivers can be health professionals, family members (parent, foster parent, and head of the family, spouse, and adult child), friends, social workers or the members of the clergy. In simple words anyone who attends the needs of the dependent person at their home or hospital or any healthcare settings. Care giving - though a familiar action of any healthcare has its own complexity. In India, most of the caregivers are the family members, especially primary caregivers (females - by default) who are actually the extension of healthcare systems. The care provided in order to improve a dependent's abilities needed for daily life and functioning, particularly to attain and maintain independence in terms of his/her physical, mental (cognitive), social and vocational aspects of life.

There are plenty of definitions describing the word caregiver in terms of a noun and a verb. As per APA (American Psychological Association) the act of care giving is being defined as per the requirements in each of the research. Some researches limits the inclusion based on the hours of care provided and/or assistance in daily living tasks. For example, the minimum amount of care given by

the member of a family such as 4 hours per day of assistance in at least any one of the activities of daily living (ADL). In some others cases care-recipient should be



assisted in at least two instrumental activities of daily living (IADL). The same scenario in outlining the caregivers too. The limits which classify a person as a caregiver varies. Some are identified as caregiver but they do very little assistance or vice versa. Identifying and classifying the caregiver would benefit in measuring the status of a caregiver (both objectively and subjectively).

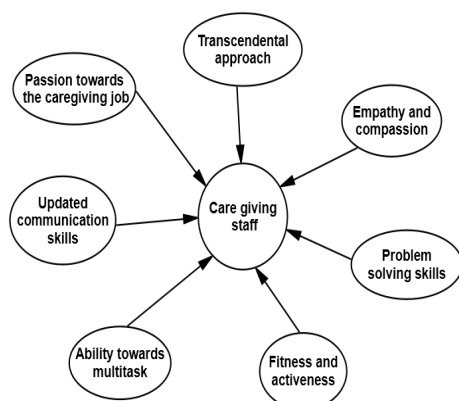
## ROLE OF A CAREGIVER

**‘Care giving is a constant learning experience’.**

**- Vivian Frazier**

The role of a caregiver depends on the disease condition and its severity, their ability and needs, and the expectation of the care recipient / their family members. Some of the important roles are taking care of household works (buying groceries, cooking, cleaning home, laundry and managing finances) may help in daily living activities (such as bathing, dressing and toileting), often in charge of medical care (maintaining medical records, administering/ monitoring medications and its side-effects, scheduling / assisting in appointments, insurance, and physically assist during some medical process such as therapy, injections). They may also coordinate transport facilities for the scheduled appointments, shopping and family visits. A caregiver should always take a role of good listener and interpreter so that s/he can promote the care- recipient’s interest to / their family /the healthcare provider/ social worker/ health insurance companies when care-recipient cannot or won’t speak for their rights. They should learn the role of each professionals in the healthcare team and cooperate with them.

## QUALITIES OF CAREGIVING STAFF TYPES OF NON MEDICAL CAREGIVERS



➤ **Family Caregiver** - is a parent, spouse, relative, guardian, friend/ well-wisher or neighbour who can provide assistance either on daily basis or intermittent basis for their loved ones in terms of their emotional, financial, nursing, social, household chores and in daily living

activities. They volunteer themselves and are unpaid.

- **Professional Caregiver** - an individual whose main career is to care for the dependent. As they are professionals and can provide medical and non-medical care as well. They are hired from the organisation / agency who is well known for such services for the dependent. This organisation/ agency act as a mediator between the family and the caregiver.
- **Independent Caregiver** - are home care professionals self-employed by nature who doesn't work under any organisation / agency and are hired directly without any mediator as in case of professional caregivers.
- **Private duty caregiver** - provide services such as medical, nursing, payment of bill, transportation etc. They afford all services that made the care recipient as independent in their homes.
- **Informal Caregiver** - are family member of personal relationship not paid.
- **Volunteer Caregiver** - are person who volunteer themselves to serve the needy in respite care and hospices that gives some breathing space for the formal caregiver. They provide non-medical companionship, supervision and assist the work of the caregiver.

## **CHALLENGES OF CAREGIVERS**

**'Challenges are what make life interesting; overcoming them is what makes life meaningful.'**

**- Joshua J. Marine**

The role of a caregiver / care giving staffs is extremely difficult and challenging always. The care giving staffs doesn't vary from the caregiver; they took this as career with a juncture of compassion and commerce. Some are employed full time or part time in home, hospital or any healthcare settings with / without qualification, training, license. Any profession has its own challenges, similarly being a caregiver also be entirely challenging. The most essential part is the readiness to do the job as a caregiver and accept the responsibilities. They should be skilled for emotional and practical care giving needs (in case of chronic illness/ differently abled), with intelligence and ability to provide the required care. The major challenges are considered based on the factors discussed below.



## **Individual Factor**

The individual factor of a caregiver that affects the care giving services are their **personal / family health problems / financial constrains** etc. will always have an impact on their behavior and service as well. They hardly find time for themselves. This may be due to sudden change in their duties, unable to manage their work and family responsibilities, feel tired because of the work. Due to their work nature, they have to manage emotional and physical stress, and feel fatigue at the end of the day. The negligence of their health will be stated as lack of time to go to a doctor as they put their career / family in first place.

In addition to that individuals' **personality, attitude and communication skills**. A caregiver should develop certain characteristics such as being patience, respecting others, always helpful and attentive, compassionate, reliable, intelligent and trustworthy. The relationship between the caregiver and the recipient is vital. It can be achieved by gaining their trust and establishing good rapport which in turn results in cooperation for the treatment from the target population. Caregivers' attitude and communication skills are important for the quality of the service provided.

**Age** have an impact on an individual's performance, job satisfaction, absenteeism etc. as caregivers themselves also ageing. Differences in **culture / lifestyle** among the recipient and colleagues should be acknowledged. Hence cultural competence is important in a caregiver. As a caregiver one should be upgraded with the knowledge of developing science and its techniques though systematic practice. Caregivers' **motivation and job satisfaction** though an individual factor, is always influenced by their pay, work place, management and their policies, colleagues, job recognition / security / promotion. **Habits** such as poor nutrition, excessive smoking and consumption of alcohol will have an impact on their profession.

## **Environmental Factor**

The **physical environment** of the work place (in home, hospital, any healthcare setups is vital. The arrangement of work space especially infrastructure (noises around, light, heat, ventilation and cleanliness, furnishing etc.) also taken into account. **Organizational structure** - planning how rules, roles and

responsibilities should be undertaken in order to achieve the goals of an organization. There should be a proper flow of information within the structure among various levels in case of hospitals and healthcare settings. Poor organizational structure may lead to no opportunities for innovative ideas, no autonomy in an employee's position, inflexible work schedule, workplace violence and hazards. **Hierarchy** - arrangement of individuals within the organization based on their power, status and designation. The more the higher on the ladder of the hierarchy the more the compensation.

Down the ladder of hierarchy there are many **assistants** who are not licensed but can assist qualified staffs. Some are hired only through the agencies. They can work independently at times but lack official authority like licensed caregivers. They are paid modestly. **Shortage of staffs / caregivers** - inadequate number of staffs may lead to poor services, dissatisfaction of the care recipient also at the cost of caregivers' health along with increased fatigues, burnouts, sometimes they may fail to do their job. This shortage of staffs is linked with **work overload**. Their fore care giving staffs takes additional responsibilities such as administrative tasks and lack of interesting assignments with no breathing space will finally lead to exhaustion and poor satisfaction in their job. Overloaded with too many tasks definitely have impact on the time spent with the care receiver. **Lack of time** ultimately lowers the quality of the service given.

**Poor salary** - though lack of compensation, recognition, job security and promotion also considered as elements for poor quality of services and retention among the caregiver, there are other areas such as creating a working environment free from all workplace violence and hazards with adequate measures for their safety. Self-directed (autonomous) work environment for the staffs will result in innovations and greater satisfaction in work. It will be helpful in emergency situation.

**Providing opportunities** for various developmental programs such as skill training, education reimbursement, mentoring, technology training, and opportunities for innovation and mentoring others. Lack of adequate training and resources leave the care providers frustrated and confused about their job designation. Resulting in poor performance and dissatisfaction.

## **Patient / Care Receiver Related Factors**

Healthcare providers always be aware of socio-demographic variables of the care recipients, their **educational, family and cultural, financial background** which would help in better treatment outcomes. **The attitude, behavior** and responsibilities of both the care receiver and their family influence the progress of the treatment. Recognition from the care recipient and their family / authorities in case of being employee or being hired will always improve services. **Co-operation** from the care receiver and their family is also vital. This comes from the interpersonal skill of the caregiver and the previous experiences of the care receiver. The most challenging element is the **type and severity of the illness** for which care is provided may lead to work stress which in turn affects performance.

## **CONCLUSION**

*'Don't limit your challenges; Challenge your limits'.*

*-Joubert Botha*

Care giving staff, a career in any mode (either 24 hours homecare, hourly care, employed in healthcare settings with scheduled working hours) has its own difficulty. An African proverb says that **smooth seas don't make skilful sailors**. Let not these challenges stop a caregiver, lets challenge these limits by providing short break from their responsibilities through respite care/ change of routine, counseling services to deal with their frustration and stress, training programs to upgrade themselves, support group network, good workplace with peace, reduce the likelihood for burnouts in them.

## CHAPTER- 2

### STRESS MANAGEMENT AMONG CARE GIVING STAFF

*-Dr. M. Senthil vadivel*

#### **Introduction:**

Very important trend from the end of 20<sup>th</sup> century to the beginning of the 21<sup>st</sup> century is the 'Studies about the Stress'. The stress prevailed from the very origin of the human beings, but the nature of the stress differs from time to time. This chapter centers around the concept of "Stress Management and Capacity Building Among Care giving Staff".

#### **Who is care giving staff?**

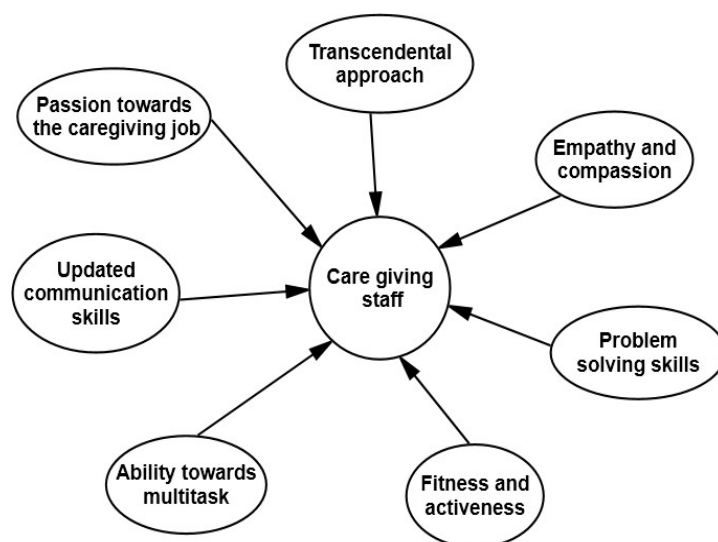
There are several types of care givers towards the Persons with multiple disabilities. If someone with an illness, injury, or disability is attended by another person he is called as the care giver. Care giving jobs are rewarding, but at the same time it can also be challenging. Stress received through care giving services is inevitable, and is very common. Especially women are at risk for the harmful health effects of caregiver stress. These health problems may be psychological and physical. There are several types of care givers - Maternal caregivers, Paternal caregivers, Extended family caregivers, Societal caregivers, Medical caregivers, Psychological caregivers, Physical caregivers, Monitorial caregivers, Care giving Staff etc. This chapter deals with the ways care giving staff can manage their stress successfully.

We have already discussed so many types of care givers; but the care giving staffs are permanent paid workers who work under a concern/organization/institution. To be more precise the care giving staff can be defined as the permanent staffs who are working under time scale linked with some institutions or organizations. These care giving staffs serve beyond the efforts of parental caregivers and beyond the assistances of the family members towards the professional support to the needy individuals. Within an organization if anybody is attending towards the needy people who are affected with multiple disabilities by giving them care and taking care of their immediate needs they all can be described as the care giving staff. As if the real parents, care giving staff tends the support

towards those with several disabilities, who can be a child, or adolescent or an adult. Care givers are in the home as parents or some other related peoples, but the care giving staffs are working under an institution.

