Preface

How a society cares for its sick, disabled and elderly members reflects its values. In the United States the family, through the process of socialization, continues to model caregiving roles and teach caregiving skills to its members, and instill attitudes of responsibility and obligation for the care of extended kin and non-kin. However, societal change has changed the nature of caregiving in the U.S. Changes in the demographics of the U.S. population and in medical technology, and a broader definition of the family have created a growing need for more qualified multi-skilled and specialized caregivers, especially for seniors.

Frequently caregiving needs exceed the resources of a family, requiring management skills and resources for the care recipient that must be outsourced. Since the need for one or more caregivers in a family is often unexpected and unplanned for, family resources may be limited and prevent the provision of the level and quality of care needed. The resultant social and economic inequities may negatively impact the health and well-being of the care recipient.

Caregiving and how it is provided varies by culture. Some cultures emphasize nurturing more than others. There are cultures where there are strongly held values, beliefs and traditions of nurturing that extend throughout the lifecycle, whereas in other cultures relationships are more likely to be activated by situational need, formally structured, and contracted outside of kin networks. Changes in culture and lifestyle now give Americans more choices in how they can meet the physical and emotional needs of aging family members in lieu of, or in addition to, kin networks.

Caregiving has been acknowledged as an important national topic. It must be considered in the context of the life span with needs that vary with age, developmental levels, mental health needs, and physical health demands of both caregivers and care recipients. As the nature and functions of caregiving evolve it is a critical and salient issue in the lives of individuals in all demographic, socioeconomic, and ethnic categories. The “graying” of the baby boom generation, whose members turned 50 in 1996, have created new caregiving needs. Baby boomers are projected to live longer than any previous generation and the number of people aged 65 or older is expected to double between 2000 and 2030. Elderly people will also increase as a proportion of the population, and people aged 85 years and older will be the fastest growing segment of that group. Other dynamics within the older population suggest
more intensive caregiving demands as well. For example, today’s increased life ex-
pectancies mean that many 65 year-olds will be caring for their 90 year-old parents.

This text frames caregiving as a sociological issue focused around a number of
central concerns:

• Caregiving is a life span experience associated with aging and the roles of spouses
and adult children.
• Caregiving involves a complex of social system variables that influence social
support and the services offered to caregivers and care recipients.
• The nature of the relationship between family caregivers, professional caregiv-
ers, and the care recipient are embedded in their interactions and dynamics in-
fluenced by the internal and external variables that inhibit or facilitate the care
situation.
• Caregiving needs to be integrated with a national public health agenda.
• We need to identify and minimize the disparities or inequalities that exist in care-
giving in the United States.
• How does caregiving fit within the Patient Protection and Affordable Care Act of
2010?

This text proposes to: (1) provide an overview of the growing complex issues of
caregiving in the twenty-first century in the U.S.; (2) highlight the dynamics of
caregiving that characterize high quality care; and (3) discuss the development of a
new national model of healthcare with respect to caregiving policies and remaining
barriers to care. Written for a graduate level audience in sociology, social work, psy-
chology, anthropology, public health, gerontology and geriatrics, and public policy,
some parts of the text will also appeal to lay persons in general. Our intention was
to make this text a resource of information, thought, discussion, and action.

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