Broadening Our Understanding of Caregiver Outcomes Across Cultures: What Does “Caregiver Relationship” Actually Capture?

Katherine A. Ornstein, PhD

INFORMAL OR FAMILY CAREGIVING is the provision of unpaid care to individuals with serious illness and disability, including older adults with dementia. According to a 2015 report, more than 30 million Americans provide care to older adults in the United States: the majority of these caregivers are women.¹ Because of our aging population, reliance on caregivers is expanding in the United States and globally. Although caregivers play a critical role in the care of patients with serious illness, they are at increased risk of poor health. Decades of research suggest that although there are benefits to providing care, because of the burden of their role, caregivers are vulnerable to increased depression and other health problems, and reduced preventive health behaviors. As we continue to rely on caregivers to provide the bulk of long-term care in the community, research on caregiver health outcomes remains critical, including the understanding of which caregivers do better in their roles and why.

In dementia research, the behavioral and psychological symptoms of dementia (*e.g.*, wandering, depression, and psychosis) have been identified as particularly challenging for caregivers.² In the current issue of the *Journal of Women's Health*, Lee et al.³ survey dementia caregiving dyads in Korea to examine how the relationship between caregiver depression and behavioral symptoms may be different for daughter versus daughter-in-law (DIL) caregivers. Although this is a small sample recruited from one hospital in Korea, the authors find that behavioral symptoms of dementia had a stronger association with caregiver depression among daughters than among DILs in adjusted regression analyses.

This research topic is particularly important in Korean and other Asian cultures where DILs assume a significant bulk of caregiving responsibility. In-law caregiving is far less common in the United States. In fact, the majority of caregiving literature in the United States has focused on differences among spouse versus children caregivers with children-in-laws often put in the same category as children. Although Lee et al.³ find that behavioral symptoms are more problematic for daughters, the literature across countries to date on outcomes for children versus children-in-law caregivers is inconsistent.⁴ This is not surprising given that the expectations and experiences of a DIL caring for a parent likely vary across cultures. Simply examining the relation-

ship between care recipient and caregiver will not capture the dynamics of and social pressures around family caregiving across cultures.

But this article is important beyond its implications for daughters relative to DILs in Korea and elsewhere. It adds to the research on caregiving in general because by examining differences across relationship types (daughters vs. DILs), it raises the issue that relationship quality is an important yet overlooked factor in caregiving research. Focusing on the impact of behavioral symptoms of dementia on the caregiver is the ideal setting to examine this. We take a lot for granted in caregiver research—including the fact that caregivers are happy to serve and love and respect the care recipient. Relationship quality is what this is about—even daughters who have not been close to their parents or estranged may be less impacted by their symptoms versus DILs who have a closer relationship. Relationship quality is already a complex construct that would be difficult to measure; moreover, it evolves over time. It is relatively more straightforward to measure length of time of caregiving, age, marital status, coresidence, and even current level of depression. Ultimately, caregiver relationship has been used as a likely poor proxy for what we are really interested in, the quality of a relationship. Relationship quality is an important factor to consider when we are examining how the experience of caring for an individual whose health is declining, who may be lashing out at us, and who may be exhibiting disturbing behavioral symptoms impacts our mental and physical health. This issue is especially important as definitions of families continue to evolve.

As our population ages and diseases such as dementia become more prevalent and we continue to rely on families to care for older adults, caregiving will remain a critical area of study with economic, social, psychological, clinical, and healthcare service implications. To focus on improving the caregiving experience as researchers, we must not lose sight of the fact that we are studying something very complex and dynamic—an emotional relationship between two people that exists in the context of a larger culture with norms about family, caregiving, responsibilities of daughters and DILs, and gender. These issues must be considered as we continue to advance the science of caregiving.

References

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Address correspondence to:
Katherine A. Ornstein, PhD
Brookdale Department of Geriatrics
and Palliative Medicine
Icahn School of Medicine at Mount Sinai
One Gustave L. Levy Place, Box 1070
1425 Madison Avenue # 4-80G
New York, NY 10029
E-mail: katherine.ornstein@mssm.edu