### Qualities of the Care giving staff

There are some qualities expected from the care giving staff. They are as follows:



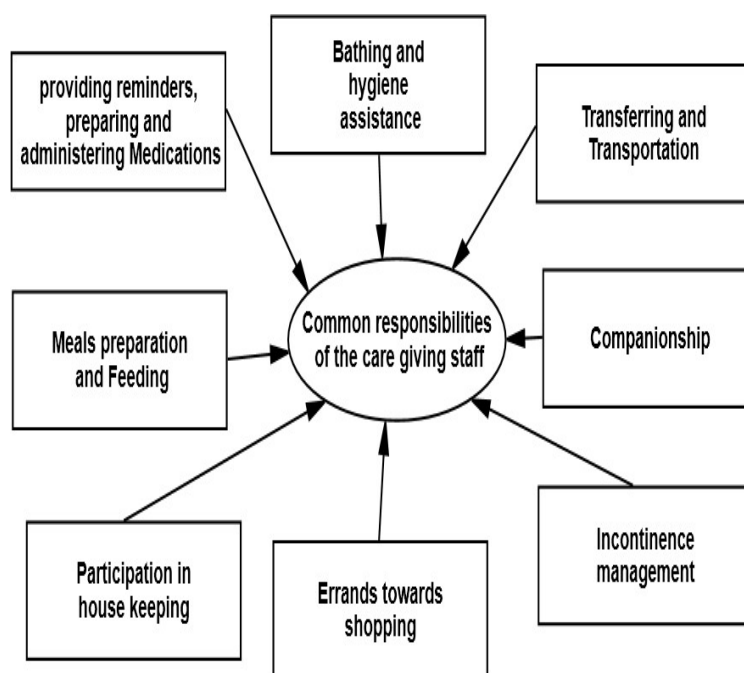
### Duties of caregivers:

Care giving is the main occupation of the care giving staff and works in a synchronized way with all the other staff of their organization. Care giving staff work along with doctors and with other medical professionals who are supporting them. These care giving staff may assist the clients with disabilities in satisfying the needs of them such as giving food and nutrition, brushing their teeth, bathing them, changing the clothes, hair grooming, giving toilet training, etc. They mainly work towards the empowerment of persons with disabilities. If the individual is not able to speak, the care giving staff stimulate the individual to talk at least few words towards getting their needs and demands. Care giving staff Comes under the service sector supported either by the Government or by some altruistic citizens or by some donors towards helping the needy and the helpless citizens of our nation. Care giving staffs are actually paid through the institution to which they are connected occupationally. Formal caregivers are paid employees. Care providers are providing care even in one's home or in a care setting, which may be a day care, residential facility or long term care facility. There are also some informal care givers, but they are not care giving staff. Anyhow money will not purchase love and affection, which can be given to a human being only by other human beings; on that basis care giving staff performs their duties; along with the services, they show love and affection towards the persons with multiple disabilities. They try to work with

smiles, and they try to support with a positive and an optimistic approach. In spite of several difficulties, rejections and failures the care giving staffs perpetuate their duties.

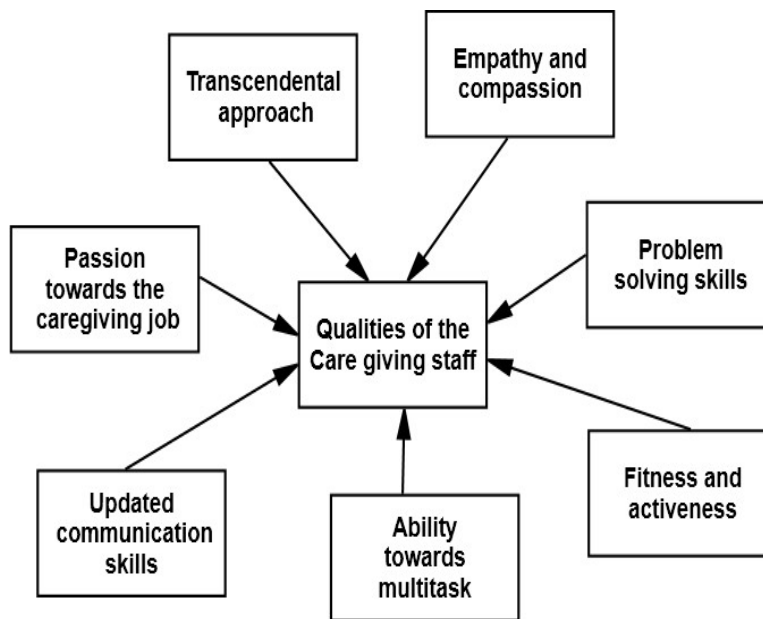
### Common responsibilities of the care giving staff

Role specifications are inevitable part in all managements. In that way the following responsibilities are linked with the services rendered by the care giving staff. Care towards the physical hygiene; transportation from the doctor's office to the bed; companionship, especially for the elderly; incontinence management is very essential and inevitable. Incontinence means, not able to control the urine or defecate normally. Care giving staffs have to consider it very gently and smoothly, without any tendency of neglecting or without any anger. Similarly, sometimes the disabled persons may need some commodities to be bought from the shops for which care giving staff assists. Participation in housekeeping becomes indispensable. Housekeeping means, maintenance of the home in which the



individual stays, the meal preparation and feeding. Though care giving staff is usually in the organization which is intended only for persons with disability, there are instances which may need them to prepare meals and feed the individuals. They also remind the care receivers about their medications.

## Qualities of the Care giving staff



Nearly seven qualities are expected from the care giving staff. The Transcendental approach means the individual care giving staff should imagine that he himself is suffering from these disabilities and think about the mental status of them. The caregiver

should try to understand the real difficulties by imagining himself as a care receiver. In this way, transcendental philosophy guides the activities of the care giver. Next quality is Empathy and Compassion. Empathy is the understanding of the other's feelings and compassion means love and affection towards the particular person with multiple disabilities. Care giving staff should imagine that he had been given a chance of helping that individual towards his survival. Empathy and compassion are the essential qualities of the carrying staff. The Problem solving skill is another important skill required for a care giving staff as they may face any problems at any moment. It is important to identify the problem and prioritize it based on the severity and impact on the disabled individual. Immediate attention should be given towards solving the problem which is causing major impact on the care receivers. Another important quality is fitness and activeness. Fitness can be both physical as well as mental stamina and continuous vigor and mental skills. The emotional balance, emotional control, dedication, and hardiness all these can form the fitness qualities of a Care giving staff; and he should motivate himself towards rendering the help for the really needy people. The next quality is multitasking. Care giving staff should be equipped to multitask at any given time. He/she may not get the required assistance as expected but should manage to complete the task with the best of his abilities. In the absence of support the care giving staff is expected to do the role of

others in satisfying the needs of the care receivers. Finally, passion towards the care giving job is an essential part as the old saying says - "do the work with a smile". Eager involvement in the job will eliminate or prevent tiredness. There will not be any vexation or irritation. This is true especially for the care giving job. Passionately rendering the services towards the care receivers are essential qualities of these care giving staff.

### **What is the meaning of Stress?**

The word 'Stress' had been derived from the Latin word 'Stringer', which means, 'to draw tight'. This word is used to mention hardship, strain, adversity and affliction. Actually the word 'Stress' is downloaded from the Discipline of Physics, especially from the Hook's Law in Mechanics. It is a state of pressure inside which is the resultant of the external power or the force. This word is abridged from the physical science and adopted in the Discipline of Psychology which is now defined as the Behavioral Science.

Arnold, H.J, (1960) says, "Stress is any condition that disturbs normal functioning". Wolff, (1968) says "Stress is a dynamic state within an organism in response to a demand for adaptations". Hans Selye, (1971) says, "Everybody knows what stress is and nobody knows what it is", Hans Selye, (1974) says, "Stress is non-specific response of the body to any demand".

Stress is the resultant of the discrepancy between the external demands and the internal capabilities. Stress influences the human being both positively and negatively. It is the response to a physical or a psychological stimulus.

### **Types of Stress:**

Based on the nature and source of the stress, it can be classified as three types such as Anticipatory Stress, Current Stress and Residual Stress.

#### **Anticipatory stress**

In the anticipatory stress the individual care giving staff expects the unexpected and dissatisfactory results. The staff starts to worry much about the event which actually did not happen at that moment. Of course, anticipatory thoughts are judgment processes; anticipation is good but it should not generate stress in the mind of the staff.



### **Current stress**

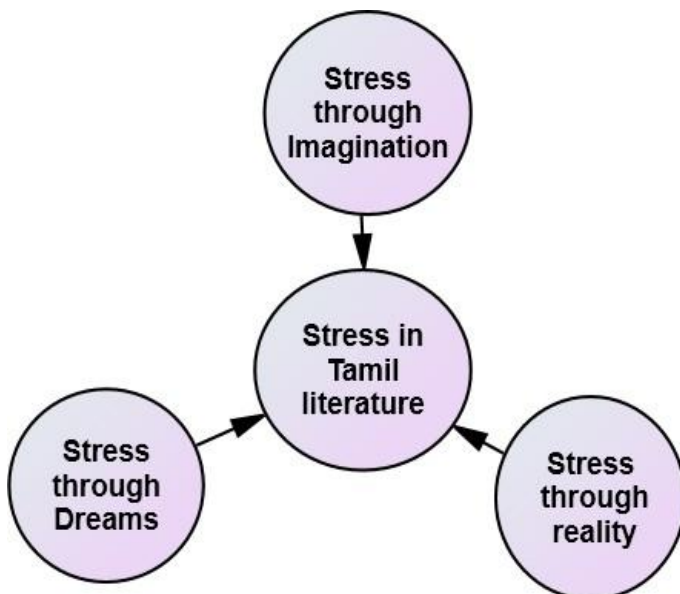
This stress is mainly the prevailing one at that point of time. Current stress may bring permanent distress or it may vanish in due course of time. Current stress may be related with the role confusion or a disturbed work, or it can be due to additional charges along with the normal work schedule. At this stage the body and the mind will be in an alarmed state. This is mainly related to the Role conflicts and role confusion.

### **Residual stress**

Residual stress is the after effect of a negative event in the work place. The past situation which made them feel helpless and embarrassed could intervene the present and lead to depression and affect their functioning. This type of stress is very difficult to overcome as the feelings are suppressed in the subconscious mind. Constant revision and reappraisal of the past will help handle the feelings.

### **Stress in Tamil literature**

In Tamil literature, several books have noted three different types of stress which are developed among the human beings; they are stress through imagination, stress through dreams and stress through reality.



The stress through imagination is where people will be continuously imagining something negative and they will get demotivated. The stress will be developed in their own mind by their own imagination. This is most common among people who are idle as the proverb says "Idle mind is the workshop of devils'.

Secondly, the stress through the dreams affect majority of the peoples' feelings. The dreams at many instances disturb the mental peace. Dreams will be pleasant

dreams as well as very dreadful or fearful dreams. In this case, some people will suddenly get up from the bed following a nightmare. People can have feelings related to their past dreams. Sometimes dreams may come true; but many times it may not come true; but these people will suffer thinking about their dreams. As this is happening in their sleep, their sleep will always be disturbed.

Finally, stress through the reality is the most common reason for peoples' suffering. Stress is developed when the individuals' mind and body power, talents, skills or the faculty is not able to counteract the forces of external environment. This happens in the realistic situation. This can be managed only through the adaptive coping skills which are developed due to experiences or by adopting some other mental mechanisms.

### **Major Stressors Affecting the Care giving Staff and ways to minimize it**

For convenient understanding about the various stressors, these are grouped as primary level stressors and the secondary level stressors. Depending upon the perception the same stressor can be viewed either as primary or secondary.

#### **Primary level stressors**

This type of stressors and stress management is based on the psychological dimensions present within the individual. The person may adopt any of the mental mechanisms or by balancing his/her emotions or by self-counseling processes and by self-decision making. With one's own physical and mental adjustment processes this type of stress can be minimized even though it cannot be eradicated totally. By developing the ways and means of Adjusting, Accommodating and accepting the life of the care giving staff, these primary stressors and the stress management can be efficiently tackled. Some of the Primary level stressors and the way it can be reduced or controlled are as follows:

#### **1. Anxiety of seeing dying patients**

As human beings, nobody can tolerate and digest the different grimaces and gestures of the dying patients. Care giving staffs are also human beings, in that way; this incident may have some bitter effect and affect them psychologically. Care giving staff has to control him/her with the personal endurances, in that way he/she can be less stressed and she/he can serve the individual who is at the

threshold of death with all the dedications and involvements.

## **2. Role ambiguity**

Role ambiguity means, the care giving staff will be confined with a particular job, at an emergency period care giving staff can be given another job; at that moment the care giving staff will be confused about which work is to be given priority or both of them. The care giving staff could feel both as indispensable. This feeling of role ambiguity will make the care giving staff stressed.

## **3. Employee treatment**

Many researchers have revealed that words of appreciation about the delivered work will have more effect on the job satisfaction. Instead of only enhancing the monetary benefits, the social recognition and the word of appreciation given to the care giving staff will work better. When the care giving staffs are not treated properly by their employer, it creates more stress in them.

## **4. Burn out**

An exhaustion caused by excessive and prolonged stress is called as burn out. It is an overwhelmed state related to emotional, physical, and mental dimensions of the care giving staff. The staff could feel that they are emotionally drained, and unable to meet constant demands of the occupation. Eventually, they may feel that they have nothing more to contribute in their services related to the care giving. Burnout is the summated effect of Physical, Mental and Emotional Exhaustion.

