

**Perceptions of Partner Support and Relationship Satisfaction
in Older Couples Living With Multiple Chronic Conditions**

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Abstract

Objectives: Multiple chronic conditions are highly prevalent in middle and later life and may pose distinct challenges for older couples. The purpose of my honors thesis is to examine how discordance regarding perceptions of partner support patterns (i.e., if one partner helps the other more or if they both help about equally) among older couples in which both partners live with multiple chronic conditions may influence their relationship. I have two research questions: Is discordance in perceptions of partner support patterns associated with lower relationship satisfaction, and How do couples who are discordant versus concordant in perceptions of partner support patterns differ in their views about partner support?

Methods: The sample included 51 heterosexual couples. Both partners completed phone interviews with scaled and open-ended questions about chronic illness and their relationship.

Results: There were 20 discordant and 31 concordant couples. Discordant couples reported lower relationship satisfaction than concordant couples, but this difference was not statistically significant. Discordant and concordant couples differed in their views regarding what they would change or keep the same about partner support. There were four major themes for discordant couples: more partner support, more communication about health and support needs, more engagement in health-related activities, and no desired changes. There were four major themes for concordant couples: more partner support, working together to manage multiple chronic conditions, better partner self-management, and no desired changes.

Conclusion: This research informs the development of targeted interventions for couples in which both partners live with multiple chronic conditions and highlights the value of examining discordance and concordance in perceptions of partner support patterns.

Keywords: Chronic illness, partner support, perceptions of support

Perceptions of Partner Support Patterns and Relationship Satisfaction in Older Couples Living With Multiple Chronic Conditions

Older couples interact with each other in unique ways compared to those in other stages of life. These interactions are unique in part due to the distinct challenges that encompass middle and later life. For example, midlife and older spouses or partners often manage chronic health conditions that impact their daily lives and routines (Polenick et al., 2020). Although most research on relationship satisfaction among older couples living with chronic health conditions has focused on a single chronic illness managed by one partner, there are many couples in which both partners have multiple chronic conditions (i.e., two or more comorbid chronic conditions). When both partners live with multiple chronic conditions, the couple's relationship may be impacted because an additional layer of support is needed for oneself as well as one's partner.

Congruence with respect to chronic conditions is important among couples in which one partner provides support for the other. For example, among couples in which one partner is a patient with chronic arthritis, when couples are concordant in their reports of the level of pain experienced by the patient, spouses provide emotional support that is more satisfying to patients and reported less stress from providing partner support (Martire et al., 2006). There is a gap in the literature, however, regarding whether disagreement about perceptions of partner support patterns is correlated with relationship satisfaction among older couples in which both partners have chronic health conditions. Partners in older couples may agree or disagree regarding who helps the other more or whether they help one another about equally. Discordance in perceptions of partner support patterns may have a negative impact on relationship satisfaction among couples living with chronic illness, which could contribute to challenges in support provision. It is also important to note that this is a multidirectional process, such that satisfaction, support, and

perceptions of support can impact each other. For instance, relationship satisfaction can have an impact on partner support and perceptions of support. A previous study found that relationship satisfaction moderates the relationship between both support and perceptions of support and age-related biomarkers such as proinflammatory cytokines tumor necrosis factor (TNF)- α and interleukin (IL)-6, as well as insulin-like growth factor (IGF)-1 (Wilson et al., 2021). This is an important area of research because it can help to identify a potentially modifiable factor—relationship satisfaction—that can influence the health and well-being of older couples living with chronic conditions during clinical care and interventions (Nowakowski & Sumerau, 2017).

Previous studies reveal the adverse impact of discordance in other aspects of chronic illness management. For instance, discordant chronic conditions among older couples have been defined as having chronic conditions with management strategies that have little direct overlap within individuals and between partners (e.g., monitoring blood glucose levels versus reducing pain; Polenick et al., 2021). One study showed that both husbands and wives with individual-level discordant conditions (i.e., two or more conditions within individuals that have discordant management strategies) had increased depressive symptoms over time and that husbands with couple-level discordant conditions (i.e., two or more conditions between spouses that have discordant management strategies) had increased depressive symptoms over time (Polenick et al., 2021). Given that about half of U.S. adults aged 45-64 and over 80% of those 65 and older have two or more chronic conditions (Buttorff et al., 2017), it is important to consider how discordance in terms of partner support may affect couples in which both partners have multiple chronic conditions. The purpose of my honors thesis is to examine how discordance regarding perceptions of partner support patterns within older couples living with multiple chronic conditions is associated with their relationship satisfaction and how couples who are discordant

versus concordant in their perceptions of partner support patterns differ in their views about partner support.

Perceptions of chronic conditions and their management may be linked to relationship quality among spouses or partners. Studies have shown that focusing on positive outcomes of conditions is correlated with higher relationship satisfaction. One study examining couples in which one partner is living with Parkinson's disease found that when couples focused on the positive aspects of the condition, including personal growth, both partners reported higher relationship satisfaction (Mavandadi et al., 2014). How one talks about one's conditions may also correlate with relationship satisfaction. For example, a study of couples in which one partner lived with knee osteoarthritis found that "holding back" communication (i.e., talking less to their partner about pain, symptoms, worry, and financial concerns) was associated with lower relationship satisfaction for both patients and their spouses while "disclosure" communication (i.e., talking more to their partner about pain, symptoms, worry, and financial concerns) was associated with higher relationship satisfaction in both patients and their partners (Zhaoyang et al., 2018).

