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## 24 Social embeddedness of care recipients and their spousal caregivers

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- ▶ Care recipients and their spousal caregivers have larger, closer and more family-oriented core social networks than couples who neither provide nor receive care
  - ▶ Partner care decreases the relationship quality among caregivers but not among care recipients
  - ▶ Partner care intensifies the relationship to one's social network contacts outside the partnership for both the spousal caregiver and the care recipient
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### 24.1 Introduction

Because of population ageing, western societies are challenged by a steadily increasing need for long-term care. In Europe, a large part of such care is provided within families. Providing care to a family member can be a stressful experience that leads to emotional or physical problems (Carretero et al., 2009). Furthermore, caring for one's partner is particularly burdensome because the care provided is usually more intense than the care given to an older parent. In addition, the burden of care interweaves with concerns for and worries about the partner (Bobinac et al., 2010). In contrast, receiving such care is a distressing event that is exacerbated by the concern of being a burden to the caregiver partner (McPherson et al., 2010). As a result, the partnership can lose its balance. Therefore, in such partner caregiving situations, the social networks in which caregivers and care receivers are embedded may play an important role in dealing with the difficulties of the caregiving situation (Litwin et al., 2015). An intensification of social contacts is associated with improved health (Cornwell and Laumann, 2015) and might, therefore, be essential to protect both caregivers and care recipients.

This chapter presents a study that examined the partnerships and social networks (hereafter referred to as SNs) of Europeans aged 50 and older who are involved in the provision or receipt of spousal care. In our study, we investigated whether and how partner relationship characteristics and SN characteristics adapted to the care situation among those who became caregivers and those who became care dependent. For this purpose, we used data from SHARE Waves 4 and 6. Given the aim of the enquiry, we restricted our sample to

SHARE respondents who live with their spouse or partner and to those who were interviewed in both waves of the data collection. Consequently, the study sample included 37,864 persons aged 50 years or older from 13 European countries. From this sample, 1,879 identified themselves as spousal caregivers and 1,066 as cared-for by their spouse. The lower number of care recipients compared with caregivers was the result of a higher rate of non-response among the care recipients who may no longer have been able to take part in the SHARE survey.

## 24.2 Results

The data revealed differences in the socio-demographic characteristics, the partner relationship and the SNs of the respective samples of caregivers, care recipients and those who neither provide nor receive spousal care (Table 24.1). The p-value of the F statistic (analysis of variance) shows the group differences that are significant.

**Table 24.1:** Socio-demographic characteristics of caregivers, care recipients and people neither giving nor providing spousal care.

Variables	(1)	(2)	(3)	p-values <sup>a</sup>		
	Care-givers	Care recipients	Neither	1 vs.2	1 vs. 3	2 vs. 3
Age <sup>b</sup>	69.1	70.3	65.3	0.00***	0.00***	0.00***
Chronic diseases <sup>c</sup>	2.09	3.12	1.60	0.00***	0.00***	0.00***
(I)ADL <sup>d</sup>	0.65	3.81	0.24	0.00***	0.00***	0.00***
Female	0.54	0.51	0.50	0.42	0.009**	1.00
Education <sup>e</sup>	10.2	9.8	10.8	0.11	0.00***	0.00***
Working	0.15	0.07	0.27	0.00***	0.00***	0.00***
Monthly household income <sup>f</sup>	36,858	38,180	48,264	1.00	0.00***	0.00***
Household size <sup>g</sup>	2.34	2.33	2.45	1.00	0.00***	0.00***
Observations	1,879	1,066	34,856			

**Significance:** \*\*\* = 1%; \*\* = 5%; \* = 10%.

**Note:** <sup>a</sup> With Bonferroni correction; <sup>b</sup> 50–97 years; <sup>c</sup> 0–6; <sup>d</sup> 0–13 difficulties; <sup>e</sup> 0–25 years; <sup>f</sup> 1,292–1,167,696 Euro; <sup>g</sup> 2–12.