## **5. Need for approval/ feedback**

An individual health care giving staff demands approval from the higher officer. These are only words, which can motivate the individuals for further and further dedication towards his job which will bring number of better aspects for those who are reaping the care from the care giving staff. When the care giving staff is not made to feel approved or given constant negative feedback it could cause immense stress in them.

## **6. Need for autonomy**

Care giving staff cannot seek the permission of their superior to execute each and every job commitments. Getting the permission for everything will not have any positive effect on their services. So autonomy should be the essential aspect of the normal delivery of the work, and this should be applicable especially in emergency situations where seeking the permission through proper channel is not always possible. In the absence of autonomy, care giving staff feels pressurized leading to job dissatisfaction.

## **7. Internal locus of control**

There are two loci of controls; one is external locus of control and other one is the internal locus of control. Locus of control means, the individual determines that all the good and evils come only through two sources. One is the external source and the other is the internal source. The care giving staff should confidently feel that anything can be made successful only by the individual personality make up and not from any other thing. While performing the duty, internal locus of control is an essential part for the care giving staff which makes them more confident, self-reliable and self-motivated. External locus of control affects the performance of the care giving staff.

## **8. Self-efficacy**

Self-efficacy means efficiency of the individual. Appointing care giving staff to the task they are more skilled in will make the working environments very smooth and with less friction; so self-efficacy development is also essential and it is one of the dimension of the care giving staff towards contributing his service.

## **9. Role stress**

Role stress means that the stress incurred through a particular work the care giving staff is constantly doing. Mainly the time and the work can be mismatched. Secondly, the role stress could be caused due to the expectation of the Superiors/officers. Without knowing

the existing difficulties of the care giving staff they might demand the tasks to be completed. The role stress may be inevitable, but with the capabilities of the care giving staff, it can be minimized even though it cannot be totally eradicated.

#### **10. Role overload**

The intensive and extensive task that is being given over the shoulders of the care giving staff is named as Role overload. If one care giving staff is not attending the work or on leave or maybe on promotion, the entire work will be loaded on the other care giving staff. This can be a worst stressor for the care giving staff. The employers should consider analyzing and understanding the current job of the staff before allocating more responsibilities. Though this is an external factor, the assertiveness of the care giving staff could prevent them from getting stressed. Hence they should give more importance to the development of the assertiveness skills.

#### **11. Availability, relevance and use of resources**

In many of the care giving institutions, there may be several accessories and equipments which the care giving staffs are expected to use. Even though these resources are available, the capability of using them very efficiently is essential. Care giving staff lacking the skills to use these equipments effectively will lead to tremendous stress as this affects their service providing ability and also they need to wait for others to help them in service process. It is the responsibility of the individual care giving staff as well as the employers to train them on all the necessary equipments.

#### **12. Unpredictable shift rotation**

In some organization job shifts are executed in haphazard manner and without proper planning. The sudden information about the change of shift prevents the care giving staff to plan their personal and professional work in balanced way. It will cause immense stress not just to the individual but also to the family. It will also affect the punctuality and the quality of work. Predictable shifts are less

stressful and enhance the output of the care giving staff.

### **13. Workload shifts**

- The work load may vary from shift to shift. Some shift may be more demanding than the other either due to the nature of service or due to the attitude of the reporting officer. The workload can cause significant stress in the care giving staff. Flexibility in work hours
- Flexibility in working hours is least possible in care giving job. This is because an individual who is seeking care expects a person to be with them all the time as they continuously require some support. Care giving staff expecting a flexible work time only leads to dissatisfaction. Though it is not completely possible to get flexible working time, rigid work schedule can affect the staff in many forms.

### **14. Impact of violence**

Violence should be totally avoided in the care giving scenario. The violence could be of two types; (i) Client can get aggressive towards the care giving staffs due to mental illness or (ii) the Care giving staff may act violent against the client due to irritability. They may give corporal punishment in the care giving homes. Every care giving homes should have a protocol against violence in order to prevent it or to take adequate action if such incidences occur.

### **15. Time pressure**

This is the major stressor of all the stress. Regardless of the type, any work cannot be completed within a narrow time span. This is the main reason for the stress among the care giving staff as they need to provide service to several clients simultaneously. It is important that the staff evaluate each client without any personal bias and judge who will require immediate attention and who can wait. This will help them to manage their work within the given time without inducing stress.

### **16. Job resources**

Job resources refer to the physical, psychological, social, and organizational resources related to the job. Job resources can reduce

job demands which include job related skills, communication skills, soft skills etc. and the associated physiological and psychological costs; Job resources are functional in achieving the work goals. Job resources stimulate personal growth, learning and development related to a specific job. Hence, resources are not only necessary to deal with job demands and successes towards get things done to a significant level, but they also are important in their own right. Job resources include performance feedback at the task-level, the support from colleagues at the interpersonal-level, and the supervisory coaching at the organizational level (Hobfoll, 2002).

### **17. Emotional self-regulation**

Emotion is the sudden sprout of the mood and expressions. It can be happy or it can be of worry or it can be due to the irritation or it can be of rage; whatever the case may be this should be self-regulated by the individual him/herself. The individual care giving staff is expected to control his temper, grief and rage.

### **18. Capability**

Capability of an individual can be obtained through learning from the errors. Capability is a self-cultivating aspect; if care giving staff is learning out of his experiences, the capability will be developed in them. So this could be a stressor for the newcomers, who enter into the service. The new care giving staff may not know the ways to deal the problems on hand; hence they may need help from the experienced staff who should be ready to help them towards making them as good care giving staff in the future.

### **19. Responsibility**

Responsibility is to be shared among the care giving staff. People who like challenge and confront risks readily accept responsibility and they will shine in their career. Giving more responsibilities to minimal number of care giving staffs can cause lot of stress as care giving job itself is more demanding and time consuming.

## **20. Working environment**

Working environment includes all the living and non-living agents in the work space. It can be biological, psychological, social or natural whatever the case may be, if the environment is very suitable and acceptable, the service delivered will also be good; if the environment is not acceptable and dissatisfied no one can do the work properly; hence the working environment should be properly maintained by the concerned superiors.

Care giving staff has some control over the above mentioned stressors. There are stressors over which care giving staff has no control, those are called secondary stressors which are discussed below.

### **Secondary level stressors**

In this type, all the aspects which are in the total environment of the care giving staff forms the stressors and they contribute to the stress. Each and every element of the working situations either favors or disfavors the staff. Additional responsibilities, impact of the team workers' behaviors, Superior indoctrinations and criticisms are the sources of this type of stress. The following stressors can be considered as the External Stressors.

#### **1. Problems with higher authorities**

Within an organizational set up, the higher authorities form a major sector of all the stressors. Many of the higher authorities fail to treat the care giving staff in a respected manner; just because they are the higher authorities they intervene in the normal delivery of the care giving processes of the staff. Not attending to the real work related demands of the staff, not assisting him while the staff is in difficult situation, buck passing characters, projecting miss-happening over the staff, giving unusual work load, unpunctual behavior, passing ill comments, refusing the normal privileges, giving more and more work to the staff who is good at work and not to others, etc forms major stressors associated with the higher authorities. This should be rectified by the concerned authorities themselves.



## **2. Problems with team work**

Team work is inevitable and is the leverage given to a particular task to complete it within a span of limited time with accuracy. The friction between the team members can create some troubles to the individual care giving staff. Except the allotted work the team or the care giving staff should not think of any other dealings.

## **3. Lack of Supportive relationship**

Supportive relationship is a wider concept. The supportive relationship of the care giving staff inside an organization alone will be considered in this context. All the human beings who are working along with him/her become the support group. Friction might occur in the absence of supportive relationships and the support should be mutual and not one way. Supportive relationship makes care giving staff to feel less stressed in delivering his/her service.

## **4. Lack of active management leadership**

Active leadership means the leader actually contributing towards the work of the subordinates actively and positively. Absence of an active leader in the organization is an unfortunate situation for the care giving staff. This could be a major form of stress.

## **5. Lack of Organization fairness**

Collective resultant of all the works of the care giving staff starting from the top manager level up to the low level will lead to the organization fairness. If the works of these staffs are well coordinated the organization fairness will be ensured. Lack of integrity, coordination and synchronization leads to lack of organizational fairness. It requires the collective involvement of all the staff of the organization to attain organizational fairness. The organization fairness will have direct impact on all the care giving staff.

## **Stress Management**

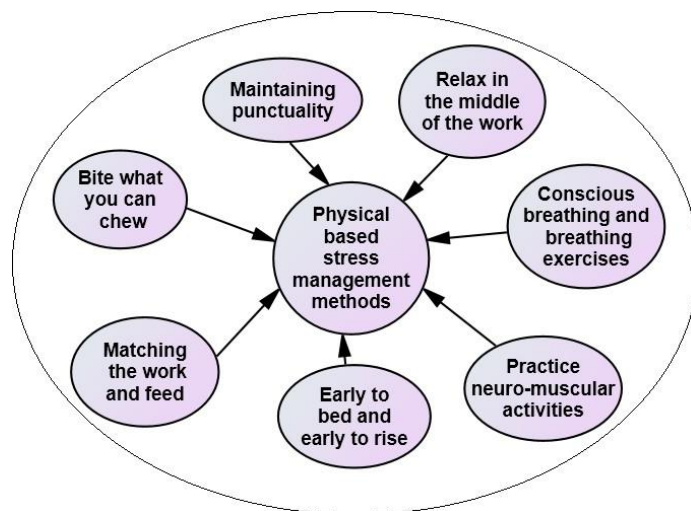
“Managing the stress is the sequential conscious efforts which are like the waves of the oceans and continues in one’s life span.” Living body and souls alone

are facing the stress; one is expected to earn a livelihood and spend his/her life in some constructive works; while doing so, no one is safe without stress. No one on earth can reduce the stress of an individual by taking the stress out from that individual; but proper counseling and guidance may be exposed to them; choice is of them to adopt or boycott the guidance.

### Stress Management Among Care giving Staff

There are several practical ways to handle stress. Through these ways and means the stress which the care giving staffs encounter in their work can be minimized well, even though it cannot be totally eradicated. Depending upon the nature, time, need, compulsion, responsibilities, expectations of the team etc. one can opt any of these steps to manage and minimize the waves of stress in the life of the staff.

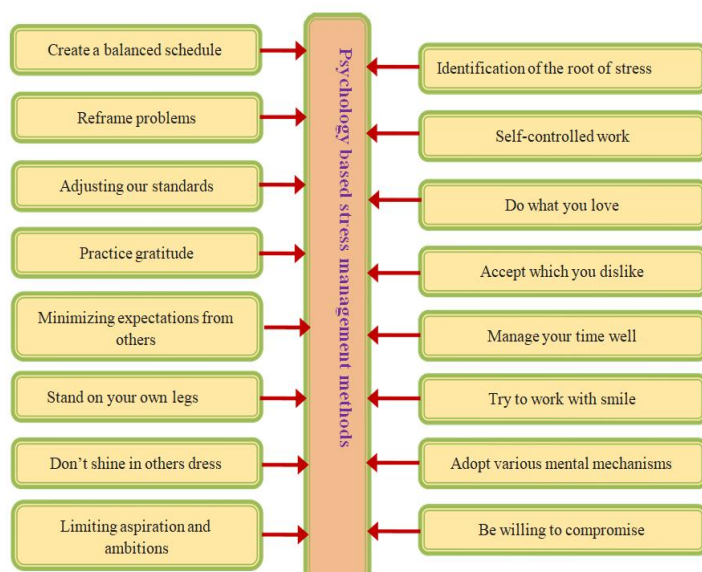
There are several Psychology based stress management methods. They are as follows:



There are about 16 different methods which are psychological based are recommended for managing the stress faced by the caregiver and related persons. Energy for a man comes from the mind; if it is properly managed and tackled, the mind and body

balance will be there and stress will be castrated; so in that angle many ways are there to handle stress and different methods can be opted in different situations.

## Physical and physiological based stress management methods



There are several physical and physiological based stress management methods. Various sense organs of a human body through the respective inputs induce the mind positively or negatively. If the body is prepared to face the stressful situation the stress can be reduced

significantly.

There are about 8 ways with which the stress can be managed physically. By adopting any one of the methods or the different combinations of methods at a particular moment of stress, the individual care giver can handle or at least minimize the stress generated in the working environment, and he can concentrate more on the normal delivery of the work.