Partner support has powerful implications for well-being and relationship satisfaction in couples living with chronic illness. Notably, the way in which spouses of people living with a chronic condition perceive their role in managing their partner's condition has been linked to relationship outcomes. One study found that when a spouse used "we-talk" (i.e., the proportion of pronouns used that were first-person plural) to discuss their partner's type 1 diabetes, both the spouse and the partner living with diabetes reported higher relationships satisfaction (Lee et al., 2020). Coping with a chronic condition with one's spouse has also been linked to relationship satisfaction. A study found that among couples in which one partner had type 2 diabetes,

communal coping in which the patient used first-person plural pronouns when discussing diabetes was associated with patients' higher relationship satisfaction (Helgeson et al., 2017). These studies provide insight into the importance of perceptions of partner support patterns related to chronic conditions and the impact of the spouse's support on relationship satisfaction among couples in which one partner has a single chronic condition. We know little, however, about perceptions of partner support patterns among couples in which both partners have multiple chronic conditions and how these perceptions can impact their relationship. Gaining a deeper understanding of perceptions of partner support patterns in the context of multiple chronic conditions within couples would allow for more targeted clinical care for couples in which both partners have multiple chronic conditions.

People may perceive support received or given differently from their partner, and these perceptions may be associated with relationship satisfaction. In addition to the impact of one's own perceptions of partner support patterns on relationship satisfaction, disagreements between spouses regarding their roles are also linked with relationship satisfaction. A study that examined older couples from the Life and Family Legacies Daily Experiences Study (LFLDES) discovered that when caregivers and their partners agreed on how much support was given by the caregiver and received by the care recipient, female caregivers had higher marital satisfaction while male caregivers had lower levels of depression and anxiety (Godfrey et al., 2018).

The current study extends the literature on partner support by examining perceptions of support among couples in which both partners have multiple chronic conditions. We used quantitative and qualitative data in a sample of 51 older couples to address the following research questions:

1. Is discordance in perceptions of partner support patterns associated with lower relationship satisfaction?
2. How do couples who are discordant versus concordant in perceptions of partner support patterns differ in their views about partner support?

Method

Sample and Procedures

The sample for this cross-sectional study included 61 couples recruited between June 2020 and August 2021. To recruit, we used UMHealthResearch.org, an opt-in database of over 75,000 individuals who are interested in research participation, volunteer research participant contact lists from other projects led by study team members, and social media posts (e.g., on Facebook and Twitter). We completed screening interviews over the phone. Individuals were eligible if they were part of a heterosexual couple with at least one partner that is aged 50 or older and both partners lived with multiple chronic conditions. Both partners needed to have at least one of seven medical index conditions that are leading causes of death and disability in middle and later life (arthritis; cancer [all except non-melanoma skin]; chronic obstructive pulmonary disease; congestive heart failure; coronary artery disease, heart disease, or ischemic heart disease; diabetes [all except gestational], stroke or transient ischemic attack) and at least one other condition selected from the Department of Health and Human Services (HHS) Office of the Assistant Secretary of Health (OASH) list of chronic conditions (Goodman et al., 2013). We recruited a subsample of couples in which one individual had early-stage dementia. Recruitment letters, which included an option to opt out of further contact, were mailed with study information before calling potential participants. For participants who reported a diagnosis of dementia or mild cognitive impairment (MCI), we conducted the Functional Assessment

Staging (FAST) with their partners as part of the screening interviews (Rikkert et al., 2011; Selan & Reisberg, 1992). Couples in which one partner had mild dementia symptoms (i.e., a score of three or four out of seven on the FAST) were included in the early-stage dementia subsample. All couples needed to be currently married or cohabiting, English-speaking and literate, and have adequate vision and hearing. Couples were excluded if they were in an assisted living or nursing care facility or if persons living with dementia or MCI had a score of one or two (indicating normal cognition) or a score of five, six, or seven (indicating moderate to severe dementia) on the FAST.

In total, four individuals and 81 couples were screened to determine their eligibility. Of these potential participants, four partners of eligible individuals were not able to be contacted to screen for eligibility, two couples had partners with moderate to severe dementia, six couples had partners who did not meet the eligibility criteria for chronic conditions, six couples were not interested in participating, one couple had a partner who passed away, and one couple had a partner who was not able to complete a phone interview due to health limitations. Out of the 61 eligible couples, three couples decided they were no longer interested in participating when they were contacted for their phone interviews. In two other couples, one partner participated but the other partner did not for the following reasons: one had concerns regarding access to their health information and one was not able to be contacted to complete the phone interview. Therefore, 56 couples were eligible and had both partners participate in the study. Of these couples, 15 couples had a partner living with early-stage dementia. Each enrolled couple was given a three-digit number (e.g., 101) for couples to be non-identifiable.

After enrolling participants in the study, study materials were sent via email or postal mail (based on participant preference), which included study information, an informed consent

form, and an interview respondent sheet with the answer choices for the interview. Participants were asked to complete a 45- to 60-minute audio recorded phone interview. Immediately before all interviews, participants were asked to move to a private location where they could speak freely. Participants provided oral informed consent immediately before the interview. The oral consent procedure for persons living with dementia or MCI included specific questions to determine their capacity to consent: Can you tell me what you think the main point of this study is?; What are the risks of the study?; What are the potential benefits of the study?; Are you able to withdraw from the study at any time?. If participants were unable to provide informed consent (i.e., not able to give appropriate responses to all four questions), they were asked for oral agreement to participate, and their spouse or partner was asked to provide oral consent guided by their knowledge of the beliefs, views, and preferences of their spouse/partner. After completing the study, each participant was mailed a check for \$30 (\$60 per couple). All study procedures were approved by the Institutional Review Board at the University of Michigan.

