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Caregiving for elder relatives: Which caregivers experience personal benefits/gains?

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ABSTRACT

The present study asks whether the positive, rewarding experiences of caregiving (*benefits/gains*) emerge merely as a function of caregiver personality, or whether, after personality traits (agreeableness, conscientiousness, extroversion, neuroticism) are taken into account, other interpersonal factors make a difference. Survey data were collected from 63 family caregivers. Bivariate analyses revealed that caregiving benefits/gains were significantly and positively associated with two personality traits (agreeableness, extroversion), family and spouse/partner socio-emotional support, and prior relationship quality. Hierarchical regressions indicated that whereas neither family socio-emotional support nor prior relationship quality significantly predicted variance in caregiving benefits/gains beyond that accounted for by agreeableness and extroversion, spouse/partner socio-emotional support did. Implications for research and practice are discussed.

1. Introduction

Prompted by a concern about the emotional and physical costs of being a caregiver, many researchers have investigated the link between caregiving for the elderly and the mental and physical health of caregivers. Their studies have repeatedly found a significant association between caregiving and heightened emotional or mental health problems (see Pinquart and Sörensen, 2003, 2005 for reviews). For example, we know that caregivers are at increased risk for symptoms of depression when compared with population norms and demographically matched non-caregivers (Alspaugh et al., 1999), elevated levels of hostility and anxiety (Anthony-Bergstone et al., 1988), as well as concerns over insufficient time, loss of self, and missed social opportunities (Walker et al., 1992; Aneshensel et al., 1995; McKinlay et al., 1995). Studies also provide evidence that caregivers' physical health can be compromised (Kiecolt-Glaser et al., 1996; Cacioppo et al., 1998; Beach et al., 2000; Vitaliano et al., 2003).

Although negative outcomes (e.g., depression, burden, health risks) remain an important focus of caregiving research, a growing body of literature acknowledges the potential rewarding and positive outcomes of the caregiving experience—what we will refer to as *caregiving benefits/gains*. Caregiving benefits/gains include feeling more useful, feeling needed, learning new skills, and adding meaning to one's sense of self (e.g., Lawton et al., 1991; Beach et al., 2000; Baronet, 2003). They also may include gaining a sense of fulfillment for meeting a duty/obligation and enjoyment derived from caregiving itself or from companionship with the care-recipient (Cohen et al., 2002). A recent mixed-methods study of caregivers revealed that the vast majority could describe one or more positive aspects of caregiving (Cohen et al., 2002). Another study, in which interviews were conducted with family caregivers, revealed that "gratification/satisfaction" was among the four major themes of meaning in the caregiver role (Noonan et al., 1996). There is also evidence that negative and positive outcomes often co-exist within the same caregiver. For example, Kinney and Stephens (1989) found that a large majority of caregiving events evoked both positive and negative appraisals by caregivers. Other researchers have found that a large proportion of caregivers (70–80%) experience both positive and negative emotions as a result of their caregiving role (Talkington-Boyer and Snyder, 1994; Cohen et al., 2002; Sanders, 2005).

Continued empirical focus on the positive side of caregiving is warranted not only because experiencing benefits/gains as a caregiver is valuable in its own right, but also because the experience of benefits/gains may help buffer against the common negative outcomes of caregiving (Cohen et al., 2002; Robertson et al., 2007). That is, deriving pleasure, skills, and a sense of gratification as a caregiver may help shield individuals from the various detrimental consequences of caregiving (e.g., depression,

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burden). A key question, then, is *which caregivers are most likely to experience caregiving benefits/gains?* In addressing this question we acknowledge that caregivers bring personal characteristics or traits to the caregiving situation and that those traits can influence both the meaning assigned to that situation and the approach used to cope with caregiving demands (Hooker et al., 1998). Of special interest in the present study is whether the experience of benefits/gains from caregiving is driven solely by the caregiver's personality traits or whether interpersonal factors can play a role that extends beyond the impact of personality.

1.1. Personality and caregiver well-being

Researchers have done relatively little in the way of studying whether personality plays an important role in the experience of caregiving benefits/gains. However, in studies that have focused on *negative* outcomes for caregivers, researchers have found that "personality counts" (Hooker et al., 1998). Neuroticism is the personality dimension that has received the most research attention. Adults high on neuroticism tend to feel anxious and vulnerable, are easily irritated and worried, and are sensitive to criticism and guilt (Costa and McCrae, 1988). In studies of caregiver well-being, a number of researchers have found that caregivers high on neuroticism report higher levels of perceived stress, as well as greater mental and physical health problems (e.g., depression) compared to their counterparts who are low on neuroticism (Hooker et al., 1992, 1998; Monahan and Hooker, 1995; Bookwala and Schulz, 1998; Kim et al., 2005). These differences may be due to the fact that caregivers high on neuroticism tend to be more negative in their appraisals of the caregiving situation (Reis et al., 1994) and are more emotionally reactive to increases in daily tasks and care-recipient behavior problems (Koerner and Kenyon, 2007). In addition, and most notably for the present study, there is also some evidence that caregivers high on neuroticism derive less enjoyment from caregiving (Bookwala and Schulz, 1998).