## Easy stress management methods



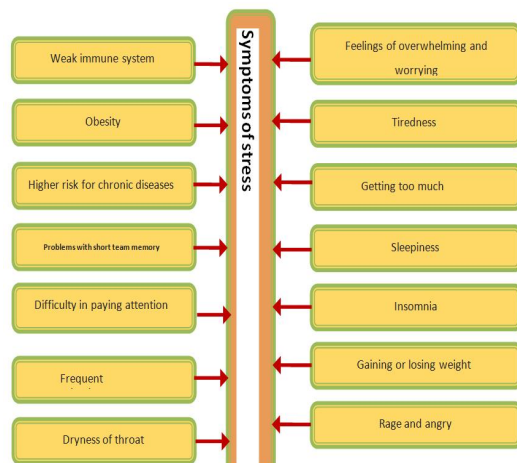
There are some methods which can be easily adhered by all the care giving staff. They are as follows. Easy stress management methods are chartered out which can be followed very easily while we are isolated from the work as well as while performing the work. These are very easy to

follow and adopt in the day today activities towards managing the stress, which are developed through the working situation for the care giving staff. By adopting these

techniques, Care giving staff may be getting freedom from the stress and the ill effect of the stress. But remember stress can be minimized or reduced and it cannot be totally eradicated.

If the care giving staff adhere and practice these stress over coming methods, the stress can be under one's control.

### Symptoms of stress:



Though stress emerges in the mind, it can affect the body and its needs. If stress is not managed properly, it may result in the following symptoms. Knowing about these symptoms will help them to identifying the stress, through introspection. Behavior can be studied by themselves and all the symptoms of stress can be identified and rectified by the previously mentioned methods and steps.

### 'Care giver syndrome' affecting the care giving staff:

This condition is characterized by physical, mental and emotional exhaustion in a caregiver. Caregiver syndrome is a state of exhaustion, anger, rage and guilt which results through constant caring for a chronically ill dependent human being. The term Caregiver syndrome is often used by healthcare professionals, but it is not listed in the Diagnostic and Statistical Manual of Mental Disorders. While all the other caregivers are frustrated by the dependent child, the care giving staffs try to enhance the ability of them to make them less dependent on others. Other caregivers are more related to the physical aspects of the child with challenges, the care giving staffs dedicate their service towards the mental and psychological aspects of the dependent child, which is more difficult to promote. Care giving staffs are also human beings with several ambitions and aspirations. Even though the Care givers are born normal, their occupation remains as a great challenge. They also need attention towards their physical, mental and emotional health. Caregiver Stress Syndrome (CSS) is involved with pathological, morbid

changes in physiological and psychological functions. Caregiver Stress Syndrome can be the resultant of acute or chronic stress, primarily and directly as a result of involvement and dedication towards care giving activities. Proper care should be periodically given to these sacrificing care giving staffs, who serve for the health of the dependent human beings. These workers are to be evaluated on the grounds of psychological, physiological and supportive dimensions and treatments should be rendered to them to their satisfaction.

In order to handle stressful work environment, one should develop several soft skills. In this way, the skills which are obtained by the caregiver himself or herself will assist in the professional dedication so as to minimize the stress. These skills can help in minimizing the stress, thereby they can concentrate more and dedicate more towards the need of the needy individual.

### **Conclusion**

In the beginning of the 21st century, physical stress is comparatively lesser than that of the mental stress or the psychological stress among the care giving staff. Occupation and its related elements determine the stress level of a care giving staff. If the stress is to be minimized there are several steps to be taken by the care giving staffs as well as the organization in which they are working. Stress Management techniques are vital to prevent the impact of stress on the care giving staff. This is complementary in its trends; both the care giving staff and the organizations are dependent on each other, so both should be involved in the stress management process.

## CHAPTER- 3 COPING AMONG CAREGIVING STAFF

*-Dr. K. Sittarandjane*

In the background of the above mentioned facts the need for coping among care giving staff is acutely felt.

### **Coping Strategies Used by Care Giving Staff:**

Care giving is helping, supporting, and giving love, time, energy, effort to help someone who can't help them. The receiver is getting help with basic activities of daily living that they cannot do for themselves and would if they could. The emotional and physical demands involved with care giving can strain even the most resilient person.

### **Some of the coping strategies adopted by care giving staff are.**

1. **Focuses on what one is able to provide:** It's normal to feel guilty sometimes but caregiver understands that no one is perfect. Caregiver believes that one is doing the best one can and one is taking the best decision one can at any given time.
2. **Sets realistic Goals:** The caregiver breaks larger tasks into smaller steps that he/she can do one at a time. Caregiver would prioritize, make lists and establish a daily routine.
3. **Joins a support group:** A support group such as clubs, associations can provide validation and encouragement as problem solving strategies for difficult situations. People in support groups understand what the caregiver may be going through.
4. **Seeks social support:** Caregiver make all efforts to stay well connected with family and friends who can offer non judgemental emotional support. The caregiver sets aside time each week for connecting with friends and relatives.

5. **Sets personal health goals:** The caregiver sets personal health goals to establish a good sleep routine, finds time to be physically active on most days of the week, eats a healthy diet and drinks plenty of water.
6. **Establishes contact with one's Doctor regularly:** Caregiver establishes contact with one's doctor regularly and gets recommended vaccinations, screening and checkups. Caregiver briefs the doctor about his care giving job and would not hesitate to mention any concerns or symptoms one has.

### **Facilitators of coping among care giving staff:**

For the care giving staff the following are the some of the facilitators of coping:

1. **Positive attitude:** A good care giver exhibits a positive attitude even in the most challenging situations. When caring for a person with disability there can be



many frustrating moments that arise on a daily basis. The caregiver should see through these challenges and find the bright side of the situation. The caregiver should not only lift his/her spirits but also the spirits of the person with disability and their family members by remaining positive and proactively

seeking solutions to problems. Thus a positive attitude is an essential quality of a good caregiver and an important facilitator of coping among care giving staff.

2. **Desire to create deep relationships:** Though the core responsibilities of a caregiver may be to attend to the physical needs of care receiver. An exceptional caregiver will also see to the mental and emotional needs of client as well. This comes by forging a deep relationship with their client, really getting to know them and listening to their stories or answering their questions. It would really

be wonderful for the client to not only have someone to keep them healthy and safe, but also to keep them mentally stimulated and emotionally fulfilled. This desire to create deep relationships with the client could act as a facilitator of coping among care giving staff.

3. **Taking initiative:** A good caregiver should take initiative to solve problems and bring them to the attention of those concerned before they may even know they exist. A caregiver is the eyes and ears of the institution or individuals for whose sake care giving is being undertaken. The institution or individuals rely upon the caregiver to speak up and alert them of anything that the caregiver sees that may be concerning. A good caregiver should be a leader and self-starter who is proactive about the care the client receives. This is yet another facilitator of coping among care giving staff.
4. **Exercising patience:** The importance of a caregiver having ample patience cannot be over emphasised. When caring for a client either a small child or a senior adult, it requires near endless patience to continue to show love and compassion through stressful and challenging moments. A good caregiver needs to pour out patience over and over again to make the client feel appreciated, secure and loved. Exercising patience is a skill that will act as a facilitator of coping among care giving staff.
5. **Belief:** The caregiver should have faith and belief in oneself and should have positive thinking that in the process of rehabilitation things will work out well to the satisfaction of all concerned- the caregiver as well as the client.
6. **Self confidence:** The care giver should have self confidence in self and should strongly believe that he/she can provide good, efficient and satisfactory service in the process of rehabilitation of the client.
7. **Positive relation with colleagues:** The caregiver should establish positive and good relations with one's colleagues. If the relationship with one's colleagues are



positive and smooth he/she can get help when needed most. Simultaneous caregiver should extend help to colleagues when needed so that the relationship is positive and long lasting.

8. **Client side co-operation:** The clients' co-operation with the caregiver in terms of coming regularly for follow-up, client's family members following the caregiver's suggestions and extending all possible co-operation is necessary for the caregiver to carry out their service smoothly.
9. **Having enough free time for recreation:** The caregiver through continuous and constant care giving may suffer from fatigue and boredom. To mitigate this the care-giver should have enough free time to engage in recreational activities like sports, cultivating hobbies etc.
10. **Skill set up-gradation:** Considering the demands of care giving and new trends and developments in rehabilitation domain the caregiver should strive to upgrade his/her skill set to meet the demands of care giving. Upgrading caregiver's skill sets will enable them to meet the demands of care giving and provide efficient service. This efficiency will facilitate coping among the caregivers.
11. **Having good organizational climate:** The caregiver would consider himself blessed if he/she has good organisational climate. An understanding and co-operative administrative setup, conducive working atmosphere, availability of basic and essential amenities etc are some of the indicators of good organisational climate.
12. **Flexibility in work hours:** A caregiver has many commitments, responsibilities and restrictions. Hence flexibility in work hours will go a long way in the caregiver fulfilling his commitments and responsibilities.
13. **Satisfaction in servicing people:** As the saying goes "Service to mankind is service to God" the caregiver develops a sense of satisfaction in servicing people.

The caregiver should not consider care giving as a burden. Instead he should enjoy care- giving and derive satisfaction in servicing people. This positive feel, if held throughout the service, will help the caregiver to cope better.

14. **Good work-life balance:** The caregiver should establish a good balance between work and life. As a member of a family the caregiver has to shoulder certain responsibilities. At the same time he/she cannot disregard his/her work. Hence a good balance between work and life is essential
15. **Building emotional self regulation capability :**The caregiver should develop an emotional self regulation capability. He/she encounters chronic conditions of disability and suffering of clients with disability on daily basis and should make sure that it doesn't affect their emotional health in terms of anxiety or apprehension. They should not get too much involved emotionally with the client and developing such a self regulation capability will help them in coping caregiving stress
16. **Good physical environment at work:** The work place where the caregiver is working should have good physical environment like lighting, ventilation, restroom office set up with required infrastructure. A good physical environment at work is a definite facilitator of coping among care giving staff.
17. **Improvements from client-side during rehabilitation:** During the process of rehabilitation if significant improvement is observed from client side it will be a big morale booster for the caregiver. To see all the effort put in by the caregiver bearing fruit will surely act as a facilitator of coping among care giving staff.

## Inhibitors of Coping among Care giving Staff:



Being a caregiver requires endless amounts of energy, empathy and patience. Care giving is a time-consuming undertaking that easily lead to care giving stress and ultimately burnout. It is important for the caregiver to be aware of the challenges one has to face so that the caregiver is able to address them if the

caregiver need to. Taking care of others means taking care of oneself.

### Some of the inhibitors caregivers face in coping is:

- 1. Isolation:** Caregivers can often feel cut off from the outside worlds. So much time and energy is spent caring for someone else, caregivers often don't have time to take care of themselves. This leads to isolation.
- 2. Need for continuous care giving - Stress:** Taking care of a client and being responsible for their health can be very stressful. There are a lot of tasks to perform, from managing medications to helping with activities of daily living like dressing, bathing etc, assisting with physical therapy injections, feeding tubes or other medical processes, discussing the care plan and needs with the doctors and care managers. All these activities may lead to stress and is an inhibitors of coping among care giving staff.
- 3. Financial Burden:** Care giving professionals are not usually paid enough for the valuable service they does. This might add to the stress causing financial burden along with physical and mental drain caused by their care giving role.
- 4. Difficulty in making the client's family understands the need for rehabilitation:** For the client to come back to normal health and living rehabilitation is essential. Unfortunately the client's family sometimes do not

understand the need and essentiality of rehabilitation in spite of the best efforts of the caregiver to make them understand the need for rehabilitation. Hence, difficulty of the caregiver in making the client's family understand the need for rehabilitation is an inhibitor in the process of coping for the care giving staff.

5. **Health problems (chronic) of family members:** The family members of caregiver may be suffering from health problems. One or two of the family members may be suffering from chronic illness persisting for a long time or constantly recurring. This may make the caregiver partly or fully occupied with taking care of such family members. Thus this factor acts as an inhibitor of coping among the care giving staff.
6. **Lack of emotional support from family:** The caregiver may not be receiving any emotional support from family members either due to the stigma attached to the care giving job or due to lack of enough remuneration to the satisfaction of family members or due to various other reasons. Lack of emotional support from family is yet another inhibitor of coping among care giving staff.
7. **Problems with time management-overlapping schedules of intervention:** The caregiver may face problems with time management due to overlapping of schedules of intervention. The caregiver's schedules of intervention may lead to overlapping certain times leading to problems with time management. As all schedules of intervention have to be given equal attention and importance time management may arise resulting in one more inhibitor of coping among care giving staff.
8. **Having unrealistic expectation from the client:** Sometimes the expectations from the clients can be unrealistic. They expect quick and faster progress which may not be feasible in many situations. As rehabilitation is a slow and time consuming process requiring lots of patience from the client's side having unrealistic expectation from the client for a faster progress and recovery is another inhibitor of coping among care giving staff.

