



Informal Care, Personality, and Well-Being: Selection and Socialization Effects

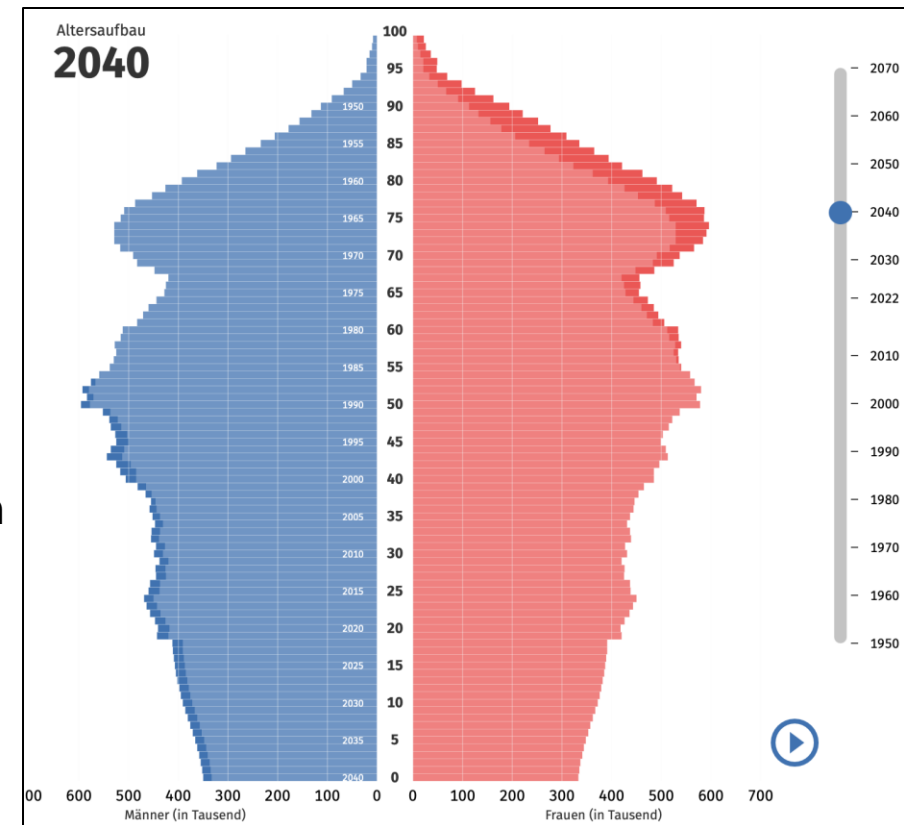
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Background

- Informal care = giving care and support for close others in need
 - Consequential life decision or circumstance for caregivers
- Growing importance of informal care
 - Ageing societies
 - Strained healthcare systems
 - Preference of care recipients to remain in their home
- Personality and well-being of informal caregivers relatively unknown
 - Potential social influence on personality change?





Background

		<p>Big Five personality traits</p> <p><i>Openness, conscientiousness, extraversion, agreeableness, neuroticism</i></p>
<p>Selection</p> <p>“Who becomes a caregiver?”</p>	<p>Theory</p>	<p>- Niche picking principle from neo-socio-analytic theory</p>
	<p>Evidence</p>	<p>- Suggestive evidence that more agreeable, conscientious, and neurotic people become informal caregivers</p>
<p>Socialization</p> <p>“How do care-givers change?”</p>	<p>Theory</p>	<p>- Social role investment contributing to adaptive personality change?</p> <p>- But: ambiguous demands and role expectations</p> <p>- Stress and role strain preventing personality change?</p>
	<p>Evidence</p>	<p>- Suggestive evidence that informal caregivers increase in neuroticism</p>



Hypotheses



- Higher levels of **agreeableness**, **conscientiousness**, and **neuroticism** predict selecting into a caregiving role.
 - **Neuroticism** increases following the transition to become a caregiver.
 - With more time spent on caregiving, individuals experience more pronounced increases in **neuroticism**.
 - Moderators:
 - female gender
 - personal care activities (e.g., hygiene)
 - care within the household
 - fulltime employment
- **Well-being** decreases following the transition to become a caregiver.
 - With more time spent on caregiving, individuals experience more pronounced decreases in **well-being**.
 - Moderators:
 - female gender
 - personal care activities (e.g., hygiene)
 - care within the household
 - fulltime employment



Method: Samples

- Representative yearly panel data from
 - the Netherlands (LISS)
 - Germany (SOEP)
 - Australia (HILDA)

Table 1. Caregiver Analysis Samples

Research Question	Observations	Respondents	% women	M_{age}	SD_{age}	Range _{age}
LISS (Scherpenzeel, 2011): years 2008–2023						
Caregiving transition (RQ1)	24,492	2,613	55.58	54.45	15.56	16–99
Time spent on caregiving (RQ2)	19,276	6,487	64.28	55.87	14.75	16–104
SOEP (Goebel et al., 2019): years 2001–2021						
Caregiving transition (RQ1)	97,683	8,753	60.31	53.15	15.48	17–99
Time spent on caregiving (RQ2)	32,632	14,888	63.38	52.67	15.67	17–99
HILDA (N. Watson & Wooden, 2021): years 2001–2021						
Caregiving transition (RQ1)	65,998	4,180	57.41	49.40	16.52	15–100
Time spent on caregiving (RQ2)	23,070	7,252	62.35	52.94	15.03	15–94

Note: Sample sizes of the final analysis samples differ because of individual patterns of missingness for each outcome (e.g., affect has only been available in the SOEP since 2007). Additional sociodemographic information can be found in Tables S4 and S5 and in the html document on <https://osf.io/pwj6n> (Section 4). LISS = Longitudinal Internet Studies for the Social Sciences; SOEP = Socio-Economic Panel; HILDA = Household, Income and Labour Dynamics in Australia Survey; RQ1 = Research Question 1; RQ2 = Research Question 2.



Method: Measures

- Hours of informal caregiving per week/day
 - NL: “How many hours of **informal care** did you provide per week, on average?”
 - DE: “What is a typical weekday like for you? How many hours per normal workday do you spend on the following activities? – **Care and support for persons in need of care**”
 - AU: “How much time would you spend on each of the following activities in a typical week? **Caring for a disabled spouse or disabled adult relative, or caring for elderly parents or parents-in-law**”
- Similar measures of well-being in the three countries – examples items:
 - Life satisfaction: “How satisfied are you with your life, all things considered?”
 - Positive / negative affect: “How much of the time during the past 4 weeks have you been a happy person?”
 - Depression/anxiety: “During the last four weeks, how often did you feel down and gloomy?”
 - Loneliness: “I miss having people around me.”