**Source:** SHARE Wave 4 and 6 release 6.1.0.

The comparison shows that respondents who provided or received care were on average older and more likely to have chronic diseases than respondents who neither provided nor received care. While care recipients had on average only one more chronic disease than their caregiving partners, they had far more difficulties with the basic and instrumental activities of daily living. Furthermore, only 15 per cent of caregivers and seven per cent of care recipients were engaged in employment, whereas 27 percent of those who neither provided nor received care were employed or self-employed. Accordingly, perhaps, the average annual household income was higher for non-caring couples than for caregivers or care recipients.

Table 24.2 compares how the partner relationship characteristics and the SN characteristics were perceived by caregivers, care recipients and those neither providing nor receiving partner care. With regard to the partner relationship, three-quarters of the caregivers named their partner as a confidant, that is, as a member of their personal SN, whereas 86 percent of care recipients

**Table 24.2:** Partner relationship and SN characteristics of caregivers, care recipients and people neither giving nor providing partner care.

Variables	(1)	(2)	(3)	p-values <sup>a</sup>		
	Care-givers	Care recipients	Neither	1 vs. 2	1 vs. 3	2 vs. 3
<b>Partner relationship characteristics</b>						
Partner named as confidant <sup>b</sup>	0.75	0.86	0.85	0.00***	0.00***	0.78
Emotional closeness to partner <sup>c</sup>	2.70	3.08	3.05	0.00***	0.00***	1.00
<b>SN characteristics</b>						
SN size <sup>d</sup>	2.18	1.97	1.90	0.00***	0.00***	0.53**
Emotional closeness to SN <sup>e</sup>	2.89	2.67	2.62	0.00***	0.00***	0.70
Observations	1,879	1,066	34,856			

**Significance:** \*\*\* = 1%; \*\* = 5%; \* = 10%.

**Note:** <sup>a</sup> With Bonferroni correction; <sup>b</sup> Dummy for whether partner named as member of the social network; <sup>c</sup> 0 = Partner not named as confidant, 1 = Not very close – 4 = extremely close; <sup>d</sup> 0–7; <sup>e</sup> 0 = Nobody named in SN, 1 = Not very close – 4 = extremely close.

**Source:** SHARE Wave 4 and 6 release 6.1.0.

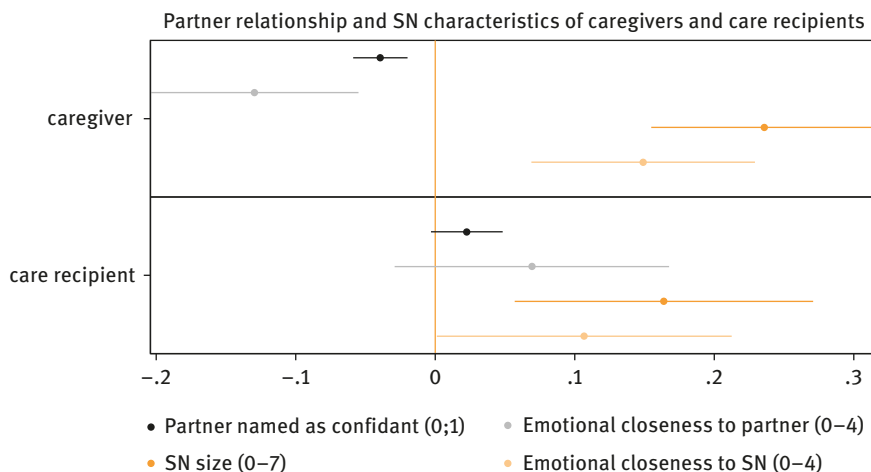
regarded their partner as a confidant. Among respondents who did not provide or receive any care, 85 per cent counted their partner as a confidant. In addition, emotional closeness to the partner was rated lower for those who provided care (2.70) than it was for those who received it (3.08) or who neither provided nor received care (3.05).

Whereas caregivers named on average 2.18 other people (besides the partner) within their SN, care recipients named only 1.97 other SN members. Those who did not provide or receive care named, on average, 1.90 SN members other than their spouse. The mean emotional closeness to one's SN was higher for caregivers (2.89) than for care recipients (2.67) and those who do not provide or receive any care (2.62).

