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## Care, coping and identity: Older men's experiences of spousal care-giving



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## ABSTRACT

In this paper, we draw on narrative correspondence from older male spousal caregivers and interviews with care providers from the voluntary and statutory sectors to explore how older male carers in the UK cope with and experience care-giving, the forms of support they draw upon, and how this impacts on their sense of self and identity as older men. We also consider how (or if) gender plays a part in shaping the forms of formal care support extended to male carers. We conclude, that how older men construct and perform care-giving, and how the wider family and community respond to older men as carers, can impact on how they perform masculinity. This in turn can contribute to a decline in their social networks and opportunities for sociability, leading to increased loneliness and social isolation. Such insights are important if we are to enrich our knowledge of the challenges they face, the coping mechanisms they employ, and the extent to which their support needs are met in their caring role.

*What is known about the topic:*

- Most unpaid care for older people is undertaken by women but amongst older carers this gender balance is changing.
- Older men experience care-giving differently to women but research in this area is limited.

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### Introduction

The UK population is rapidly ageing; and whilst many older people lead healthy and active lives – especially in early retirement – with increased age comes an increased risk of declining health and mobility (Milligan, 2009). Unpaid (family) carers play a crucial role in supporting those who experience difficulties in undertaking activities of daily life. This task has historically been undertaken by women (ONS, 2013a), and whilst overall women still assume a greater proportion of the caring role than men, changes to this gendered landscape of care are occurring at older age. Recent analysis of the 2011 census for England and Wales, for example, reveals that 15.1%

of the population over 65 years of age are male carers compared to 13.5% of women. Further, these older male carers (OMCs) are likely to undertake more hours of care-giving than do their female counterparts (ONS, 2013b) – a pattern that is evident across all three categories of unpaid care-giving measured by the UK census (i.e. 1–19 h; 20–49 h and 50 plus hours of care per week). This shifting landscape of care is not unique to the UK – a small, but growing body of work has highlighted an increase in older male care-giving across a range of countries from Europe to North America (see for example, Akpınar, Küçüküçlü, & Yener, 2011; Ducharme et al., 2006; Eriksson, Sandberg, Holmgren, & Pringle, 2013; Ribeiro and Paúl, 2008). Further, as one recent systematic review concluded, research on OMCs' experiences of care-giving remains relatively underdeveloped, especially in comparison to that focusing on female carers (Greenwood & Smith, 2015). Yet those studies that do focus on OMCs suggest that older men feel

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their needs and experiences of care-giving differently from older women (Baker & Robertson, 2008; Slack & Fraser, 2014).

By and large, however, the gendered nature of OMC's experiences often goes unquestioned (Eriksson et al., 2013). In those papers that do consider OMCs, it is often as part of a male/female comparison or examined as a descriptive variable (e.g. Arber & Ginn, 1995; Dahlberg, Deemak, & Bambra, 2007; Davidson, Arber, & Ginn, 2000; del Bono, Sala, & Hancock, 2009), so fail to either conceptualise OMC's experiences or address potential variations *within* groups. Crocker Houde (2002) for example, highlighted the lack of studies differentiating between son and spouse/partner care-givers. Sandberg and Eriksson (2008) point to the lack of knowledge around both OMCs' experiences of care-giving, and the commencement and progression of their care-giving role. Others highlight a tendency for studies to focus on male care-giving within specifically defined illness categories such as Alzheimer's or other dementias (Akpınar et al., 2011; Ribeiro & Paul, 2008). Differences in outcome, dependent on the methodological approach used, have also been noted. A review by Baker and Robertson (2008) for example, reported that studies using surveys or interviews reveal highly gendered stereotyped emotions (with men disclosing pride and women disclosing affection) but this is less evident in more observational or diary-based studies. Such outcomes alert us to the potential for bias in which both studies and researchers can perpetuate gendered frames of reference and outcomes in support provided by carers (Calasanti & King, 2007; Greenwood & Smith, 2015).

