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# Alleviating the Caregiver Burden: AI as a Systemic Intervention

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**Abstract:** This article examines the systemic crisis faced by millions of Americans juggling full-time work with unpaid family caregiving. Through a vignette, it illustrates the severe health and professional toll on caregivers, arguing that existing policies like the FMLA are misaligned with the unpredictable, episodic nature of modern care. As a solution, it proposes reimagining artificial intelligence (AI) as essential support infrastructure. By detailing AI's role in remote monitoring, care coordination, and enabling flexible work, the article demonstrates how technology can alleviate daily burdens, restore predictability, and prevent burnout. It counters cost concerns by framing caregiver support as a preventative economic investment and concludes that sustaining caregivers is an urgent public health and economic imperative for an aging society.

**Keywords:** family caregivers; work-care conflict; caregiver burnout; artificial intelligence (AI) in healthcare; remote patient monitoring; flexible work arrangements

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## 1. A Day Torn in Half – Revealing the Universal Crisis of the Double Burden

The phone rang, urgent and demanding. “Amanda, your group must submit their report today, and there’s an important meeting at 2 p.m. Be back as soon as possible!” her supervisor barked. Amanda mumbled “okay,” the phone wedged between her shoulder and ear while her hands were busy cleaning her elderly mother, who had just wet herself. Her mind, stretched thin by a relentless to-do list, could only grasp one coherent thought: exhaustion. Scenes like this unfold in countless households across the United States—a silent, desperate juggling act of people working full-time while caregiving full-time, caught between professional deadlines and human needs that never pause. “I’m completely overwhelmed,” Amanda later confessed, her voice a quiet testament to the strain. “I don’t know how to keep going.”

Millions of Americans live this reality daily. Behind closed doors, an army of unpaid family caregivers, the majority of them middle-aged women, perform a complex, second shift. They manage intricate medical appointments, orchestrate medication schedules, navigate finances, and assist with the most intimate daily hygiene tasks, all while maintaining their paid jobs, raising children, and supporting partners. The toll on their health is profound, yet it remains an invisible public health crisis. Major health organizations report that caregivers face significantly higher risks of depression, anxiety, and stress-related chronic diseases like hypertension and heart conditions compared to non-caregivers. Nearly two-thirds of these caregivers also hold paid jobs, and a substantial number report that their caregiving duties have directly and measurably

worsened their physical and mental health. When chronic stress and constant uncertainty cease to be an exception and become the routine, the problem is no longer individual—it is systemic, a flaw in how our society functions [1].

## **2. The Spillover Effect — From Personal Burnout to Systemic Failure**

The immense strain of the caregiver's double shift does not stay neatly contained within the home; it quickly and predictably spills into the workplace, eroding professional stability and economic security. The logistical demands of care—a sudden doctor's appointment, a missed dose of medication, a fall that requires immediate response—are inherently at odds with the structured rhythm of a typical workday. Consequently, more than half of employed caregivers report that their care responsibilities routinely force them to arrive late, leave early, or miss critical deadlines. This isn't a matter of poor time management, but a clash of two inflexible, high-stakes domains [2].

Faced with this relentless clash, caregivers are often compelled to make heart-wrenching, career-limiting decisions just to keep their families afloat. Many feel they have no choice but to decline promotions or challenging new projects, knowing they lack the bandwidth to take on more responsibility. Others formally reduce their working hours to part-time status, accepting a direct cut in income and benefits during a period of rising expenses. Most devastatingly, a significant number leave the workforce entirely—a forced early retirement that depletes their savings, retirement funds, and long-term earning potential.

The professional penalty extends beyond these visible choices into the subtle fabric of workplace culture. Over time, even the most dedicated employees can be unfairly labeled as "less committed" or "unreliable." They become inadvertently excluded from vital, informal professional networks—the after-work drinks, the casual lunch conversations where mentorship and opportunity often flow. This exclusion leads to being systematically passed over for advancement, training, and key assignments. Their expertise remains underutilized, and their careers stagnate [3].

Thus, what begins as personal exhaustion and a private family duty morphs into a predictable, widespread economic and social failure. This failure exposes a silent and unsustainable societal contract: our economic and healthcare systems quietly depend on an immense reservoir of invisible, unpaid labor—primarily provided by women—to sustain an aging population. Yet, these systems offer little to no structural support in return. The result is a cruel paradox: the very act that sustains society (caregiving) actively undermines the caregiver's economic well-being and professional future. In this light, burnout and workforce attrition are not personal shortcomings; they are the logical, built-in outcomes of a system that takes much and gives back little [4].

## **3. The Policy-Reality Gap — Why Existing Protections Fall Short**

While the scale of the caregiving crisis has escalated, the primary policy framework designed to offer a reprieve remains anchored in an outdated understanding of work and family life. The prevailing model of support, exemplified by legislation like the Family and Medical Leave Act (FMLA), operates on a fundamental mismatch between its structured provisions and the chaotic, fluid reality of providing long-term care. This disconnect is not merely a matter of insufficient duration or funding; it is a categorical mismatch in design philosophy [5].