Of the 56 participating couples, five provided unclear responses to the semi-structured interview questions about perceptions of whether partner support in managing chronic illness was about equal or if one partner helped the other more. Because we were unable to categorize these couples as concordant or discordant in their perceptions of partner support patterns, we removed them from the present analysis. Hence, this study includes a total of 51 couples. Relative to the five couples who were excluded from the present analysis, the 51 couples in this study were significantly less likely to include wives with a bachelor's degree or higher education ($\chi^2(1, N = 56) = 5.11, p = .024$) and reported significantly higher relationship satisfaction ($t(54) = -3.42, p = .001, 95\% \text{ CI: } [-1.93, -0.50]$).

Quantitative Measures

Sociodemographic characteristics. Participants reported their age in years, race/ethnicity, gender, educational attainment, and marital status.

Health characteristics. Participants reported their overall physical health (one = *Excellent*, two = *Very good*, three = *Good*, four = *Fair*, five = *Poor*) and scores were reverse-coded (Ware, 1999). Participants also reported whether a doctor has said they currently have each of 19 chronic conditions including: arthritis; cancer [all except non-melanoma skin]; chronic obstructive pulmonary disease; congestive heart failure; coronary artery disease, heart disease, or ischemic heart disease; diabetes [all except gestational], stroke or transient ischemic attack; asthma; cardiac arrhythmias; chronic kidney disease; hepatitis; hyperlipidemia or high cholesterol; hypertension or high blood pressure; osteoporosis; HIV (human immunodeficiency virus); depression; and dementia including Alzheimer's and other dementias (Goodman et al., 2013). We also asked about a current diagnosis of chronic pain conditions (e.g., chronic pain syndrome, fibromyalgia, inflammatory bowel disease, interstitial cystitis) and mild cognitive impairment (MCI) by a doctor.

Relationship satisfaction since the COVID-19 pandemic. Participants reported how satisfied they were with their relationship with their partner since the COVID-19 pandemic (zero = *Not at all*, one = *A little*, two = *Somewhat*, three = *Mostly*, four = *Almost Completely*, five = *Completely*). We averaged the responses of both partners in the couple to create couple-level scores.

Qualitative Measures

Perceptions of partner support patterns. Participants were asked the open-ended question: “Would you say that you and your partner help each other manage your health conditions about equally, or that one of you helps the other more?” Couples were categorized by

independent coders as discordant (i.e., not in exact agreement, e.g., one partner reports that they help more and the other partner reports that they help each other about equally) or concordant (i.e., in exact agreement, e.g., both partners report that they help each other about equally) in their perceptions of partner support patterns (one = *discordant*, zero = *concordant*).

Desired changes or consistencies in partner support. Participants were also asked the open-ended question: “What would you like to change or keep the same about how you and your partner help each other?” Probes to encourage elaboration in the responses included: “Have you tried to change anything before? What happened?”

Analytic Strategy

REDCap was used to collect and store the quantitative data. Quantitative data were analyzed using SPSS and qualitative data were analyzed using Microsoft Excel. We first analyzed wives’ and husbands’ sociodemographic characteristics using descriptive analyses. Then, we conducted a two-tailed independent samples t-test with discordance in perceptions of partner support patterns as the independent variable and couples’ average relationship satisfaction as the dependent variable to determine whether there is a significant difference in average relationship satisfaction between couples who are discordant and couples who are concordant at $p > .05$.

For the qualitative data, the semi-structured interviews were transcribed verbatim and checked by research team members. To complete the analysis, a data table in Microsoft Excel was used (Watkins, 2012, 2017). The data table for each couple contained the questions asked, participant IDs and responses for each partner, codes/concepts (at the individual response level and the couple response level), and notes. First, seven research team members independently reviewed the data tables and entered initial codes/concepts for each question asked in the semi-

structured interviews. For each couple, two research team members independently reviewed the data table and entered the initial codes/concepts. Next, the open-ended responses and initial codes/concepts were analyzed independently by three coders to identify which couples were discordant or concordant in their perceptions of partner support patterns. The coders also independently determined broader themes in the responses to each of the qualitative measures (perceptions of partner support patterns and desired changes or consistencies in partner support). The coders analyzed the responses from each couple as a unit to determine couple-level themes. Qualitative responses from discordant and concordant couples were analyzed separately to examine differences between these two subgroups. After coding, the coders met virtually as a group to reach a consensus. In these virtual meetings, differing opinions were discussed and resolved.

Results

Table 1 shows sociodemographic and health characteristics of discordant couples ($n = 20$) and concordant couples ($n = 31$). Discordant couples were significantly less likely to be married than concordant couples ($\chi^2(1, N = 51) = 7.36, p = .007$) but did not differ significantly on any other characteristics. In the sample of concordant couples, relative to husbands, wives were significantly younger ($t(30) = -2.56, p = .016, 95\% \text{ CI: } [-4.52, -0.51]$) and significantly less satisfied with their relationship ($t(30) = -2.75, p = .010, 95\% \text{ CI: } [-1.01, -0.15]$). There were no significant differences between partners in the discordant couple sample.