The results thus far reveal differences between the groups of caregivers and care recipients. Because these differences might also be explained by socio-demographic differences, such as the higher age of caregivers and the care recipients compared with the non-carers or other unobserved differences, the next analyses show how partner relationship characteristics and SN characteristics changed *within* subjects over time. We estimated longitudinal models and calculated subject-specific means for those who became caregivers or care recipients, controlling for variables that can independently affect changes in one's partnership or one's SN (age, working status, income and household size). Time-constant characteristics, such as gender or education, are differenced-out and, thus, were automatically controlled for in the design chosen. Figure 24.1 shows by how many scale points partner relationship characteristics and SN characteristics changed for people who became partner caregivers or care recipients. The lines to either side of the dots display the 90 per cent confidence intervals. If these intervals exclude the zero axis, the plotted changes are significant. If they span the zero axis, the results are insignificant.

Regarding partner relationship characteristics, we found that caregivers named their cared-for partner as a confidant less often when they started providing care for him or her, which occurred in approximately four per cent of the cases. We also saw a decrease in emotional closeness to the partner. The closeness score declined by approximately 0.13 points on a scale from zero to four. However, no such changes were found among the recipients of care. In their case, the coefficients were positive but included the zero axis, meaning that the subjective quality of the partner relationship did not change significantly for those who became care dependent on their partner.

In contrast, the results for the SN characteristics revealed that the SNs changed in rather similar ways for caregivers and care recipients. We found an increase in the size of the SN for both groups. The SNs of caregivers increased by 0.24 scale points, which means that one out of four caregivers



**Figure 24.1:** Changes in partner relationship characteristics and SN characteristics of caregivers and care recipients.

**Significance:** 90% confidence intervals displayed as the lines to either side of the dots.

**Note:** 37,864 observations; Marginal effects based on fixed-effects estimation; Control variables: age, employment, income, household size.

**Source:** SHARE Wave 4 and 6 release 6.1.0.

added someone to their SN. For care recipients, the SN increased by 0.16. Both groups also intensified their emotional closeness to their SN.

## 24.3 Discussion

Comparisons of spousal caregivers, care recipients and partners without any care provision or receipt showed differences in the partner relationship characteristics. Caregivers rated the relationship to the partner as less intense, whereas care recipients rated their relationship to their partner in similar ways as couples in which no care was provided or received. Additional longitudinal analysis supported the finding by showing that (some) caregiving partners stopped naming their partner as a confidant and that the perceived emotional closeness to the cared-for partner was rated lower on average after they started to provide care. These changes may arise from a changed distribution of roles within the relationship. The caregiving partner may no longer be able to carry on extensive conversations or participate in social activities with the care-dependent partner. Nevertheless, we should point out that,

although statistically significant, these changes were rather small in size. In contrast, partners who became care-dependent did not show significant changes in their relationship to their partner. From their perception, the partner relationship did not change. However, it has to be noted that these results reflect the responses from care recipients who could still participate in the SHARE interview; changes may later occur among them, if they should become more impaired or dependent.

Regarding the SN characteristics of the other persons in the network (besides the partner), the descriptive results showed that caregivers had larger and emotionally more intense networks than care recipients or couples for whom no care was provided. Although the care recipients had smaller networks than the caregivers, the longitudinal analysis showed that both groups intensified their social contacts after entering the care situation, which contradicts the concept of social isolation of caregivers and care recipients. Caregiving partners seem to compensate for the burdens of the caring situation by intensifying close contacts outside the partner relationship to find social support and distract from possibly stressful duties of care and worries about the spouse. Regarding the care-receiving partner, relationships outside the partnership might gain importance by providing additional social support in dealing with their reduced capabilities and their dependence on the partner. However, further research is required to understand how more distant social contacts are affected because the present analysis focused only on the core SN.

In sum, the results show that caregivers experience a slight deterioration in the relationship with the care dependent partner but not vice versa: the partnership relationship does not change from the view of the care recipient. Furthermore, the larger network (outside the partner relationship) is intensified for caregivers and care recipients alike. The intensification of social contacts might be essential to sustain caregivers' and care recipients' health and well-being and, hence, the quality of the long-term care provided by the spouse. Therefore, greater attention should be paid to how caregivers and care recipients can be supported in the maintenance of existing social network ties and the cultivation of new ones.

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