Psychological and Health Impacts of Caregiving

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Psychological and health impacts of caregiving on family caregivers

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Caregiving for the elderly

**Cultural values**
- filial piety (obeying parents and giving them respect)

**Societal expectations**
- taking care of elderly parents

**Policies**
- caring for the elderly at home

**Providing direct care to the elderly**

**Supervising FDWs in providing eldercare**

**Decision making** in elderly’s healthcare and long-term care services use
The Survey on Informal Caregiving 2010–2011

- **Ministry of Social and Family Development** (former MCYS; Ministry of Community Development, Youth and Sports)

- National survey of **1190 care recipient-caregiver dyads** in Singapore

- **Care recipient**: Community-dwelling older Singaporean (≥75 years) receiving human assistance for at least one activity of daily living (ADL)

- **Primary family caregiver**: Family member or friend most involved in providing care or ensuring provision of care to the care recipient
Elderly care recipients, N=1190

- Age Group:
  - Mean: 83.4 ± 5.5 years
  - Distribution:
    - 75-79: 30%
    - 80-84: 31%
    - 85+: 38%

- Gender:
  - Male: 69%
  - Female: 31%

- Ethnicity:
  - Chinese: 69%
  - Malay: 8%
  - Indian: 1%
  - Others: 26%

- Assistance from a FDW:
  - Yes: 51%
  - No: 49%

Primary family caregivers, N=1190

- Age Group:
  - Mean: 55.5 ± 12.4 years
  - Distribution:
    - 19-44: 20%
    - 45-59: 50%
    - 60-74: 20%
    - 75+: 11%

- Gender:
  - Male: 50%
  - Female: 50%

- Marital Status:
  - Married: 65%
  - Widowed: 16%
  - Separated/Divorced: 9%
  - Never married: 10%

- Employment Status:
  - Working full-time: 19%
  - Working part-time: 10%
  - Not working: 47%
  - Homemaker: 11%
  - Retired: 9%
Primary family caregivers, N=1190

Caregiver is the care recipient’s…

- Daughter: 34%
- Son: 31%
- Spouse: 16%
- Daughter-in-law: 10%
- Grandchild: 3%
- Son-in-law: 2%
- Sibling: 1%
- Others: 2%

Others* who helped care recipient in ≥1 ADLs, n=816

- Foreign Domestic Worker: 71%
- Siblings: 16%
- Spouse: 12%
- Daughter or Son: 12%
- Mother or Father: 7%
- Others: 3%

68.6% of the 1190 primary family caregivers reported that someone else, in addition to them, had helped the care recipient in ≥1 ADLs in the past 30 days.

*Relationship with the family caregiver
Key Studies from The Survey on Informal Caregiving

• Do family caregivers, relative to non-caregivers, have a higher risk of adverse health outcomes?

• Does support from foreign domestic workers increase or decrease the impact of caregiving on the family caregiver?

• Among working family caregivers, do care-related work interruptions impact the mental health of family caregivers, and does social support from family and friends buffer this impact?

• What are the common caregiving-related needs voiced by family caregivers?
Do family caregivers, relative to non-caregivers, have a higher risk of adverse health outcomes?

Informal caregivers (vs non-caregivers) have worse health outcomes

Data Source: Singapore Survey on Informal Caregiving (SSIC); 1077 caregivers and 318 non-caregivers

Does support from foreign domestic workers increase or decrease the impact of caregiving on the family caregiver?

Does support from foreign domestic workers increase or decrease the impact of caregiving on the family caregiver?


**PRIMARY STRESSORS:** Older person’s impairments

**MODERATOR:** Instrumental support from a FDW

**CAREGIVER OUTCOMES**

- Disturbed schedule and poor health
- Lack of finances
- Lack of family support
- Caregiver esteem (modified Caregiver Reaction Assessment, mCRA)

Older person’s impairment in physical function, memory, behavior, mood (24-item Revised Memory and Behavior Problems Checklist, RMBPC)

Whether older person received support from a FDW to perform one or more ADLs or IADLs in the past month
Association of older person impairments with ‘disturbed schedule and poor health’ of the caregiver

Greater extent of impairments of the older person is associated with Greater negative impact on caregiver’s schedule and health

Ostbye T, et al. (2013)
Association of older person impairments with ‘disturbed schedule and poor health’ of the caregiver: Does it vary by support from a FDW

BUT… Support from a FDW eases the negative impact of older person’s impairments on the caregiver’s schedule and health

Ostbye T, et al. (2013)
• Older person impairment is detrimental for the informal caregiver BUT support from a FDW is beneficial for the informal caregiver.