Existing policies are largely built around the concept of a defined, singular life event—a discrete episode with a clear beginning and end, such as the birth of a child or an employee's own serious illness. The support mechanism, therefore, is a corresponding block of protected leave: a single, continuous period of absence from work. This model assumes that care needs can be compartmentalized and addressed in a concentrated timeframe, after which the individual can return to work and normalcy resumes.

The daily reality of caring for an aging parent or a spouse with a progressive chronic condition utterly defies this neat timeline. This form of caregiving is not an event; it is

a permanent state of contingency. It is defined by its persistent, low-grade demand punctuated by acute, unpredictable emergencies. The needs are variable and relentless: a sudden decline in mobility requiring immediate home safety adjustments, a bout of confusion that turns a routine errand into a crisis, or a complex new medication regimen that demands careful monitoring and coordination with multiple doctors. The caregiver's time is not consumed in one large chunk, but is whittled away in a constant stream of small, urgent interruptions and a background hum of administrative vigilance—managing appointments, insurance claims, and ever-shifting care plans [6].

Consequently, the offer of a prolonged, unpaid leave, while well-intentioned, often feels irrelevant to the actual problem. A caregiver drowning in the minute-to-minute demands of their situation cannot be rescued by a life raft meant for a twelve-week voyage. Their need is for a way to stay afloat *while remaining in the water*—to manage the ongoing waves without being swept away. The policy solution of “leave” addresses the symptom of total exhaustion but does nothing to alleviate the daily pressures that cause it. It is an all-or-nothing response in a context that demands granular, flexible support.

This gap places an impossible burden on the goodwill of individual workplaces and managers. In the absence of policy that fits the need, caregivers are forced into a cycle of informal, ad-hoc negotiations—asking for “just one more” late start or early departure, explaining yet another sudden absence. This erodes their professional standing and places managers in the difficult position of balancing compassion against team productivity and fairness to other employees. Relying on this patchwork of individual accommodations is neither equitable nor sustainable; it transforms a systemic societal need into a recurring interpersonal dilemma.

Ultimately, the failure of policy to evolve creates a silent delegation of responsibility. It effectively outsources the management of a massive public health and demographic challenge to the private resilience of families and the discretionary kindness of employers. This approach guarantees that support will be uneven, insecure, and perpetually inadequate. It confirms that the system, as currently structured, is not designed to sustain the caregiver, but rather to passively extract their labor until they, too, may require care. This stark impasse makes it clear: bridging this chasm requires a fundamental reimagining of support, moving beyond the paradigm of episodic leave and towards infrastructures that integrate caregiving into the fabric of daily life and work.

#### **4. From Policy to Practical Tools: Reimagining AI as Care Infrastructure**

Given the profound failure of policy alone to address the granular, relentless nature of caregiving, a new paradigm is urgently needed. Supporting caregivers effectively requires more than expanding traditional leave protections; it demands the creation and integration of practical tools that directly reduce the daily cognitive, logistical, and emotional strain. This is where a thoughtful application of artificial intelligence can play a transformative role. AI is not a replacement for human compassion, judgment, or the irreplaceable comfort of personal touch. Instead, it should be understood and deployed as essential care infrastructure—a layer of technological support that alleviates the specific, measurable burdens most likely to push individuals toward burnout, thereby allowing human care to focus on what technology cannot provide.

This infrastructural role can be realized across three interconnected domains of the caregiver's experience: vigilance, coordination, and workplace integration.

First, AI can mitigate the crushing burden of constant vigilance. Caring for someone with cognitive decline or mobility issues often requires a state of hyper-awareness, a fear that turning away for even a moment could lead to a fall, a wandering incident, or a missed medical sign. AI-assisted remote monitoring systems, such as advanced motion sensors, wearable devices, and ambient analysis platforms, function as a reliable, tireless second set of eyes and ears. They can learn an individual's normal patterns of movement and rest and send discreet alerts to a caregiver's smartphone for significant deviations—a prolonged period of inactivity in the bathroom, a fall detected by vibration analysis, or a nighttime pattern of restlessness that suggests pain or anxiety. This technology does not

eliminate risk, but it redistributes the weight of responsibility. It converts an exhausting, 24/7 state of psychological alert into a managed system of notifications, granting caregivers the precious, previously unthinkable luxury of uninterrupted sleep, a focus on work, or simply a moment of mental respite without being paralyzed by fear.

Second, AI can bring order to the administrative chaos that overwhelms families. The coordination of modern care is a monumental logistical task involving multiple healthcare providers, insurance companies, pharmacies, and family members. Information is scattered across paper files, patient portals, and text messages. AI-powered care coordination platforms can act as a centralized, intelligent hub. They can securely aggregate medical records, upcoming appointments, and medication schedules. More than passive repositories, they can provide active management: sending medication reminders, flagging potential drug interactions, summarizing key points from doctor's visits, and even facilitating communication between a geographically dispersed care team. By automating and organizing this "shadow work," AI frees up countless hours of a caregiver's mental bandwidth—bandwidth currently consumed by tracking down lab results or arguing with an insurance claims agent—and redirects it towards meaningful interaction and personal well-being.

