

## Insights on Canadian Society

# The experiences and needs of older caregivers in Canada

by Paula Arriagada

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# The experiences and needs of older caregivers in Canada

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## Overview of the study

Most of what is known in the caregiving literature focuses on seniors as care receivers rather than care providers. This study uses data from the 2018 General Social Survey on Caregiving and Care Receiving to examine the experiences of caregivers aged 65 and older, including the types of caregiving activities and number of hours spent caregiving. In addition, the paper focuses on the rewards and stress experienced by older caregivers. In this study, older caregivers are people aged 65 and older who reported that, in the previous 12 months, they had either (a) cared for or helped someone who had a long-term health condition or a physical or mental disability, or (b) cared for or helped someone who had problems related to aging. While the data were collected prior to the COVID-19 pandemic, the results are important as they highlight the many challenges senior caregivers already faced. In the current context, these challenges could even be heightened.

- In 2018, almost one-quarter of seniors aged 65 and older (about 1.5 million people) provided care or help to family members or friends with a long-term condition, a physical or mental disability, or problems related to aging.
- Although senior men were as likely as senior women to engage in caregiving, caregiving activities were still divided by sex. Among older caregivers, 56% of women did household work activities such as meal preparation, house cleaning or laundry, versus 47% of men. Senior men were more likely to provide help with house maintenance and outdoor work (47% versus 29%).
- One-third (34%) of all caregivers aged 65 and older provided care for a spouse or partner. This proportion increased to 47% when focusing on seniors aged 75 and older, and to 50% for those aged 85 and older.
- Almost one-third (31%) of senior caregivers who were caring for a spouse spent 30 hours or more a week providing care or help. Senior women caring for a spouse spent more hours doing so than senior men (20 hours compared with 14 hours).
- One-third (33%) of senior caregivers reported that their caregiving responsibilities were stressful or very stressful. Stress related to caregiving varied significantly depending on the number of hours spent on caregiving and had a stronger effect on senior women.
- The most common sources of support for senior caregivers were help from their children (41%) and help in the form of their spouse modifying their life or work arrangements (41%). They also received support from extended family (28%) and close friends and neighbours (23%).

### Introduction

Many Canadians play a central role in helping and providing care for family members or friends with a long-term condition, a physical or mental disability, or problems related to aging. In 2018, 7.8 million Canadians aged 15 and older (25% of the population) were caregivers. Of these caregivers, almost 1.5 million were aged 65 and older. This article profiles these older caregivers and examines their experiences.

Studying this population of older caregivers remains important in the context of the COVID-19 pandemic, even though the data were collected prior to it. While the pandemic has affected the lives of all Canadians, seniors have been identified as a particularly vulnerable population. Not only are seniors more at risk for severe illness, they are also more affected by isolation measures. As a result, many senior caregivers, especially those who help people living outside their household, may not have been able to provide care as they usually do. On the other hand, senior caregivers providing help to their spouse may have seen their burden of care increase, given the possible lack of other support during the pandemic.

While older caregivers are similar to caregivers in other age groups, they also have unique needs given their age. For example, many seniors will experience their own health- and age-related challenges, resulting in some of them becoming caregivers and care receivers at the same time. Therefore, caregiving may have more pronounced impacts on their lives.

A number of Canadian studies have focused on caregivers; however, older caregivers are sometimes overlooked in the literature

even though they make valuable contributions to family caregiving.<sup>1</sup> From a policy perspective, there is merit in examining the experiences of older caregivers, as the senior population—especially its oldest and most fragile segment—continues to grow.

As the needs for care and help increase with an aging population, smaller families and geographic mobility among Canadian families may reduce the supply of potential younger family caregivers in the future.<sup>2</sup> In this context, many older Canadians may be increasingly relied upon to provide care, even though they may have health issues of their own, including age-related physical and cognitive declines, chronic illness, and some level of disability.<sup>3</sup>

This article uses data from the 2018 General Social Survey (GSS) on Caregiving and Care Receiving to examine the experiences of caregivers aged 65 and older (see [Data sources, methods and definitions](#)).

The first part of this paper provides a profile of senior caregivers in Canada, including the relationship between caregivers and care recipients, types of caregiving activities, and number of hours spent caregiving. Although the focus is those aged 65 and older, the article includes some background information on caregiving done by persons in other age groups. In addition, results are presented separately for men and women, when appropriate.

The second section of the paper focuses on the rewards and stress experienced by older caregivers, as well as their unmet needs. Caregivers in Canada are a diverse group; understanding more about the specific challenges older caregivers face can enable policy makers to

create programs and policies to better meet their specific caregiving needs, while also safeguarding their health and well-being.