Method: Analyses

- Selection:
logistic regression
- Transition:
fixed effects model using 5 discrete time dummies, interacted with gender
- Time spent:
fixed effects model with hours of care as linear predictor
- Moderation:
moderators interacted with hours of care variable

Within-person effects!

Table 2

Exemplary Coding Scheme to Model the Transition to Informal Caregiving

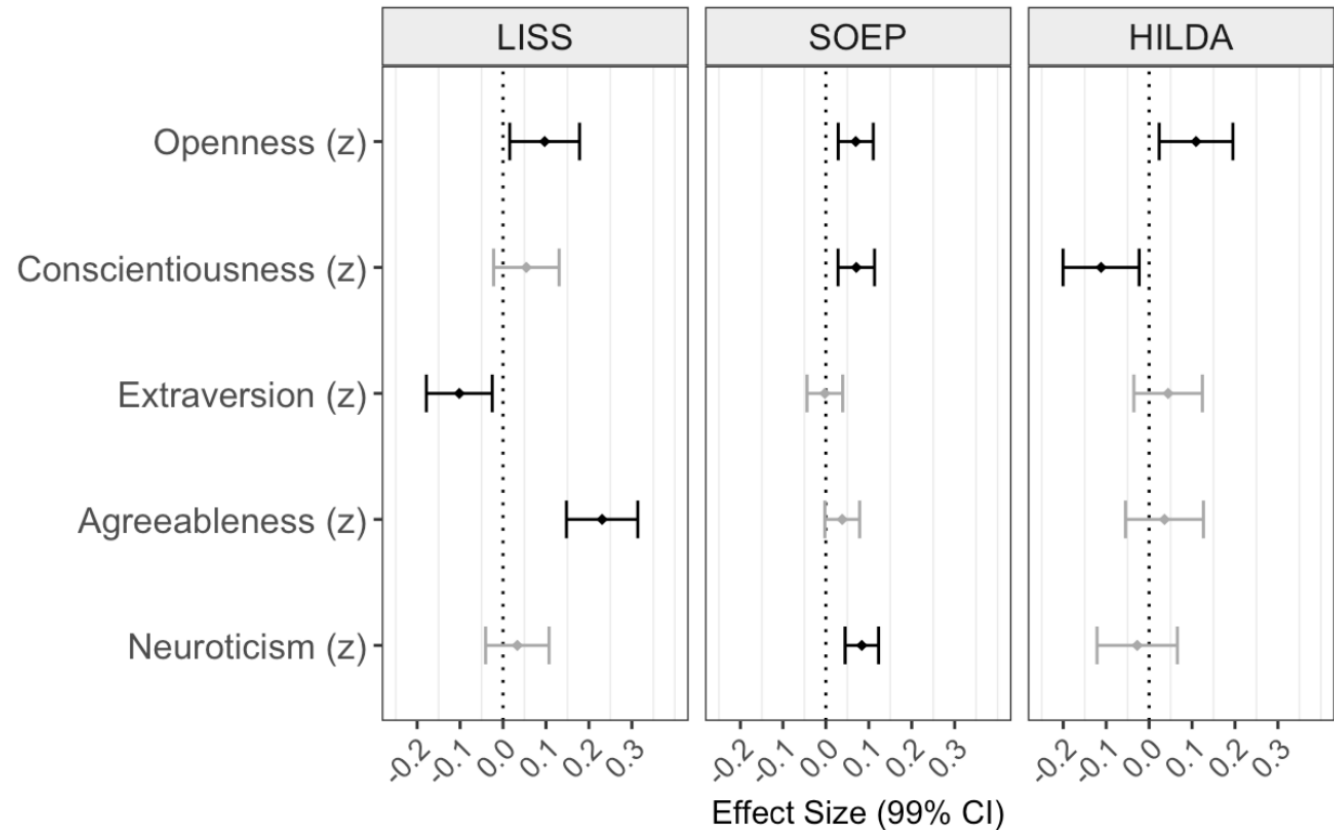
Wave	Reported Caregiving?	Time Dummy Variables					age	age ²	first_three	paused	stopped
		-2	-1	+1	+2	≥3					
1	no	1	0	0	0	0	54	2916	1	0	0
2	no	0	1	0	0	0	55	3025	1	0	0
3	yes	0	0	1	0	0	56	3136	1	0	0
4	yes	0	0	0	1	0	57	3249	0	0	0
5	yes	0	0	0	0	1	58	3364	0	0	0
6	no	0	0	0	0	1	59	3481	0	1	0
7	yes	0	0	0	0	1	60	3600	0	0	0
8	yes	0	0	0	0	1	61	3721	0	0	0
9	no	0	0	0	0	1	62	3844	0	0	1
10	no	0	0	0	0	1	63	3969	0	0	1

Results: Selection Effects

- People higher in **openness** were more likely to become caregivers
- Other personality effects inconsistent at the level of trait dimensions
 - On the level of nuances: more likely to become a caregiver when someone was less **lazy** (C), more **considerate** (A), and more **worried** (N)

Figure 1

Personality Selection Effects into the Caregiving Role



Note. We estimated joint models including all Big Five traits. Models controlled for a preregistered set of socio-demographic indicators (see Figure S1 for full model results).