• The ‘positive’ role of FDW support appears in various aspects of the caregiver’s life.

Among working family caregivers, do care-related work interruptions impact the mental health of family caregivers, and does social support from family and friends buffer this impact?


Working family caregivers are more likely to have worse mental health than those who only work or provide care exclusively

- Spilling over of negative feelings across roles, resulting in accumulated stress
- Caregiving makes it harder to recover from job demands after work, or to attend to personal needs and desires
- **Role strain or conflict:** Concurrent or conflicting work and caregiving demands being made of scarce time and resources
4A: Role of caregiving-related work interruptions in depressive symptoms among working family caregivers

- Taking time off work
- Making calls
- Care provision reducing work productivity
- Prevents caregiver from using workplace for respite, exacerbating stress due to playing dual roles
- Worsens relationship with care recipient (e.g., feeling of sacrificing personal rewards and benefits from employment)

4B: Role of expressive and instrumental social support from family and friends in moderating the relationship between caregiving-related work interruptions and depressive symptoms among working family caregivers

Social support alleviates (moderates or buffers) the negative effects of stressful life circumstances and strain on physical and mental health, and especially so for caregivers

Expressive support
- Use of social relations to share sentiments, seek understanding, vent frustration, and build up self-esteem

Instrumental support
- Tangible assistance (e.g., help with cleaning the house, or help provided to a care recipient on a caregiver’s behalf)


Cullen et al. (2009); Scharlach (1994); J. Kim et al. (2013); Scharlach (1994); Utz et al. (2012); Given et al. (2013); Chiou et al. (2009); J.-H. Kim & Knight (2008); Miller et al. (2001); Upton & Reed (2006); Gottlieb & Bergen (2010)
Among working family caregivers, do care-related work interruptions impact the mental health of family caregivers, and does social support from family and friends buffer this impact?


MODERATORS: Social support

• **Expressive social support**: extent to which the caregiver has someone from his/her family and friends to trust and confide in

• **Instrumental social support**: whether the care recipient received help from any family and friends other than the caregiver in performing ADLs in the past month

PREDICTOR: Care-related work interruptions
Score: 0-8 corresponding to the number of care-related work interruptions

OUTCOME: Caregiver depressive symptoms
Score: 0-22 corresponding to the extent of depressive symptoms in the past week

COVARIATES: Caregiver characteristics: age, ethnicity, gender, relationship to care-recipient, marital status, living arrangements, perceived financial adequacy, number of chronic illnesses, full-time or part-time work, work hours per week, total number of years worked, presence of a dependent (18 years or less) in the caregiver’s household, caregiving responsibility of someone other than the care-recipient, and ‘positive aspects of caregiving’; Care-recipient characteristics: age, gender, frequency of memory, mood and behavioral problems, number of chronic illnesses, number of ADL limitations, receipt of help with ADLs from a foreign domestic worker in the past month and use of formal care services in the past year (yes/no)
Among working family caregivers, do care-related work interruptions impact the mental health of family caregivers, and does social support from family and friends buffer this impact?


<table>
<thead>
<tr>
<th>Focal variables</th>
<th>β coefficient (Standard error) [Linear regression: Caregiver depressive symptoms as the outcome variable]</th>
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<tbody>
<tr>
<td></td>
<td>Model 1</td>
</tr>
<tr>
<td>Care-related Work Interruptions</td>
<td>0.28** (0.10)</td>
</tr>
<tr>
<td>Expressive social support score</td>
<td>-0.13** (0.05)</td>
</tr>
<tr>
<td>Instrumental social support</td>
<td>-0.03 (0.23)</td>
</tr>
<tr>
<td>Expressive social support × Care-related Work Interruptions</td>
<td>-0.07** (0.02)</td>
</tr>
<tr>
<td>Instrumental social support × Care-related Work Interruptions</td>
<td>p&lt;0.01</td>
</tr>
</tbody>
</table>

Note: All models adjusted for all caregiver and care-recipient covariates

Expressive social support from family and friends moderated or buffered the association of care-related work interruptions with greater extent of depressive symptoms
Among working family caregivers, do care-related work interruptions impact the mental health of family caregivers, and does social support from family and friends buffer this impact?


