Elderly Male Spouses as Caregivers
Toward an Understanding of Their Experience

Caregiving has become a major gerontological focus given the demographic trends of an increasingly aging population in both the United States and Canada. In Canada, the 65 years and over age group grew from 7.6% to 10.4% of the overall population in 20 years (1961 to 1986). A similar situation exists in the United States, where the population over the age of 65 was 12% in 1984 as compared with only 4% in 1900. This rapid increase in the number of elderly people in Canada and the United States has generated much interest, concern, and research from those who are responsible for meeting the health-care and social needs of this population.

Although a host of health-care issues is associated with this population, increasing attention is being directed toward those elderly who experience ill health or decreased functioning, yet remain in the community setting. The majority of these ill and disabled elderly remain in the community because of the informal care provided by family members, relatives, friends, and neighbors, and the formal care provided by nurses and other health professionals. An impaired elder’s ability to remain in the community rather than be institutionalized is frequently determined more by the presence of informal caregivers than by any other factor. Within the informal caregiver network, spouses are known to provide substantial and consistent care.

Early research considered caregivers as a homogeneous population. Subsequent studies differentiated among caregivers, including spouses, children, relatives, and friends. Recently, gender differences related to caregiving have received investigative attention. Differences between sons and daughters and husbands and wives as caregivers have been described and analyzed.

Although the majority of caregivers are women, several studies have documented a substantial presence of men who are primary caregivers. Studies that have considered males as a unique group of caregivers are limited, and researchers have recognized the need for more in-depth studies on elderly male caregivers. Further, more, research that specifically examines elderly males who care for their spouses is almost non-existent. Little is known about the characteristics of the elderly male caregiver and his specific needs and problems. Only one study that considered elderly male spouses as a distinct group was identified. This was a small (N = 25), retrospective study of widowers who recalled the months or years they spent providing care for their disabled wives. Two other studies focused exclusively on men as primary caregivers. In both of these studies, there was a considerable range in the ages of the male caregivers; however, the majority were elderly husbands who provided care to their spouses.

This article discusses the phenomenon of the elderly male spouse as caregiver. To facilitate an understanding of the elderly male spouse’s experience, the meaning of caregiving, caregiver burden, and support services as documented in the literature is presented. Implications for research and nursing practice are included. Understanding the male spouse’s caregiving experience is a prerequisite to providing sound nursing care to this group of caregivers.

THE MEANING OF CAREGIVING
The meaning of caregiving, that is, the interpretation of the caregiving role as described by elderly males, has been given little attention in empirical studies. Tasks and procedures related to caregiving have been addressed in the literature, whereas the context and meaning of caregiving is less well developed. In Vinick’s study, husbands as primary caregivers had responsibilities that ranged from:

"Looking in on" the wife during the day, overseeing medications, and doing housework for relatively intact spouses to feeding, toileting, and turning completely dependent wives who may not have known who was caring for them.

Whereas men had difficulties assuming personal and household responsibilities, they were observed to adopt an instrumental approach to daily problems. Husbands seemed to cope by focusing on the caregiving tasks and projects, establishing daily routines, and carving out their own territory in the home.

Studies that focused on gender differences with respect to caregiving provided some insight into the meaning of caregiving for elderly males. Miller, in examining male and female spouses’ perceptions of control in the caregiving situation, found a high reliance on previous patterns of sex-role behaviors.

Both husbands and wives expressed the need to manage and take control over the details of their impaired spouses’ lives. The males’ assumption of authority over their wives was presented as a
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Some husbands were uncomfortable in attending to their wives' personal hygiene and grooming, whereas many wives expressed difficulty in managing financial matters and in making decisions about household affairs, previously their husband's domain. Older men adjusted better to their caregiving role if their wives had worked most of their married lives. This could suggest that these men were socialized into carrying out domestic activities associated with the caregiving role.

Reliance on work behaviors was postulated by Fitting et al, who stated that "men might have a different model of caring", derived from the work settings, in which delegation of responsibility and recognition of limitations necessary to do a good job are emphasized. Such a model may provide these male caregivers with a basis for the development of effective strategies to cope with the demands of the caregiving situation. Despite the unfamiliarity of many of the caregiving tasks, a management style derived from the work setting may serve to mediate the burden experienced by the male caregiver.