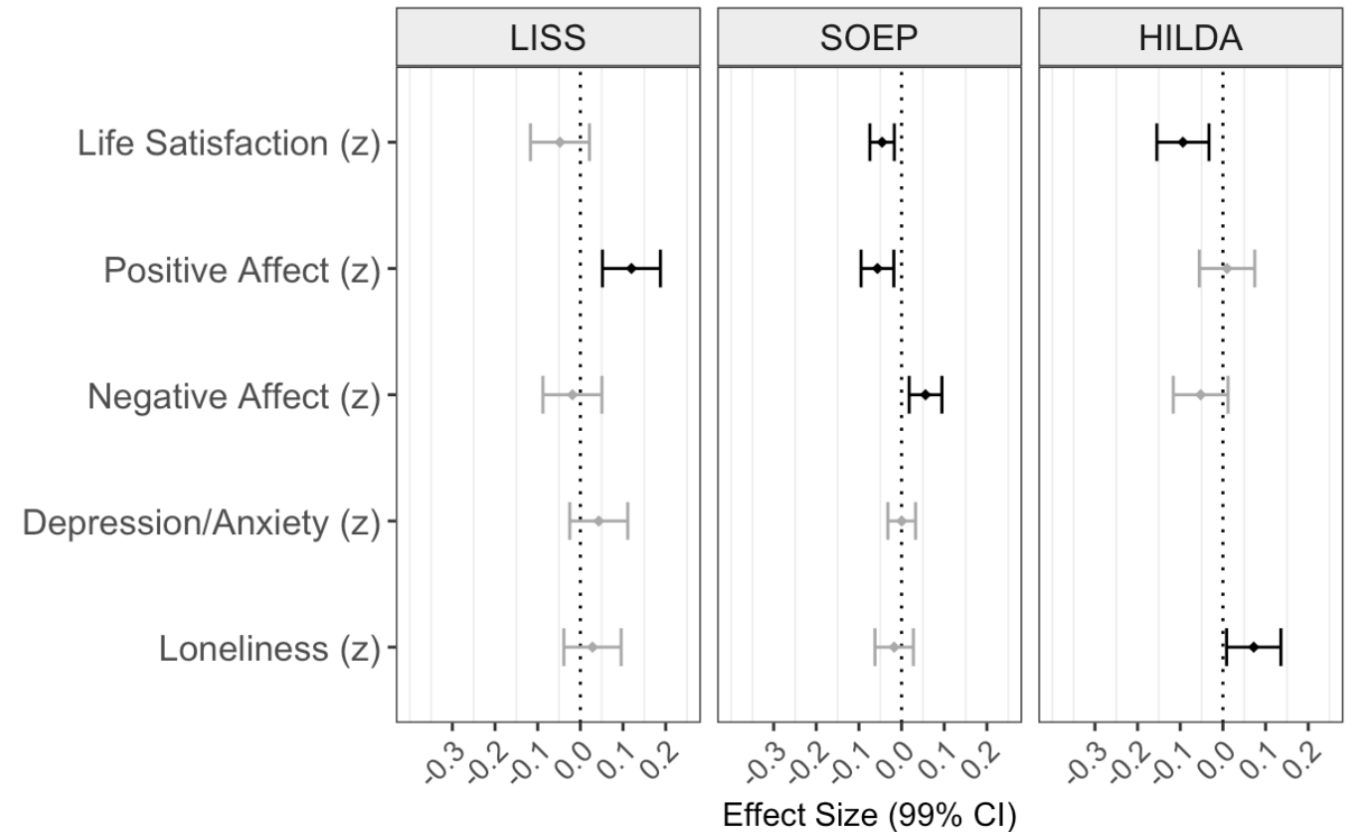


Results: Selection Effects

- People higher in **openness** were more likely to become caregivers
- Other personality effects inconsistent at the level of trait dimensions
 - On the level of nuances: more likely to become a caregiver when someone was less **lazy** (C), more **considerate** (A), and more **worried** (N)
- Well-being effects inconsistent, except perhaps life satisfaction

Figure S3

Well-being Selection Effects of the Transition to Informal Caregiving



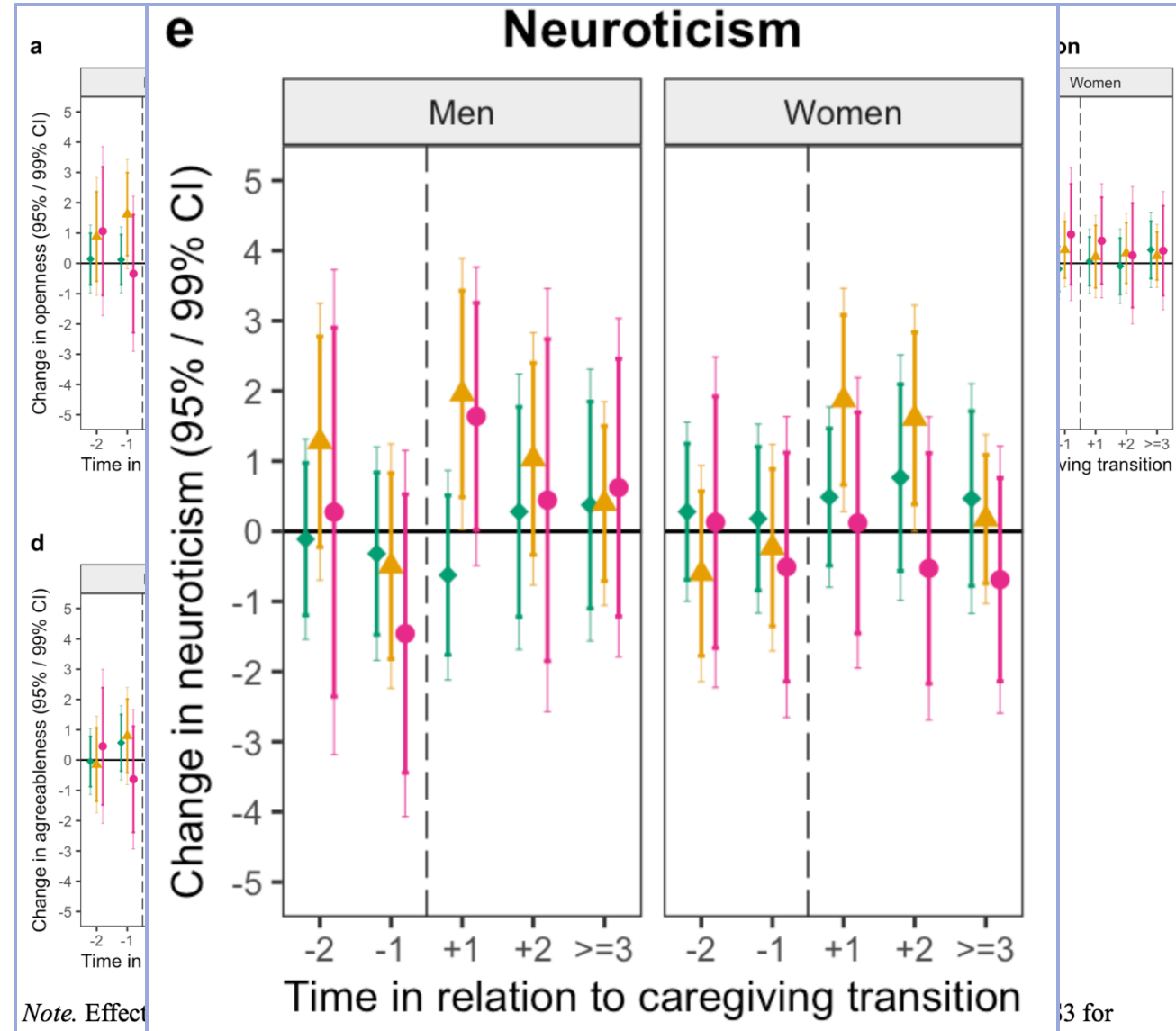
Note. We estimated separate models for each well-being measure. Models controlled for a preregistered set of socio-demographic indicators.



