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In Sickness and In Health: Spousal Caregivers and The Correlates of Caregiver Outcomes

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Marriage vows frequently include a promise to take care of each other in sickness. For some, caring for the sick spouse is an integral part of marital life. For others, it is a burden that breaks the marriage. Older couples, who have shared a portion of their life together, caregiving seems to grow into a routine affair. Because of this routineness, partners may not define themselves as caregivers. Although spouses provide significant amounts of caregiving to older adults with functional disability, they have received limited attention from researchers and policy makers.

In this issue of the *journal*, Polenick, Leggett, and Kales explored correlations between various caregiving activities related to functional decline and caregiver outcomes. Using data from the 2011 National Health and Aging Trends Study (NHATS) and National Study of Caregiving (NSOC); the authors conducted cross-sectional analyses to examine two types of medical care activities (health system interaction tasks and medical/nursing tasks) and their associations with caregiving difficulties and gains. They concluded that (1) interactions with health care systems (such as ordering medication, scheduling appointments, speaking to providers, and dealing with health insurance matters) are associated with increased caregiver burden; (2) hands-on caregiving (such as giving shots/injections and caring for skin wounds/sores) are associated with positive aspects of caregiving; and (3) wives and spouses with less education are the two subgroups of spousal caregivers who experience challenges when caring for older adults with functional disability.

Older couples living with functional disability

Functional decline is common among older adults—one of the fastest growing segments of the population. Spouses are an important source of informal care in this population. Yet, older spousal caregivers present unique challenges and opportunities for research and practice. First, partners may not identify themselves as caregivers because they consider caring for each other as a marital obligation. Also, spousal caregivers' responsibilities tend to build up over time, which make it difficult to recognize that they need additional help. Secondly, as mentioned previously, because functional decline is common in later life, partners may provide care to and receive care from each other. The ambiguous timeline and the diffused boundary between caregiver and care-receiver make it difficult to measure and track caregiver outcomes among older spousal caregivers.

Gender variations in spousal caregiving

Up to 60% of all caregivers of older adults are women (wives and daughters), although the proportion of men providing spousal care for their wives has been steadily increasing.¹ The general consensus on gender differences in caregiving activities are: Compared to husbands, wives (1) spend greater time to caregiving, (2) are more likely to provide assistance with tasks related to personal care, (3) are more likely to experience role-strain and role-conflict, and (4) experience a higher prevalence of depression and anxiety related to caregiving.²

In addition to the gender variation in how caregiving impacts caregiver outcomes; research studies have documented that men and women approach caregiving responsibilities differently. Men are more likely to focus on tasks, to do lists, and hire help; women may need more emotional support. Such information is critical to designing interventions geared towards helping spousal caregivers. Yet few practical, actionable information is available to date.

Impact of caregiving on the individual and the couple

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