Table 2 shows the nature of discordance and concordance in perceptions of partner support patterns. This was determined from participant responses to the open-ended question, “Would you say that you and your partner help each other manage your health conditions about equally, or that one of you helps the other more?” For discordant couples ($n = 20$), the most

frequent patterns were the husband reporting that his wife helped him more while the wife reported equal support (seven couples) and the wife reporting that she helps more while the husband reported equal support (seven couples), followed by the wife reporting that her husband helps her more while her husband reported equal support (four couples), and the husband reporting that he helps more while his wife reported equal support (two couples). For concordant couples ($n = 31$), the most frequent pattern was both partners reporting that the wife helps more (18 couples), followed by both partners reporting equal support (seven couples), both partners reporting that the husband helps more (five couples), and both partners reporting that it depended on the task (one couple).

Is Discordance in Perceptions of Partner Support Patterns Associated With Lower Relationship Satisfaction?

Consistent with my hypothesis, on average, discordant couples reported lower relationship satisfaction compared to concordant couples ($M = 4.05$, $SD = 0.90$ and $M = 4.32$, $SD = 0.65$, respectively). However, this difference was not statistically significant ($t(49) = 1.25$, $p = .22$, 95% CI: [-0.17, 0.71]).

How Do Couples Who are Discordant Versus Concordant in Perceptions of Partner Support Patterns Differ in Their Views About Partner Support?

Discordant couples

Table 3 reveals the major themes that discordant couples reported they would like to change or keep the same about their partner support. These themes included: more partner support, more communication about health and support needs, more engagement in health-related activities, and no desired changes.

More partner support. Some couples wanted more partner support. One couple in which the husband said his wife helps more while the wife said they help equally indicated that they wanted to be more supportive of one another but were uncertain about how to do it:

“I would probably like to see more support for each other’s conditions outside of the days that are bad. Like the bad days. He is very great with that and so am I. But then when you’re not having a bad day, I guess it’s out of sight out of mind. He also knows the same thing when I’m getting wrapped up, he knows when to step in. I’m probably not as intuitive as he is. So I’d like to change that.” – Wife: 141

“Umm, I wish I could help her more. But her conditions are different, so I don’t know, I am not sure what else I could do to help her more.” – Husband: 141

For another couple in which the wife said her husband helps more while her husband said their partner support was equal, both partners mentioned wanting to do more to help and to be more encouraging of each other:

“Oh, I’d like to be more help to him.” – Wife: 136

“I’d like to change, just keep encouraging each other more.” – Husband: 136

More communication about health and support needs. Some couples wanted to have more communication about their health and support needs. One couple in which the wife said her husband helps more but her husband said their partner support was equal noted wanting more communication regarding mental health and ways to improve it:

“Well again for me, it’s having [my partner] not get so wigged out or anxious. I guess my answer would be to help him not get so wigged out.” – Wife: 121

“I would like to be able to discuss our health care problems, um, in a little more detail and, um, with a little more feelings behind it. Because my wife has been so strong, um,

and has, has dealt with so many problems, both physically and in the systems, she has to deal with, she is not as willing to have any kind of lengthy discussions about how she feels, about medications, or about health problems. And, um, for example, when I was feeling a little depressed after my surgery, I would have liked to be able to discuss that, in a little more detail. But that's not something we've been good at." - Husband: 121

Another couple in which the wife said her husband helps more while her husband said they help each other equally mentioned the value of communication with respect to wants, needs, and support:

"Um, make it so I do a little more. I get to do a little more around the house. He said he's going to work on it. [laughs] I think communication is a big part." – Wife: 143

"I think we just do a good thing. I think what we do, on a daily basis, we will adjust if we have to if something happens, but day to day it's just supporting each other over what we do." – Husband: 143

In a couple where the husband said he helps more while his wife said their partner support is equal, the wife mentioned wanting better communication regarding her husband's awareness and understanding of her own pain:

"Well, I would change when he's in pain, and he wants me to help him out. I just want him to remember that I'm in pain just as much as he is. I might not verbally say anything, but I just want him to understand I'm in pain as well." – Wife: 103

"I don't think there is anything that I would change, actually." – Husband: 103

For a couple in which the wife said she helps more and the husband said they help equally, both partners indicated that they wanted to have a closer relationship with good communication about one another's needs:

“Well, I think I help him more because he has more health conditions. Not because—because I’m available to do that. I can do that, so I do that. He doesn’t (laughs).

Occasionally, he feels the need to remind me of my health conditions. But he was very helpful when I had the shoulder replacement and the knee replacement. And when—my left foot’s been hurting and they’re not going to do a foot replacement, but he’s sensitive to that. He says, ‘is your foot hurting a lot now,’ and it’s not but he’ll remind me that—and I think he changes the pattern of the walk sometimes if I’m with him because of my arthritis.” – Wife: 126

“I would like to continue the dialogue about our needs that we can express to each other. That would have to do with both in the area of intimacy and just time that we spend with each other. There is a lot of stuff that if we stop talking about it, we could drift apart, and I don’t think we want to do that.” – Husband: 126

More engagement in health-related activities. There were some couples who wanted to engage in more health-related activities. For a couple in which the wife said she helps more but her husband said they equally help one another, the wife expressed wanting to be more active and for her husband to take more initiative:

“I would like things to be a lot more active. Like, I have to drag him away from video games. So, like, I have to come up with ideas. I wish he would initiate more things. ...” – Wife: 122

“I think we’ve been changing, and I’m really happy with how we are now. ...” – Husband: 122

For a couple in which the wife said she helps more and her husband said they equally help one another, both partners expressed interest in engaging in healthy behaviors:

“Probably become more active together, you know.” – Wife: 129

“I wish we’d get more on track on the diet thing. That’s about it.” – Husband: 129

No desired changes. Some couples indicated that they didn’t want to change anything about how they support one another. In a couple in which the wife said her husband helps more and her husband said it was equal, both partners noted that they have a pattern of partner support that works well for them:

“I don’t think that there is any change needed.” – Wife: 106

“Um. Nothing to change, I’d just keep everything the same as we’re going. I mean, we have a system, we got a pattern that seems to work for us.” – Husband: 106

A couple in which the wife said she helps more but her husband said their partner support is equal mentioned accepting their situation and that both partners have different roles or tasks:

“You know, I don’t look at changing anything only because I kind of have an acceptance, so I don’t waste a lot of energy on changing anything that can’t be changed. I love that we share faith and acceptance and our happy hour together where we can celebrate the day together and celebrate the creation of our backyard, the birds, and things growing. Loving the fact that we have great children, and grandchildren. I think just being able to celebrate life and I think that’s what I want us to keep the same.” – Wife: 154

“No, I’m fine with it. Yeah, we both have our little jobs that we do around the house.”
– Husband: 154

Concordant couples

Table 4 reveals the major themes of what concordant couples would like to change or keep the same about their partner support. These themes included: more partner support, working

together to manage multiple chronic conditions, better partner self-management, and no desired changes.

More partner support. Some couples wanted more partner support. One couple in which both partners said they help equally noted that they wish they were in better health so they could help each other more:

“I wish we were both in better health so we could do more for each other. And there’s times I’d just like to be able to say, ‘hey, I’ll go downstairs and do the laundry, you can fold them and put it away’, you know. I just can’t do some things and there’s things [my partner] can’t do that I can, so...” – Wife: 107

“Wish to be more healthy and do more for each other.” – Husband: 107

In another couple in which both partners said the husband helps more, the wife noted that she would like to do more household chores like she did before she had chronic conditions:

“Realistically? I would want to not have any of these conditions. I would like to help a lot more. I used to be the one that was all organized and doing all the stuff. He was the one who was all disorganized. I was the one doing all the laundry. ...” – Wife: 123

“Um, I can’t think of anything that I’d want to change, we would have changed it. Just the willingness to step in, help, and do whatever is needed, um, to help with the condition.” – Husband: 123

For a couple in which both partners said they help one another equally, the wife wanted to engage in more physical activity together and both partners expressed wanting to talk more:

“Well, the one thing I would like to change is I would like to be able to physically help him more. Do more things with him such as the walking or the exercise but that’s when I could be helping him more, encouraging—that would be encouraging to be able to do the

things we used to be able to do like that. Or be outside gardening with him because he doesn't really do that anymore, stuff like that. But he—and I would like to be able to feel like I could talk to him more, I mean I can, but I just have that fear, that if I say the wrong thing, it would hurt him, but I would change that.” – Wife: 132

“Um, probably spend just some time and sit down and talk about things more—a little bit more than what we do, maybe.” – Husband: 132

Working together to manage multiple chronic conditions. Some couples worked together to manage their chronic conditions. In a couple in which both partners said the wife helps more, both partners mentioned that they support each other and work together to determine strategies to manage their conditions:

“Well, I can't think of anything I'd want to change. We just keep track of what one another's doing, or do you want to go for a walk, have you done your exercise today, it's time for you to take a rest, that kind of thing, get down off that ladder, you're not going up there without somebody helping you. So you know, for us, just the normal kind of thing.” – Wife: 113

“Well, I think just the constant support of what we give each other, keep it as strong as it is, because it is working. We constantly ask ourselves, both of us, between the both of us, we'll discuss, 'what do you think we could be doing to increase this or that', and if we both agree, we try it. When we tried to change something before, we wouldn't always agree necessarily. Now we spend more time discussing it because it is too important not to.” - Husband: 113

For a couple in which both partners said the wife helps more, the wife wanted continued help from her husband in keeping track of her medications and the husband wanted to exercise more together:

“I can’t really think of anything that I would need to change. I think it would just be the same. He’s just been really supportive in helping me with trying to figure out what medications to take for my IBS and IBD. He gives me advice because he is a pharmacist. I can’t really think of anything else.” – Wife: 119

“I would like to get back to regular exercise program. We do things, you know, since we can be outside a lot, we do a lot of things outside. We don’t really do an organized exercise program since we can’t go to the gym, so...” – Husband: 119

Better partner self-management. In some couples, wives and/or husbands wanted their partners to better self-manage their own chronic conditions and well-being. For one couple in which both partners said the wife helps more, one partner criticized and monitored the other’s diet, which appeared to be stressful for both partners:

“I’d like him to be less critical of me but...I know he’s trying to do it in a helpful way. I mean, and we’ve talked about it, and he understands, and I understand where each of us is coming from. And the behavior changes for a little while and then changes back but it’s, in the grand scheme of things, it’s minor.” – Wife: 115

“Honestly, I would—I think that it is ridiculous that I have to... I would change—I don’t like trying, keeping track, or even noticing what she eats. That’s, to me, that’s something to do with a child so I don’t really try to keep track of it, but you know, I don’t really keep track of it, it’s just that I notice things, that’s what it is. I have tried to just ignore it and let it go, and I, after a while, I feel like I need to say something again.”