### About one in four seniors is a caregiver

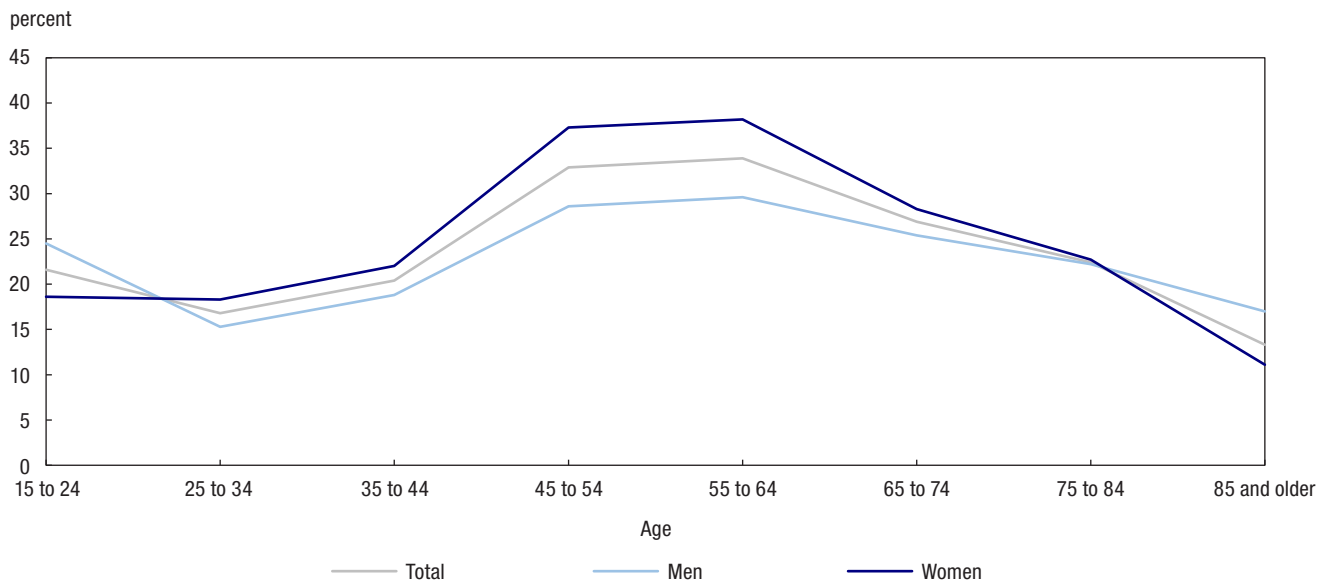
In 2018, the share of seniors who were caregivers was very similar to that of the Canadian adult population as a whole. Specifically, almost one-quarter (24%) of people aged 65 and older provided care or help to friends and family members with a long-term condition, a physical or mental disability, or problems related to aging. In comparison, that proportion was 25% for all Canadians aged 15 and older.

Caregivers continued to be most commonly adults aged 45 to 64, who are at an age where they may be caring for children or parents (or both simultaneously). Specifically, about one-third (34%) of those aged 55 to 64, as well as those aged 45 to 54 (33%), provided care or support to friends and family members with a long-term condition, a physical or mental disability, or problems related to aging.

Young adults aged 25 to 34 were the least likely to provide care (17%). The parents of these young adults are still generally young and therefore less often need care and support. However, many younger Canadians do provide help and support, especially to their grandparents.<sup>4</sup>

While the share of caregivers among seniors was similar to the average for all Canadians, that proportion decreased in older age groups (Chart 1). Consequently, senior caregivers were somewhat younger than seniors who did not provide help or care. Specifically, in 2018, the median age of senior caregivers was 71 years, compared with 74 years for other seniors.

**Chart 1**  
**Proportion of people aged 15 and older who were caregivers in the past 12 months, by sex and age, 2018**



Source: Statistics Canada, General Social Survey, 2018.

## Gap between male and female caregivers smaller among seniors

Previous studies have found that women are more likely to be caregivers.<sup>5</sup> This was also true in 2018, when women accounted for 54% of all Canadian caregivers.

