



## Impact on Health of Seniors Caring for Seniors

*Making a meaningful difference in the lives of older adults and their families by bridging research, policies and practice*

### Summary

Seniors represent a substantial and growing minority of all caregivers, but many also face aging-related challenges of their own. Understanding their experiences can help us assess effectively the risks to the well-being, and address the needs, of this unique group of caregivers. Using Statistics Canada's 2002 and 1996 General Social Surveys on aging and social support, we examined the prevalence, types, and correlates of caregiving consequences that seniors caring for seniors experienced and identified trends across time in the consequences that seniors caring for seniors incurred in 1996 and 2002. We found that:

- In 2002, twice as many women as men reported that their caregiving responsibilities affected their health (17% of women; 7% of men) and changed their sleep patterns (13% of women; 7% of men).
- Seniors caring for seniors are even more likely to report psychological than physical health consequences, particularly among women who are more likely than men to feel stressed (31%), have little time for themselves (30%), and feel burdened in helping other seniors (18%).
- One in 5 seniors caring for seniors changed their social activities and holiday plans because of their caregiving responsibilities, with little gender differences.
- ¾ of seniors caring for seniors said they believed that the senior they are caring for would have a hard time finding others to help if they were unable to continue caring themselves.
- 30% of seniors caring for seniors incurred extra expenses because of their caregiving responsibilities, yet few reported a reduction in income as a result of their caregiving.
- Since 1996, the proportion of seniors caring for seniors whose physical, emotional, social and financial health have been affected by their care responsibilities has remained relatively stable.
- The most useful types of assistance needed by both women and men seniors caring for seniors are (in descending order of frequency): (1) occasional relief from their care responsibilities or to share them with someone else, (2) someone to take over altogether, (3), financial compensation, and (4) information about the nature of the long-term illness or how to be a more effective caregivers.
- Factors related to the *nature of the care*, such as providing personal care or end-of-life care, difficulty finding alternate help, and caring for parents (in-law) and spouses, are more influential than personal characteristics of caregivers when it comes to the likelihood of seniors caring for seniors experiencing poor health outcomes.
- It is imperative to recognize that heavy caregiving responsibilities can be hazardous to caregivers' own health.
- Linking caregivers to health and community care services is important to lighten older caregivers' load to maintain their health and well-being and extend the capacity of the family/friend sector.

The help that Canadians provide to family members and friends with health-related care needs is crucial to the well-being of the person receiving the care, but also to the sustainability of the formal health care sector. While caring for others with long term health conditions brings its rewards, many family/friend caregivers experience negative consequences as well. The impact of providing care on family/ friend caregivers' lives is well-documented, as is the fact that not all family/friend caregivers are equally vulnerable. Only by identifying and supporting caregivers at greatest risk of poor outcomes can we ensure sustainability of the family/friend care sector and, in turn, the formal care system that depends so heavily on it.

We often think of seniors as the receivers of care, but we now know that they represent a substantial and growing minority of all caregivers. Many also face aging-related challenges of their own. Understanding their experiences can help us assess effectively the risks to the well-being, and address the needs, of this unique group.

### Research objectives

- To describe the impact of caring for seniors on the health and well-being of family/friend caregivers aged 65 and older, noting differences between women and men.
- To identify trends across time in the health impacts of seniors caring for seniors in 1996 and 2002.

### Data sources

We analyzed two national Statistics Canada data sets.

2002 General Social Survey (GSS) on aging and social support. From the total sample of 24,870 respondents in the public use file, we drew a sub-sample of **seniors caring for seniors** — 1,103 people aged 65 and older who had provided assistance with one or more care tasks in the last year to an adult aged 65 or older because of the care receiver's long-term physical, cognitive or mental health condition.

1996 General Social Survey (GSS) on social support. From the total sample of 12,756 respondents, we drew a matching sub-sample of 263 people aged 65 and older who had provided assistance with one or more care tasks in the last year to an adult aged 65 or older because of the care receiver's long-term health condition.

In both surveys, **care tasks** included:

- indoor domestic tasks (meal preparation and clean-up, house cleaning, laundry, sewing);
- outdoor domestic tasks (home maintenance, other outdoor work);

- transportation and errands (driving, shopping, banking, paying bills); and
- personal care (bathing, toileting, nail care, brushing teeth, hair care, dressing).

### Analysis

We used descriptive statistics to examine the health consequences that seniors caring for seniors experienced because of their caregiving, and to compare seniors who cared for seniors in 2002 and 1996. All analyses take into account gender. Data were weighted to ensure that the samples were representative of the Canadian population.