- 9. Long hours of work:** The caregiver sometimes have to work for long hours considering the need and urgency of rehabilitation process of clients. Long hours of work could lead to fatigue and boredom for the caregiver. Thus long hours of work for a prolonged period can be an inhibitor of coping among care giving staff.
- 10. Emotional exhaustion resulting from no improvement from client in spite of regular therapy:** In spite of regular therapy due to age factor and several other factors the condition of client may not see any significant improvement. This may lead to emotional exhaustion as the caregiver having taken all possible efforts and seeing no results may feel dejected ultimately leading to emotional exhaustion proving to be one more inhibitor of coping among care giving staff.
- 11. Lack of encouragement / recognition from the organisation:** Care giving though challenging for the caregiver is a thankless job. If the organisation for which one works does not recognise the relentless and hard work put in by the care- giver accompanied by lots of patience and devotion it may lead to losing of morale by the caregiver. The remuneration apart, a word of encouragement as a recognition of the tireless effort put in by the caregiver will be a definite boost for the caregiver. Lack of this encouragement and recognition is necessarily an inhibitor in the process of coping among care giving staff.
- 12. Language Barriers in communicating with the client:** The caregiver may sometimes face language problems in communicating with the client. The client may simply not be able to follow the language of the caregiver. The caregiver in turn may not be able to effectively communicate with the client due to the client's inability to follow the language of the caregiver. Thus language is a barrier in communicating effectively with the client in an inhibitor in the process of coping among care giving staff.

13. **Less peer support:** The caregiver in many cases may be having less of peer support. The peers may not extend support or assistance when urgently needed due to various factors like jealousy, prejudice etc. When the caregiver is unable to get necessary peer support it will definitely act as an inhibitor of coping among care giving staff.
14. **Less social recognition for the care giving job:** The job of a caregiver is one where the social recognition is less. The job of a caregiver is not well recognized and socially accepted and approved. The caregiver is often looked at with scorn and contempt by the society. Many people don't approve of the care giver's role as a service provider and thus lack of social recognition for the care giving job is an inhibitor of coping among care giving staff.
15. **Dealing with work life balance:** The caregiver has a challenging task of balancing work and personal life. On the one side he/she has to attend to his/her duties and perform his/her responsibilities as a caregiver. On the other side he/she has a personal life and family commitments which he/she is obligated to perform. Dealing with this work, life balance is a big challenge and hence an inhibitor of coping for care giving staff.

## CHAPTER- 4 CAPACITY BUILDING AMONG CAREGIVING STAFF

-M. Varun

### **Introduction:**

Capacity as a concept is considered as complex in nature and has been understood and defined in different ways. Capacity could be defined as “the conditions that must be in place, for example, knowledge, competence, effective and development-oriented organizations and institutional frameworks, in order to make development possible” (SIDA, 2000). Whereas the United Nations Development Program (UNDP) in the year 2003 defines capacity as “the ability of individuals, organizations and social and political systems to use natural resources, financial resources, political resources and social and human resources that are available to them in their aspiration to achieve sustainable development”. *The meaning of capacity at an individual level could be defined as “an ability to finish a particular physical, intellectual, or creative task”.*

### **Capacity Building:**

The term capacity building has been interpreted and used in multiple manners. Previously studied concepts relating to capacity building are ‘human resource development’ ‘institution building’ and ‘institutional strengthening’. The term capacity building could be defined as “a process in which individuals, groups and organizations improve their possibilities of exercising their functions and of achieving results over time” (Morgan P, 1997).

Two essential characteristics of Capacity Building as mentioned in the above definition are:

1. Motivation to improve
2. Attaining an end result.

Broadly, capacity building could be understood as an ever changing, effortful and a continuous process which results in transformation and also stresses on sustainable development.

### **Approaches towards capacity building:**

There are various approaches for different levels of capacity building. Interventions on Capacity building targets three categories namely the

environmental, organizational and individual (UNDP). The approaches given by various researchers can be condensed to four basic forms.

1. Bottom-up organizational approach
2. Top-down organizational approach
3. Partnerships
4. Community organizing approach

In this manual, we will focus largely on the strategies in bottom-up approach and slightly on partnership-oriented strategies.

### Need & Importance

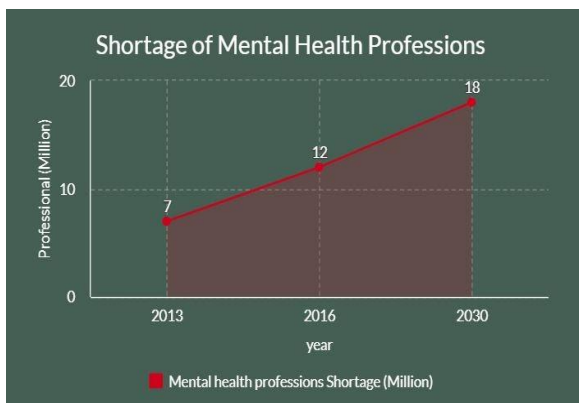


Figure 1: Shortage of mental health professionals

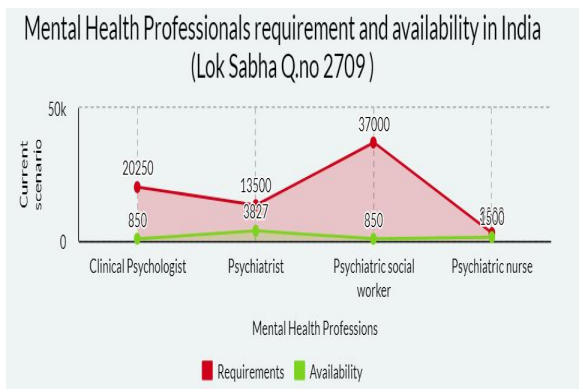


Figure 2: showing the demands of availability of mental health professionals in India.

The World Health Organization (WHO) has developed the Global Strategy to improve health care services on 'Human Resources for Health: Workforce 2030' in the year 2016. It recognizes the shortage of mental health professionals (WHO). The shortage of healthcare professionals throughout the world was estimated to be seven million in 2013 and WHO predicted that there will be a raise in this shortage



up to 18 million by 2030 (Figure No. 1 & 2). Considering the lack of the amount of workforce, it is crucial to think of alternative strategies to meet up to the demands of the Health care services. The current shortage and the upcoming challenges could be tackled by enhancing the functioning of the current professionals and trainees in the field of health care services and it can be achieved through capacity building. Various strategies involved in capacity building will be discussed in this chapter.

**1. INTERDEPARTMENTAL MEETINGS** Interdepartmental meetings are meetings for exchange of information among various departments in a work place. Like in a relay race team, professionals from various departments of an institution work towards a common goal. The departments like psychiatry, clinical psychology, Psychiatric social workers and psychiatric nurses are involved in treating a patient with mental illness efficiently. In order to work efficiently, coordination with each other interdepartmental teams are very important.

Some of the other factors which are considered to be very important for efficient collaboration among the different departments are listed by Agbanylm in 2015.

1. Trust
2. Respect
3. Willingness
4. Empowerment and
5. Effective communication.

The type of knowledge and skill each team member holds will be different due to the training they have undergone; therefore, inter-departmental meetings will be helpful to understand other's approaches and facilitate new learning. Organization specific coordination between departments directly influences the sharing of knowledge. (Willem & Buelens, 2007).

#### **Benefits of interdepartmental meetings**

1. It increases mutual respect for each other and also leads to an in - depth understanding of each other's role.

2. Interdepartmental meeting helps in avoiding confusions and helps to understand how each department works.
3. It helps departments to stay updated on the progress and achievement of each other.
4. Through interdepartmental meetings pressing problems existing in the organisation as a whole could be discussed and more ideas/ solutions could be generated for the holistic development of the organisation/ institution.
5. Interdepartmental meetings increases organisations innovation because of its collective process of generating potentially useful ideas and exchanging of information from resources, skills and personnel of different organisational functions.

## **2. EXPERT TALK**

Expert talks are nothing but the lectures, seminars and workshops conducted by a resource person who is considered as an expert in a specific field. High quality of information could be gathered and greater levels of insight could be achieved through expert talk sessions. The topics of the expert talk is either decided after having discussion with the target group; or based on the results of the assessment carried out by the organization; the management can otherwise suggest list of relevant topics and the trainers can choose a topic which they feel is relevant and is competent of. The resource person for the expert talk has to be selected and invited only after narrowing down the topic to some specific area.

### **Things to be done during expert talk**

1. Listen actively and pay attention to the resource person.
2. Take notes, which could be referred later on.
3. Participate in discussion sessions; don't feel shy or hesitant to put forward your points and doubts during the discussion time.

### **Benefits of expert talk**

1. Ideas about creative learning methods can be gained through expert talk. Which helps to make learning more enjoyable for children during class?
2. Expert talk helps gain more knowledge and better understanding about the real world and its practical applications with regard to one's specific work.

3. Experts talk would fill up the knowledge gap between theory and practice.

### **3. CASE CONFERENCES:**

Case conference or Case discussion is a formal, structured and a specific discussion about a child with difficulties. The conference/discussion team involves close family members, doctors, care givers, special educators, teachers; also includes those who hold responsibility for the children's academic performance and occupational development. The aim of case conference is to identify specific needs and focus on the issues faced by the child; while the goal of the case conference is to devise plans to provide holistic and integrated service.

#### **Important consideration**

During a case conference prior consent is to be received from the child's family members about sharing details of the child with the discussion group. Their right to confidentiality and privacy should be respected.

#### **Preparation for case conference**

1. Observe the child thoroughly.
2. Understand the basic difficulties/challenges faced by the child.
3. Prepare the possible solutions for the problem; make a clear note of it.
4. Discuss your points in the conference, to come up with the best solution.

### **4. USE OF INFORMATION TECHNOLOGY**

Educators are in increased pressure to use information technology; still some obstacles are faced while attempting to teach with technological assistance interface. Information technology usage plans should be developed to overcome these obstacles to achieve diverse educational agenda and a multiple level of comfort with technology (Ezziane, 2007). The barriers in using the technology can make technology usage frustrating for the technologically weaker section individuals and may let many teachers be afraid of that usage (Whitaker & Coste, 2002). Even though the use of information technology tools is difficult to handle, it remains unavoidable in current scenario. The common technological tools like computers and mobile phones can be used in various phases like assessment, communication of intervention plan, intervention and review of progress.

Below are some uses of information technology,

1. Wide source of information could be collected in a short duration of time with the help of information technology.
2. It provides fast and easy access to information and researches from all parts of the world.
3. Virtual classrooms are playing an important role in distance education where students' doubts can be solved by the teachers without moving to ones' place.
4. Information technology like Computer-aided learning increases the interest and motivation of the learner.
5. Materials that are learned through audio visual means are better remembered than the printed materials.
6. Information technology has made both learning and teaching easier as its usage in classrooms has left behind the traditional method of boring lectures.
7. Information technology has led to the development of various tools which would help teachers to track the progress of individual students and it can also be used by the parents to keep up to date about their children's performance.
8. E-books and digital libraries have decreased the burden of carrying books and moving to places in search of books.
9. Information technology has made education fun, interesting, entertaining and accessible to all students.

## **5. SOFT SKILLS DEVELOPMENT**

Soft skills are non-technical skills. It is a subtle and effective way to connect and collaborate well in a work setting. Lazarus (2013) says, it's a 'cluster of personality traits, social graces, facility with language, and personal habits that mark each of us to varying degrees.' There exist a variety of operational definitions for soft skills which differ in terms of the components it contains. For example, "Soft skills include, but are not limited to, communication skills, interpersonal skills, critical thinking, and the ability to make ethical decisions" (Britton, 2013) whereas other researchers include teamwork, motivation, problem-solving, enthusiasm and

trust as its core components (Chute, 2012; Ellis et al 2104; Robles, 2012).

**1. *Acceptance:***

Children with learning difficulty would differ in varied degree and may also have behavioural issues. Whatever the children behaviour would be the primary skill / quality of being a trainer is accepting the child with its true nature but also attempts to alter it through the behavioural strategies. Even the children with multiple disabilities are innately equipped with sense negativity, when a trainer behaves in an uncomfortable way. So it remains inevitable to create a feeling of being secured, safe and comfortable around the trainer and it can be achieved through the expression of acceptance from the trainer.

**2. *Loving & Caring:***

Children with learning difficulty usually encounter with a sense of disappointments from their parents and teachers. Children have a tendency to know when they are loved and a teacher plays an important role in the world of children. It is very important that trainers feel a genuine love and joy for children and their career they choose.

**3. *Being calm:***

The process of training the children with learning difficulty would become stressful in some instances. This would often get magnified in an instance when the trainer is expected to repeat the same instruction for several time. A trainer would be expected to have a calm nature to their expression that helps reduce the level of stress in the room. Creating a productive and safe classroom is characterized by maintaining a calm atmosphere.

**4. *Good sense of humour:***

A person dealing with children with learning difficulties must be able to understand the situation and appropriate time to crack a joke and help in changing the atmosphere of the classroom. Making the children laugh would keep them engaged in the classroom. When the children start to have happy feelings associated with the trainer it will become easy for the children to develop a positive association with the subject they learn.

## 5. *Creativity:*

A special educator must be able to engage all the children in the learning process. Which requires teaching the same teaching material in four or five different ways to make the children engaged in the class? A best teacher would attempt to adapt the teaching strategy in creative ways to highlight the learning strengths of each individual child. For example, a student who would learn best through auditory mode will also develop his or her own visual and kinaesthetic learning styles in a creative classroom.