However, the gap between the sexes was different among Canadians aged 65 and older. Overall, 26% of women aged 15 and older were providing care in 2018, compared with 23% of men. As seen in Chart 1, the difference between men and women was largest in the 45-to-64 age group, but decreased substantially in older age groups. Specifically, among seniors aged 75 to 84, men and women were equally likely to have caregiving responsibilities (23% for women, compared with 22% for men). The gap eventually reversed among Canadians aged 85 and older: 17%

of men were caregivers, compared with 11% of women in the same age group. Since women have longer life expectancy than men, men aged 85 and older are more likely to live with a surviving spouse than women of the same age. For that reason, older senior men may be more likely to be caregivers for their spouse, while women of the same age have a higher probability of being widowed and, therefore, a lower probability of being a caregiver.<sup>6</sup>

## Seniors most likely to provide care for a spouse

In Canada, senior caregivers are most likely to provide care and support for a spouse or partner.<sup>7</sup> This was the case in 2018, with one-third (34%) of all senior caregivers aged 65 and older providing care primarily for a spouse in the past 12 months (Table 1). This was followed by caring primarily for a friend, colleague or neighbour

(20%), a parent (17%), another family member (14%), a child (9%) and a parent-in-law (6%).

Across the life cycle, the relationship between the caregiver and the primary care receiver changed; as people aged, they were less and less likely to care primarily for a parent, and more and more likely to care for a spouse. For example, more than half (53%) of caregivers aged 45 to 54 provided care to a parent, with an additional 11% caring for a parent-in-law. At the same time, 8% of caregivers in this age group provided care for a spouse. In comparison, over one-quarter (28%) of seniors aged 65 to 74 cared for a spouse, as did almost half (47%) of seniors aged 75 and older (Table 1).

Caregivers were also asked about the types of conditions for which they provided care. In 2018, 21% of senior caregivers reported that they were providing care for aging

**Table 1**  
**Relationship between the caregiver and their primary care receiver, by caregiver's age, 2018**

	Primary care receiver <sup>1</sup>					
	Spouse/ partner	Child	Parent	Parent- in-law	Other family member	Friend, colleague or neighbour
	percent					
<b>Caregiver's age</b>						
45 to 54 (ref.)	8.0	12.4	53.3	11.3	4.9	9.1
55 to 64	11.1	7.3*	49.4	12.3	9.0*	10.6
65 and older	34.1*	9.1	16.7*	6.1*	13.7*	20.0*
65 to 74	27.8*	8.2	24.1*	8.0	12.9*	18.7*
75 and older	46.5*	11.0	F	F	15.4*	22.6*

F too unreliable to be published

\* significantly different from reference category (ref.) ( $p < 0.05$ )

1. Grandparents are excluded from the primary care receiver category as no seniors provided care for their grandparents.

Source: Statistics Canada, General Social Survey, 2018.

or frailty. This was followed by cancer (11%), Alzheimer's disease or dementia (11%), cardiovascular disease (10%), and mental illness (8%). In general, these conditions were the most commonly reported among caregivers in other age groups as well.

### Seniors' participation in caregiving activities varies by sex

Existing research has shown that caregiving activities tend to be divided by sex. Female caregivers are more likely to report performing what are often considered traditionally female tasks, such as helping with housework and personal care, while male caregivers more often assist with house maintenance and outdoor work.<sup>8</sup> However, little is known about how senior women and men participate in these tasks as caregivers.

Similar to what is observed in the rest of the population, the 2018 GSS data show that senior caregivers' activities were divided by sex (Chart 2). For example, among senior caregivers, men were more

likely than women to participate in house maintenance and outdoor work (47% versus 29%).

Furthermore, senior women were more likely than senior men to participate in household work activities such as meal preparation, house cleaning or laundry (56% versus 47%), as well as scheduling and coordinating appointments for the care receiver (48% versus 33%).

Senior women were also more likely to participate in caregiving activities that often need to be completed on a regular basis or according to a set schedule, such as helping with medical treatments and providing personal care (e.g., bathing or cutting nails). Specifically, 32% of senior women provided help with medical treatments, compared with 23% of senior men. And while 37% of senior women provided personal care, 24% of senior men did so.