Although the influence of gender and work-role socialization on the caregiving experience has been noted in the literature, the basic personality characteristics of the individual caregiver may be a significant variable in understanding the phenomenon of caregiving. Without respect to gender, there may be a continuum of high nurturing to low nurturing personality types. The effects of personality characteristics as well as work-role socialization may level out gender differences.

Another area strikingly absent from the research literature are references to the caregivers' cultures, including values, beliefs, and lifeways. Culture is inherent in the socialization of the individual into the caregiving role and in the transmission of caregiving practices. Knowledge of the caregiver's culture could enable nurses to understand more fully the meaning of the caregiver's experience.

The meaning of caregiving may be shaped by sex-role socialization, previous experience in the domestic realm, work-role behaviors, personality characteristics, and culture. Nurses need to identify how these variables hinder or facilitate caregiving. Understanding the potential impact of these variables on the caregiving role will enable nurses to promote the elderly man's strengths and provide appropriate services.

THE BURDEN OF CAREGIVING

Researchers have devoted considerable attention to the burden experienced by those who care for the dependent elderly. The literature reports burden as a multi-faceted concept encompassing dimensions of physical and psychological health, social relationships, and activities. Burden describes the perceived negative consequences that result from providing care.

The literature on aging has explored the impact of caregiving on the perceived physical, psychological, and social health of the caregiver. Findings related to health were reported by Stone et al based on the National Long Term Care Survey. The perceived health of male spouse caregivers (N=282), 91% of whom were over the age of 65, was rated as fair/poor by 50% of the men. Only 17% of these men reported their health as being excellent. The remaining 33% of these male caregivers rated their health as good. In another study assessing health status, male caregivers reported their physical and mental/emotional health to be "relatively good," but nevertheless found caregiving to be demanding.

Smigiel and Barresi noted that the physical health of elderly male caregivers who adversely affected. Additionally, older men in their study indicated problems with maintaining their own health. Vinick suggested that:

"It is not possible... to separate out the effects of aging, per se, to determine a positive connection between the strain of
nursing a disabled spouse and the deterioration of the health of the caretaker.\textsuperscript{25}

The effects of aging, along with the presence of chronic health problems and the deterioration of health due to caregiving, may contribute to the changing health status of the caregiver.

Various aspects of the caregivers’ mental health, including depression, anxiety, and hostility, have been measured. Male caregivers have reported being less depressed than females.\textsuperscript{17,29} Older males, however, showed greater anxiety and hostility as caregivers when compared with the norms of standardized tests for these attributes.\textsuperscript{16} These findings provide some indication as to how men may respond to the stress associated with the caregiving situation.

In terms of social well-being, studies have documented that the social life of male caregivers was compromised of their caregiving responsibilities. Miller observed a curtailment of social activities for all male and female spouses.\textsuperscript{18} The men, however, included regular participation in activities outside their home and used their free time for interests unrelated to their caregiving situation. A lack of mobility and isolation were identified by elderly male spouses as a consequence of providing care for their disabled wives.\textsuperscript{25}

Studies that have compared burden in males and females have been inconclusive; male caregivers either experienced the same amount of burden as female caregivers,\textsuperscript{8,17,30,31} or less burden as caregivers.\textsuperscript{16,29,32} Zarit et al., in a longitudinal study, reported that husbands experienced no difference in the level of burden at a 2-year follow-up, although initially the husbands experienced less burden than their wives.\textsuperscript{19} Miller, in analyzing data from the 1982 National Long Term Care Survey in the United States, noted that, “husbands and wives reported no difference in perceived stress due to caregiving...”\textsuperscript{33}

These findings would appear to be contrary to the expectations of gender role-socialization, which suggest that males as caregivers should report more burden. There may be under-reporting of perceived burden by men and over-reporting by women.\textsuperscript{19} Men may be more stoic in disclosing information about the burden they are experiencing,\textsuperscript{18,25} and sampling biases, such as drawing research subjects from service agencies and support groups, may over-represent those who are experiencing stress in caregiving.\textsuperscript{33}

The assumption that caregiving is primarily a negative experience is questionable. Kaye and Applegate observed that male caregivers can experience emotional gratification from the provision of care.\textsuperscript{26} In addition, caregiving could enhance the caregivers’ self-esteem, strengthen existing interpersonal relationships, and reinforce the caregivers’ purposes in life. Although difficulties inherent in caregiving are acknowledged, particularly when the care-receiver suffers from dementia, health-care professionals need to be aware of the positive features present in the client’s caregiving situation. Such recognition would facilitate maximizing the clients’ strengths to cope with their difficulties.