Results: Transition to Informal Caregiving

- No consistent personality change effects

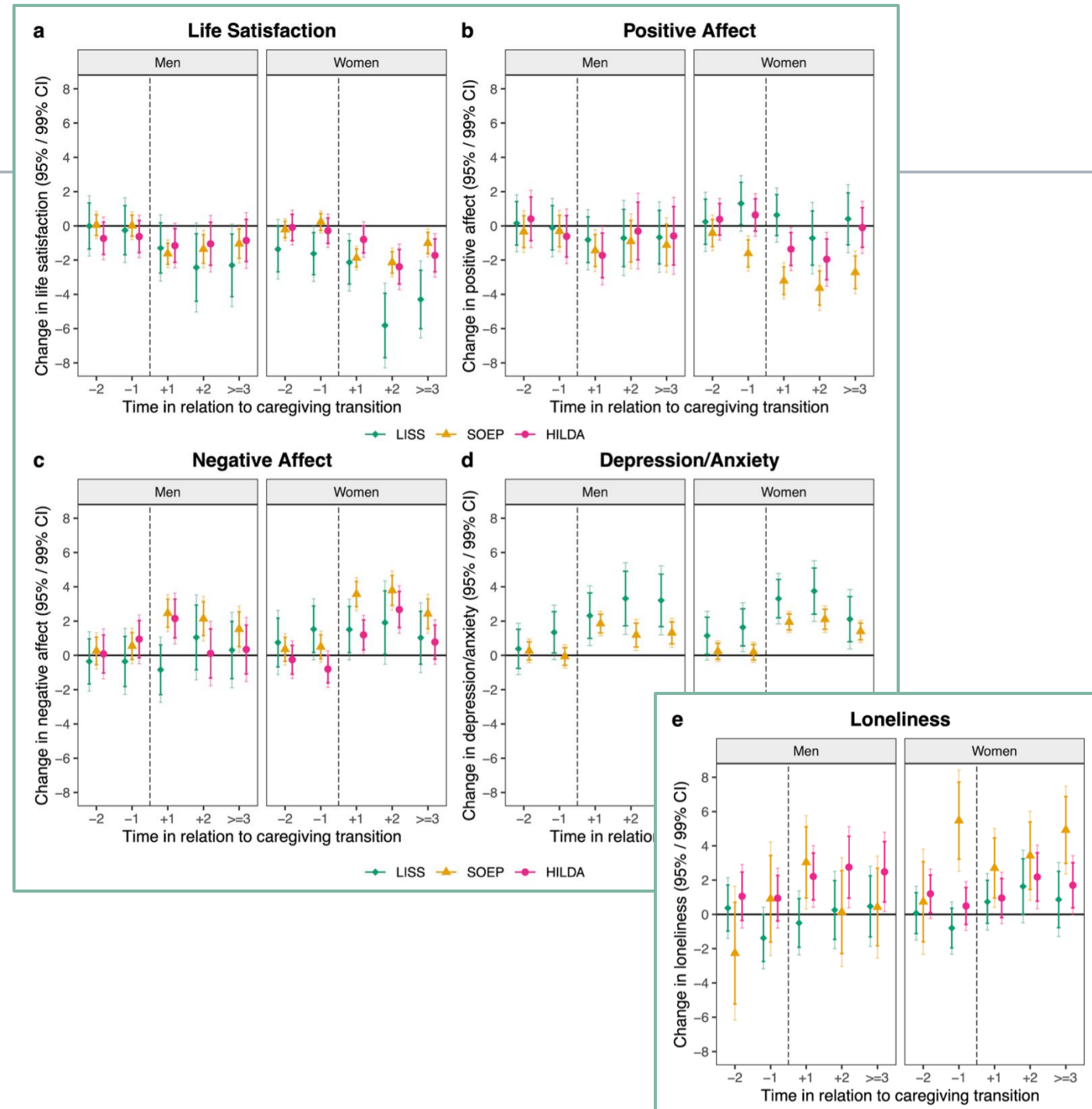
... except for neuroticism increase in SOEP immediately after transition





Results: Transition to Informal Caregiving

- No consistent personality change effects
- Mostly **consistent well-being decreases** that are more pronounced:
 - ... for women (and temporally specific for men)
 - ... immediately after the transition