Third, AI can help bridge the unsupported gap between caregiving and paid work. The future of work support for caregivers lies not in more generous leaves for predictable absences, but in enabling flexible, asynchronous work arrangements for unpredictable ones. AI-supported workplace tools are key to this shift. Intelligent scheduling systems can dynamically match tasks with employee availability and capacity, moving teams away from rigid, synchronous "face time" expectations. Project management platforms with AI can automate routine tasks, predict bottlenecks, and facilitate seamless handovers, making it more feasible for a caregiver to contribute meaningfully outside of a strict 9-to-5 window. These tools help shift the workplace culture from one that penalizes sporadic absence to one that measures and values tangible output and collaboration, regardless of when or where the work is done.

In combination, these applications of AI offer something more valuable than any single feature: they restore a measure of predictability, agency, and time. They do not make caregiving easy, nor do they solve the deeper emotional and physical challenges. What they do is create the necessary scaffolding—the infrastructure—that prevents the relentless practical demands from completely collapsing the caregiver's own life. By managing the quantifiable burdens of vigilance, coordination, and scheduling, AI creates the protected space in which human resilience, empathy, and sustainable care can actually survive.

## **5. The Cost of Inaction — Why Support Is an Economic Imperative**

A common rebuttal to calls for systemic support is the perceived prohibitive cost. Critics argue that expanding protections, subsidizing services, or investing in new technologies like AI constitutes an unsustainable financial burden. This viewpoint, however, is a profound miscalculation that ignores the far greater and more insidious cost of inaction. The current system, which offers minimal support, is already generating massive economic losses; it is simply offloading them onto the shoulders of families and the future.

The direct financial toll on caregivers themselves is staggering. Annually, they spend thousands of dollars out of pocket on medical copays, home modifications, specialized equipment, and transportation. To cover these relentless expenses, many are forced to cut back on essentials, deplete their savings, or go into debt, undermining their long-term financial security and increasing their own future reliance on social safety nets. This is not a discretionary cost; it is a mandatory subsidy that private citizens are paying to prop up an underfunded care system.

The indirect costs to the broader economy are even more severe. The chronic stress, sleep deprivation, and neglected personal health endemic to intense caregiving inevitably translate into higher downstream healthcare expenditures. Caregivers experience

elevated rates of depression, anxiety, and stress-related conditions like hypertension and cardiovascular disease, all of which require medical treatment. Simultaneously, the workforce attrition described earlier—the talented employees who reduce hours, decline promotions, or exit entirely—represents a significant loss of productivity, experience, and human capital. When a skilled mid-career professional leaves her field to provide care, the economy loses her contributions for years, if not decades. Therefore, investing in caregiver support is not an act of charity; it is a strategic economic investment in prevention and preservation. It is fundamentally cheaper to prevent a caregiver's health crisis and retain a valuable worker than to treat the former and replace the latter.

Within this economic rationale, AI-assisted tools offer a uniquely pragmatic pathway. They address the core workplace dilemma that purely human-centered policies cannot solve. While executives may be encouraged to follow formal leave rules and “be more understanding,” the operational reality is that frequent, unplanned, and unpredictable absences—the hallmark of elder care—genuinely disrupt team workflows, deadlines, and productivity. Relying solely on managerial empathy is neither scalable nor fair, placing an unreasonable burden on team leaders and co-workers.

AI tools provide a technological bridge over this impasse. By enabling features like non-intrusive caregiving time tracking, long-term remote monitoring dashboards that provide peace of mind, and automated coordination of care tasks, these systems reduce uncertainty for both parties. For the employee, they provide a structured way to manage emergencies without constant, guilt-ridden negotiations. For the employer, they offer visibility and predictability, allowing for better workload distribution and planning. An AI-facilitated flexible work model moves the focus from policing attendance to enabling and measuring performance output. This creates a more sustainable and equitable framework than one dependent on the variable compassion of individual managers, turning a lose-lose conflict into a potential win-win scenario of retained talent and sustained productivity.

## 6. Conclusion – A Public Health Imperative

Amanda's story is one of millions. As the population ages, the struggle to balance work, care, and personal life will touch countless more. This is not a private struggle, but a systemic challenge with profound public health and economic consequences.

A society that silently depends on unpaid, invisible caregiving labor without providing meaningful support is unsustainable. The cost of inaction—in deteriorated health, financial strain, and lost workforce potential—is already being paid. The task ahead is to build systems that make caregiving sustainable.

This requires moving beyond episodic leave policies toward integrated support. Practical tools, particularly AI deployed as care infrastructure, can restore predictability and reduce daily burdens, allowing caregivers to preserve their own health and remain in the workforce. It is a necessary step toward aligning our social and economic structures with the reality of an aging nation.

Ultimately, supporting caregivers is not a side issue. It is a foundational investment in the resilience of our families, our workforce, and our collective future.

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