T- tests were conducted to determine whether differences between sub-groups (men and women; in 2002 and 1996) were statistically significant.

Logistic regression analysis was used to identify factors associated with the risk that seniors caring for seniors will experience negative health consequences because of providing care.

### Caregiving affects seniors' physical health

Substantial minorities of seniors caring for seniors report that their caregiving responsibilities have affected their sleep and their health (see Figure 1). This was true for twice as many women as men (17.4% of women and 7.2% of men reported health impacts; 13.5%

of women and 7.3% of men reported changes in sleep patterns). These factors contribute to the stamina of seniors caring for seniors to continue to provide care long-term without ill health.

**Caregiving affects seniors' emotional health**

Seniors caring for seniors are even more likely to report psychological than physical health consequences, again particularly among women (see Figure 1). More women than men seniors caring for seniors reported that they sometimes or nearly always feel stressed between helping others and trying to meet other work and family responsibilities (30.6% of women; 18.9% of men) and sometimes or nearly always do not have enough time for themselves (30.0 % of women; 17.8% of men).

Women also were more likely to report that they felt moderately or extremely burdened in helping other seniors (17.7% of women; 13.3% of men) and that they sometimes or nearly always felt angry around the care receiver (14.6 % of women; 10.5% of men). These findings illustrate the strain that many senior women caregivers feel, raising concern for caregivers' emotional health and the potential for elder abuse to result.

**Caregiving affects seniors' social health**

About one in five seniors caring for seniors changed their social activities (23.3% of women; 20.9% of men) and holiday plans (18.0% of women; 17.2% of men) because of their caregiving responsibilities. There is ample evidence that

social participation is strongly related to all aspects of health in later life, including morbidity and mortality. The social isolation and lack of "down time" that may follow from caregiving responsibilities have the potential to manifest as poorer physical and emotional health for caregivers.

The ability of seniors caring for seniors to partake in social activities is often limited by the availability of relief. Three-quarters of seniors caring for seniors said they believed that the senior they were caring for would have a hard time finding others to help if they were unable to continue caring themselves (73.7% women v. 75.4% men). Decisions to change social and holiday plans to accommodate caregiving responsibilities compounded by the lack of relief help can lead to social isolation among seniors caring for seniors.

