THE GROWING IMPORTANCE OF UNPAID MALE CARERS AGED 65 AND ABOVE – A LITERATURE REVIEW

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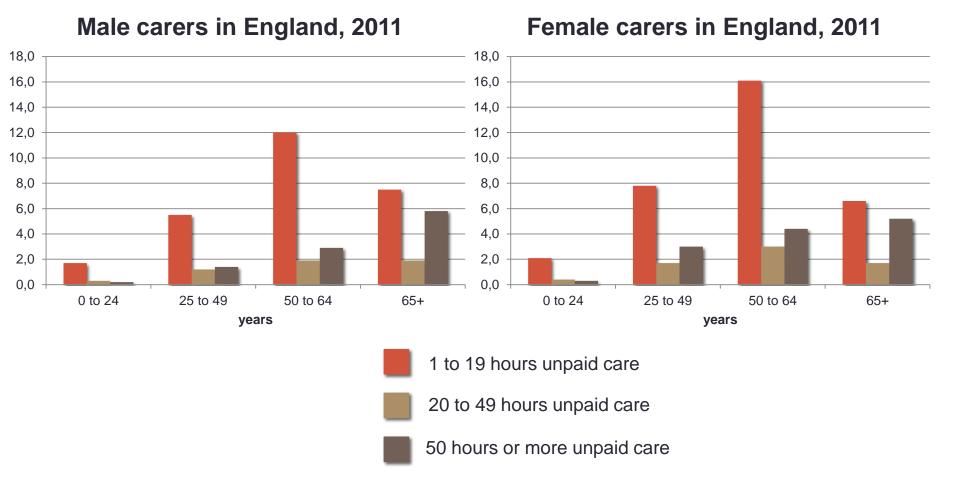
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Why does the provision of care by male unpaid carers aged 65 and over deserve special attention?



Data: Census 2011 - Office for National Statistics

Search strategy

Databases searched:

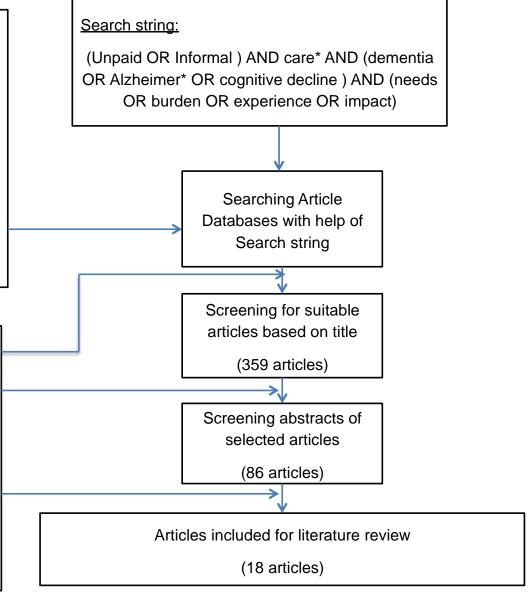
PubMed, Psychinfo,
CINAHL Cochrane Central,
CINAHL, the NHS
Economic Evaluation
Database, PROSPERO,
Embase, ASSIA, Social
Care Institute of Excellence
Social Care, DoPHER,
TROPHI, NHS Database of
Abstracts of Reviews of
Effectiveness

Inclusion criteria

- men providing care to a person with dementia
- Published between January 2000 and May 2015.

Exclusion criteria

- absence of gender focus
- absence of care recipients with dementia.



Description of studies reviewed

Studies included were conducted in:

- Canada (1), the United States (4,6,7,10,13,14,15,16,18)
- the United Kingdom (2), Spain (5), Portugal (11,12), France (17), Finland (8)
- Australia (3)
- South Africa (9)

Carer age

- 13 studies: Mean age above 65 years (2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 15, 16, 18)
- 3 studies: Report age range (1, 6, 14)
- 2 studies: Report mean age for different carer groups (7, 17)

Description of studies reviewed

- 12 studies focus on male carers
 - 11 studies: husbands providing care to their wives with dementia (1, 2, 3, 9, 10, 11, 12, 13, 14, 15, 16)
 - 1 study: husbands, a son and a brother providing dementia care (6)
- 6 studies compare unpaid male and female carers for people with dementia
 - 3 studies: compare spousal carers (4, 8, 18)
 - 2 studies: compare spousal carers, child carers (and others) (5, 7)
 - 1 study: did not specify relationship between carer and care recipient (17)

Themes

- Motivation to care
- Approaches to care
- Satisfaction derived from care
- Carer health
- Stress, emotional difficulty & dealing with difficulties
- Identity & masculinity

Motivation to care

- Marital vows, love, affection, commitment, reciprocity, duty (1, 3, 9, 11, 12)
- "She would have done the same" (3)
- Importance: positive emotional bonds prior to the onset of dementia (3, 12, 16)
- Male carers derive meaning, satisfaction and pride from new skills and from providing good care. (9, 12)

Gender comparison:

husbands report higher "obligation to care" than wives (7)

Approaches to care

- Instrumental, systematic, managerial, task oriented, comparison to job (3, 4, 6, 9, 11, 12, 13, 14)
- Maintaining in control (4, 6, 9, 14)
- Emotional detachment (4)
- Avoidance of long-term decision making (14)

Satisfaction derived from care

- Pride and satisfaction from providing good care (4, 6, 14)
- Increased closeness and intimacy between carer and care-recipient (6, 12)
- Positive recognition, visibility and gratitude (3, 4, 11, 12, 14)

Carer health

Mental health: 22% of carers at potential risk of developing mental disorder (9);
 31% of carers yielded scores "indicating clinical depression" (16)

Gender effects:

- Mental health: absence of depression among husband carers (5);
 statistically significant different in consumption of psychotropic medication (119 women vs. 25 men) (17)
- Physical health: no significant difference between men and women (7);
 male carers reported more comorbidities than women (8);
 higher physical functioning and fewer physiological stress responses among men (18)

suggested relationship between hours of care, functional decline, age and socio-demographic characteristics (10)

Stress, emotional difficulty & dealing with difficulties

- Stress due to uncertainty and unpredictability of care-recipient behaviour and progression of disease (2, 4, 6, 9, 11, 14).
- Reduction in leisure time, difficulties in relationships with family members, financial concerns (4, 9, 14)
- Lost companionship, loss of affection, feelings of isolation (4, 9, 14)
- Emotional detachment (4, 6,13)

Gender effects:

- Male carers are reported to experience less burden than female carers (5, 7)
- Male gender "protective against high burden" (8)
- Dealing with behavioural difficulties: use of coercion and active constraints by men and women; use of enforced compliance – "physical or intimidating means" – when necessary reported by male carers (4, 14)

Identity & masculinity

- Invisibility (12, 14)
- Carers report acknowledgement mostly for "masculine" task (13)
- Carers ironically refer to their new role with terms such as "man-woman" (11)
- Comparison of own role to health professionals (11)
- Male carers identify themselves as husbands rather than carers (11)
- Fluidity of masculine identity may be linked to education, income and age (2, 11)

Gaps in the literature

- Little focus on the needs of male carers
- While male carers report the experience of stress and burden this is not always picked up in studies using standardised tests
- Little knowledge on how male carers deal with burden
- Little focus on carer morbidities and the impact on providing care
- Scarcity of information of the presence of co-morbidities in the person with dementia
- Research on male carers aged 65 and above focuses only on traditional spousal care

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