## 6. IMPROVING LEADERSHIP SKILLS

Being a caregiver pushes you into a leadership position. The immediate service/care provided is looked up to at all times. Hence it becomes important to be an efficient leader to manage different challenging situations. Some people are born leaders, others could turn to a better leader by developing leadership skills. Nothing is impossible with continuous practice, though it is a slow process it guarantees the fruits for the efforts. Here are some ways to improve the leadership skills,

1. *Inspire and motivate others*, a caregiver becomes the first-person a child looks up to, hence it's essential to be motivating on the go. Active motivation would inspire every other individual child in the class to feel free to learn and explore. First of all, the leader (here the caregiver) them self should stay motivated and ready to deal with various challenges.
2. *Develop problem solving skills*, a good leader is quick to notice and solve a problem. It's important to be constantly aware of the present difficulties a child faces and try find means to either solve the problem by oneself or seek authority help. We will be discussing elaborately about the strategies in problem solving later in this chapter.
3. *Accept and learn from failures*, leadership is a quality to be attained after learning from several failures. When your initiatives fail to yield try to accept and learn from it. A good leader never gets distracted by failures.
4. *Act as a bridge*, a leader should act as a bridge for the team members to move forward and should strengthen the team unity.
5. *Always stay ready to initiate*, a good leader always steps forward without any fear of failures and criticisms. Children at times may keep quiet and

may hesitate to seek help, one must always be ready to initiate and provide the needful.

6. *Know your strength and weakness*, to be an efficient leader one must be aware of his own strength and weakness. While providing service it's important to know one's personal resistance and limitations, as they become one's weakness at work. It's becomes important to handle one's weakness effectively so it doesn't bother the children's environment.
7. *Handle criticisms effectively*, one must not lose hopes because of criticism. Make use of constructive criticism to develop and never mind about negative criticisms.
8. *Trust and delegate*, trusting and staying unbiased to the team members is an important criterion to become a good leader. No effort goes wasted. Being the primary help provider, one must trust the progress every child makes towards becoming better than before. Trust keeps the child's effort in progress.

## 7. INCREASING ACCOUNTABILITY

Accountability means holding personal responsibility for the institutional/organizational works and activities. Accountability motivates to attend to and think carefully. Even though the success and the failure of the children doesn't completely rely on the work one person's commitment and action, the care takers' tendency to take responsibility of the children's behavior and academic performance would be very helpful in modifying the behavior and improving the performance.

Here are some ways to increase accountability,

1. Setting clear-cut expectations of others at workplace, moving towards pre-set goals increases the level of accountability.
2. Providing feedback, addressing poor performance and rewarding good performance of the children would increase the level of commitment and responsibility towards the task.
3. Complete delegation of work leaves the whole responsibility of the task to the delegate.
4. Rewarding oneself for a good work/service.
5. Involving in activities that coincide with the personal value system.

## 8. INTERPERSONAL RELATIONSHIP

Interpersonal relationships are social connections between two or more people. Interpersonal relationship plays a major role in determining peoples' adaptive functioning which leads to increased psychological well-being and lower the probability of physical illness (Wills, 1985). Being a caregiver it's important to maintain interpersonal trust and maintain confidentiality at appropriate situations. Which is similar to affective commitment (Hime&Bagraim, 2007)? Higher levels of trust in the workplace and with the colleagues contribute to the betterment of an individuals' performance. The quality of interpersonal relationships experienced in the workplace will aid in both direct and indirect perception of psychological safety and increases learning behavior in organizations (Carmeli, Brueller& Dutton, 2009).

Interpersonal relationships possess many characteristics necessary for maintaining a healthy and positive relationship with the people in the environment like:

- a. Being compassionate.
- b. Flexible.
- c. Honest.
- d. Caring and
- e. Respecting each other.

### **Developing interpersonal skills:**

Interpersonal skills are also known as "people skills", interpersonal skills are also a form of soft skill. Below are a few ways to develop interpersonal skills,

- Initiate conversations, wishing for a 'good morning' or greeting a 'hi' to the children would help in the development of interpersonal relationships.
- Practise active listening, active listening involves maintaining eye contact with the children, nodding the head and reflecting what the children told, which would make the child feel respected and comfortable.
- Being assertive, which means to put forward one's point of view without hurting the feelings of others? When you are not in a position to do a favour, learn to say no in a manner that won't hurt the child in anyways.



- Being empathetic, empathy is nothing but putting oneself in the shoes of others. The expectations of the child's family members can be pressing and empathic listening is necessary to maintain a good interpersonal relationship and provide the right assurance of care.
- Have a positive attitude, be cheerful, optimistic and appreciate the work of the child wherever necessary.

## **9. PROBLEM-SOLVING**

Problem solving is a mental process of discovering, analyzing and solving problems. Problem solving means finding out the best solution to move from the current stage to the goal to be reached by overcoming the obstacles.

### **Strategies for problem solving**

Strategies involved in problem solving can be broadly classified into two types, schema-driven and search-based problem solving strategy (Gick, 2001). In schema driven problem-solving, individuals use forward reasoning on the basis of the constructed schematic knowledge (about the problem), whereas search-based problem solving, the individual tries to solve the problem through heuristic method.

### **Creative problem solving**

Creative problem solving allows individuals and groups to visualize the problem, generate and analyze several many novel ideas and finally to implement the most effective solution among the generated solutions (Treffinger, 1995).

### **Steps in effective problem solving:**

1. Define the problem
2. Sketch out the opportunities, threats and obstacles related to the problem
3. Generate potential solutions to the problem through brainstorming
4. Analyse and evaluate the generated solutions
5. Execute the most effective solution.



### Methods of problem solving

1. **Trial and error method:** In trial and error methods all, possible solutions are tried until one succeeds and it is not a systematic method.
2. **Hypothesis testing:** In hypothesis testing assumptions are first made in order to reduce the number of trials, it's a fairly is somewhat systematic method.
3. **Heuristics:** Heuristics is the human problem-solving method in which a solution is not guaranteed. Here only a small number of alternatives that seems most probable to yield the solutions are considered. Thus, efficiency of heuristics depends upon the nature of the problem to be solved.
4. **Means - end analysis:** A solution to a problem can be searched through two directions, either by working forward from initial stage to end goal or by working backward from the goal to the initial stage. Forward search involves applying operators to the current state to generate new state while backward search involves finding operators that could produce current state. Means end analysis involves three steps, (Newell & Simon, 1972)
  - Comparing the current stage to the goal and identifying the difference between the two.
  - Selecting an operator that would reduce the difference between the two.
  - Applying the operator if it could be done, else, new sub-goal stages at which the operators could be used are to be set. Means end analysis is then applied to this new sub stage until the operator could be applied.

## 10. RESILIENCE BUILDING:

The term resilience was originally derived from the metallurgy field; where it was described as ‘the ability of a metal to respond to stress in a way to absorb without deforming’. Psychologists agreed upon defining resilience as “the ability to adapt to adverse conditions while maintaining a sense of purpose, balance, and positive mental and physical wellbeing”. The definition recognizes the presence of ‘stressful environment’ and the nature of health professionals is considered to be physically and emotionally demanding along with the trauma experienced while demonstrating health care services (Wood et al., 2017).

A caregiver becomes the chief person in providing the needful to the child. There may occur few challenges from various sources such as the pressing expectations of the child’s family members; following and providing the instructed assistance to the child and meeting to the expectations of the child. This may turn the caregiver’s environment stressful. Resilience is one among the many important factors which determines an individual’s reaction to adverse conditions. Resilience level of an individual can be influenced by various physical, psychological, economic and social factors. Since resilience is considered as a personal quality, trait or a process it can be developed or enhanced through specific strategies, to improve a person’s positive coping mechanism. (Stephens et al., 2017). Healthcare service providers found several psychological interventions effective in building resilience (Cleary et al 2018).

- Stress Management and Resilience Training (SMART) (Werneburg et al., 2018)
- Aware Compassionate Communication: An Experiential Provider Training Series (ACCEPTS) (Gerhart et al., 2016)
- Relaxation Response Resiliency Program (3RP) (Mehta et al., 2016)



Figure 3: Showing strategies for building resilience.

Along with relaxation training and mindful practices four specific steps can be retrieved from the above interventions namely Assessment,

Acceptance, Adaptation and Action. These can be called the four stages in resilience building.

- a. **Assessment:** Evaluating the adverse event from a third-person's view point without any form of reasoning, mis-interpretation or denial. A non-judgmental attitude towards the situation would be helpful to experience the possible reality.
- b. **Acceptance:** Accepting the experience the way it is. Considering the stressful situation as unavoidable and remaining calm and focused would help in supporting resilience building.
- c. **Adaptation:** An individual's perception of the event plays a primary role in deciding the behavioural response. So rather than considering the adverse event as permanent, global and unchangeable, an individual can think of that particular event as temporary, local and changeable. This reframing of one's thoughts would help to tackle the state of helplessness and motivates one to actively solve the crisis.
- d. **Action:** Action takes place both at a cognitive and behavioural level. Modifying the negative automatic thoughts and generating alternatives for cognitive distortions like catastrophization, personalisation and black & white thinking happens in cognitive level. In the behavioural level, defining concrete goals, evaluating the effectiveness of alternate solutions and the implementation of the most preferable solution would enable the individual to overcome any adversities.

## 11. TIME MANAGEMENT

"Time management" is the process of planning and organizing the tasks in an efficient manner. Managing time is a needed skill for a caregiver. Supervising a group of children, and meeting their needs timely requires prior planning and organizing. Managing time effectively can make a person do a lot of work in less time. It enhances an individual's performance i.e.; it enables a person to work smarter. Failure in managing time will decrease the effectiveness of work and results in stress.

By using the time-management techniques given in this section, one can improve their ability to manage time effectively and work efficiently. Choosing the

best time management strategy depends on the personality type, level of motivation and level of self-discipline.

**Time Management includes:**

1. Planning
2. Goal setting
3. Setting deadline
4. Dealing with procrastination

**Planning:**



*Figure 4: Showing the steps involved in planning process.*

Planning is the framework for a future course of action. It focuses on the what, when and why aspects of an action. Planning reduces uncertainty and future risks, avoids overlapping among tasks and helps the child to understand what each person expects from them individually. This benefits at the individual and helps the children in achieving the appropriate skills at predetermined time limit. Planning being a process involves various steps in it which is given in the figure 4.

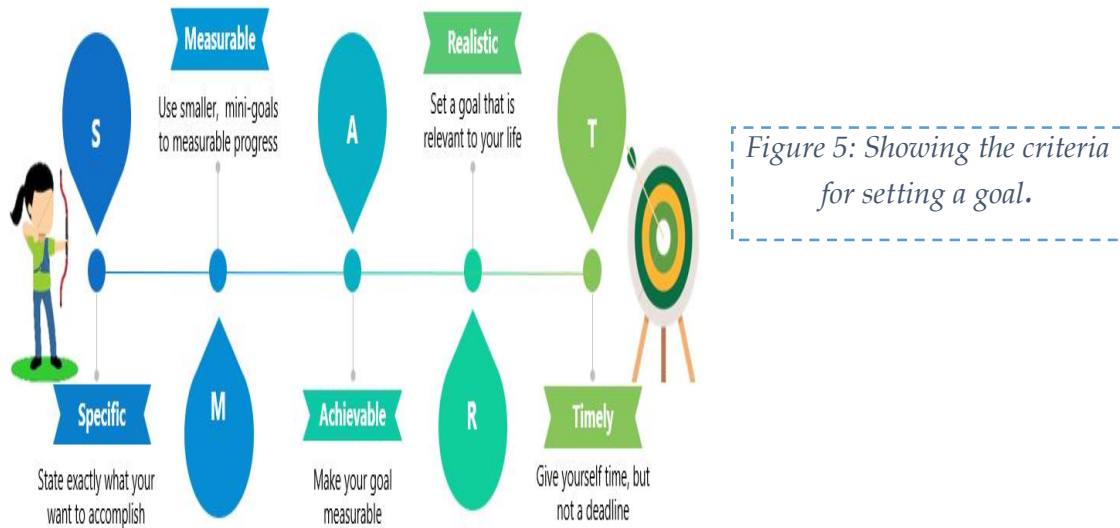
Preparing a To-Do List or a Task Plan is the most commonly used approach across countries in planning and is found to be helpful across all professions. A task plan is a list of important activities that has to be met in a single day, a week or a month. This can be noted in a calendar or on a Smartphone, along with the time required for each activity. While making the list, one must keep in mind that the most important task has to come in the first followed by the relatively less important ones. One must complete the first list of activity before making a new one.

**Goal Setting:**

Goal setting can be defined as the act of selecting an objective one wishes to achieve; it is a process of developing an action plan which keeps an individual or a group motivated and guided towards a specific goal. Goal setting has got its own

short-term and long-term benefits.