**Figure 1. Impact on health of seniors caring for seniors**

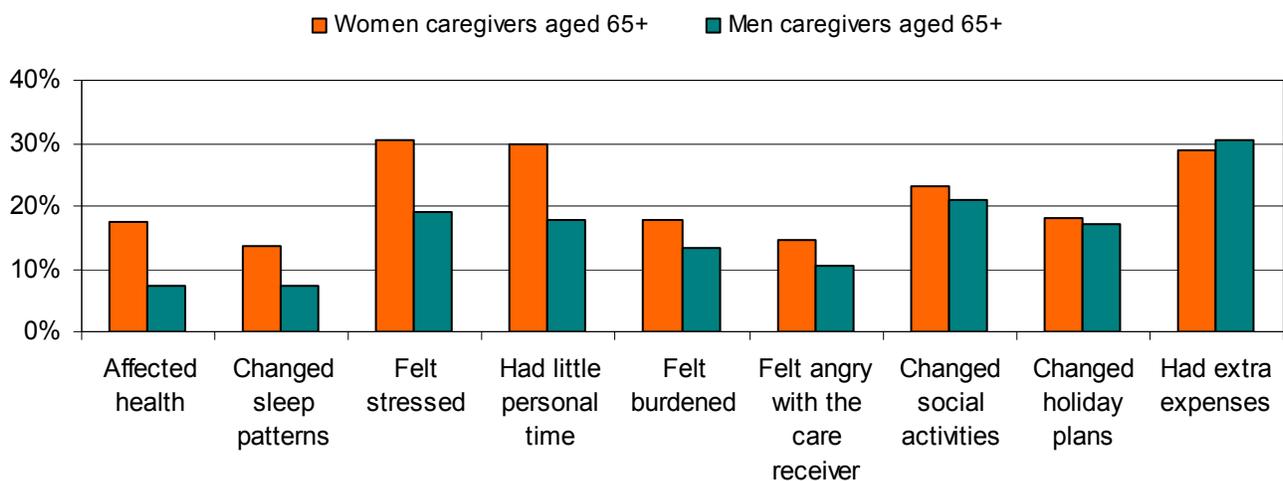


Table 1. Characteristics related to risk of poor health outcomes

Nature of Care	Characteristics of senior caregivers who are at greater risk (p < .05)	Reports health to be affected by caregiving		Feels stressed between helping others and other responsibilities		Sometimes/always feels burdened helping people over age 65	
		Women	Men	Women	Men	Women	Men
Nature of Care	Has no backup caregivers	+	+		+	+	+
	Provides personal care	+	+				
	Provides care to parents (in-law)	+		+		+	+
	Provides care to spouse	+					+
	Cares for more than one care receiver		+	+		+	
	Provides end-of-life care	+					
	Not living with care receiver					-	+
CG Traits	Separated, divorced or widowed					-	
	Has college diploma			-			
	Caregivers health					-	
	Has control over all decisions				-		
CG Beliefs	Feels caregiving sometimes strengthens relations with receiver				+	+	
	Feels caregiving nearly always strengthens relations with receiver						-
	Feels sometimes caregiving allows you to give back			+			

### Caregiving affects seniors' financial health

About 30% of seniors caring for seniors incurred extra expenses because of their caregiving responsibilities (28.8% women; 30.5% men). These expenses may be for medications, travel and transportation, supplies and services, home modifications and maintenance, clothing, etc. Although the proportion of seniors caring for seniors who incurred extra expenses has dropped slightly since 1996 (30.8% of women in 1996 and 28.8% in 2002; 33.5% of men in

1996 and 30.5% in 2002), there are more seniors caring for friends and neighbours in 2002. Perhaps the likelihood of having extra expenses depends on familial ties, with friends and neighbours less inclined to pay for others' expenses.

While a substantial minority incurred extra expenses, few seniors caring for seniors reported a reduction in income as a result of their caregiving (3.6% of women; 4.0% men), with few differences between women and men.

Financial well-being is, of

course strongly related to physical and emotional health. The stress of coping with the additional financial burden that can come with caregiving can, in turn, exacerbate the physical and emotional consequences of care. It may also reduce the caregiver's ability to meet their own health needs.

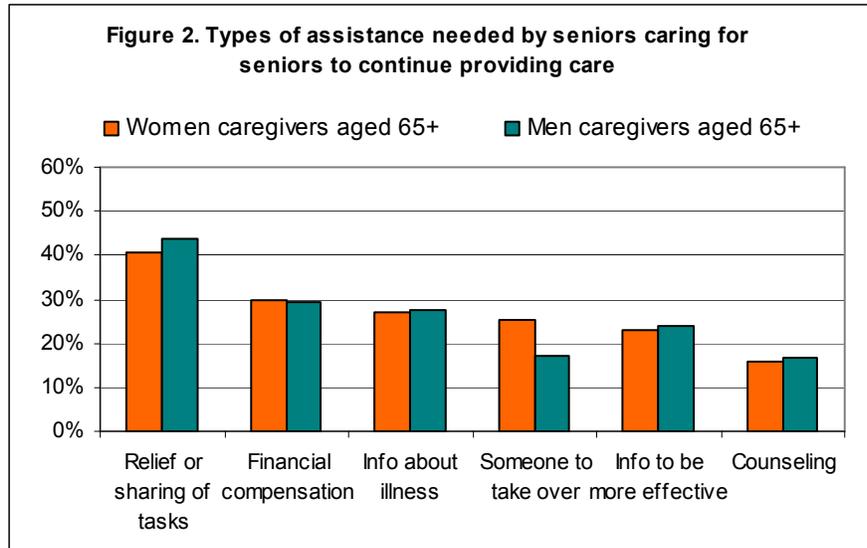
### Caregiving has some benefits

Two-thirds of seniors caring for seniors reported that providing care nearly always strengthens their relationship with the care receiver (69.7% of women;

65.9% of men). The vast majority of seniors caring for seniors also reported that caring for others is a way of reciprocating for what they have received from the care receiver (74.5% of women; 68.0% of men). These factors illustrate the benefits of providing care, which may moderate the negative impact that caregiving has on health. Alternatively they may increase the sense of obligation to support the receiver that the caregiver feels, making them even more vulnerable to negative outcomes.

**Few changes over time**

Since 1996, the proportion of seniors caring for seniors whose physical, emotional, social and financial health have been affected by their care responsibilities has remained relatively stable for both women and men, with a few exceptions. The proportion of women reporting health impacts has declined by about 3% between 1996 and 2002 (20.7% and 17.4% respectively) while the proportion of men reporting health consequences has declined by about 2% (9.2% in 1996 and 7.2% in 2002). The proportion of seniors caring for seniors who felt angry around the care receiver also has declined since 1996 for women (19.6% in 1996 and 14.6% in 2002), but remained stable for men (9.7% in 1996 and 10.5% in 2002).



