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Informal caregivers' judgements on sharing care with home care professionals from an intersectional perspective: the influence of personal and situational characteristics

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INTRODUCTION

European policy emphasis on providing informal care at home causes caregivers and home care professionals having more contact with each other, which makes it important for them to find satisfying ways to share care. It is unclear what conditions foster a negative judgement among caregivers on professional support. To improve our understanding of social inequities in caregiving experiences, this study adopts an intersectional perspective.

RESEARCH QUESTIONS / AIM

- To describe caregivers' judgements regarding sharing care with home care professionals when taking into account their various backgrounds.
- To find out whether personal (such as gender) and situational characteristics (such as the care recipients' impairment) are related to caregivers' judgements and to consider the interaction between these characteristics.

METHODS

Data of the Netherlands Institute for Social Research, representative sample of Dutch population. Dependent variable: a 1-4 scale on "caregiver judgement" ($\alpha = 0.69$).

- Bivariate and multivariate linear regression analysis (N = 292).
- Multiplicative approach to examine the relationship between mutually constituting factors of the caregivers' judgement.

MORE INFORMATION AND CONTACT

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(PRELIMINARY) RESULTS

| Influence of personal and situational characteristics on the caregivers' judgement R ² = 0,29 N = 292 | | |
|---|----------|-------|
| | Coef. | P>[t] |
| Gender | | |
| Male | 0 (base) | |
| Female | -0,07 | 0,354 |
| Age | | |
| 65+ | 0 (base) | |
| 45-64 | -0,07 | 0,534 |
| 16-44 | -0,25 | 0,034 |
| Employment status | | |
| Not working / < 12 hours | 0 (base) | |
| Working > 12 hours | -0,16 | 0,069 |
| Level of education | | |
| Lower education | 0 (base) | |
| Intermediate education | -0,04 | 0,676 |
| Higher education | -0,24 | 0,007 |
| Household situation | | |
| With a partner | 0 (base) | |
| Alone | 0,05 | 0,567 |
| Self-reported health | | |
| Not obstructed | 0 (base) | |
| Slightly obstructed | -0,24 | 0,010 |
| Heavily obstructed | -0,44 | 0,001 |

| | Coef. | P>[t] |
|------------------------------|----------|-------|
| Care motives | | |
| I like to take care | 0,22 | 0,013 |
| I think I should care | -0,11 | 0,127 |
| I like to do it for him/her | 0,00 | 0,966 |
| There is no one else | -0,31 | 0,000 |
| Relationship | | |
| Partner | 0 (base) | |
| Adult-child | -0,21 | 0,061 |
| Other family members | -0,38 | 0,003 |
| Friends/neighbours | -0,41 | 0,001 |
| Impairment | | |
| Physical | 0 (base) | |
| Mental | -0,02 | 0,828 |
| Help from others | | |
| No | 0 (base) | |
| Yes | -0,06 | 0,486 |
| Type of provided care | | |
| Home nursing care | 0 (base) | |
| Domestic help | -0,22 | 0,035 |
| Social support | -0,08 | 0,421 |

CONCLUSION AND DISCUSSION

Caregivers who provide help to people with a mental impairment are at risk of being less satisfied about sharing care compared to others, especially when they are aged between 45 and 64, have a paid job or when they provide care to a parent or child. This underlines the importance for professionals to pay extra attention to these groups of caregivers.