### Median hours spent on caregiving activities highest for seniors caring for a spouse

Overall in 2018, senior caregivers spent a median of six hours per week providing care or support to

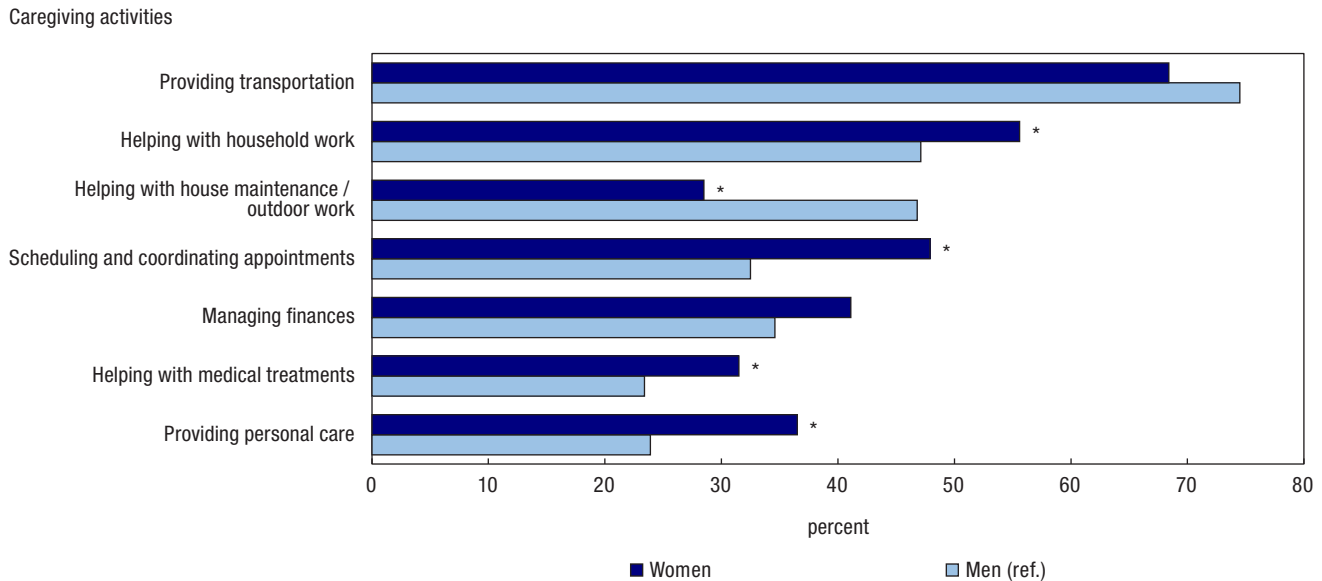
family and friends, with senior men providing five hours, compared with eight hours for senior women (Table 2).

The median hours spent on care tasks varied depending on the relationship to the care receiver. The lowest number of weekly hours spent on caregiving involved those caring for a friend, colleague or neighbour, at two hours per week. However, that climbed to five hours for those caring for a parent-in-law, seven hours for those caring for a parent and ten hours for those caring for a child. Seniors caring for a spouse spent the most hours on care (20 hours per week).

Senior women caring for a spouse or a child spent more hours, on average, doing so than senior men. Specifically, senior women spent a median of 20 hours per week caring for a spouse, compared with 14 hours for senior men. Senior women caring for a child also spent more hours than their male counterparts (10 and 7 hours, respectively). When it comes to other types of care receivers, men and women spent similar amounts of time, with the exception of caring for a parent-in-law (10 hours for senior women, compared with 4 hours for senior men).

For some caregivers, the time spent providing support and care was very high, almost equivalent to a full-time job.<sup>9</sup> Approximately 18% of senior caregivers spent 30 hours or more per week providing some form of assistance to a family member or friend. This proportion increased to almost one-third (31%) of senior caregivers who were caring for a spouse. Furthermore, 35% of senior women caregivers spent 30 hours or more caring for a spouse every week, compared with 27% of senior male caregivers.

**Chart 2**  
Types of care provided by senior caregivers, by sex, 2018



\* significantly different from reference category (ref.) (p < 0.05)  
Source: Statistics Canada, General Social Survey, 2018.

**Table 2**  
Median number of hours of care provided by senior caregivers per week, by primary care receiver relationship and sex, 2018

	Total	Men	Women
	hours		
All caregivers	6	5	8
Primary care receiver			
Spouse/partner	20	14	20
Child	10	7	10
Parent	7	6	8
Parent-in-law	5	4	10
Other family member	4	3	4
Friend, colleague or neighbour	2	2	2

Source: Statistics Canada, General Social Survey, 2018.

### More than half of seniors report their caregiving experiences as rewarding

While caregiving can be time-consuming, it can also be a positive experience for many family caregivers, providing a sense of giving back to a loved one and an increased sense of competence and purpose in life.<sup>10</sup> Among senior caregivers,

more than half (55%) described their caregiving experiences in the last year as rewarding.<sup>11</sup> There were no significant differences between senior men and senior women, or between senior caregivers and caregivers in other age groups.