Although neuroticism has been the focus of most of the personality-caregiver mental health literature, a few researchers have examined the effects of other personality traits. One of those traits is extroversion. Adults high on extroversion tend to be sociable, active, gregarious, and assertive (Costa and McCrae, 1988). In one study of caregiver well-being, Hollis-Sawyer (2001) found that caregiver extroversion was associated with positive role relations between caregiver and care-recipient. She also found that extroversion was associated with "perceived growth and an enhanced understanding of personal aging" among caregivers even when other individual-difference characteristics were controlled (Hollis-Sawyer, 2003, p. 48). Scholars have suggested that extroversion may be salient for caregivers' mental health because extroverted people may bring a more optimistic outlook to caregiving, be better able to recruit support, feel more comfortable in the presence of others, and be more likely to maintain recreational or leisure activities (Reis et al., 1994). As such, caregivers who score *low* in extroversion may have fewer buffers and resources when faced with daily caregiving stressors, and may be less able to derive any benefits or rewards from the caregiving experience.

Conscientiousness—a third personality trait (Costa and McCrae, 1988), defined by qualities including planfulness, organization, and diligence, may not only protect caregivers from feeling overwhelmed and burdened when managing the daily tasks and stressors associated with caregiving, it may also allow the caregiver to derive a sense of pleasure and gratification from successfully enacting that role. Finally, those caregivers high on agreeableness – defined by characteristics such as being warm, caring, and helpful (Costa and McCrae, 1988) – may feel more at home in the role of caregiver and thus more easily derive caregiving benefits/gains when compared to caregivers whose general disposition is more emotionally distant, less helpful, and more indifferent to the needs of others.

1.2. Interpersonal factors

Although few studies in the extant literature have focused on the link between personality traits and caregiving benefits/gains, several studies have identified *other* factors that do seem to increase the likelihood of caregivers experiencing the positive aspects of caregiving (Tarlow et al., 2004). Two factors that have received considerable attention are *social support* (e.g., emotional support, tangible support) and the *quality of the pre-caregiving relationship between caregiver and care-recipient*. Indeed, within elder caregiving studies, as well as research in other fields (e.g., parenting), social networks have been identified as an important source of support for caregivers (e.g., Skaff et al., 1996; Beach et al., 2000; Li and Seltzer, 2003). Researchers have found that perceived socio-emotional support provided by family members is associated not only with reduced feelings of burden and depression (e.g., Schulz and Williamson, 1991; Harwood et al., 2000; Steffen et al., 2002) but also with a greater sense of caregiving mastery (Aneshensel et al., 1995; Skaff et al., 1996; Shirai et al., 2008) and greater satisfaction in being a caregiver (e.g., Cohen et al., 1994; Harwood et al., 2000). Socio-emotional support seems to provide caregivers opportunities to release emotional stress, gain positive acknowledgement, and maintain positive social connections outside of caregiving (Shirai et al., 2008). Together these experiences may enable the caregiver to derive the rewards of serving in the caregiving role.

A second interpersonal factor that consistently predicts the caregiving experience is quality of the pre-caregiving relationship between the caregiver and his/her care-recipient. If that relationship was warm and positive, caregiving tends to be experienced as less difficult (Reis et al., 1994) and caregivers suffer from fewer depressive and physical health symptoms (Schulz and Williamson, 1991; Gold et al., 1995). In contrast, if there was a relatively poor relationship between the caregiver and the care-recipient prior to the start of caregiving, caregivers report more symptoms and greater feelings of burden (Williamson and Schulz, 1990). Williamson and Schulz (1990) offered several possible reasons why a poor pre-caregiving relationship may make a difference, including (a) the presence of feelings of resentment about the sacrifices involved in serving as a caregiver for someone with whom the caregiver was not close; and, notably for the present study, (b) the possibility that caregivers who had a poor pre-caregiving relationship with their care-recipient receive little or no emotional gratification from helping that person. Empirical support for the latter explanation has been found. For example, Kramer (1993) found that even after controlling for caregiving stressors (e.g., care-recipient behavior problems and needs), a more positive pre-caregiving relationship with the care-recipient predicted feelings of caregiver satisfaction. Moreover, Cohen et al. (1994) found that the quality of the pre-caregiving relationship was associated not only with *initial* assessments of the "enjoyable aspects of caregiving" but also with assessments made 18 months later.

2. Present study

In short, there exists consistent evidence that caregivers who report having adequate social support and a positive pre-caregiving relationship with their care-recipient are more likely than their counterparts to experience caregiving benefits/gains. It is possible, however, that those significant associations are spurious ones that can be accounted for by a third variable—