– Husband: 115

For a couple in which both partners said the wife helps more, the wife shared that she wishes her husband would do more to manage his own conditions:

“... I’m going to talk about him here. I really wish he’d do something more about his musculoskeletal issues. It’s the same old, same old all the time because it seems to make him feel like he’s better once he does, but it’s the same thing over and over. I don’t see major improvement. I just kind of see static conditions. ...” – Wife: 118

“I’d just like the—I think we should keep the communication and that sort of thing going.” – Husband: 118

In one couple in which both partners said the wife helps more, the wife discussed wanting her husband to improve his attitude and mood:

“One thing I’d like to change is his pessimistic attitude and his negative attitude about everything. And figuring out how to make him happier.” – Wife: 135

“Keep things the same.” – Husband: 135

No desired changes. Some couples didn’t want to change anything about their partner support. In one couple in which both partners said they equally help one another, the wife mentioned wanting to continue to support each other:

“I would stay the same, I think. Keep the same thing, supporting him and support each other.” – Wife: 153

“Hmmm ...I can’t... I can’t think of anything.” – Husband: 153

Another couple in which both partners said the husband helps more indicated that they are satisfied with the way things are for now:

“Keep the same. We’re fine the way we are. I just hope my memory stays the way it is. No, we’re very blessed. Very fortunate.” – Wife: 108

“... Basically, in terms of living style and so forth, we’re both really satisfied with how we are. Pretty much status quo.” – Husband: 108

A couple in which both partners said they help equally indicated that they are ready for changes that may arise, such as those related to the COVID-19 pandemic:

“Change? I don’t think there is anything that I would like to change. I think that the environment that we live in will dictate changes that we need to make. But then we just need to discuss them and make them together, you know, based on the Covid and anything else that might be occurring, you know, etc.” – Wife: 109

“I think we’ve got it down pretty nicely. I can’t think of anything that can be done differently. Even if you win the lottery, it wouldn’t make a difference. I mean, where are you going to go, you know. You go out and into a restaurant and then you catch coronavirus, no. I can’t see it changing anything.” – Husband: 109

Discussion

This study reveals differences between couples who are discordant and those who are concordant in their views of partner support in the context of living with multiple chronic conditions. In particular, there were differences in the extent to which more communication was wanted and differences in how couples wanted help to manage their conditions. Overall, the findings suggest that different clinical interventions tailored for couples who are discordant or concordant in their perceptions of partner support patterns may be useful. Discordant and concordant couples may have different strengths and barriers in managing multiple chronic conditions that could be targeted during couple-based interventions. For example, discordant

couples mentioned wanting more communication with their partner about health and support needs while concordant couples noted that they often work together to manage their conditions. Whereas concordant couples commonly noted wanting to help each other more with managing their conditions, discordant couples brought up being unsure of how to support their partner. These differences could inform interventions based on whether a couple is concordant or discordant in their views about partner support.

Is Discordance in Perceptions of Partner Support Patterns Associated With Lower Relationship Satisfaction?

The difference in relationship satisfaction between concordant and discordant couples was consistent with my hypothesis that couples who were discordant in their views about partner support would have lower relationship satisfaction relative to couples who were concordant. Although the difference was not statistically significant, these findings suggest that, on average, couples who are discordant in their perceptions of partner support patterns tend to be less satisfied in their relationship than couples who are concordant in their perceptions of partner support patterns. The lack of significant difference in relationship satisfaction may indicate that discordance in perceptions of partner support patterns does not have a universally negative impact and that concordance in these perceptions does not have a universally positive impact. In support of this possibility, there was considerable variation in the qualitative responses among discordant and concordant couples, with couples in each subgroup indicating both positive and negative impacts of partner support on the couple's relationship.

It is important to note, however, that the couples who were excluded from the present study due to their unclear responses to questions about partner support reported significantly lower relationship satisfaction than couples who were included in this analysis. As such, couples

included in this study may have been more satisfied with their relationship on average, which may have reduced our ability to detect significant differences between discordant couples and concordant couples.

How Do Couples Who are Discordant Versus Concordant in Perceptions of Partner Support Patterns Differ in Their Views About Partner Support?

Regarding the qualitative findings, when comparing couples who were discordant versus concordant in their perceptions of partner support patterns, there were similar and distinct themes regarding what they would change or keep the same about their partner support. Variations within the major themes for discordant and concordant couples revealed couple-level dynamics and differences in the wants and needs of partners in each subgroup of couples.

Discordant couples

Many couples who were discordant in their perceptions of partner support patterns mentioned wanting more partner support. Some also mentioned wanting to be more supportive to their partners but feeling uncertain of how to do so. Others wanted to do more to help their partners and to be more encouraging of each other. These findings suggest that interventions tailored to discordant couples may benefit from helping partners find ways to communicate their needs to each other and express how they would like to be supported.

Several couples who were discordant in their perceptions of partner support patterns indicated that they wanted to have more communication with their partner about health and support needs. Some of the aspects of health and support that couples wanted to discuss included mental health concerns, wants and needs, and awareness and understanding of one another's pain. Participants also reported wanting to communicate more to have a closer and more supportive relationship. Previous studies have indicated that communication is important for

couples living with chronic conditions. For example, one study found that when individuals disclosed their emotions with their partners, they had higher relationship satisfaction and more intimacy in their relationship (Porter et al., 2009). The present study suggests that communication about health and support needs may be especially important for couples living with multiple chronic conditions who are discordant in their perceptions of partner support patterns. This may be in part because discordant couples, who differ in how they view their support patterns, may be less likely to communicate about their needs in the relationship.