Similarly, the proportion of seniors caring for seniors who modified their social lives has dropped (from 33.7% to 23.3% for women and from 28.2% to 20.9% for men).

**Factors related to the risk of poor health outcomes**

Logistic regression analysis showed that factors related to the caregiving situation are more influential than the personal characteristics of seniors caring for seniors when it comes to the likelihood of experiencing poor health outcomes.

Difficulty finding alternate help.

Table 1 shows that, for both women and men, caregivers who believe that the senior they’re caring for would have a hard time finding other help if they were unable to continue caring were between 2 and 6.9 times more likely to report that their caregiving had affected their own health and that they

felt burdened by their care responsibilities. Men who had the same beliefs were also twice as likely to report feeling stressed trying to meet care and other responsibilities.

Relationship. How the caregiver and care receiver were related also was an important factor influencing health outcomes. Women caring for parents or parents-in-law were 2 to 4.8 times more likely than women caring for friends and neighbours to experience the three types of consequences examined. Women caring for spouses also were 4.5 times more likely to report that their health was affected by their caregiving duties. Their male counterparts caring for parents/parents-in-law and spouses were 8.8 and 9.8 times more likely respectively to report feeling burdened by their care responsibilities than their counterparts caring for friends or neighbours. Seniors caring for



seniors probably feel more obligated to care for close family members, and likely perform more demanding care tasks for them. And, since these caregivers are themselves seniors, their parents (in-law) are likely among the oldest-old and frailest of seniors.

**Types of care.** Providing personal care, such as administering medications, dressing, bathing, and toileting, and end of life care also has a profound effect on the risk that caregivers will experience poor health. Women providing personal care were twice as likely, and men providing personal care 19 times more likely, to report that their care responsibilities had affected their own health. Women providing end of life care were 3.6 times more likely than those who didn't to report that their health had been impacted by caregiving.

### **What kind of assistance do caregivers need?**

Seniors caring for seniors were asked what types of assistance would be most useful in allowing them to continue to provide help to others. Four in ten seniors caring for seniors wanted occasional relief from their care responsibilities, or to share those responsibilities with someone else, (40.7% of women; 43.7% of men); 1 in 4 women (25.4%) and 1 in 6 men (17.1%) wished that someone else would take

over their caregiving responsibilities altogether. Nearly one-third wanted financial compensation (29.9% women; 29.2% of men), while about ¼ wanted information — about the nature of the long-term illness or disability (27.0% of women; 27.3% of men) or how to be a more effective caregiver (23.1% of women; 23.7% of men). More than 1 in 6 wanted counseling (15.6% of women; 16.7% of men). These findings underscore the lack of assistance available to family/friend caregivers and the load they carry without assistance from other family members or friends or the formal health care sector.

### **Trends and Policy Implications**

The number of seniors caring for seniors whose health is impacted negatively because of caring for other seniors is not trivial. This is further magnified by the fact that seniors with especially heavy care responsibilities may lack the time and energy to participate in national telephone surveys.

Seniors caring for parents (in-law) and spouses, and senior men providing personal care are at highest risk of experiencing negative health outcomes. Men in this generation are likely vulnerable because they are unfamiliar with and inexperienced at performing such tasks. Training or

education might help mitigate consequences for them.

Caregivers who believe that the senior they're caring for would have a hard time finding other help if they were unable to continue caring also are at especially high risk of poor health outcomes. The importance of this finding is reinforced by the knowledge that ¾ of seniors caring for seniors feel this way. Providing formal services to provide a source of backup could go a long way toward lightening older caregivers' load. Caregiving also can influence caregivers' social, psychological, and financial well-being. These, too, are important determinants of health.

We must recognize that heavy caregiving responsibilities can be hazardous to caregivers' own health. Failure to ensure caregiver health may, in turn, result in poor quality care for seniors in need, and collapse of the family/friend care system. There is ample evidence in the research literature that bringing in even a modest amount of formal services can extend the capacity of family/friend caregivers, which is so crucial to the sustainability of the formal health sector.



This FACT sheet was written by Satomi Yoshino, RAPP Graduate Student. For more information on family/friend caregiving contact Dr. Janet Fast at [janet.fast@ualberta.ca](mailto:janet.fast@ualberta.ca)