Patterns of Coping among Family Caregivers of Frail Older Adults

Extended Abstract for PAA 2013 Submission

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Family caregivers play a central role in caring for frail older adults. It is estimated that 36 million adults provide unpaid care to a family member who is age 65 or older (National Alliance for Caregiving, 2009). Nearly 80% of these family caregivers are spouses or adult children (Wolff & Kasper, 2006). Family caregivers, on average, provide more than 20 hours of care per week to older adults with limitations in daily activities (Johnson & Wiener, 2006). Many caregivers report negative experiences (Lin, Fee, & Wu, 2012) and stress caused by the negative experiences is often inversely related to caregivers' well-being (Pinquart & Sörensen, 2003). To reduce caregiving stress, it is important to understand how caregivers cope.

Thus far, researchers and practitioners know little about how caregivers actually cope in response to various problem behaviors of care recipients (Gottlieb & Wolfe, 2002). This arises because few national surveys contain information on caregivers' coping strategies *as well as* care recipients' problem behaviors. When such data are available, researchers do not distinguish different types of problem behaviors and examine how different types of problem behaviors are associated with different coping strategies (e.g., Beeber, Thorpe, & Clipp, 2008; Hong, 2009). In addition, not all caregivers use the same strategies to cope with care recipients' problem behaviors. Thus, it is pivotal to use a person-oriented approach to unpack the heterogeneous patterns of coping among caregivers.

In this study, we fill this research gap by using a caregiver study supplemented to the 2004 round of the National Long-Term Care Survey (NLTCS) to understand how family caregivers cope when facing problem behaviors of frail older adults. The NLTCS provides a unique opportunity to answer the question because the survey asks caregivers not only recipients' problem behaviors but also how they cope with these problems. We conducted a latent class analysis (Collins & Lanza, 2010) using these items to better understand coping patterns and then examine what types of problem behaviors are predictive of the patterns.

In general, caregivers could adopt either emotion-focused or problem-focused coping strategies (Folkman & Lazarus, 1980). Emotion-focused coping is used to reduce a negative emotional state or change the appraisal of the demanding situation, whereas problem-focused coping is an attempt to change the environment.

As shown in Table 1, among 1,552 family caregivers examined in the study, talking with friends or relatives (77%), praying or meditating (72%), and watching TV (71%) were the most common emotion-focused coping strategies caregivers used to handle stress, whereas substance use such as taking medicine (15%), drinking (13%), and smoking (13%) were the least common. The prevalence of problem-focused coping was generally lower than that of emotion-focused coping. Of problem-focused coping, obtaining assistive devices was the most common (58%), and using meal delivery services (11%), transportation services (11%), and respite care (11%) and requesting information on financial help (11%) were the least common.

The results from the latent class analysis reveal that three-latent-class model fits the data best, as shown in Table 2. The conditional probability of a *Yes* response to each coping item is summarized in Table 3. We named the first class as "no coping," indicating by a low prevalence of both emotion-focused and problem-focused coping. The second class was labeled as "passive

coping," referring to a high prevalence of emotion-focused coping but a low prevalence of problem-focused coping. Finally, we called the last class "active coping," denoting a high prevalence of both emotion-focused and problem-focused coping. Notice that we did not find a separate class in which there was a high prevalence of problem-focused coping but a low prevalence of emotion-focused coping, suggesting that caregiving is a stressful experience and caregivers cannot adopt problem-focused coping without dealing with their emotional distress simultaneously. Of the 1,552 family caregivers examined in this study, 20% did little to cope with stress, 46% engaged in passive coping, and 33% went beyond emotion-focused coping by actively seeking outside help to improve the situation.

We further investigated what problem behaviors are corresponding to caregivers' coping strategies. Care recipients' problem behaviors can be categorized as emotion-related problem behaviors and disruptive behaviors (Teri et al., 1992). In this study, care recipient's emotion-related problem behaviors consist of the sum of five items: acting depressed or downhearted, crying easily, clinging to caregiver or following caregiver around, becoming restless or agitated, and becoming irritated or angry in the past week. The response categories include 0 days (coded 1), 1-2 days (coded 2), 3-4 days (coded 3), and 5 or more days (coded 4). The items have a reliability of .78. Care recipient's disruptive behaviors encompass the sum of eight items: repeating questions or stories, having a bowel or bladder accident, hiding belongings, keeping caregivers up at night, dressing the wrong way, swearing or using foul language, threatening people, or becoming suspicious or believing someone is going to harm. The same response categories are applied to these items and the reliability reaches a value of .69. The results in Table 4 show that caregivers in the active-coping group experienced the highest level of care recipients' emotion-related problem behaviors and disruptive behaviors (with a mean of 8.01 and 11.66, respectively), caregivers in the no-coping group experienced the lowest level of both types of problem behaviors, and caregivers in the passive-coping group were in the middle.

These patterns persist in a multivariate analysis predicting the memberships of three latent classes, as shown in Table 5. After controlling for care recipients' dependency and caregivers' characteristics, we found that caregivers were more likely to cope passively or actively as opposed to no coping when care recipients exhibited more emotion-related problem behaviors or disruptive behaviors. But it is care recipient's disruptive behaviors only that made caregivers more prone to adopt active coping rather than passive coping. We also found that women and adult children are more likely to cope actively versus do nothing than their respective counterparts. In particular, child caregivers and caregivers with a college degree have greater odds of seeking outside help than spouse caregivers and caregivers with a high school degree, respectively.

