

# Caregiving management styles and utilization of formal care services among dementia caregivers

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## Abstract

**Background:** While dementia caregivers report need for assistance, formal service utilization remains low (apprx. 25%). Research suggests demographic characteristics associated with service use, but caregivers' cognitive and behavioral approach to care has not been considered. Prior work by this team has identified five distinct caregiving styles through qualitative analysis: "Externalizers" (superficial understanding, self-focused, anger, frustration), "Individualists" (go it alone, emotionally removed), "Learners" (recognize need to change approach but stuck, emotionally turbulent), "Nurturers" (positive affect, empathy, natural mastery), and "Adapters" (arsenal of acquired management strategies, adaptable). We examine variation in formal care service utilization of the caregiving styles and hypothesize that styles showing greater adaptation to the care role (Adapters, Nurturers) will be more likely to utilize formal care services. We also explore reported barriers to use of formal services among those caregivers reporting non-use.

**Method:** Participants included 100 primary caregivers for a person living with dementia (PLwD) who were 64 years old on average, 74% female, and 18% non-White. Use (vs. non-use) of formal services was a dichotomous outcome in a logistic regression with caregiving style classifications as the key predictors also adjusting for caregiver demographics, length of care, co-residence, and dementia severity.

**Result:** Rates of service utilization varied by caregiving style (20%-70%). Relative to nurturers (style least likely to use formal services), adapters had greater odds of utilizing formal services (OR=14.4, 95% CI= 1.8-115.1). Additionally, caregivers who were older and providing care for a PLwD with greater dementia severity had greater odds of formal service use, while caregivers living with the PLwD reported lower odds of service use. Among those not using services, there were not significant differences in barriers to use (e.g. expense) across styles, however, over half cited not needing the assistance.

**Conclusion:** Being an Adapter was significantly associated with service use suggesting that certain caregivers may have greater comfort in accessing such services. Styles showing less adaptability and more rigidity in care approach (e.g. Externalists, Individualists) may not recognize need for formal supports or benefit from support in selecting assistance that meets their needs. Future work may consider measuring for caregiving styles before making service recommendations.