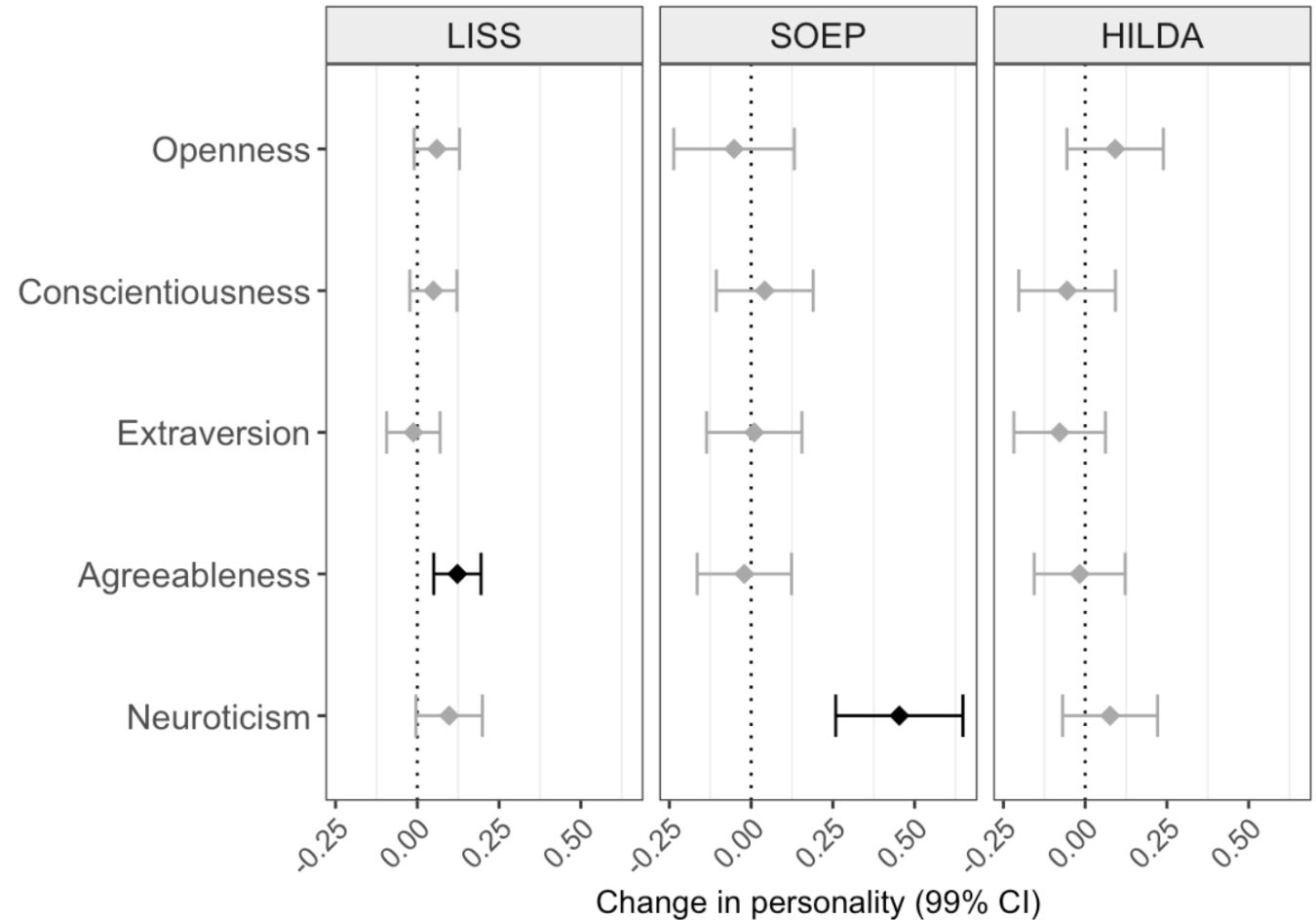


Results: Time Spent on Informal Caregiving

- No consistent personality change effects on the level of trait dimensions
 - On the level of nuances: As caregivers spent more time on care, they became less **lazy** (C), more **considerate** (A), and more **worried** (N)

Figure 3

Effects of Time Spent on Informal Caregiving on Personality



Note. Effects reflect a within-person increase of one hour per day and are reported on a POMP scale from 0 to 100 (see Table S3 for descriptive trait levels).