**SUPPORT SERVICES**

Support services are an important buffer against stress;\textsuperscript{12} however, limited information is available on the adequacy and appropriateness of formal and informal support services required by elderly male spouses. Support services needed by male caregivers include help with domestic activities and assistance with personal care.\textsuperscript{24,25} Husbands as caregivers were more likely than wives to seek the help of formal providers and receive more informal support.\textsuperscript{13,29} A lack of previous experience in many of the caregiving functions, including housework, could possibly explain this finding.\textsuperscript{13} Since many of the activities associated with the caregiving role may be unfamiliar to these men, it is paramount that nurses take time to teach situation specific caregiving skills.
In contrast to these earlier studies, both male and female spouses have been identified as receiving a relatively low amount of assistance from formal and informal networks.\textsuperscript{19,26} Miller found no difference in task support between male and female spouses,\textsuperscript{33} and husbands and wives have been noted to possess similar social networks.\textsuperscript{17} Although most husbands and wives had confidantes with whom they talked daily or weekly,\textsuperscript{17,29} both spouses experienced isolation, that is they were more likely to be cut off from people with whom they previously interacted.\textsuperscript{16}

Whereas self-help groups are advocated as an important resource in supporting caregivers, Miller found that most husbands did not attend support groups and suggested that a lack of attendance at these groups by male caregivers may reflect a weak identification with the caregiving role, or male caregivers may wish to present themselves as in control and not requiring the use of support groups.\textsuperscript{18} Kaye and Applegate noted that females outnumbered males in most mixed caregiver support groups.\textsuperscript{26} Men who did attend the support groups proved to be regular and active participants and were satisfied with their experience of the group association. Nurses should ensure that support groups are attuned to the special needs and concerns of the male caregiver when making referrals.\textsuperscript{35}

**CONCLUSION**

Elderly male spouses as caregivers are a unique cohort within the community setting. Currently there is inadequate research-based knowledge about these caregivers that can guide nurses in their practice. To facilitate effective interventions, nurses should ascertain the elderly male spouse’s meaning of caregiving. This understanding would enable practitioners to foster the caregiver’s strengths and provide support in those areas where burden or difficulties are experienced. The burden of caregiving and its impact on health is an important consideration for this aggregate. Monitoring the health status of the elderly male caregiver over time is critical to promote the well-being of these caregivers. In partnership with the elderly male caregiver, the nurse can establish which support services are required, available, and appropriate, and thus sustain the elderly man’s role as caregiver. Mobilizing needed support services is vital to ease the burden of caregiving and enable the husband and wife to remain in the community. Further research that focuses on the meaning of caregiving, the relationship between health status and caregiving, and the utilization of support services for elderly male spouses is necessary.

**REFERENCES**

22. Montgomery RJV, King S. Men as family caregivers. Presented at the 40th Annual Scientific Meeting of the Gerontological Society of America; November 1987; Washington, DC.
23. Rathbone-McCuan E, Coward RT. Male helpers: Unrecognized informal supports. Presented at the 38th Annual Scientific Meeting of the Gerontological Society of America; November 1985; New Orleans, LA.

24. Smerglia VL, Barresi CM. Elderly men as primary caregivers. Presented at a meeting of the North Central Sociological Association; April 1986; Toledo, Ohio.


28. Novak M, Guest C. Application of a multidimensional caregiver burden. Presented at the Third Congress of the International Psychological Association; August 1987; Chicago, III.


33. Miller B. The effect of gender on spouse caregiver’s perceived stress and cumulative strain. Presented at the 40th Annual Scientific Meeting of the Gerontological Society of America; November 1987; Washington, DC.


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KEY POINTS

1. Male caregivers have difficulty assuming personal and household responsibilities; they seem to cope by focusing on the caregiving tasks and projects, establishing daily routines, and carving out their own territory in the home.

2. To facilitate effective interventions, nurses should ascertain the elderly male spouse’s meaning of caregiving. This would enable practitioners to foster the caregiver’s strengths and provide support in those areas where burden or difficulties are experienced.

3. Husbands as caregivers were more likely than wives to seek the help of formal providers and receive more informal support.

4. Male caregivers tend to not participate in support groups. Before making a referral, nurses should ensure the group is geared to the special needs of the man.

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