In addition, research has found that caregiving can enhance the quality of the relationship between the caregiver and care receiver.<sup>12</sup> In

2018, more than one-third (38%) of senior caregivers reported that their relationship with their care receiver had strengthened.

### Stress of caregiving varies by sex and number of hours spent providing care

Despite the many rewards of being a caregiver, caregiving often has an impact on a person's physical and mental health.<sup>13</sup> As stated earlier, caregiving may have a greater impact on seniors, as seniors are more likely to have their own health issues to consider.

When asked about stress, one-third (33%) of senior caregivers reported that their caregiving responsibilities were stressful or very stressful. Among senior caregivers, women reported higher levels of stress than men (39% versus 26%).



## The experiences and needs of older caregivers in Canada

Stress related to caregiving varied depending on the number of hours per week spent on caregiving responsibilities (Chart 3). The proportion of senior women who reported care-related stress increased with the number of hours spent providing care, from 21% for those providing less than 10 hours of care per week, to 43% for those providing 10 to 19 hours of care and to 59% for those providing 20 hours or more of care.

A similar pattern was evident among senior men, with stress increasing as the hours spent on caregiving activities rose. However, the levels of stress reported by senior men were lower than those reported by senior women. For example, among senior men who provided 20 hours or more of care per week, 48% reported that their caregiving

responsibilities were stressful or very stressful, compared with 59% of senior women.

The fact that senior women reported higher levels of stress than senior men may be partly because of the different activities they engaged in. As shown previously in this paper, female caregivers provided more personal care and emotional support, while male caregivers were more likely to be responsible for activities such as home maintenance and outdoor work (see Chart 2).

### More than one in four senior caregivers reports overall health suffering because of caregiving

In addition to the stress of caregiving responsibilities, health can also be affected. In 2018, more than one in

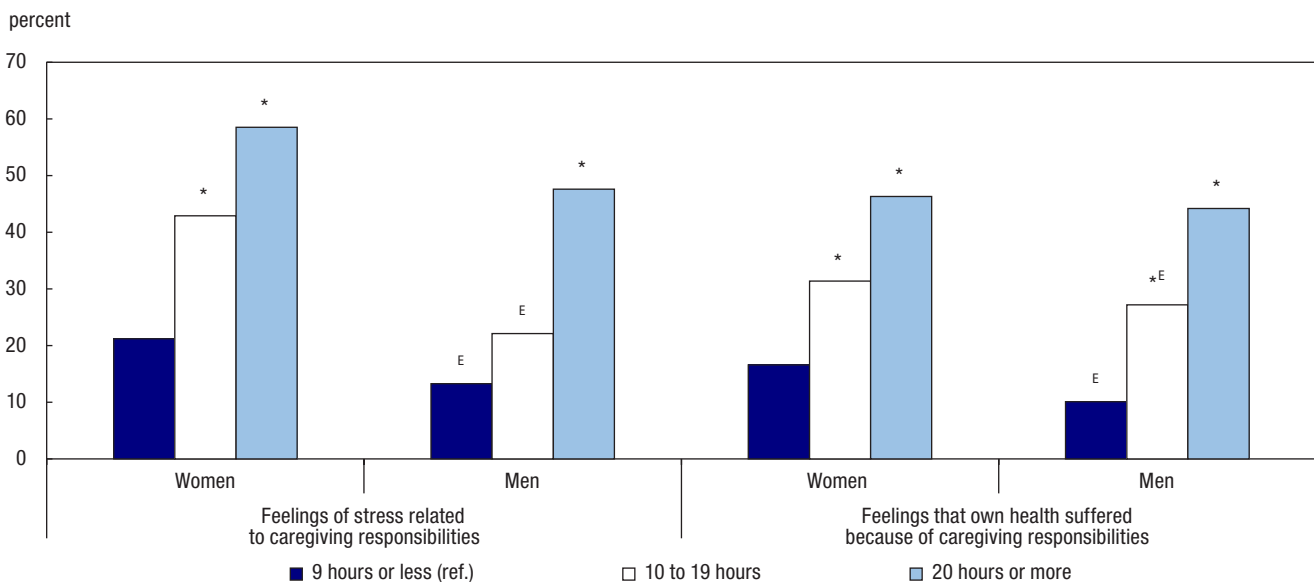
four seniors who were caregivers (27%) reported that their overall health had suffered because of caregiving responsibilities.

Among senior women who provided less than 10 hours of care per week, 17% reported that their overall health had suffered because of their caregiving responsibilities (Chart 3). The proportion was significantly higher for senior women who provided 10 to 19 hours of care per week, with 31% reporting that their health had suffered. The highest proportion was reported by senior women who provided the most hours of care, with almost half (46%) saying their health had been affected.