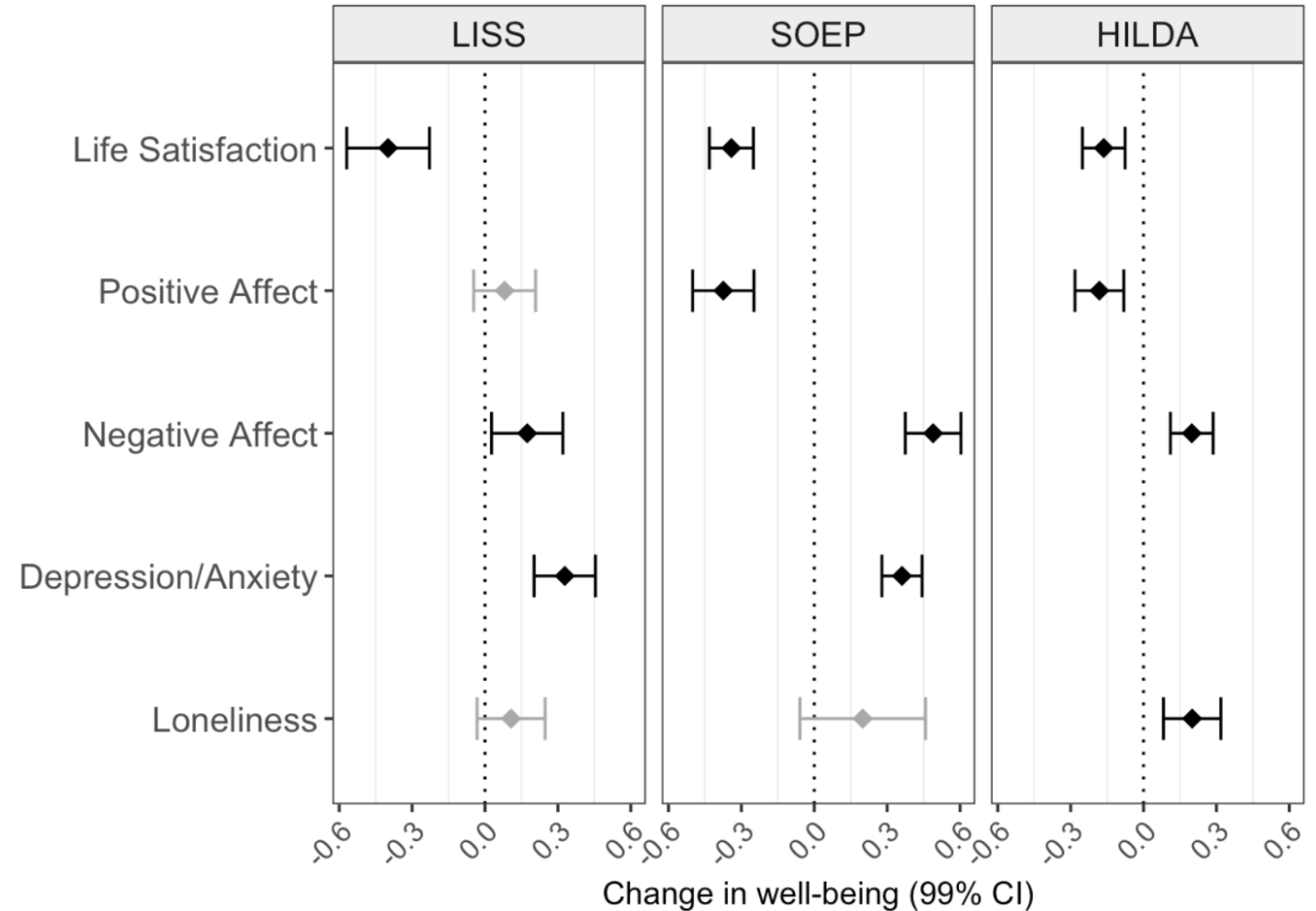


Results: Time Spent on Informal Caregiving

- No consistent personality change effects on the level of trait dimensions
 - On the level of nuances: As caregivers spent more time on care, they became less **lazy** (C), more **considerate** (A), and more **worried** (N)
- Informal caregivers' **well-being decreases** with increasing time spent on caregiving
 - Mostly consistent, except for PA in LISS (-> PANAS) and loneliness

Figure 2

Effects of Time Spent on Informal Caregiving on Well-being

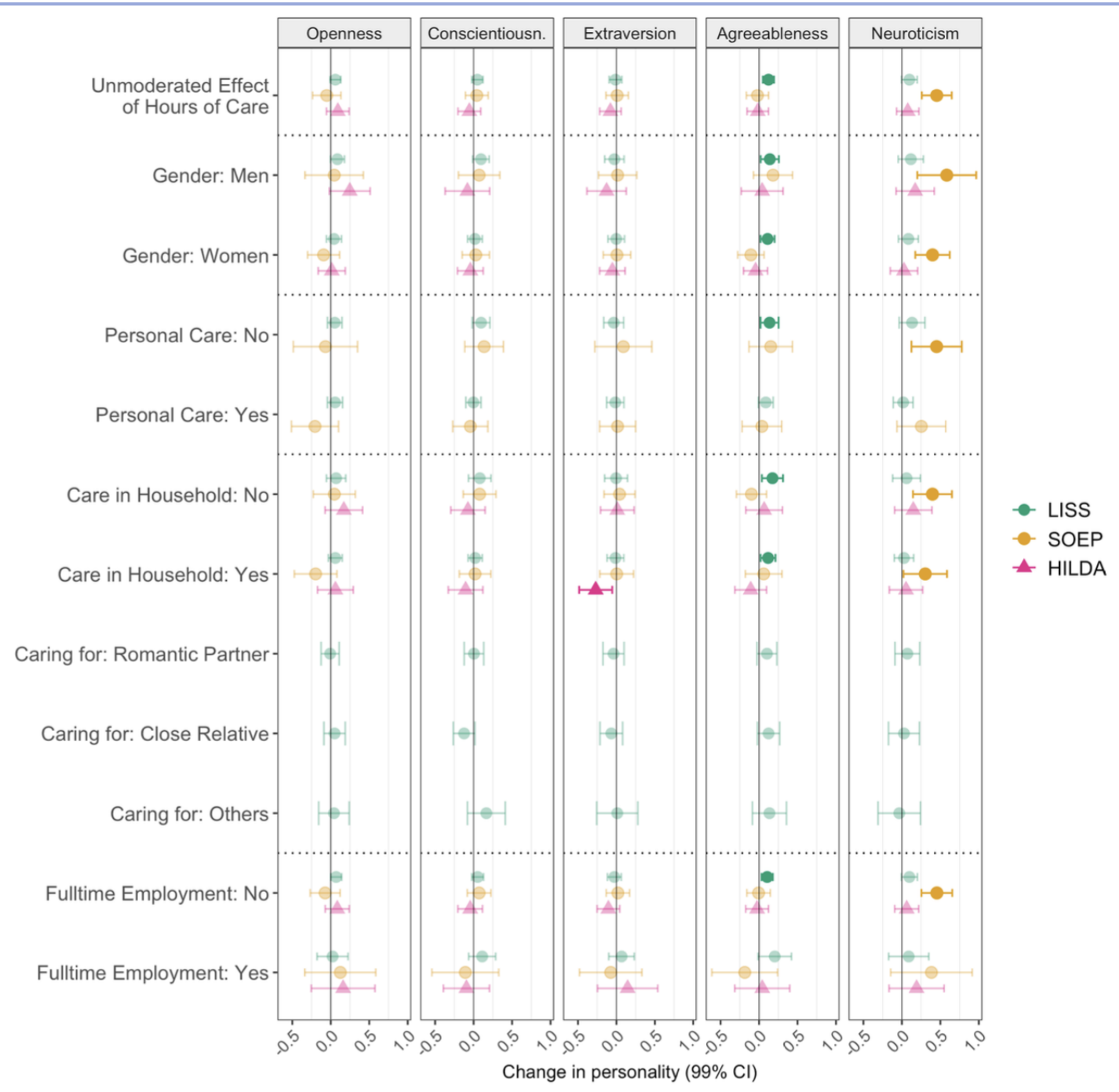


Note. Effects reflect a within-person increase of one hour per day and are reported on a POMP scale from 0 to 100 (see Table S5).