**SMART** – is an expert suggested criterion, to be considered while formulating the goal.



- **Specific:** Children with learning difficulties may need gradual step-wise assistance. Hence defining each goal, going one step at a time and sticking to the plan is important.
- **Measurable:** Chunking or breaking the goal into small tasks helps in keeping a constant check on the level of performance in every task and helps to understand the child's overall progress towards the fixed goal. Also keep a note on the feedbacks and instructions given by the authorities about the progress. By doing this the goal becomes measurable.
- **Achievable:** The goal must be achievable. Here the family's or any other's expectation of the child must be kept low. The child is of primary importance. The goals assigned must be do-able by the child with the training being given.
- **Realistic:** Children with learning difficulties may not always provide good results. Hence it is crucial to appreciate their efforts over performance. This would create a sense of achievement and would make them believe that every task is realistic and do-able.

- *Timely*: Children with learning difficulties may require more time than required. The whole progress towards the goal may take some time; it's good to be flexible and avoid being too stiff.

### **Setting Deadlines:**

Deadlines can be stressful. Yet, it's good to have a tangible deadline fixed after analyzing the average progress level of the class or the individual child.

### **Dealing with Procrastination:**

Procrastination is the intentional act of avoiding an activity which has to be accomplished within a specific time limit. The causes for procrastination are very complex to understand. Procrastination may kill the work progress as well as your work reputation. The best strategy which would help in tackling procrastination is dividing the task into many pieces. Accomplishing those smaller tasks may provide motivation to achieve the desired goal. Constantly rewarding oneself after every task is crucial to stay motivated at work.

## **12. MENTORING**

Mentoring is more than giving advice, it is a semi-structured guidance where a professional relationship is established between an expert (mentor) who assists an apprentice (mentee), who seeks the expert's guidance for the purpose of developing specific skills and knowledge.

### **Mentor**

A mentor can be defined as a "person who is ordinarily several years older with greater experience and seniority in the world the young mentee is entering. This person acts as a teacher, sponsor, counselor, developer of skills and intellect, host, guide, exemplar and one who supports and facilitates the realization of young mentee's dream" (Levison et al., 1978). A caregiver has to play the role of a mentor while helping the child perform the assigned task. A mentor should be ready to provide help at any time when there arises a need within the agreed limits.

## Dual role

In the caregiver profession there is always space for new learning, same assistance or approach may not work well with two different children. While in the process of guiding/assisting one gets to learn a lot through the time spent and experience gathered from the field. This learning aids in future assistance and in being an effective guide.

## 4 Steps of mentoring process (Kram, K.E, 1985)

1. Defining the objectives, scopes and boundaries.
2. Understanding the child and the circumstances that promote or interfere with his/her learning.
3. Executing the instructed educational programs, changing the reward system, task design and other practices.
4. Constantly notice if the child makes good progress with the present intervention methods in order to determine what modifications are needed.

## 5 Qualities of a good mentor

1. *Active listening*: A good mentor should possess the ability to collect important cues from what one says by listening actively and reflecting the points wherever necessary.
2. *Empathy*: An empathetic understanding plays an important role in mentorship. A good mentor should be empathetic, supportive and non-judgemental.
3. *Updated*: A good mentor should be knowledgeable and stay updated in their field of concern by gaining knowledge about the new research and developing trends in their field.
4. *Flexible*: A good mentor should be flexible and at the same time should stay assertive.
5. *Constructive feedback*: A good mentor should provide feedback for the mentee to modify and to continue to develop their knowledge and skills.



## The mentoring skills model



Figure 6: Showing the skills specific skills for mentor, mentee and shared skills.

## Strategies to improve mentorship

Strategies for mentoring vary according to the individuals, including the time spent with the children, interventions and activities. Certain common strategies include:

- Build a trusting mentor – mentee relationship, to increase the level of commitment
- Listen more than speaking, for the mentee to feel accepted and to build trust.
- Have mutual goals and expectations, to know what is important and to move quickly towards the goal.
- Stay inspiring and encouraging, for the mentee to feel motivated
- Show initiative and leadership qualities.

### 13. REFLECTIVE ABILITY:

**Strategies to improve reflective practice**  
Here are 5 ways to improve reflective practice

- 1) Self awareness**  
The ability to analyse one own feelings. It involves a transparent examination of how the situation has affected the individual and how the individual has affected the situation.
- 2) Description**  
The ability to recognize and recollect salient events. It involves recollection of our experience with similar cases and it also involves describing a new finding. The description could be discussed with the peers or could be written as an article.
- 3) Critical analysis**  
It involves examining components of a situation such as examining the existing knowledge, challenging one's own assumptions, imagining and exploring alternatives. Imagination and exploration of alternatives would result in creation of new ideas. It promotes professionals to take situation specific decisions.
- 4) Synthesis**  
It is a process of integrating the newly acquired knowledge into our existing knowledge. This newly synthesized knowledge would be used in predicting the possible problems and also to think creatively to solve novel challenges in a daily practice.
- 5) Evaluation**  
Evaluation involves judgment, assessing the valance and making decision about something. It ensures that whether the newly developed perspective is worth enough to practice or not. It involves weighing the situation and possible alternatives to implement the most desired act

Learning is universally agreed as a life-long dynamic process. It is defined as “the relatively permanent change in behaviour due to continuous practise or experience”. One’s openness to experience and willingness to learn becomes a crucial factor for learning to occur at the individual level. Another crucial factor which drives oneself to learn is the reflection that happens at two different levels. One is ‘reflection on action’ (after the event has occurred) and another is ‘reflection in action’ (while the action is being executed).

Reflective learning could be defined as “the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective’ (Atkins, 1993). Reflection is a complicated but important skill both to improve the capacity to learn from experience and as well as to implement that learning in future practice.

Various stages have been identified in the process of reflection by many professionals and the Process of Reflection has various stages. Atkins summarized it into three stages namely,

- a. Awareness:* An unexpected outcome (negative/positive) could produce an uncomfortable feeling or thought. (E.g.: Failure of reliable treatment approach)
- b. Critical Analysis:* Examination of feelings and thoughts. It involves association, integration, validation and appropriateness. It would motivate an individual to generate various alternative ways of dealing with the specified situation. (E.g.: Preparations done during goal-setting.)
- c. New Perspective:* Generation of new ways to deal with a particular situation would become crucial and promotes an individual to perform in various other novel situations. (E.g.: using humour at appropriate time to establish rapport with a new child in class.)

**CHAPTER- 5**  
**BEST PRACTICES IN CAREGIVING STAFF MANAGEMENT**

*- .V.Vaijyanthi*

**1. Knowledge Initiative Program**

- Caregivers in the field of disability are constantly engaged in servicing individuals with disability that they find it hard to allocate time for their own knowledge up gradation in the field of disability. It is essential for them to stay updated with latest advancement in therapies and also about the disability types and how to handle different individuals with various disabilities
- They should have in depth understanding of physical and mental health issues that the individuals with disability face on day to day basis so that better service could be provided.
- To achieve this, disability institutes employing care giving staff conducts Knowledge Initiative Program wherein they are given lectures by the department senior staffs on recent advancements in the field of disability and how to use those in handling the individuals with disability
- The care giving staffs are also provided with hands-on training by the senior staffs on report preparation, parents counselling and handling the students/interns who visits the departments.
- Experts in the field of disability outside the institute are also invited to give lectures and to share their experience to enhance the knowledge of care giving staffs

**2. Attitude enhancement programs**

- Care giving staffs in the field of disability are expected to exhibit a lot of patience and exhibit kindness to the individuals with disability and their role of continuous handling of those people might lead to depersonalization, that may ultimately lead to burn out
- In order to overcome this problem, care giving staff requires lot of training on positive management of their emotions and enhancement of their attitudes towards individuals with disability.

- These programmes involve conducting games and activities in which all the care giving staffs and their clients (individuals with disability) and their parents might participate and the team cohesiveness that results from these group activities ultimately enhances their empathy towards the individuals with disability
- The programme will also include personality development that concentrate on enhancing the care giving staff's hardiness and emotional self-regulation capability.

### **3. Celebrating festivals:**

- Rapport building among the care giving staffs and their clients and clients' family is necessary for enhancing the service of the care giving staff.
- This could be seen achieved through many traditional and religious festivals being celebrated in the special schools and rehabilitation centres for individuals with disability.
- Festivals like Diwali and Pongal could be seen celebrated by wearing traditional outfit by all people in the institutes both staffs and special school students. Parents in case of special school and clients and their family members in case of other therapeutics department come together for group activities like Rangoli making and decoration of Christmas trees.
- Unity and social support gained through such activities acts as ice breakers for those who are introverts and hesitant to interact. Care giving staff feel recognized and rewarded after organizing and participating in such celebrations
- Cultural programmes conducted during such celebrations provide stage for hidden talents among not only the students/individuals with disability but also for the staffs who work in the rehabilitation centres. Care giving staffs are encouraged to participate in events like singing, dancing or painting and debates on educational topics in the field of disability prove to be creating more awareness not only to the participants but also to the audience
- Such events serve as a tool for stress management for the care giving staff who in general won't find time to pursue their hobbies and vent out their hidden stress that rise out of care giving role.

- Celebrating festivals like Raksha bandhan wherein the individuals with disability who are acquiring service from the institute and special school children would tie rocky to their care giving staff. This would make the care giving staffs to treat these children like their family member with love and affection.
- It would also give rise to innate care and bonding in care giving staff to these children which would make them to provide better service with greater care

#### **4. Unit Visits and sufficient break timings**

- Taking care of persons with disability throughout the day is a strenuous process that too care giving staff work without break as they couldn't control their schedule or leave the individuals unattended.
- Lack of recreation even at a basic level in the form of sufficient breaks or chat time with their colleagues will lead to stress
- To avoid that, care giving staffs are provided with scheduled break timings during when parents, if available can be made to take care of the children with disability. In other cases, break would be taken by staff on rotational basis.
- This provides a healthy routine as they can take care of themselves and also serve as a chat time with their peers that would help to vent out the care giving stress.
- Staffs are also allowed for different unit visits on periodical basis where they can meet people from other units and interact with them. This might include case discussions that could help in knowledge building. Along with that, interdisciplinary knowledge is also strengthened and caregivers informally learn various strategies for managing stress by interacting with staff from other units.

#### **5. Flexibility of work hours**

- One of the main stressors care giving staff face in their daily life is their inability to strike work-life balance. Though this could be seen with many other employees of different field, this is mainly and widely observed among care giving staff, as their job itself takes a great toll on their physical and mental health

- Giving them little pause as and when needed to boost their mental and physical health and also to meet their family needs is very important.
- For this reason, considering their worthwhile contribution they make for the institute and for the individuals with disability who are clients to the institutes, it provides the care giving staff the flexibility of work hours. This is achieved by letting them choose the work hours or shifts they would like to cover especially when they need. For example, the care giving staff might be left to leave early to attend the parents teacher meeting arranged by the school in which their children study
- Based on their personal and family needs, shift rotation is also devised by the institutes helping the staff to achieve a good work-life balance and hence helping them to positively cope with their care giving stress

#### **6. Outdoor recreational activities**

- Recreational activities like a picnic organized by the special school and the other departments in disability institute which would include all the staff, children and their parents, will serve as a stress buster not only for the care giving staff but also for the parents of children with disability
- Institutes usually choose outdoor places like beach where the environment is less organized and free for the children to play and the parents and staff to interact
- Along with such activities, potluck might also be organized wherein parents and staff can prepare a dish and bring it to picnic and everyone's item will be displayed for all to have just as in buffet settings.
- Such sharing increases the bonding and the games conducted by the staff as a part of the programme for parents and children builds rapport between the care giving staff and the children and their family.
- End of the trip, understanding between the staff and the clients would be enhanced; staff could clearly portray the environmental factors in each family that is affecting the children's rehabilitation. The positive relationship built between the care giving staff and the families of children with disability also enables effective communication between them.

- As a result, the parents would start taking the suggestions of care giving staff on home therapies and other behaviour modification strategies seriously, which in turn enables a joint effort in improving the quality of life of the children. The improvement seen in children itself would serve as a boost for care giving staff and will facilitate in coping with their care giving stress

## **7. Recognition to service**

- Care giving staff in disability settings are often under-recognized which is seen both in terms of salary and also in their place in organizational hierarchy
- Paying them with deserving salary and recognizing their contribution to the persons with disability will facilitate their coping to their care giving stress and also would enable them to perform better and in that way it would also serve as capacity building strategy
- This can be done by providing rewards in terms of money or by issuing appreciation certificate based on their quality of service and dedication to work.
- Enabling care giving staff to attend CRE programs and also conducting such programs within the institute itself will relieve a great deal of stress among the care giving staff in achieving the required CRE points
- Further, care giving staff could be lead to take up responsibility for a part of rehabilitation programme or workshops that is conducted by the institute and also could be guided in their service to work independently and to make decisions to their level of problems in the institute, independently.
- This would boost their confidence. The trust and confidence the institute has on the staff is established through these activities and this will enhance the positive attitude and dedication the staff has towards the institute and will enable them to work more efficiently.