The health of senior men was also affected by caregiving responsibilities and the number of hours spent on these responsibilities, but the

**Chart 3**

**Feelings of stress and worsening health among senior caregivers, by median number of hours of care provided per week and sex, 2018**



<sup>E</sup> use with caution

\* significantly different from reference category (ref.) ( $p < 0.05$ )

Source: Statistics Canada, General Social Survey, 2018.



proportions were again lower than for women, regardless of the number of hours of care reported.

### Senior caregivers receive support from family and friends

The support that caregivers receive is important, as it can help reduce some of the stress and strain associated with caregiving.<sup>14</sup> Caregiving support refers to the unpaid support provided by family and friends, as well as paid services and assistance received from government programs and tax credits.

In the 2018 GSS, caregivers were asked whether, during the past 12 months, their primary care receiver had also received help from professionals such as paid workers or organizations. Almost two-thirds (65%) of senior caregivers reported that their care receivers had received professional help, similar to the proportion in other age groups.

Caregivers were also asked about the specific types of support they received in the past year. Table 3 presents the proportion of senior caregivers who said they had received support from nine different sources. Overall, 68% of senior caregivers reported that they had received support for their caregiving duties from at least one of the nine sources. There are no significant differences between senior men and senior women.

The most common sources of support for senior caregivers were help from their children (41%) and help in the form of a spouse or partner modifying their life or work arrangements (41%). Senior caregivers also received support from extended family (28%) and close friends and neighbours (23%). Other less common sources of

**Table 3**  
Sources of support received by senior caregivers in the past 12 months, by sex, 2018

	Received support for caregiving duties in the past 12 months		
	Total	Men	Women
	percent		
<b>Any type of support</b>	<b>67.7</b>	<b>66.3</b>	<b>68.8</b>
<b>Source of support</b>			
Spouse or partner modified their life or work arrangements	41.4	41.8	41.0
Children provided help	41.3	36.1	45.9
Extended family members provided help	27.6	25.2	29.5
Close friends or neighbours provided help	23.2	21.0	25.1
Community, spiritual community, or cultural or ethnic groups provided help	13.0	10.8	14.8
Occasional relief or respite care	12.6	13.1	12.1
Family or friends provided financial support	5.8	6.3	5.3
Received money from government programs	4.6	5.2	4.0
Received federal tax credits for which caregivers were eligible	9.2	10.4	8.2

**Note:** There are no statistically significant differences between men and women.

**Source:** Statistics Canada, General Social Survey, 2018.

support were help from a community, spiritual community, or cultural or ethnic group (13%), as well as occasional relief or respite care (13%).

These results show that many senior caregivers were not caring alone, as they did receive support from family and friends. However, it is possible, in the context of the COVID-19 pandemic, that these sources of support have become less available to senior caregivers, increasing their burden of care.

In terms of financial support, the most common source was federal tax credits (9%), followed by money from family or friends (6%), and money from government programs (5%).

### Financial assistance is the most common type of unmet support need among senior caregivers

Although many caregivers receive additional support from many different sources, not all caregivers

receive the support and assistance they need. In other words, their caregiving needs may be unmet. Existing research has shown that, among all adult caregivers, unmet support needs are significantly associated with lower life satisfaction, more daily stress and worse self-reported mental health.<sup>15</sup>

In 2018, caregivers who responded that they had unmet needs were asked about the specific types of support they would have liked to have received to help with their caregiving duties. Eight different types of support were available, and caregivers could report more than one.

More than half (56%) of senior caregivers reported that they would have liked to have received financial support, government assistance or a tax credit (Table 4). The next most common types of unmet support needs were for home care or support (45%), information or advice (33%), and help from medical professionals (29%). These types of needs were similar to those in

**Table 4**  
Types of support senior caregivers would have liked to have received in the past 12 months, by sex, 2018

Type of support	Would have liked to have received support in the past 12 months		
	Total	Men	Women
	percent		
Financial support, government assistance or tax credit	55.6	57.4	54.0
Home care or support	44.5	37.6	50.2
Information or advice	33.3	29.7	36.1
Help from medical professionals	29.3	27.3	30.9
Occasional relief or respite care	28.1	30.8	25.9
Emotional support or counselling	27.4	25.1	29.2
Volunteer or community services	21.5	19.2	23.3
Other non-specified type of support	15.9	15.7	16.1

**Note:** There are no statistically significant differences between men and women.

**Source:** Statistics Canada, General Social Survey, 2018.

other age groups, and they highlight the fact that senior caregivers also require additional support.