Results: Moderators

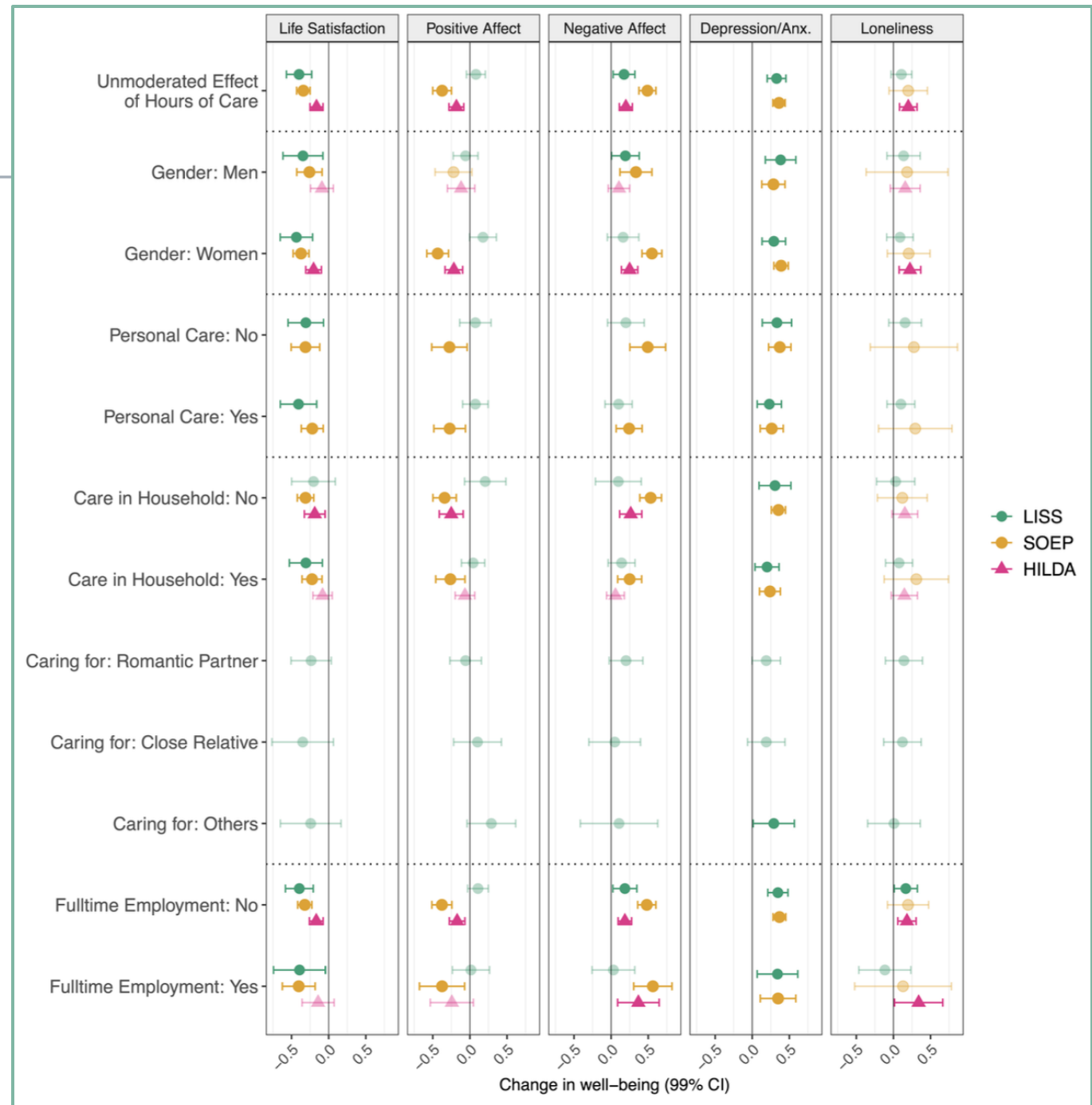
- No consistent moderation (at $p < .01$) of the effect of caregiving time on personality for:
 - gender
 - providing personal care (e.g., washing, dressing)
 - providing care within the household
 - being in fulltime employment





Results: Moderators

- No consistent moderation (at $p < .01$) of the effect of caregiving time on personality
- No consistent moderation of the effect of caregiving time on well-being
 - Effect of caregiving time on well-being are **mostly similar across factors of the person and the caregiving context**
 - In SOEP and HILDA, increases in negative affect were less pronounced when care was provided within the household



