Empowering Grandparent Caregivers

Grandparent caregiving for grandchildren has drastically increased from 2.5 million (Simmons & Dye, 2003) to 2.8 million (U.S. Census Bureau, n.d.) over the years. African American grandmothers represent a large number of these caregivers. Grandparents assume care for their grandchildren because of (but not limited to) child abuse, neglect, imprisoned parents, or parental drug abuse. Added care responsibilities are taken on without adequate financial and social support. In fact, nearly 20% of these grandparenting families remain beneath the poverty line, which may lead to inadequate resources.

Grandparents with inadequate resources often experience unmanaged health problems and delayed illness treatment. They are vulnerable. Vulnerability coexists with resource deficits, relative risks, and health problems (Carr, 2006; Flaskerud & Winslow, 1998)—wherein resources and health are primary predictors. This vulnerability is apparent in African American grandparent caregivers, as they are primarily women who often lack resources and experience health alterations when they assume caregiving roles for their grandchildren. Therefore, these grandparent caregivers consequently feel powerless.

Grandparents’ caregiving experiences vary in terms of individual demographics, health conditions or status, caregiving responsibilities, access to health care and social support, family dynamics, and the circumstances under which they assume caregiving roles. The vulnerability of grandparent caregiving implicates the role of nurses to engage and empower grandparents as family caregivers.

Empowerment has been promulgated as active participation of individuals gaining control of themselves and their environment (Carr, 2011; Cox, 2002; Joslin, 2009; Rappapon, 1984). Similarly, health care providers use empowerment to impart knowledge and encourage patients’ participation in promoting their well-being (Becker, Israel, Schultz, Parker, & Klem, 2002; Borg, 2004; Kuhn, Fulton, & Edelman, 2003; Tran et al., 2004). Carr’s (2011) Empowerment Model depicts that many variables influence the empowerment process and purports that participation is the catalyst that transforms empowerment into the expected outcome of advocacy for grandparent caregivers.

Using the empowerment model, nurses can support grandparents through education to build advocacy skills (Cox, 2002) and offer
empowerment as a framework to induce advocacy to foster self-efficacy in terms of personal and community benefits (Carr, 2011; Joslin, 2009). It is important for health care providers to understand grandparents’ caregiving needs and provide opportunities and germane information regarding available social, legal, and medical services.

To empower grandparent caregivers, nurses should partner with them in the health care system, working together to become fully knowledgeable and, based on their needs, advocate for needed services to close the gap of grandparents’ unknowns about what could help them in their particular caregiving situations. Interventions to empower and nurture advocacy in grandparent caregivers are needed, enabling them to voice their needs, assisting them with improving their health, and imparting sustainability through continued opportunities to speak out.

A paucity of empowerment intervention research exists. Limited studies have disseminated data relative to empowering grandparent caregivers and African American grandmother caregivers (Carr, 2011; Cox, 2000, 2002; Joslin, 2009). These studies were primarily small scale (with minimal participants) and exploratory (ethnographic approach) to understand lived experiences of grandparent caregivers. Future studies are needed to further illuminate the phenomenon of grandparent caregiving and evaluate the impact of empowerment interventions to turn vulnerability into opportunities and possibilities among grandparent caregivers and, in particular, African American grandmothers—the vulnerable group. Studies with a large sample of the grandparent caregiver population are necessary to help discriminate factors contributing to health outcomes of grandparent caregivers and to identify effective empowerment interventions for this vulnerable group. Particularly, future studies in African American grandmother caregivers are needed to further test the empowerment model (Carr, 2011) and tailor empowerment interventions to promote health for this vulnerable population.

In conclusion, power is not equally distributed to all people. African American grandmothers are at greatest risk for health-related problems when caregiving roles are taken, thereby potentiating feelings of powerlessness. Empowerment education programs with health and advocacy components may be helpful not only for African American grandmother caregivers but also for all grandparents, regardless of race and ethnicity. In the context of this type of nursing intervention, grandparents who are empowered are knowledgeable about available resources and therefore may feel confident in advocating for themselves and others. Furthermore, a future impetus for grandparent caregivers may be to employ interventions that comprise measurable outcomes to nurture developing skills that build advocacy. Most importantly, sustainability of these outcomes must be in place so that these grandparent caregivers build and sustain capacity in their communities. Grandparent caregivers may then eventually become a self-supporting system for one another, demonstrating improved quality of life for grandchildren and their grandchildren.

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