Is Provision of Spousal Care Associated with Wellbeing? New Evidence from the Panel Study of Income Dynamics

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Abstract

We use data from older couples in the Panel Study of Income Dynamics to explore the circumstances under which caring for one's spouse is associated with wellbeing. We explore a number of different definitions of care, drawn from both stylized time use questions and time diaries, and link measures to both evaluative (life satisfaction) and experienced (pleasant minutes yesterday; how happy during a particular activity yesterday) wellbeing. We find evaluative wellbeing varies significantly by care status, which suggests that household chores are not associated with lower well being but provision of care is. In contrast, although carrying out household chores is associated with lower experienced wellbeing for women, care to a spouse with a disability per se is not associated with less momentary happiness.

INTRODUCTION

Informal caregivers provide the bulk of assistance with daily activities to older Americans (Spillman and Pezzin 2000). Among older couples, spouses are first in line to provide care despite the fact that many spouses may be experiencing declines in health themselves. An unresolved issue in the care giving literature is whether the provision of support to a spouse is beneficial or harmful to the care provider's wellbeing. The care giving literature generally points to diminished wellbeing of caregivers (Pinquart & Sorensen 2004), whereas a largely separate body of research (Post 2007) suggests beneficial effects on wellbeing of altruistic behaviors, including helping.

A number of methodological issues make it difficult to draw conclusions. First, defining "spousal care" is challenging. Indeed, studies that ask individuals to enumerate hours of care differ markedly from diary-based assessments of care, with the latter providing much lower estimates. It may be that spouses may not recognize much of what they do as "care" per se. For instance women who have always cooked dinner may continue doing so if their spouse develops a debilitating condition and may not view time spent preparing meals to be "care." Thus, it may be that care is defined as carrying out particular types of activities <u>for</u> a spouse with a disability, irrespective of the reason. Alternatively, care may be defined as doing an activity <u>because of</u> one's spouse's health and functioning, irrespective of the beneficiary of that care.

Second, unlike studies of altruism, the care giving literature has often focused on samples of active and/or intense givers, thereby restricting comparisons with those not providing care. Consequently, studies to date have not grappled with whether the daily activities done for a spouse with a limitation (e.g. household chores like laundry, meal preparation, shopping) are less

pleasant activities (irrespective of who the activities serve) or whether the fact that they are being done for a spouse with a disability erodes wellbeing.

Third, the vast majority of care giving studies to date that have explored wellbeing rely on global measures of life satisfaction or decontextualized affect measures (how happy are you?) and how they move with reports of care from stylized time use measures (e.g. over the last week or month how many hours of care did you provide?). Studies of comparing such evaluative and stylized measures with diary based measures conclude that individuals may rely on beliefs about experiences rather than true moment to moment experiences in such assessments, and may therefore potentially miscast the contribution of particular activities to wellbeing. Yet with few exceptions (Poulin et al. 2010), wellbeing of spousal caregivers over the course of the day has not been explored.

In the present study, we use data from older couples in the nationally representative Panel Study of Income Dynamics to explore the circumstances under which caring for one's spouse is associated with wellbeing. We explore a number of different definitions of care, drawn from both stylized time use questions and time diaries, and link measures to both evaluative (life satisfaction) and experienced (pleasant minutes yesterday; how happy during a particular activity yesterday) wellbeing.

DATA AND METHODS

DATA

Data for this study are from the Disability and Use of Time (DUST) supplement (Freedman & Cornman, 2012) to the 2009 Panel Study of Income Dynamics (PSID). Begun in 1968, the PSID is a longitudinal study of a representative sample of families in the United States, including an oversample of low-income families. From 1968 to 1997, families have been

interviewed annually whether or not they were living in the same dwelling unit or with the same people. Since 1997 interviews have been conducted biennially. Re-interview rates have been consistently 98% per year (96% over 2 years) and the sample of families now exceeds 8,000. Because adult children who have left their parents' households have been followed, with sampling weights the design produces a nationally representative cross-section of families each year.

The DUST supplement was administered to eligible couples (both spouses at least age 50 and at least one spouse age 60 or older) by telephone within a few months following the 2009 core PSID interview. Because the vast majority of married men and women ages 60 and older have spouses that are age 50 and older the sample essentially represented married people ages 60 and older and their spouses. In order to enhance opportunities for studying disability, couples in which one or both spouses had a chronic condition that limited their daily activities (who were identified in the core PSID interview) were oversampled, and strata further divided by the husband's age (<70, 70+).