**Average Marginal Effects of Care-related Work Interruptions on Caregiver Depressive Symptom Score, by Expressive Social Support Score (Dotted lines indicate 95% Confidence Interval)**

The magnitude of the association of care-related work interruptions with the caregiver depressive symptoms decreases with an increase in expressive social support.
What are the common caregiving-related needs voiced by family caregivers?


CAREGIVING-RELATED NEED

‘A wish to receive support with regard to an experienced problem’

Insufficient preparedness of one’s caregiving role

Increased caregiver burden; Reduced quality of life both for the caregiver and the care-recipient; Compromised quality of care provided to the care-recipient

Osse BHP et al. (2000); Townsend A et al. (1989); Montgomery RJ & Kosloski KD (2013); Houts PS et al. (1996)
### Frequency of caregiving-related needs in Singapore, N=1181

<table>
<thead>
<tr>
<th>Need</th>
<th>US data on caregiving needs (%)</th>
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<tbody>
<tr>
<td>At least one caregiving-related need</td>
<td>&lt; 74-86</td>
</tr>
<tr>
<td>Keeping CR safe at home</td>
<td>&lt; 37-41</td>
</tr>
<tr>
<td>Moving or lifting CR</td>
<td>= 18-19</td>
</tr>
<tr>
<td>Managing incontinence or toileting problems</td>
<td>= 10-18</td>
</tr>
<tr>
<td>Easy activities I can do with CR</td>
<td>NA 8-33</td>
</tr>
<tr>
<td>Managing challenging behaviors, such as wandering</td>
<td>NA 24-32</td>
</tr>
<tr>
<td>Medical or Nursing assistance for CR</td>
<td>&lt; 27-40</td>
</tr>
<tr>
<td>Balancing my work and family responsibilities</td>
<td>&lt; 29-37</td>
</tr>
<tr>
<td>Managing my emotional and physical stress</td>
<td>&gt; 3-5</td>
</tr>
<tr>
<td>Finding non-English language educational materials</td>
<td>&lt; 24-30</td>
</tr>
<tr>
<td>Choosing a home care agency for CR</td>
<td>&lt; 21-22</td>
</tr>
<tr>
<td>Finding time for myself</td>
<td>&lt; 15-28</td>
</tr>
</tbody>
</table>

- Needs relating to the CR take precedence over needs relating to the caregiver
- Generally lower prevalence of caregiving-related needs in Singapore vs the US

Ajay S, et al. 2017; A special report from the National Alliance for Caregiving (2009)
Relevance of study findings for healthcare and social service practitioners

Family caregivers (vs non-caregivers) in Singapore have worse health outcomes.

- Care for the caregiver
- Need for healthcare services and programs supporting family caregivers

Older person impairment is detrimental for the family caregiver. BUT support from a FDW is beneficial for the family caregiver. The ‘positive’ role of FDW support appears in various aspects of the caregiver’s life.
Relevance of study findings for healthcare and social service practitioners

- More care-related work interruptions were associated with a greater extent of depressive symptoms.
  - Expressive social support from family and friends buffered this association.

- Policies to improve care infrastructure for older adults should take into account their (working) caregiver’s experience at work.
- Calling for efforts to promote expressive social support for working family caregivers through stronger social relations.

- Needs relating to the CR take precedence over needs relating to the caregiver.
  - Generally lower prevalence of caregiving-related needs in Singapore vs the US.

- Does this indicate success in meeting needs? OR ...
  - Lack of recognition of care-related problem(s) among caregivers in Singapore
  - Under-reporting: Even if recognized, a tendency of not reporting their need(s)
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Thank You