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Table 1. Percentages of Caregivers Who Said How They Coped

	%
Emotion-focused coping	
Talk with friends or relatives	77.39
Pray or meditate	71.82
Watch TV	71.49
Read	67.15
Spend time alone	61.08
Spend time on exercise or hobbies	55.80
Eat	44.33
Take medication to calm	14.61
Drink alcohol	13.22
Smoke	12.52
Problem-focused coping	
Obtain assistive devices such as wheelchairs or walkers for care recipient	58.16
Use services for personal or nursing care at care recipient's home	29.72
Make modifications in care recipient's home	28.56
Use services to help with housework at care recipient's home	18.90
Use services delivering meals to care recipient's home	11.04
Use transportation services for care recipient	10.80
Use respite or caregiver support services	10.80
Request information on financial help for care recipient	10.59
N	1,552

Table 2. Summary of Information for Selecting Number of Latent Classes (N = 1,552)

Number of Latent Classes	Likelihood ratio statistics	Log likelihood	AIC	BIC	Vuong-Lo-Mendell -Rubin likelihood ratio test	Entropy
1	5287.90	-14276.14	28588.27	28684.52		1.00
2	3918.84	-12970.65	26015.30	26213.15	0.00	0.91
3	3641.02	-12674.29	25460.57	25760.02	0.00	0.76
4	3581.23	-12575.26	25300.51	25701.56	0.56	0.69
5	3576.09	-12495.17	25178.34	25680.99	0.21	0.72
6	3555.02	-12446.03	25118.06	25722.31	0.06	0.74

Table 3. Three-Latent-Class Model (N = 1,552)

	Latent Class		
Assigned label	No coping	Passive coping	Active coping
Probability of membership	0.20	0.46	0.33
Conditional probability of a *Yes* response			
Emotion-focused coping			
Talk with friends or relatives	0.22	0.91	0.92
Pray or meditate	0.22	0.85	0.85
Watch TV	0.08	0.90	0.86
Read	0.04	0.86	0.81
Spend time alone	0.14	0.72	0.75
Spend time on exercise or hobbies	0.07	0.67	0.70
Eat	0.05	0.50	0.61
Take medication to calm	0.02	0.13	0.24
Drink alcohol	0.01	0.15	0.18
Smoke	0.03	0.16	0.14
Problem-focused coping			
Obtain assistive devices	0.45	0.41	0.89
Use personal or nursing care	0.21	0.08	0.63
Make home modifications	0.16	0.15	0.55
Use services to help with housework	0.14	0.08	0.36
Use meal deliver services	0.05	0.04	0.24
Use outside services for transportation	0.07	0.04	0.22
Use respite or caregiver support services	0.04	0.02	0.27
Request information on financial help	0.03	0.07	0.20

Table 4. Distributions of Care Recipients' Problem Behaviors and Caregivers' Characteristics across Three Latent Classes

	No coping		Passive coping		Active coping	
	Mean or %	SD	Mean or %	SD	Mean or %	SD
Care recipient's problem behaviors						
Emotion-related problem behaviors[abc]	5.76	0.11	6.81	0.11	8.01	0.14
Disruptive behaviors[abc]	9.00	0.11	10.09	0.11	11.66	0.17
Care recipient's dependency[abc]	9.02	0.61	11.08	0.41	15.05	0.46
Caregiver's characteristics						
Gender[ab]						
Women	56.15		64.85		70.08	
Men	43.85		35.15		29.92	
Relation to care recipient[abc]						
Spouse	50.16		41.84		31.47	
Adult child	49.84		58.16		68.53	
Race and ethnicity						
White	86.12		80.67		82.01	
Black	5.68		8.96		8.70	
Hispanic	5.36		6.44		5.80	
Others	2.84		3.92		3.48	
Education[bc]						
Less than high school	22.51		22.08		14.45	
High school graduate	35.37		34.33		30.66	
Post high school	22.51		26.92		31.64	
Bachelor's degree or higher	19.61		16.67		23.24	
Self-reported health (1 = poor, 4 = excellent)[b]	2.99	0.05	2.89	0.03	2.87	0.04
n	317		717		518	

[a]Statistically significant difference between no coping and passive coping at $p < .05$. [b]Statistically significant difference between no coping and active coping at $p < .05$. [c]Statistically significant difference between passive coping and active coping at $p < .05$.

Table 5. Multinomial Logistic Regression of Predictors of Members in Latent Classes (N = 1,552)

	Passive coping vs. No coping			Active coping vs. No coping			Active coping vs. Passive coping		
	b	se		b	se		b	se	
Care recipient's problem behaviors									
Emotion-related problem behaviors	0.17	0.05	**	0.22	0.05	***	0.05	0.03	
Disruptive behaviors	0.11	0.05	*	0.18	0.05	***	0.07	0.03	*
Care recipient's dependency	0.01	0.01		0.03	0.01	***	0.02	0.01	**
Caregivers' characteristics									
Women (vs. Men)	0.26	0.16		0.43	0.18	*	0.17	0.16	
Adult child (vs. Spouse)	0.30	0.16		0.68	0.18	***	0.38	0.16	*
Race and ethnicity									
White (ref.)									
Black	0.26	0.31		-0.10	0.35		-0.36	0.26	
Hispanic	0.05	0.34		-0.07	0.38		-0.12	0.31	
Others	0.04	0.43		-0.36	0.51		-0.40	0.41	
Education									
Less than high school	-0.10	0.21		-0.32	0.26		-0.21	0.22	
High school graduate (ref.)									
Post high school	0.05	0.20		0.27	0.22		0.23	0.18	
Bachelor's degree or higher	-0.25	0.22		0.17	0.24		0.42	0.21	*
Self-reported health	-0.05	0.10		-0.07	0.11		-0.02	0.09	
Intercept	-1.21	0.56	*	-2.77	0.59	***	-1.57	0.42	***

* $p < .05$, ** $p < .01$, *** $p < .001$