Caregiver self-care and well-being

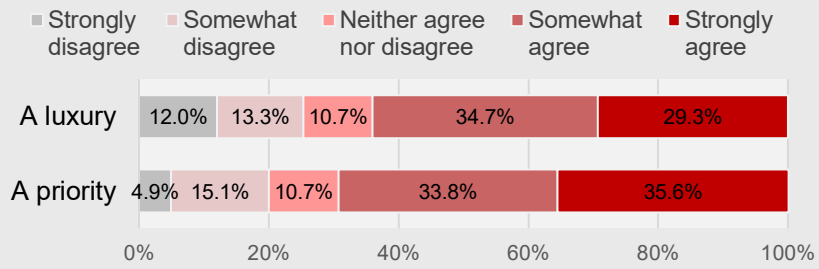
An MIT AgeLab CareHive Research Note | February 2022

CareHive Original Data

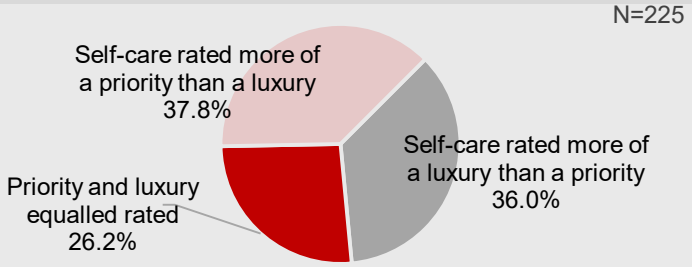
As the demand for caregiving increases with an aging population, it grows increasingly vital to better understand and support family caregivers' well-being. While research has linked caregiver well-being to care recipients' quality of care,[1] gaps exist in understanding determinants of the wellbeing of caregivers themselves. More specifically, there are gaps in our understanding of how caregiver well-being is related to self-care – engaging in practices and behaviors to take care of one's own physical and emotional well-being – as well as how caregivers perceive self-care and the barriers that exist for caregivers to successfully practice caring for themselves. This research note explores caregiver attitudes around self-care and how these relate to caregiver well-being, focusing on family caregivers to a spouse or partner or to a parent or parent-in-law.

How do caregivers think about self-care?

Taking care of myself feels like:



Self-care: luxury vs. priority



Overall, caregivers were somewhat more likely to agree with the statement "Taking care of myself feels like a priority"(paired T-test mean difference=-.24, p=.076, N=225). When it came to their relative ratings of self-care as a priority or as a luxury, however, caregivers were more evenly divided. Nearly 38% agreed more strongly that self-care was a priority for them compared to a luxury, but 36% were more likely to indicate that self-care was more of a luxury for them compared to a priority.

Which caregivers are more likely to agree relatively that "Taking care of myself is a luxury" – as opposed to priority?

- Women
- Those caring for a parent/parent-in-law (vs spouse/partner)
- Those with household incomes less than $75,000
- Those supporting care recipients with 6+ ADLs/IADLs

Differences based on bivariate ANOVA analysis, $p < .05$.

Caregivers' relative weighting of self-care as a priority was associated with:

- Greater caregiver physical well-being
- Greater caregiver financial well-being
- Greater caregiver emotional well-being
- Better caregiver mental health

Results based on multivariate OLS regression analysis, controlling for relationship to care recipient, living arrangements, caregiver gender, caregiver age, presence of children under 18 in the caregiver household, caregiver full-time employment, caregiver household income, and caregiving tasks performed.

Implications

- A majority of caregivers are more likely to think that taking care of themselves is a luxury, or just as much luxury as priority. The relative lack of prioritization of self-care among these caregivers suggests that they do not envision taking care of themselves as a *necessity*.
- Resources and the care situation affect the extent to which caregivers feel like they can engage in taking care of themselves. Those with household incomes below median and just above median and those engaged in more care tasks for their care recipient were more likely to see self-care as a luxury.
- Findings about the relative impact of prioritizing self-care on caregiver well-being reinforce the need to support caregivers in their self-care, with potential downstream effects of not only better caregiver health but also care recipient outcomes.

[1] Litzelman, K., Kent, E. E., Mollica, M., & Rowland, J. H. (2016). How Does Caregiver Well-Being Relate to Perceived Quality of Care in Patients With Cancer? Exploring Associations and Pathways. *Journal of clinical oncology: Official journal of the American Society of Clinical Oncology*, 34(29), 3554–3561. https://doi.org/10.1200/JCO.2016.67.3434

The MIT AgeLab fielded a survey to the Caregiver Panel between November 10 and November 29, 2021, that included questions about caregivers' self-care and overall well-being. The above analysis focuses on 226 current caregivers who completed the questionnaire and for whom their primary care recipient was a spouse or partner, parent, or parent-in-law.

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