The DUST instrument was designed as a 30 to 40 minute diary, which was paired during the first of two interviews with a 15 to 20 minute supplemental questionnaire (including items on global wellbeing, disability, marital quality, and stylized time use questions). In order to obtain a balanced sample of days, couples were systematically assigned interview days that would yield one weekday diary and one weekend diary. Hence up to 4 diaries could be completed per couple. The diary asked about all the activities occurring on the previous day, beginning at 4 am and continuing until 4 am the morning of the interview. Further details are available in Freedman and Cornman (2012).

Of the 543 eligible couples who were sampled for DUST, at least one diary was completed for 394 couples, yielding a response rate of 73%. About 33 respondents (4%) had a spouse who could not participate because of a permanent health condition (e.g. memory loss, hearing loss). For these couples, diaries were collected from the one spouse without a health-limiting condition. Analyses involving activities done in the last 7 days were based on 371 men and 384 women. For analyses assessing wellbeing over the entire diary day, we draw upon the 1,506 diaries collected from these respondents (n=739 for men and 767 for women). Finally, analyses of a randomly selected subset of diary activities, which occurred at the same time of day for both spouses, include 4,392 activities (2,140 for men and 2,252 for women).

MEASURES

Care in the Last 7 Days. Respondents were asked on how many days in the last 7 days they: did laundry, cleaned the house, prepared dinner, grocery shopped/ran household errands, did minor repairs/household improvements, and paid bills/handled banking. For all activities except cleaning the house and household repairs, respondents also reported for whom these activities were done (e.g. spouse, self, household members, or friends or family living outside the household). If house cleaning or repairs was reported, it was assumed that the activities were done for all household members, including spouses. Respondents were also asked whether they were responsible for another adult living in their house who needs hands-on help or who cannot be left alone and, if so, who that adult was.

For each activity, we created a three category variable indicating: 0) activity not done in the last 7 days, 1) activity done for oneself or for someone other than a spouse who has a disability or 3) activity done for a spouse who has a disability. Disability status was based on 6

items developed for the U.S. Census and the companion American Community Survey (ACS). Husbands and wives in DUST reported whether they had serious difficulty hearing; serious difficulty seeing even when wearing glasses; serious difficulty concentrating, remembering or making decisions because of a physical, mental or emotional condition; serious difficulty walking or climbing stairs; difficulty dressing or bathing; difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. From these measures we created a single dichotomous indicator of whether or not the husband or wife had a disability (Weathers 2005). (Note that the 33 cases where a spouse was unable to be interviewed because of their health or functioning were assumed to have a disability.)

For activities done last week, respondents were also asked whether they did the activity because of their spouse's health. We, therefore, created an alternative definition of care based upon this direct report of the effect of spouse's health on participation: 0) did not do activity in the last 7 days, 1) did activity, not because of spouse's health, and 2) did activity because of spouse's health.

Care Yesterday. Using data from the diaries, we examined a similar set of activities that were performed yesterday. We examined all of the activities reported over the course of the day (from 4am to 4am) to determine whether any of the following activities took place: laundry/clothing repair; indoor cleaning/household chores; food/drink preparation; shopping for groceries, food or other non-durable goods; financial management and household planning; household, vehicle or appliance repairs/maintenance; and physical and medical care for others. We investigated whether respondents did the activity, did the activity for themselves or someone other than a spouse with a disability, or did it for a spouse who has a disability, using the same

definition of disability previously noted. We also coded this same indicator for a subset of three randomly selected activities for which experienced wellbeing was ascertained.

In addition**, f**or a subset of up to three randomly selected activities from each diary, information on subjective well-being was ascertained. We categorized each of these activities according to the type of activity, using the same categories as those for analyses of care over the day, and whether and for whom the activity was done (e.g. not done, done for self/someone other than spouse with disability, done for spouse with a disability).

Wellbeing. We investigated three measures of wellbeing. First, for analyses of care provided last week, we examined a global measure of life satisfaction. On a scale of 0 to 6, respondents were asked, taking all things together, how satisfied are you with your life these days? Second, wellbeing over the course of the day yesterday was based on a measure of the number of minutes a respondent felt pleasant doing an activity. For each diary activity, a respondent reported whether they felt mostly unpleasant, mostly pleasant, or neither while doing the activity. We summed the duration of the activities over the day according to responses to this question to create measures of minutes spent feeling pleasant on the previous day. Finally, for up to three randomly selected activities from each diary, respondents were asked to report on a scale of 0-6 how happy they felt while doing the activity. This latter question was modeled after the Day Reconstruction Method (Kahneman et al. 2004) and Princeton Affect and Time Study (Krueger 2007).