This paper seeks to add to the relatively limited evidence base around the experiences of OMCs by drawing on a qualitative study undertaken with older male spousal carers and care providers (i.e. paid professionals involved in the assessment and delivery of care support by the statutory and third sectors). The overall aim of the study was to deepen knowledge about how OMCs cope with, and experience, care-giving, the forms of support they draw upon, and how this impacts on their sense of self and identity as older men. This is important if we are to enrich our understanding of the challenges they face, the coping mechanisms they employ, and the extent to which their support needs may vary in terms of facilitating their ability to successfully manage their care-giving role. By also engaging with care providers, we aimed to gain a clearer understanding of how (or if) gender plays a part in shaping the forms of formal care support extended to male carers.

## Method

This qualitative study involved narrative correspondence with older male spousal carers and in-depth interviews with care service providers. Narrative correspondence involves the gathering of written stories (or narratives) from participants around a pre-defined theme. This approach is particularly effective for gaining an understanding of an individual's experience of events in his/her own words and where there is little existing evidence around a topic area. Researchers using this approach have demonstrated its usefulness in investigating hard to reach groups such as parents of young people with cancer (Grinyer, 2004), disabled people (Thomas, 1998), chronic illness in mid-life women (Kralik, Koch, & Brady, 2000), victims of violence in developing countries (Meth, 2003), and older

people (Milligan, 2005). As these studies have demonstrated, this approach can offer an empowering form of social research, in that it places a greater degree of control over the shape and content of information that the participant chooses to share compared to many other approaches. Narratives are both personal, in that they are embodied within a specific individual, and social, in that they take their narrative from the context within which they are embedded (Frank, 1995). This approach was particularly appropriate for respondents who, as active care-givers, were likely to face (potentially multiple) demands on their time and possible fatigue. It also afforded some mitigation of the demands of participating in research as it enabled participants to decide when and how they relayed and shared their experiences.

Following ethical approval, an initial call for participants was sent out through carer groups, relevant third sector organisations and adult social care services. Adverts were also placed in local libraries, community centres and newsletters. Interested individuals were sent an information sheet along with a consent form and a list of narrative prompts to help them structure their narrative (see Fig. 1). It was made clear, however, that participants were free to include any additional issues they felt were important in telling their story.

The only inclusion criteria were that participants should be male, over 50 years of age and either currently caring for a spouse or partner in the north west of England or had done so within the previous six months. Whilst it was not possible to assess the exact number of written narratives that would be returned, past experience suggested that around 15–20 narratives would be gathered within a three month period. Overall, 19 OMCs responded, with a total of 15 older men finally submitting narratives. Whilst participants were asked to frame their submission around the narrative prompts, they were free to write as little or as much as they wanted and to structure their narrative however they liked. To ensure inclusion of those who might find it difficult to give a written narrative, the option of submitting an oral (audio recorded) narrative was offered. Two individuals took up this option and their narratives were transcribed verbatim. Submitted narratives varied in length from between a few pages of handwritten text, five to six pages of typewritten narrative, to 10–15 pages of transcribed oral narrative. Written narratives were submitted either by post ( $N = 2$ ) or electronically ( $N = 11$ ). In addition to the narratives, we undertook nine interviews with a range of service providers from the same geographical location. Service providers were drawn from the statutory and third sectors, to include social workers, carers' health and support workers and a dementia advisor. These interviews were designed to gain an understanding of the extent to which the assessment of carer needs and support – and the provision of services – took account of gender. They also sought to explore whether providers perceived any differences in how older men performed care in comparison to older women carers.

All data were transcribed in full and where audio narratives or interviews were taken, transcripts were returned to the participants for confirmation. Transcripts were then content analysed. Initial open codes were identified by the researchers using constant comparison techniques. Emergent themes were checked for reliability through a process of peer review in which both researchers checked and agreed emergent categories. Where disagreement occurred we returned to the data to

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