

Who Cares?

Eldercare is a topic that will impact most, if not all, of us either now or in the future.

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Some people will become caregivers gradually which can begin by running errands or accompanying a parent to doctor's appointments. Most will become caregivers as a result of a crisis situation (heart attack, stroke, severe fall, etc.). The better informed you are, the better you will care for your loved one and yourself.

Being a caregiver will undoubtedly present challenges, but it will also present wonderful opportunities to connect with your loved one. I've been associated with the eldercare industry in one way or another for close to two decades. While I've heard many people complain about the challenges of being a caregiver (myself included), I've never heard anyone in retrospect say that they regretted doing it.

Who usually becomes a caregiver

In most cases, the caregiver role is assumed by women—a female spouse, a daughter (the likeliest, by a wide margin), a daughter-in-law, or a granddaughter. Generally speaking, women provide the vast majority of caregiving services. But that trend is changing. In recent years, men have begun to assume more of the caregiving duties. Women are still far more likely to be the caregivers within the family, but men now represent more than 34 percent of caregivers.

In 2012 AARP estimated there were 65.7 million caregivers make up 29 percent of the US adult population, and provide care to someone who is ill, disabled, or aged. 80 percent of the care provided to the elderly in the United States is still provided exclusively by family members. The prototypical caregiver devotes an average of eighteen hours per week to caregiving over the course of about four and a half years. The estimated annual value of this unpaid work is as high as \$350 billion.

Time requirements

While there are many positives regarding caregiving there are also many challenges. One of the

biggest challenges is the time commitment. The older the care recipient, the more time per week will be dedicated to caregiving tasks. On average, a person fifty-five to sixty-four years old will require 25.3 hours per week. This increases to 34.5 hours per week for someone over seventy-five years of age.

Cost of Care

Financial

The financial cost can be substantial. The national average cost of a private nursing home room was \$252 a day/\$91,980 annually and has risen an average of 3.5 percent annually over the last several years; the average cost for a month in an assisted living facility was \$3,496 a month/\$41,952 annually and has risen an average 3.4 percent per year. The average cost for a home health aide was \$22 hourly/\$41,184 annually and has risen an average 1.3 percent per year.

In addition to the cash outlay there is also the consideration of how much is lost by virtue of money not generated because you are caring for a loved one. Ten million caregivers over age fifty who care for their parents lose an estimated \$3 trillion in lost wages, pensions, retirement funds, and benefits. The total costs are higher for women who lose an estimated \$324,044 because of caregiving, compared to men at \$283,716. Because many women have prioritized caregiving over work they suffer long-term consequences, resulting in lower wages, fewer benefits, and reduced retirement savings. Years later, these women are at a 4.6 times higher risk of living in poverty.

Health

More important than the financial cost, are the cost associated with caregiver's health and well-being. Often when focusing on caring for parents, we forget that we must also care for ourselves. Caregiving can be stressful and the associated stress can impact a caregiver's health.

A 2009 study reported that caring for people with dementia impacts a person's immune system for up to three years after their caregiving experience ends, thus increasing their chances of developing a chronic illness themselves. Eleven percent of family caregivers report that caregiving has caused their physical health to deteriorate. In general, 17 percent of caregivers report that their health has gotten worse as a result of their caregiving responsibilities. Those who are more likely to rate the physical strain of caregiving as high are female (17 percent versus 10 percent males).

A separate but closely related illness frequently associated with caregiving is depression. For some caregivers, emotional fallout from caring for an ailing parent goes beyond stress and into the realm of depression. According to a 2006 research study from the Family Caregiver Alliance, 40 to 70 percent of family caregivers have clinically significant symptoms of depression with about a quarter to half of these caregivers meeting the diagnostic criteria for major depression. This is particularly true for women, who are more prone to the illness, and for those who are caring for someone with dementia. Remember, depression is a treatable illness. A proper diagnosis of depression and of the kind of depression you may be experiencing, is crucial in determining the

best treatment program.

When caring for someone else you must also care for yourself. Consider this analogy - when flight attendants go through the safety briefing before a plane takes off they tell you that in case of emergency, place the oxygen mask on yourself before you place it on someone else. The logic is simple—you can't save someone else if you have passed out from oxygen deprivation.

How to care for yourself

Even though caring for yourself may seem like one more thing on an already overcrowded to-do list, it may become the single most important thing on that list.

Care for yourself and ask others for help when necessary. Our generation cares for elderly parents differently than previous generations. We seek help from others and share our feelings, issues, and concerns. We talk about personal matters that would have embarrassed our parents, and we are more likely to explore counseling or confide in friends. Our generation has matured with a different mind-set. By asking for help, we are doing what is healthy and better positioning ourselves to be more effective caregivers.

Specifically regarding your stress levels, you may not be able to control life, but you can control how you react to it. Train yourself to recognize thoughts and situations that will lead to stress. Changing your reactions can do a lot to reduce your levels of anxiety. The first step is to listen to your body and learn to recognize the common symptoms of stress (ex: sadness, lethargy, insomnia etc.)

Again, you can't take care of others if you have allowed yourself to become ill.

Conclusion

Caring for an aging parent or loved one brings a host of pressures to bear on your time, finances, emotions, and relationships. Most people do not understand and are not prepared for the unique requirements involved in caring for an aging loved one.

You won't be the perfect caregiver. No one is. You cannot fix every issue. You can't cure your loved one's illnesses. You won't be able to change family member's personalities, their apathy, or their assumptions. In reference to yourself, you may not be able to overcome some of your own issues and unresolved feelings. And that's OK. Just do what you can reasonably manage and accept that the rest of life, for better or worse, is going to happen. It is not your job to make everything perfect; it's your job as a caregiver to do the best you can. Love the person you care for, and let them love you back. Beyond that it is out of your hands. Good luck on your caregiving journey.

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McDaniel's current professional responsibilities include day-to-day operations management, staff management, client acquisitions and retention, marketing, business development, strategic alliances, and contract negotiations. During the past 15 years, he has counseled hundreds of families both formally and informally. He is also a regular lecturer and contributor of eldercare related articles to various publications.

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