Other Control Variables. In models comparing wellbeing of those who care to those who carry out such activities but not for a spouse with disability (or because of their spouse's health) we also control for characteristics that might be related to both providing care and wellbeing. For analyses of life satisfaction and caring last week, control variables include: own

and spouse's age; own and spouse's disability and self-rated health; household income (in quartiles); household wealth (in quartiles); and marital duration. Analyses of caring and well being yesterday also control for type of activity, other than care activities, that were done yesterday and analyses of activities and happiness yesterday further control for whether the activity was done at home, whether the spouse was actively involved, and whether the activity took place on the weekend.

ANALYTIC STRATEGY

We first examine the distribution of husbands and wives participating in care last week, for the two different definitions of care described above, by activity type. We then examine distributions of care (by activity type) over the day yesterday and for three randomly selected activities, again stratifying by gender.

Next, we investigate whether well-being differs by care status We are primarily interested in two contrasts: 1) whether there are significant differences between not doing the activity and doing the activity (for self/someone else who is not a spouse with disability) and 2) whether there are significant differences between doing the activity (for self/someone who is not the spouse with a disability) and doing the activity for a spouse with disability. The first contrast suggests whether well-being is affected by simply doing the activity, e.g. some activities are just not enjoyable no matter for whom they are done. The second contrast suggests whether doing an activity for a spouse with a disability has an effect on well-being. A final set of results shows preliminary findings from regression (OLS) models that control for demographic, socioeconomic, and health-related characteristics of the couple and, where applicable, characteristics of the day and of the activity.

All analyses are weighted using sampling weights that take into account differential sampling probabilities of DUST respondents. In addition, standard errors have been adjusted to take into account the complex design of the PSID.

PRELIMINARY FINDINGS

As shown in Table 1, just over 35 percent of husbands carried out at least one care activity for a spouse with disability in the last week; for wives the figure was 46 percent. Changing the definition from carrying out a care activity "for a spouse with a disability" to "because of my spouse's health" provides much lower prevalence estimates: 16% of husbands and 14% of wives attributed their participation in a care activity to their spouse's health. Note that only a very small percentage of husbands and wives did not carry out at least one of the care-related activities in the prior week (3% for husbands and .1% for wives). Not surprisingly, activities that constitute care activities also differed for men and women.

Turning to the diary-based analyses (Table 2), about one-quarter of men carried out a care activity for a spouse with a disability yesterday whereas the figure was nearly 40 percent for wives. Among randomly selected activities, only 3% of husband's and 9% of wives activities could be classified as care for a spouse with disability.

Evaluative wellbeing (how satisfied one is with life) varies significantly by care status for only women when defined as doing a care activity for a spouse with disability and for both husbands and wives when defined as doing a care activity because of a spouse's health (Table 3). These findings suggest that merely doing household chores, in and of itself, is not associated with lower well being but doing them for a husband with a disability or because of a spouse's health is.

In contrast, care status does not appear to be associated with experienced wellbeing. Pleasant minutes over the day is not significantly different by care status nor do mean levels of happiness differ between those carrying out a care activity for a spouse with a disability vs. those carrying out such activities for themselves or for a spouse without a disability. Interestingly, for women, doing household chores is associated with less momentary happiness than other activities, but doing such chores as care for one's spouse is not.

In models controlling for demographic, socioeconomic, health-related characteristics of the couple and other covariates previously described, stronger patterns emerge by gender. Focusing on the life satisfaction measures, the definition of "care" clearly matters. Men report less life satisfaction if they perform care activities for a spouse with a disability (than if they perform such activities for someone else, including themselves), whereas women only do so if they perform care activities *because of* their spouse's health. Care for a spouse with a disability does not appear to erode experienced wellbeing for either men or women. However, for women, doing household chores remains associated with lower levels of momentary happiness.

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Table 1: Weighted percent who engaged in care activities in last 7 days (%)

Definition:	(1) For a Spouse with Disability			(2) Because of Spouse's Health		
Activity	Did not do	Did for self/someone in household other than spouse w/disability	Did for a spouse with disability	Did not do	Did, not because of spouse's health	Did because of spouse's health
MALES (N=371)						
Laundry	67.9	22.6	9.5	67.9	27.2	4.8
Household Care	20.4	49.5	30.0	20.4	70.1	9.5
Cleaning	47.0	32.5	20.5	47.0	44.6	8.4
Repairs	35.1	41.2	23.7	35.1	62.4	2.5
Meal Preparation[1]	52.2	32.4	15.4	52.2	41.1	6.7
Shopping/errands	24.5	47.7	27.8	24.5	65.9	9.6
Finance	35.9	40.8	23.4	35.9	61.1	3.1
Physical/Medical Care[2]	94.9	0.5	4.6	94.9	0.2	4.8
Any Care Activity	3.1	60.1	36.8	3.1	81.0	15.9
FEMALES (N=384)						
Laundry	6.2	53.5	40.3	6.2	89.6	4.2
Household Care	10.8	48.2	41.0	10.8	82.7	6.4
Cleaning	12.0	47.6	40.4	12.0	83.7	4.3
Repairs	78.3	10.9	10.9	78.3	18.9	2.8
Meal Preparation[1]	8.1	51.9	40.0	8.1	86.7	5.2
Shopping/errands	10.7	49.6	39.7	10.7	84.2	5.1
Finance	27.6	35.6	36.8	27.6	70.1	2.3
Physical/Medical Care[2]	92.5	2.5	5.0	92.5	1.7	5.8
Any Care Activity	0.1	54.0	45.9	0.1	86.4	13.5