## **8. Family Day celebration**

- Family Day celebrated within the institute once a year by inviting family members of all staff including rehabilitation professionals and care giving staff could provide the family members of the staff a better understanding of the work they are doing.

- This would give a clear picture of the care giving stress they face on daily basis and might extend a supporting hand to the staff from the side of the family to cope with such stress.
- Bringing family members to the institute also instils pride and confidence to the staff that would also enhance the work they deliver.
- Increase in rapport and bonding could be observed after every such programmes between the members of different families and ultimately leads to a sense of oneness among all staff and this provides greater total output from the disability institute

#### **9. Professional visits to other disability institutes**

- As a part of knowledge training, the care giving staff could be taken to other disability institutes, rehabilitation centres and special schools for field visit.
- Bearing the name of their institutes and getting special permits to get into other institutes will instil a sense of belongingness among the care giving staff. When they feel they own a special place in the institute they work, the belief would enhance the quality of service
- Also visiting such institutes and understanding the protocol and services provided in that institute would build the capacity of these care giving staff and will help them provide better service

#### **10. Grievance addressal meeting**

- Care giving staff might face varied organizational stressors like role overload, role ambiguity, lack of good working infrastructure, problems with availability, relevance and use of resources.
- The care giving staff must be given opportunity to talk about these to the higher authority and redressal has to be assured for successful functioning of these staff
- To achieve this goal, grievance addressal meeting will be conducted once in a month, that would include all the staff of the department including the care giving staff and the head of the department.



- The care giving staff get a chance to address their problems in these meetings which will be formally discussed among other members of the meeting and solutions are formulated
- Minutes of meeting are also prepared in detail to keep in track of the decisions coined at the end and an 'Action Taken Report' is also prepared based on the actions as decided in the meeting and documented.
- This report would be presented in the next meeting to make sure that the request has been fulfilled and the staff are satisfied about the implementation

## GLOSSARY

1. Abuse - Misuse, use something for a bad purpose
2. Anxiety - A feeling of worry, nervousness or unease about something with an uncertain Outcome
3. Asylum: Asylum is a place where helpless clients are fostered on an altruistic approach. An asylum is a home or an institution which allows the citizens who are challenged physically or psychologically or both.
4. Attitudes: Evaluations of a particular person, behavior, belief, or concept.
5. Behavior modification: A formalized technique for promoting the frequency of desirable behaviors and decreasing the incidence of unwanted ones.
6. Bite what you can chew: Mouth full of bread will suffocate you similarly, if you voluntarily commit towards several responsibilities you will suffer for want of time and related resources; hence what you can do should be judged by you and commit yourself.
7. Burnout - The state of being extremely tired or ill either physically or mentally
8. Case study: An in-depth, intensive investigation of an individual or small group of people.
9. Chronic illness - An illness lasting for a long time
10. Communication accessories: Reading, writing and speaking are the old means of communications; this may be verbal or non-verbal. Phones of different types, Internet access, sending SMS, e-mailing, uploading and down loading procedures, using Watts apps, Share it, you tube etc. are some communication related soft ware's along with computers of different types.
11. Coping - To deal successfully with a difficult situation
12. Creativity: The ability to generate original ideas or solve problems in novel ways.
13. Dejection - A feeling of unhappiness and disappointment
14. Depression - Depression is an illness marked by feeling of sadness, worthlessness or hopelessness as well as problems concentrating and remembering details

15. Diagnostic and Statistical Manual of Mental Disorders: This is a manual which register the scientifically proved psychological illnesses and register in this manual with the approval of several organizations like APA and similar types of organizations.
16. Dying patients: the last stage of life where the person exhibits various gestures like Closed eyes, sinking eyes, uncontrolled verbalization, shallow breath, crunching of jaws, unusual vocal sounds, hatred words over the relatives, sudden forward bend of the body, uncontrolled defecation and urination, loss of reflexes, gradual losing of consciousness etc. will be exposed by the dying patients.
17. Emotions: Feelings that generally have both physiological and cognitive elements and that influence behavior.
18. Empathy - The ability to understand another person's feelings
19. Exhaustion - The state of being very tired
20. Facilitator - A person who helps somebody do something more easily by discussing problems, giving advice etc.
21. Fatigue - A feeling of being extremely tired usually because of hard work or exercise
22. Frustration - The feeling of being upset or annoyed as a result of being unable to change or achieve something
23. Group: Two or more people who interact with one another, perceive themselves as part of a group, and are interdependent.
24. Group dynamics: This is related to the social psychology, which is concerned with the nature of human groups and their developments and interactions of an individual with the group and the impact of the group over the individual.
25. Hook's Law: This is a law related with the physics; this law states that when the stress is less the elastic nature of an object will be retaining its original shape; if the stress is increased beyond a limit the elastic nature will be lost. E.g. rubber band, springs etc.
26. Hypothesis: A prediction, stemming from a theory, stated in a way that allows it to be tested.

27. Inhibit - To prevent something from happening or make it happen more slowly or less frequently than normal
28. Insight: A sudden awareness of the relationships among various elements that had previously appeared to be independent of one another.
29. Language: The communication of information through symbols arranged according to systematic rules.
30. Management processes: All the different types of the care giving staff are directly related with the management and its activities. Management services link the care giving staff and the clients. Money and services are linked only with this process. Adequate knowledge about the management activities will smoothen the management activities
31. Mental mechanisms: These mechanisms are psychological since they are linked with the psychological segments of the individuals. These mental mechanisms are adopted by all of us at the needy times towards satisfying the 'Self'. Psychological satisfactions are attained by adopting these mental mechanisms such as Projection, Sublimation, Substitution, Identification, Dreaming etc
32. Multiple disabilities: An individual may be disabled with several challenges which may have its roots at both physical and psychological.
33. Means-ends analysis: Involves repeated tests for differences between the desired outcome and what currently exists.
34. Mentor: An experienced and trusted adviser.
35. Motivation: The factors that direct and energize the behavior of humans and other organisms
36. Objective observation: Observation is a psychologically based process towards data collection to accumulate related knowledge towards a disability or disorder. An observation devoid of personal bias is defined as the objective observation. The data so obtained will be considered for a global level research.
37. Peer - A person who is the same age or who has the same social status as other people in a group
38. Persons with multiple disorders: Abnormal physical and psychological health of the clients. The proportion of these may differ and sometimes the disorders may be cloudy and will be very difficult to recognize and treat.

39. Psychological disturbances: In a broader sense the psychological disturbances are of two types one is neurosis and the other is psychosis. Neurotics will be aware of the reality but the psychotics may not be aware of the reality. Among these, psychosis affects more than the neurosis. Illusion, hallucinations, delusions, depression, obsessions, compulsions, etc. are some of the psychological disturbances.
40. Perception: The sorting out, interpretation, analysis, and integration of stimuli by the sense organs and brain
41. Prejudice - An unreasonable dislike or preference for a person, group, custom etc.
42. Psychology: The scientific study of behavior and mental processes
43. Reframe problems: Reframing problem means viewing the same problems at different planes and angles. A solution which cannot be obtained at a single frame can get resolved through reframing the same problem again.
44. Repressed Emotions - Emotions which a person is not comfortable with are hidden in the person's unconscious so that the person is not aware he/she has them at all
45. Resilience - The ability of people to feel better quickly after something unpleasant such as shock, injury
46. Respite - A short break or escape from something difficult or unpleasant
47. Root of stress: An individual faces several stressors in the life. If the individual able to recognize the origin of that stress, it will help the stressed person to get freed from that stress, either by avoiding, sublimating, buck passing or by procrastination.
48. Scorn - A feeling and expression of contempt for someone or something
49. Self-controlled work: Even though autonomy is essential for the staff to work, there is a limit for that. This limit should be controlled only by the staff with his/her own efforts. Self-control includes control of speech, mind, emotions like rage and anger by the concerned staff who are giving the care.
50. Shift: Normally a shift is a span of eight-hour duty; in that way there are three shifts. Depending upon the company the names for the shifts may be as first, second and third shifts; in some other firms it is called as A, Band C shifts. Shifts

very often disturb the normal work-family lives. Night shifts are quite unnatural and are not willingly accepted.

51. Soft skills: These are the subjective talents towards performing one's job with conscious listening, conscious speaking, pleasant communication techniques, positive attitude and developing social skills.
52. Stigma - Feelings of disapproval that people have about particular illnesses or ways of Behaving
53. Stressors: Any environmental factor that induces stress in an individual is stressors.
54. Talk therapy: This is the psycho-therapy in which the guide or the counselor treats the client only with comfortable words and making them to get aware of the real situations which induces problems in life.
55. Therapy - The treatment of a physical problem or an illness.

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## Annaxure-1



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES(Divyangjan),(NIEPMD)  
(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)  
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Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

### Personal Data Sheet

1. Initial of your Name:
2. Gender:
3. Age:
4. Qualification:
5. Designation:
6. Department Name:
7. Institute Name:
8. Work experience:
9. Working hours:

### Informed Consent:

All information you provide would be kept confidential and will be used only for research purpose. Individual data or identity won't be revealed at any cost.

Signature of Investigator

I confirm that I have read the above information and I understand this data will be used for research and publication. I give my consent to participate in this research.

Signature of Participant

From the below list please check those items, that you think facilitate your coping in your care giving role

- Believing that my client will get better through rehabilitation
- Having confidence that I could provide better service to my clients
- Enhancing positive relationship with my colleagues
- Client coming for regular follow up
- Getting emotional support from my family
- Clients following the recommended schedule properly
- Pursuing my hobbies
- Keeping my skill set upgraded

- Building good relationship with client and their family members
- Flexibility of work hours/ shifts
- Having good organisational climate
- Being rewarded by my organisation for my service
- Having work related talk with my peers
- Striking up a good work life balance
- Satisfaction gained because of servicing clients with disability
- Sharing my responsibilities with my colleagues
- Building emotional self-regulation capability
- Having a comfortable physical environment to work
- Client's improvement during the process of rehabilitation

If you are facing any other factors that facilitates your coping, please mention

From the below list, please check those that you think inhibits your coping in your care giving role.

- Difficulty in making client's family members understand the need for rehabilitation
- Lack of exposure to recent therapeutic/service advancements
- Chronic illness of my spouse/family member
- Lack of emotional support from my family
- Unable to follow scheduled intervention to a client
- Having unrealistic expectation from my client (like faster progress than what is possible)
- Long hours of work
- Emotional exhaustion resulting from no improvement from client in spite of regular therapy
- Lack of encouragement/ recognition from the organization I work with
- Language barriers in communicating with my client
- Less peer support
- Dealing with work life balance
- Less social recognition for my job
- Lack of relevant interventional aids in my organization
- Lack of good work environment

If you are facing any other factors that inhibits your coping, please mention

## STRESSORS

From the below list, please check those stressors that you are facing as a caregiver:

- Problems with higher authorities
- Problems with team work
- Anxiety of seeing suffering clients
- Role ambiguity
- Discrimination based on pay or discipline
- Lack of approval or feedback from organization
- Lack of autonomy/ job control
- Role stress (wherein organization expectation is always greater than your achievement)
- Role overload
- Lack of supportive peers
- Problems with availability, relevance or use of resources
- Lack of organizational fairness
- Unpredictable shift rotation
- Lack of flexibility in work hours
- Protocol against violence/abuse
- Having extreme time pressure to complete assigned tasks
- Lack of ergonomic aids in organization
- Overloading responsibility
- Environmental stressor like noise or heat
- Lack of proper infrastructure to provide service
- Lack of active management leadership

If you are facing any other stressors as a caregiver, please mention.

## Publications of NIEPMD

Title	Cost
1. Resilience Headway Youth with Intellectual Disability: A Manual.....Rs.400/-	
2. Resilience Headway Siblings of Children with Special Needs: A Manual....Rs.400/-	
3. Resilience Headway Youth with Multiple Disabilities: A Manual.....Rs.400/-	
4. Acceptance &Coping : Families of Persons with Multiple Disabilities.....Rs 300/-	
5. Kinaesthetic and vestibular activities for developmental disabilities.....Rs.300/-	
6. Capacity Building of NGOs in Disability Management.....Rs 400/-	
7. High Support : Parental Needs.....Rs 300/-	
8. Parental Wellbeing in Raising a child with Special Needs.....Rs 400/-	
9. Individuals with deaf blindness: Perception Analysis .....Rs.350/-	
10. Specific Learning Disabilities: An Introduction.....Rs.500/-	



## Empowering Care giving Staff: Disability Care

### About this book

Role of care giving staff in rehabilitation is very crucial in the area of disability. Compared to last few decades, rehabilitation field has grown significantly yet, the challenges and stressors faced by care giving staff has not been discussed much. This book discusses about the challenges that the care giving staff face while rehabilitating individuals with multiple disability. It also sheds light on various work related stressors that these people face as caregivers and factors that facilitate and inhibit coping with this stress. The book also reveals different strategies for stress management and capacity building among care giving staff in disability care.

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