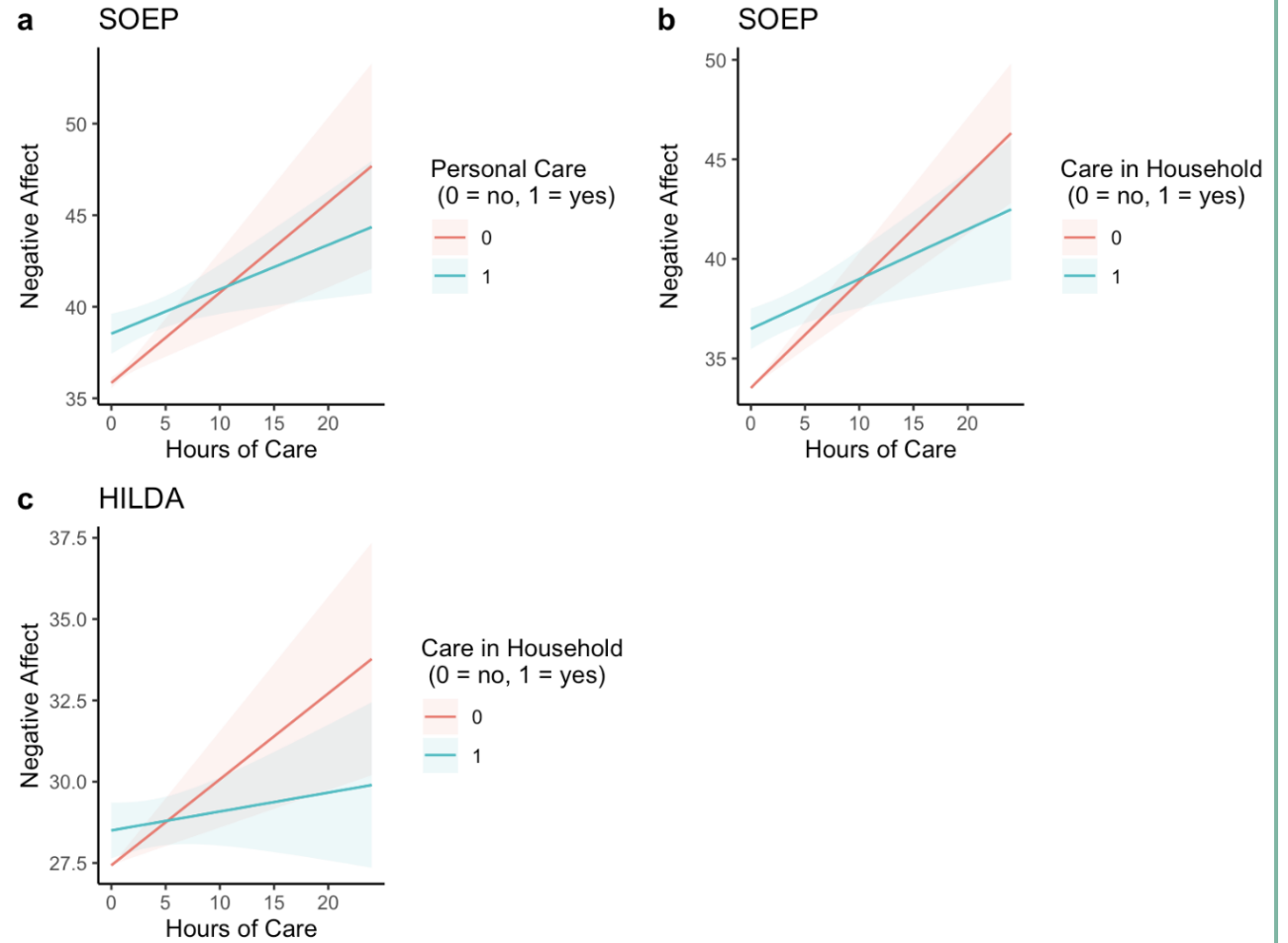


Results: Moderators

- No consistent moderation (at $p < .01$) of the effect of caregiving time on personality
- No consistent moderation of the effect of caregiving time on well-being
 - In SOEP and HILDA, increases in negative affect were less pronounced when care was provided within the household

Figure S2

Simple Slopes for Moderation of the Effects of Time Spent on Informal Care on Negative Affect



Note. Effects are reported on a POMP scale from 0 to 100.



Summary

	Big Five personality traits <i>Openness, conscientiousness, extraversion, agreeableness, neuroticism</i>	Psychosocial well-being <i>Life satisfaction, positive affect negative affect, depression/anxiety, loneliness</i>
<p>Selection</p> <p>“Who becomes a caregiver?”</p>	<p>Higher likelihood to become a caregiver with:</p> <ul style="list-style-type: none"> - Dimensions: higher openness - Nuances: being less lazy (C), more considerate (A), and more worried (N), 	<p>No consistent effects (suggestive for lower life satisfaction)</p>
<p>Socialization</p> <p>“How do caregivers change?”</p>	<p>Transition: no consistent effects</p> <p>Time spent:</p> <ul style="list-style-type: none"> - Nuances: with spending more time on care, caregivers became less lazy, more considerate (A), and more worried (N) <p>Moderation: no consistent effects</p>	<p>Transition: mostly consistent well-being decreases that are more pronounced in the first two years and for women</p> <p>Time spent: more pronounced well-being decreases with increased time spent</p> <p>Moderation: effects mostly stable across different contexts</p>



Limitations

- **Causal interpretation** of the within-person effects rests on the assumption that there are no important time-varying confounds
- **Average effects** using yearly panel data but we did not model person-to-person heterogeneity beyond the tested moderators
- **Limited information about additional moderators** proposed by theory such as the specific care situation (e.g., the perceived burden), the relationship with the care recipient (or multiple recipients), and their health status
- Current study primarily pertains to the socio-economic and cultural contexts of **Western, democratic countries** with universal healthcare systems



Conclusion

- Informal caregiving has negative effects on psychosocial well-being in NL, DE, and AU
 - Supporting stress theory but also highlighting imprecisions of previous theories in mechanisms, timescales, well-being aspects (Pearlin et al., 1990)
- Not examined: eudaimonic well-being (meaning, purpose, etc.) (Ryff & Keyes, 1995)
- Personality results highlight correspond to the principle of personality development for the nuances worried, lazy (-), and considerate
- More severe decreases in women
 - However, effects of time spent equal across gender → women are more intensely involved in caregiving
- Policies may aim to support caregivers and reduce the need for informal care through easier access to formal/combined forms of care



Empirical Study

Informal care and personality: Selection and socialization effects

Michael D. Krämer  and Wiebke Bleidorn


Abstract

Informal caregiving provides societally important healthcare functions but can take a toll on caregivers, with negative consequences for well-being. However, little is known about other psychological effects of informal caregiving and their specific temporal trajectories. Here, we focused on personality traits and examined selection (who becomes a caregiver?) and socialization effects (how do caregivers change over time?). We used longitudinal data from Dutch, German, and Australian representative panel studies (83,706 observations, 24,530 caregivers) to examine selection and socialization effects of caregivers' Big Five personality traits. Respondents higher in openness were slightly more likely to take on the caregiving role. Over the transition to informal caregiving, we found no consistent evidence for within-person personality changes. However, with increasing time spent on informal caregiving, caregivers increased in neuroticism in two of the three studies and, on the item-level, tended to become less lazy, more considerate, and more worried. Overall, however, results provided more evidence of personality stability than change. We did not find robust moderation effects of gender and the caregiving context (care tasks, relationship with care recipient, and fulltime employment). We discuss theoretical implications for personality development and ways to advance research into psychological antecedents and consequences of informal caregiving.

Keywords

informal care, caregiving, personality change, Big Five, socialization

PERSONALITY Science

Personality Science
Volume 6: 1–17
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sagepub.com/journals-permissions
DOI: 10.1177/27000710251321820
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Research Article

The Well-Being Costs of Informal Caregiving

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Abstract

How does informal care affect caregivers' well-being? Theories and existing research provide conflicting answers to this question, partly because the temporal processes and conditions under which different aspects of well-being are affected are unknown. Here, we used longitudinal data from Dutch, German, and Australian representative panels (281,884 observations, 28,663 caregivers) to examine theoretically derived hypotheses about changes in caregivers' life satisfaction, affective experiences, depression/anxiety, and loneliness. Overall, results provided evidence for negative well-being effects after the transition into a caregiver role, with more pronounced and longer-lasting well-being losses in women than in men. We further found that well-being losses were larger with more time spent on caregiving, in both men and women. These results were robust across moderators of the caregiving context (care tasks, relationship with care recipient, and full-time employment). Together, the present findings support predictions of stress theory and highlight lingering questions in theoretical frameworks of care-related well-being costs.

Keywords

informal care, caregiving, well-being, life satisfaction, affect, mental health

Received 2/8/24; Revision accepted 8/6/24



Psychological Science
2024, Vol. 35(12) 1382–1394
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DOI: 10.1177/09567976241279203
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