### Conclusion

In 2018, almost one-quarter of seniors aged 65 and older (about 1.5 million Canadians) provided care or support to family members or friends with a long-term condition, a physical or mental disability, or problems related to aging. However, most of what is known in the literature focuses on seniors as care receivers rather than care providers. In the current context of the COVID-19 pandemic, senior caregivers may be facing even greater challenges than usual. For example, their ability to provide care to people living outside their households may be limited. At the same time, the hundreds of thousands of senior caregivers helping a spouse may be receiving less support than usual with their caregiving responsibilities—either from younger family members or from formal organizations. Since the results presented in this study are based on data collected prior to the pandemic, it is likely that some of the conclusions underestimate the real

toll of caregiving on the emotional and physical well-being of these senior Canadians.

In 2018, one-third of all senior caregivers aged 65 and older (34%) provided care for a spouse or partner. This proportion increased to 47% when focusing on seniors aged 75 and older and to one-half for those aged 85 and older. Most of these seniors provided care related to aging or frailty, followed by cancer, Alzheimer's disease or dementia, and cardiovascular disease.

Although many seniors reported that their caregiving responsibilities were very rewarding, they also reported stress and health issues. For example, 33% of senior caregivers reported that their caregiving responsibilities were stressful or very stressful. Stress related to caregiving also varied significantly depending on the number of hours spent on caregiving, and it had a stronger effect on senior women. The same was true for seniors reporting that their own health had suffered because of caregiving responsibilities.

Senior caregivers did not necessarily care for individuals alone. In many cases, senior caregivers reported receiving support from their children and other family members, while some also reported receiving financial support through federal tax credits. However, many caregivers reported unmet needs. The most commonly reported unmet need was for financial support, government assistance or tax credit (56%), followed by home care or support (45%).

The results of this study show that although senior men were as likely as senior women to engage in caregiving, caregiving activities were still divided by sex. Specifically, senior women were more likely to help with household work activities, scheduling and coordinating appointments, and medical treatments and personal care, while senior men helped with outdoor work and house maintenance. Women were also more likely to report that their caregiving responsibilities were stressful or very stressful (39% versus 26% of men).

Caregivers not only provide care and support for family and friends, they also provide a valuable service to social and health care systems. It is critical to understand the caregiving experience of seniors and their needs if health and social policy is to be developed with the objective of supporting older care providers. This is particularly important as the senior population continues to increase, and the supply of potential younger caregivers is reduced. Future work should continue to examine the needs of this understudied population.

*Paula Arriagada is a research analyst at Statistics Canada.*

### Data sources, methods and definitions

#### Data source

This article is based on data from the 2018 General Social Survey (GSS) on Caregiving and Care Receiving. The target population for the 2018 GSS was all non-institutionalized people aged 15 and older living in the 10 provinces.

#### Definition of caregiver

Caregivers were defined as respondents who reported that, in the previous 12 months, they had either (a) cared for or helped someone who had a long-term health condition or a physical or mental disability, or (b) cared for or helped someone who had problems related to aging.

### Supplementary information

#### Caregiving is not a choice for more than 6 in 10 senior caregivers

Although many caregivers receive personal gratification from providing care and support for a family member or friend, it is important to note that becoming a caregiver is not always a choice.<sup>16</sup> In the case of senior caregivers, more than 6 in 10 (63%) reported that they had no choice but to take on their caregiving responsibilities during the past 12 months. Senior women were more likely than senior men to report that they had no choice in becoming caregivers (66%, compared with 58%).

However, whether respondents felt caregiving was a choice varied significantly by the relationship to the care receiver. Among seniors aged 65 and older caring for a spouse, more than three-quarters (78%) felt that caregiving was not a choice. In addition, 74% of seniors caring for a child felt that caregiving was not a choice. This was followed by a parent-in-law (70%), a parent (67%), another family member (53%), and a friend or neighbour (21%). This suggests that the more distantly related the care receiver, the more optional care becomes.

