

Predictors of adjustment and coping in caregivers: a systematic review

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Background

Caregiving responsibilities often fall upon informal caregivers (Barnett et al, 2012)

Psychosocial outcomes investigated – higher levels of stress and depression, lower levels of subjective well-being and self-efficacy (Pinquart & Sörensen, 2003)

Health problems such as back injuries, arthritis, high blood pressure and headaches associated with caregiver stress (Sawatzky & Fowler-Kerry, 2003)

Positive consequences have also been found and some cope effectively with their responsibilities and duties (Cohen, Colantonio & Vernich, 2002)

Most research is descriptive – evidencing outcomes rather than predictors of outcomes or adjustment

Some empirical studies have considered predictors but they have not been reviewed in a systematic manner to draw overall conclusions

AIM: To systematically review the possible predictors of caregiver outcomes and adjustment to the role of caregiving - to provide an up-to-date overview of the area, including various types and ages of caregivers

Method

PRISMA guidelines were followed (Moher, Liberati, Tetzlaff & Altman, 2009)

Three online databases searched (PsychNET, Web of Science & Scopus) using keywords/index terms – supplemented by searching reference lists and consulting experts

Inclusion criteria: reported experiences of informal caregivers; investigated chronic stress; measured/discussed coping and/or outcomes and included control/comparison group

Exclusion criteria: reported experiences of formal caregivers; investigated acute stress; previous systematic review; purely an outcome study; intervention based study; reported development/testing of a scale, or were not published in English

Quality appraisals made of included studies – all reached adequate quality

Findings

25 empirical papers met criteria – 13 quantitative, 12 qualitative

Quantitative characteristics – all self-report measures, 12 cross-sectional, one longitudinal, 10 between-groups and three within groups

Qualitative characteristics – collected via semi-structured interview, one study used photo elicitation, one study used observation, primarily thematic analysis

2049 participants across all studies, minimum N=1, maximum N=246, minimum age 17 years, maximum age 66 years

Predominantly measuring psychosocial factors, four adopting physiological measures

Problem-focussed vs emotion-focussed coping

- PF found to be most effective & adaptive method
- PF led to less psychological distress and more positive outcomes
- PF = reducing work hours, using paid carers, integrating care into family culture, using social support and effectively planning and organising
- EF found to be least effective
- EF associated with poorer mental health perception and increased levels of psychological distress
- EF= distraction, avoidance, denial and wishful thinking

Cognitive Strategies

- Conscious effort to alter perceptions, appraisals and/or cognitions
- Acceptance – of inequalities, undesirable situation and that 'life will never be the same'
- Appraisal – higher stress appraisal related to higher distress and lower life satisfaction in carers
- Comparison – comparing previous difficult situations, downward comparisons to others, comparing resources
- Perceptions – value role, retain autonomy, find meaning in role, gain rather than loss mentality, responsibilities as choice rather than obligation

Mediators and predictors of adjustment

- Predictors of poor adjustment – more daily hassles, use of palliative coping, fewer family resources, more use of negative coping strategies and low levels of perceived choice
- Social support – high qualitative support related to higher positive outcomes, support with emotions and tangible practical support
- Sharing information with other carers and networking deemed helpful

Physical adjustment

- Only six studies reported physical health – four of which used physiological measures
- Increased use of problem solving coping and high resilience associated with positive self-reported health
- Higher trait anxiety, cognitive oriented problem solving and higher levels of burden associated with worse health
- Lower instrumental social support predicted higher cortisol, caregivers with greater resilience showed lower morning cortisol

Discussion & Conclusion

- Findings support the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) – specifically the appraisal and coping strategies components
- Evidence for appraisal, problem-focussed, emotion-focussed and cognitive strategies
- Few studies report physical health and adjustment of caregivers and measure physiological biomarkers
- Those that do focus upon older adults – young carers are often overlooked in this respect
- Many studies fail to take biopsychosocial or resiliency approach
- Future research to find further evidence of Transactional Model and to investigate physiological outcomes in young carers recommended
- Limitations of the review: papers not written in English and grey literature excluded – however variety of locations in which research took place and quantitative and qualitative papers included to combat publication bias

