

J.E. FAST, M. STRICKFADEN, J. EALES, N. KEATING, W.B. MORTENSON. **A comprehensive understanding of family caregivers' experiences.** *Gerontechnology* 2016;15(suppl):123s; doi:10.4017/gt.2016.15.s.827.00 **Purpose** Family caregivers provide the vast majority of care to older adults. They also experience health, social and economic consequences as a result¹, which threaten sustainability of the family care sector and, in turn, the formal care sector that depends so heavily on it. Assistive technologies (AT) often are assumed to lighten the burden of family caregivers², but much of the literature on AT for family caregivers actually focuses on the impact on caregivers of AT designed for care receivers. Even studies purporting to examine family caregivers' AT needs tend to base conclusions about caregiver outcomes on care recipients' judgments and not on those of family caregivers themselves³. Family caregivers have unique needs, independent of any impact care receiver AT may have, that may also be addressed through AT, but these remain under-studied. This paper, therefore, focuses on understanding eldercare providers' unique needs and preferences, beginning with development of profiles of those caregivers who are most at risk of negative consequences. **Method** To create profiles of high risk family caregivers we analyzed nationally representative data from Statistics Canada's 2012 General Social Survey on Caregiving and Care Receiving⁴. From the full sample of 23,093 respondents living in the ten Canadian provinces, we selected 6,466 respondents who reported providing care to at least one family member, friend or neighbour with a long term health problem or disability during the twelve months prior to the survey. Analyses comprised descriptive statistics (frequencies and means as appropriate to the nature of the variables) and logistic regression analyses to identify caregiver, care receiver and care context characteristics most predictive of the risk of experiencing care-related health, social or economic consequences as reported by caregiver respondents. Profiles were then constructed based on factors found to be most predictive of caregiving consequences. **Results & Discussion** In 2012 28% of the Canadian population (8.1 million) were caregivers (women 54%; men 46%). Many reported that caregiving had: affected their health: (i) 19% (women 25.4%; men 11.7%): negative impact on health status; (ii) 33% (women 40.5%; men 25.5%): sleep disturbances; (iii) affected their social relationships: (iii.a) 47% (women 52.5%; men 42.0%) able to spend less time with spouses, (iii.b) 36% (women 38.8%; men 33.6%) less time with their children, (iii.c) 45% less time with friends (women 49.3%; men 42%); and (iv) affected their employment: (iv.a) 10% (women 12%; men 8%) left jobs entirely, 14% (women 14%; men 15%) reduced their usual hours of work by an average of 9 hours/week, 43% (women 45%; men 42%) missed an average of 8-9 days of work annually. Significant predictors of the likelihood of experiencing these consequences that formed the foundation of our caregiver profiles included: intensity of current care episode (providing 10+ hours of care per week), relationship (caring for a spouse, parent or adult child), and nature of the current care receiver's condition (cognitive disability), total duration of all care episodes (more years of care provided over the life course) and age of onset of the first episode of caregiving. These profiles highlight which caregivers likely need the most support and identifies some potential areas for innovations.

References

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