Some discordant couples wanted to engage more in health-related activities. For some couples, one partner discussed a desire to engage in more health-related activities while the other did not. However, for other couples, both partners expressed interest in incorporating more health-related activities into their routines. These findings align with previous research regarding differences in perceptions of spousal support on exercise in older couples. For instance, one qualitative study that used joint interviews with both couple members asked questions regarding spousal influence on physical activity while in retirement. Three themes that were found in the responses of these couples included spousal attitude towards physical activity, spousal physical activity behavior, and spousal support. Although both partners tended to agree about the importance of physical activity, there were variations in attitudes towards physical activity. For example, one partner was often less interested or not interested in participating in regular physical activity than the other (Barnett et al., 2013). Thus, there may be differences within couples in perceptions of the need for and role of spousal support in health-related activities. Clinical guidance in the role of spousal support for a partner's health-related activities may be helpful for these couples.

There were a few discordant couples who reported that they did not want to change anything about partner support in their relationship. Several of these couples reported that both partners carried out different roles and tasks in managing chronic conditions. Additionally, some couples noted having an acceptance of their situation. The theme of no desired changes in partner support may reflect psychological resilience. One study measured resilience using the Brief Resilience Scale, which measures one's ability to overcome stress, and discovered that resilience can be high in spouses of individuals living with conditions such as MCI or Parkinson's disease even if their relationship satisfaction is low (Vatter et al., 2020). These findings suggest that some couples who are discordant in their perceptions of partner support patterns may be resilient in managing multiple chronic conditions despite an overall tendency to report lower relationship satisfaction than concordant couples.

Concordant couples

Many concordant couples reported wanting more partner support. Some wished they were in better health so both partners could help each other more or that they could do more household chores like they did before they had chronic conditions. Others mentioned wanting to talk more with their partners about their feelings and emotions.

Working together to manage multiple chronic conditions was an important aspect of partner support for many concordant couples. Many wanted to support their partners and work together to determine strategies to manage their conditions. Others mentioned specific tasks they and their partners do to help each other manage their conditions. Examples include wanting continued help keeping track of their medications and wanting to do more exercise together. Coping at the couple level is in line with previous literature about dyadic coping (i.e., the ways couples interact when dealing with stressors including support, collaboration, and

overprotection) and its impact on relationship satisfaction (Berg & Upchurch, 2007). For example, one study found that older couples who feel that they are holding back from expression, support, and criticism of their partners reported lower relationship satisfaction, whereas couples who exchanged emotional support reported higher relationship satisfaction (Langer et al, 2018). This suggests that concordant couples who work together to manage multiple chronic conditions and share their emotions with one another may be more satisfied with their relationship.

Several concordant couples included individuals who mentioned wanting their partners to self-manage their own chronic conditions and well-being more effectively. Some of the couples indicated that one partner monitored the other partner in managing their conditions, which may negatively impact the couple's relationship. For example, one partner criticized and monitored the other's diet, which appeared to be stressful for both partners. Others included individuals who mentioned wanting their partners to improve their attitude and mood, which is consistent with previous literature regarding the impact of partners on one's own management of chronic conditions. A previous study revealed that spousal support of partners with type 2 diabetes with regard to their diet was linked to an increase in diet adherence for the partner with the condition, while pressure (i.e., being critical) was associated with less dietary adherence (Stephens et al., 2013). Thus, the support partners provide, either positive or negative, can have an impact on an individual's ability to manage their own conditions.

There were a few concordant couples who reported that they did not want to change anything regarding their partner support. Some mentioned wanting to continue to support each other. Others also noted that they were satisfied with the way things were and were equipped and ready for any necessary changes that may arise in the future, which is in line with previous

studies examining the impact of dyadic coping on couples managing chronic conditions. A review of dyadic coping among couples in which one partner had a chronic illness revealed that dyadic coping was linked with more favorable outcomes for physical health, well-being, and relationship satisfaction in the context of various chronic conditions, including cancer, diabetes, and stroke (Weitkamp et al, 2021).

Limitations and Strengths

There are a few limitations to this study. For instance, there was a relatively small sample size ($N = 56$ couples) for quantitative research. Further, the sample was self-selected, which can introduce bias in that the couples who participated in this study may be more or less satisfied in their relationship than average. The sample also tended to have relatively high levels of education on average and most participants were white, so the results may not be generalizable to the general population of older couples. In addition, causal relationships between perceptions of partner support patterns and relationship satisfaction cannot be determined from this study because it is cross-sectional. Future research should conduct a longitudinal study in order to establish a temporal component to the study by following couples over time, increasing our ability to determine causal relationships between the variables.

Strengths of the study include the incorporation of both qualitative and quantitative findings, as mixed-methods data allow for a better understanding of variations in views about partner support for discordant and concordant couples. Another strength of this study is that it examined couples in which both partners are managing multiple chronic conditions, which advances most research that focuses on couples in which one partner has one chronic condition. It is critical to learn more about the management of multiple chronic conditions among both

partners in an older couple because there is an increasing prevalence of multiple chronic conditions among adults in middle and later life (Boersma et al., 2020).