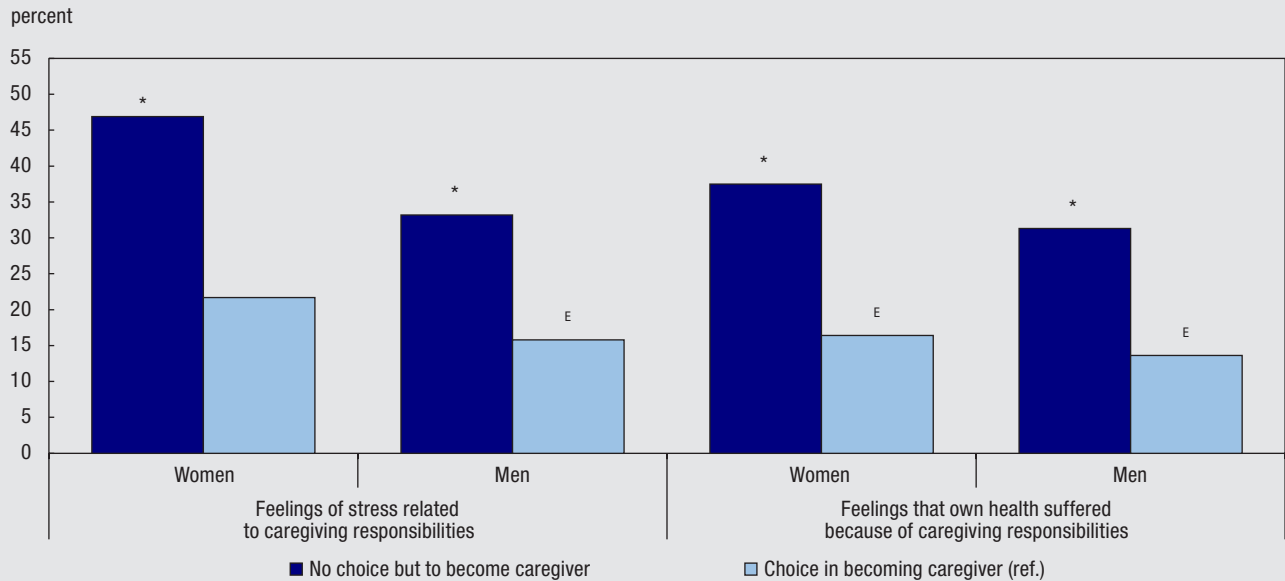
Furthermore, the findings show an association between not having a choice and stress. Among seniors who had no choice but to become caregivers, 41% reported that their caregiving

responsibilities were stressful or very stressful, significantly higher than for those who had had a choice (19%). In addition, not having a choice had a greater effect on senior women: 47% reported higher levels of stress, compared with 22% for those who had a choice (Chart 4). A similar pattern is evident for senior men; however, the levels of stress reported by men were lower than those reported by senior women.

The health of senior caregivers was also affected by whether or not they felt they had a choice in becoming caregivers. More than one-third (35%) of senior caregivers who had no choice reported that their own health had suffered because of their caregiving responsibilities. The proportion was lower (15%) for those who felt they had a choice.

Senior women who felt they had no choice in becoming caregivers were more likely to report that their own health had suffered, compared with senior women who felt they had a choice (Chart 4). Again, the health of senior men was also affected by whether or not they had a choice in becoming caregivers, but the proportions were slightly lower than for women.

**Chart 4**  
**Feelings of stress and worsening health among senior caregivers, by caregiving choice and sex, 2018**



<sup>E</sup> Use with caution  
 \* significantly different from reference category (ref.) ( $p < 0.05$ )  
 Source: Statistics Canada, General Social Survey, 2018.

**Notes**

1. See Vanier Institute (2018) and Canadian Association of Occupational Therapists (2010).
2. See Stall (2019) and Fast and Lero (2014).
3. See National Academies of Sciences, Engineering, and Medicine (2016) and MacCourt and Krawczyk (2012).
4. See Bleakney (2014).
5. See Sinha (2013) and Cranswick and Dosman (2008).
6. According to the 2016 Census, the ratio of women to men among those aged 85 and older is decreasing. This is mostly related to higher gains in life expectancy among men than women. The fact that the gap in life expectancy between men and women is narrowing may play a role in their participation in caregiving activities at later ages.
7. See Sinha (2013).
8. See Bleakney (2014) and Sinha (2013).
9. See Sinha (2013).
10. See MacCourt and Krawczyk (2012) and Lin, Fee and Wu (2012).
11. In this case, 22% of senior caregivers reported that their caregiving experiences had been very rewarding, with an additional 33% reporting them as rewarding. The remaining 45% of senior caregivers described their caregiving experiences as somewhat or not at all rewarding.
12. See Fast (2015).
13. See Fast and Lero (2014) and Turcotte (2013).
14. See Hango (2020).
15. See Hango (2020).
16. See Turcotte (2013).

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