

*Older husbands as caregivers of their wives: A descriptive study
of the context and relational aspects of care*

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Summary of Results

Male caregiving challenges the traditional notion that caring is women's work. Canadian and American statistics indicate that from 40% to 44% of primary caregivers are men and that the vast majority of these are elderly spouses. On account of their age and their commitment to caring, they are, like their female counterparts, vulnerable to adverse changes in health. But what do we know about male caregiving?

Bearing in mind the gaps in our understanding in the outcome of male caregiving, we conducted a one-year longitudinal study with a cohort of older husband caregivers of functionally or cognitively impaired spouses. This study was necessarily exploratory in nature, as relatively few research have been carried out on a cohort of male caregivers. The purpose of our study was threefold. First, it sought to examine adaptation (successful or non successful) of male caregivers in regard to two health outcomes (psychological distress and self-perceived health) over a one-year period. Second, it sought to examine selected factors that can be predictive of successful or unsuccessful adaptation relative to these health outcomes. Third, as institutionalization often occurs when the demands of caregiving become too heavy, change in husband's intention to cease home caregiving was examined as well as its predictors.

A sample of 323 French-speaking older husband caregivers was recruited in four urban regions of the Province of Quebec (Canada). The participants were recruited through various resources offering social, health and community services (e.g., local community services, Alzheimer Societies, day centres) and through advertisements. The male caregivers were aged 60 years or more, living with a functionally or cognitively impaired wife, serving as wife's primary family caregiver for at least the past six months, and spending at least 14 hours a week caring for wife. The participants were interviewed twice, i.e. at the beginning of the study and one year later. From the initial sample of 323 husband caregivers, 91 (28%) dropped out between the two interviews. This was due mainly to institutionalization (46%) and death of wife (32%).

The 232 husband caregivers who took part in both interviews had a mean age of 72 years and an average of 10 years of education. They had been caring for their spouses (mean age of 71 years) for an average of 6.82 years. Nearly 60% of the men spent at least 84 hours a week caregiving and

about 40% regularly performed personal care and instrumental tasks. Husbands perceived relational deprivation with respect to their wives but also personal gain relative to their role.

Family and friends provided emotional support above all and formal service utilization was limited for selected services. Three services, i.e. respite services, home-delivered meals and support groups were used by relatively few participants. The results concerning support groups warrant being underscored in particular, as only 22.7% of the husbands believed that taking part in such groups would be useful to them and only 15% actually participated in these.

At the first interview, nearly two thirds of the wives ($n = 205$) had memory problems according to the perception of their husbands. The difference between the means on the cognitive status scale used in the study (Pearlin's scale) for the two groups was statistically significant. The patterns of symptoms reported by male caregivers on the Pearlin's scale was consistent with a diagnostic of dementia in one group but not in the other. Comparisons between husbands of wives with or without cognitive problems revealed significant differences. For wives with cognitive problems, loss of autonomy and presence of depressive and disruptive behaviours were significantly higher. Number of hours spent caregiving, relational deprivation between husband and wife, and conflicts with family members were also significantly higher.

Our results demonstrated that nearly two-thirds of husbands show poor adaptation over time in relation to psychological distress and self-perceived health. Higher levels of education and instrumental support, as well as an increase in role overload during the one year period of the study were predictive of psychological distress of male caregivers, while an increase in perception of self-efficacy concerning caregiver role predicted a better perception of health and less psychological distress. The likelihood to cease home caregiving was predicted by age, a higher level of role captivity and personal gain related to caregiving. Overall, the study reveals that husband caregivers vary in their response to caregiving over one year. Some husbands managed to adapt successfully whereas a large proportion presented poor adaptation. The findings support prior studies showing that perception of stressors, rather than objective stressors, and caregivers resources are significant predictors of caregiving outcomes.

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