Original Article

Transitioning From Caregiving to Widowhood

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Abstract

Context. Older women commonly assume a caregiving role for their husbands at the end of life and are more vulnerable to poorer health, well-being, and social and economic challenges.

Objectives. The aim of this study was to ascertain older women's experiences of spousal caregiving at the end of life and the ways in which this experience impacts on the transition to widowhood.

Methods. Longitudinal, in-depth, semistructured interviews were conducted with older women three times over a one-year period after the death of their husbands. This report focuses on the initial interviews that examined the transition from caregiving to widowhood. Transcripts were analyzed using interpretive phenomenological analysis methods. Participants were community-dwelling women older than 65 years who had recently been caregivers for their husbands who died within the past two years.

Results. Older women caregivers described their caregiver role as taxing, particularly in light of their own chronic conditions that they failed to prioritize and address. They did not ask for help in managing their roles and health problems, but quietly endured. Hence, they did not communicate their needs or strains explicitly. The degree of perceived adequacy of communication and interaction with health professionals were important factors impacting on their bereavement.

Conclusion. It is imperative for health professionals to appreciate that older women caregivers may need more supportive interaction and information during the end-of-life caregiving, they may have expectations of communication, and they may deny or fail to focus on their own health issues. A patient/family/carer-centered approach could negate this oversight and improve the outcomes

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Key Words
Caregivers, widowhood, older women, qualitative

Introduction

Women commonly outlive their male spouses and often assume a primary informal caregiving role during their partner's end of life.[1] Older caregivers are considered to be more vulnerable to poorer health and well-being than their noncaregiving counterparts and can face significant social and economic challenges, particularly women, who are generally poorer and more disadvantaged.[2,3] Of women caregivers who commenced caregiving in their early 60s, 15% were living in poverty compared with 4% of noncaregivers.[4]

Caregiving can take a toll on the health and well-being, the effects of which can compound the disproportionate incidences of chronic disease and disability in women.[5] Research has indicated that strain and psychological distress associated with caregiving may have a negative impact on postbereavement well-being.[6] Perceptions of circumstances surrounding the death also have been found to impact on subsequent adjustment.[7] The historical predominance of women in caregiver, domestic, and social roles has potentially contributed to the perceptions of fewer unmet needs in these women as compared with their male counterparts, particularly on spousal bereavement.[8] This perception suggests that attention to the unique circumstances of older, recently bereaved women is less warranted.[8]

A recent literature review of widowhood in older women underscored the complexity of this life stage and the need to apply a gendered framework to appreciate the social and cultural contexts that shape this life event for women.[9] The transition from caregiving to widowhood is characterized by unique issues in which older women are vulnerable to poor health and well-being, economic insecurity, social instability, and potentially, untimely death.[9] Although ongoing costs associated with a spouse's medical expenses may subside, implications of the loss of income, potentially in the form of pensions, combined with the significant coping demands associated with this life-altering event place older women at risk for a range of chronic health conditions and economic deprivation.[10] Early bereavement, within two years of spousal death, represents a period of significant upheaval and has been implicated as a period of increased health risk in older women.

The aim of this study was to generate insight regarding older women's caregiving experiences during their husbands' end of life, perspectives of barriers and facilitators to coping and transitioning from caregiving to widowhood, and their needs in relation to information, support, and services throughout this period.

Methods

In-depth semistructured interviews were conducted with older women who had been caregivers for their recently deceased husbands. Three interviews were carried out with each participant over a 12-month period. The Time 1 interviews focused mainly on caregiving, whereas Time 2 and 3 interviews explored the participants' experiences after spousal death. Although the findings reported in this article reflect data collection from Time 1, these interviews were enriched by the participants' knowledge that the researcher was committed to meeting with them for three interviews over a year. Such serial qualitative interviews allow the researcher to develop a rapport and facilitate discussion of a very personal and sensitive issue during an important life transition.[11] The study was advertised in newsletters and on websites disseminated to health professionals or older women with the support of peak professional bodies. Study information also was available at two palliative care services' memorial events. Potential participants were able to contact the researcher