Conclusions

The main contribution of this study is identifying the partner support needs of older couples in which both partners are managing multiple chronic conditions, which appear to vary based on whether the couple is discordant or concordant in their perceptions of partner support patterns and may have implications for relationship satisfaction. The findings demonstrate that it is critical to evaluate couples as a unit because partners in a couple interact and often help each other manage chronic conditions. Hence, it may be helpful for clinicians to speak with both partners about managing multiple chronic conditions so they are better able to understand how partners may influence one another's chronic illness management. Some relevant areas for clinical interventions to target might include strategies to be supportive towards one's partner, as effective partner support strategies may be different in couples who are discordant or concordant in their perceptions of partner support patterns. In future research, it would be helpful to follow up with couples over time to study how relationship satisfaction changes for discordant and concordant couples. Knowledge of links between partner support and relationship satisfaction over time among couples who are discordant or concordant in their perceptions of partner support patterns could impact clinical care and interventions for older couples living with multiple chronic conditions by revealing the value of having spouses be present and involved in conversations regarding support and care for their partners.

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Tables

Table 1

Sociodemographic and Health Characteristics of Discordant and Concordant Couples.

Variable	Discordant Couples (<i>n</i> = 20)				Concordant Couples (<i>n</i> = 31)			
	Wives		Husbands		Wives		Husbands	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	65.65	10.28	65.30	11.42	67.16*	9.49	69.68	10.30
Self-rated health	2.85	0.93	2.95	0.99	3.06	0.99	2.94	0.96
Chronic conditions	4.30	1.72	4.60	1.98	5.13	1.77	5.48	2.03
Relationship satisfaction	3.80	1.20	4.30	0.98	4.03*	1.11	4.61	0.56
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Married	14	70.0	14	70.0	30	96.8	30	96.8
Race								
White	18	90.0	17	85.0	27	87.1	27	87.1
Black	1	5.0	2	10.0	2	6.5	3	9.7
Asian	0	0.0	0	0.0	1	3.2	0	0.0
Other	1	5.0	1	5.0	2	6.5	2	6.5
Hispanic ethnicity	1	5.0	1	5.0	1	3.2	1	3.2
Bachelor's degree or higher	10	50.0	10	50.0	14	45.2	19	61.3
Currently working	3	15.0	4	20.0	3	9.7	7	22.6
Has dementia or MCI	0	0.0	3	15.0	2	6.5	6	19.4

Note. MCI = mild cognitive impairment. *Significant difference between wives and husbands at $p < .05$.

Table 2

Nature of Discordance and Concordance in Perceptions of Partner Support Patterns Among Couples.

<i>Discordant (n = 20)</i>		
	<i>n</i>	<i>%</i>
Husband reports wife helps him more; wife reports equal support	7	35
Wife reports helping more; husband reports equal support	7	35
Wife reports husband helps her more; husband reports equal support	4	20
Husband reports he helps more; wife reports equal support	2	10
<i>Concordant (n = 31)</i>		
	<i>n</i>	<i>%</i>
Both partners report wife helps more	18	58.1
Both partners report equal support	7	22.6
Both partners report husband helps more	5	16.1
Both partners report it depends on the task	1	3.2

Table 3

Major Themes of What Discordant Couples Would Change or Keep the Same About Partner Support.

Theme	Example
1. More partner support	<p>“Oh, I’d like to be more help to him.” - Wife: 136</p> <p>“I’d like to change, just keep encouraging each other more.” - Husband: 136</p>
2. More communication about health and support needs	<p>“Um, make it so I do a little more. I get to do a little more around the house. He said he’s going to work on it. [laughs] I think communication is a big part.” - Wife: 143</p> <p>“I think we just do a good thing. I think what we do, on a daily basis, we will adjust if we have to if something happens, but day to day it’s just supporting each other over what we do.” - Husband: 143</p>
3. More engagement in health-related activities	<p>“I would like things to be a lot more active. Like, I have to drag him away from video games. So, like, I have to come up with ideas. I wish he would initiate more things. ...” - Wife: 122</p> <p>“I think we’ve been changing, and I’m really happy with how we are now. ...” - Husband: 122</p>
4. No desired changes	<p>“I don’t think that there is any change needed.” - Wife: 106</p> <p>“Um. Nothing to change, I’d just keep everything the same as we’re going. I mean, we have a system, we got a pattern that seems to work for us.” - Husband: 106</p>

Note. $n = 20$ couples.

Table 4

Major Themes of What Concordant Couples Would Change or Keep the Same About Partner Support.

Theme	Example
1. More partner support	<p>“I wish we were both in better health so we could do more for each other. And there’s times I’d just like to be able to say, ‘hey, I’ll go downstairs and do the laundry, you can fold them and put it away’, you know. I just can’t do some things and there’s things [my partner] can’t do that I can, so...” - Wife: 107</p> <p>“Wish to be more healthy and do more for each other.” - Husband: 107</p>
2. Working together to manage multiple chronic conditions	<p>“I can’t really think of anything that I would need to change. I think it would just be the same. He’s just been really supportive in helping me with trying to figure out what medications to take for my IBS and IBD. He gives me advice because he is a pharmacist. I can’t really think of anything else.” - Wife: 119</p> <p>“I would like to get back to regular exercise program. We do things, you know, since we can be outside a lot, we do a lot of things outside. We don’t really do an organized exercise program since we can’t go to the gym, so...” - Husband: 119</p>
3. Better partner self-management	<p>“One thing I’d like to change is his pessimistic attitude and his negative attitude about everything. And figuring out how to make him happier.” - Wife: 135</p> <p>“Keep things the same.” - Husband: 135</p>
4. No desired changes	<p>“I would stay the same, I think. Keep the same thing, supporting him and support each other.” - Wife: 153</p> <p>“Hmmm ...I can’t... I can’t think of anything.” - Husband: 153</p>

Note. $n = 31$ couples.