[1] Prepared dinner

[2] Responsible for another adult in the household

Table 2: Weighted percent who engaged in care activities yesterday (%)

	Any Activity Over the day			Randomly Selected Activities		
Activity	Did not do	Did for self/someone in household other than spouse w/disability	Did for a spouse with disability	Not Care Activity	Did for self/someone in household other than spouse w/disability	Did for a spouse with disability
MALES (N=739; 2138)						
Laundry	95.4	3.5	1.1	99.6	0.4	0.1
Household Care	45.4	40.3	14.3	91.1	7.7	1.2
Cleaning	76.8	16.4	6.8	98.0	1.6	0.3
Repairs	55.3	35.0	9.7	93.1	6.1	0.9
Meal Preparation[1]	44.7	40.2	15.1	97.4	1.5	1.2
Shopping/errands	57.1	38.4	4.5	89.7	10.1	0.3
Finance	72.4	26.5	1.2	96.9	2.8	0.3
Physical/Medical Care	85.0	13.3	1.7	98.6	1.2	0.2
Any Care Activity	11.5	63.8	24.7	73.2	23.7	3.2
FEMALES (N=767; 2,252)						
Laundry	63.4	22.0	14.6	95.8	2.9	1.3
Household Care	33.8	45.7	20.6	93.8	4.9	1.3
Cleaning	43.2	38.4	18.5	96.3	1.6	2.0
Repairs	73.0	22.0	5.0	97.5	2.4	0.1
Meal Preparation[1]	16.0	51.7	32.3	87.6	7.4	5.0
Shopping/errands	52.7	40.1	7.3	92.0	7.3	0.6
Finance	67.8	29.7	2.4	97.2	2.7	0.3
Physical/Medical Care	78.7	17.6	3.7	97.6	2.2	0.2
Any Care Activity	3.2	57.6	39.2	64.1	27.4	8.6

[1]Prepared any meal.

Table 3: Evaluative and Experienced Well-being by care status and gender

	Last 7 days: Mean Life Satisfaction Score (0-6)					
Any Care Activity	Did not do (1)	Did for self/someone in household other than spouse w/disability (2)	Did for a spouse with disability (3)	Did not do (1)	Did not because of spouse's health (2)	Did because of spouse's health (3)
Male (N=371)	4.6	5.1	4.9	4.6	5.1	4.8*
Female (N=384)	--	5.1	4.9**	--	5.1	4.5***

	Yesterday					
	Any Activity Over the day			Randomly Selected Activities		
	Mean pleasant minutes			Mean reported happiness (0-6)		
Any Care Activity	Did not do (1)	Did for self/someone in household other than spouse w/disability (2)	Did for a spouse with disability (3)	Not Care Activity (1)	Did for self/someone in household other than spouse w/disability (2)	Did for a spouse with disability (3)
Male (N=739; 2140)	770	806	777	5.1	5.0	4.8
Female (N=767; 2,252)	755	780	768	5.1	4.7^^	4.9

^ difference between (2) and (1) at p<0.10

^^difference between (2) and (1) at p<0.05

* difference between (3) and (2) at p<0.10

** difference between (3) and (2) at p<0.05

*** difference between (3) and (2) at p<0.01

Table 4: Effects of care status on Experienced and Evaluative Wellbeing by gender

Last 7 days: Mean life satisfaction score (0-6)			
	Did care activity for a spouse with disability vs. did for other		Did care activity because of spouse's health vs. did for other reason
Male model	-0.71***	Male model	0.02
Female model	0.19	Female model	-0.37*

Yesterday					
Any Activity Over the day			Randomly Selected Activities		
Mean pleasant minutes			Mean reported happiness (0-6)		
	Did care activity for other vs. did not do	Did care activity for a spouse with disability vs. did not do		Did care activity for other vs. did not do	Did care activity for a spouse with disability vs. did not do
Male model	9.1	-3.0	Male model	-0.05	-0.07
Female model	18.0	-3.2	Female model	-0.29**	0.00^

^ Significantly (p<0.10) different from doing care activity for other

* p<0.10

** p<0.05

*** p<0.01

Note: See text for description of control variables in each model.