

CONFERENCE ABSTRACT

Psychological Health of Informal Caregivers of Patients with Long-Term Care Needs: Effect of Caregiving Relationship Types and Formal Long-Term Care Services Use

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Background: Rapid population aging in Singapore has placed increased strain on conventional institution-focused long-term care (LTC) services, shifting the emphasis towards the use of community-based LTC services rather than residential facilities. However, a substantial amount of support for older adults is still provided by informal caregivers in the home despite increased efforts to revise the traditional LTC model. Informal caregivers fill their role as caregiver while simultaneously occupying a second role such as spouse, daughter, son, or friend; thus, it is important to understand the impact informal caregiving has on informal caregivers' well-being within the context of each patient-caregiver relationship. Recent studies have shown that providing informal care to a family member can provide positive effects such as emotional fulfillment. Yet, the experiences of informal caregivers are typically characterized by the negative impacts caregiving has on both their physical and psychological health. Few studies have investigated how health impacts differ by caregiver-care recipient relationship type and the effect that formal LTC services has on caregiver well-being. Gaining a better understanding of the stresses imposed by caregiving among different caregiver-care recipient relationship types and how the uptake of services alters caregiver stress will provide policy makers with greater insight into how caregivers can be better supported through more integrated LTC systems.

Objectives: Our primary objective was to understand the effect of informal caregiving on family caregivers' psychological health (self-rated general health, stress level, and quality of life) with respect to different types of caregiver-care recipient relationships. Secondly, we examined the effect of LTC service use on the informal caregivers' psychological health.

Methods: The study sample consisted of 814 dyads of care recipients and caregivers who participated a longitudinal survey examining the use of LTC services in Singapore. Patients in this study were referred to one of the following LTC services: day rehabilitation care, dementia day care, home medical, home nursing, home therapy, or nursing homes. We used two waves of data for these dyads and employed multilevel regression models to investigate caregivers' self-rated psychological health along three dimensions: stress level (Caregiver Self-Assessment Questionnaire), quality of life (EQ-5D-5L), and general health (EQ-VAS). The

primary explanatory variable for our analysis was the type of LTC service that the care recipients reported using during the six months preceding the date of each interview. We adjusted for care recipient and caregiver characteristics that were potentially pertinent to the caregivers' psychological health status as well as the type of LTC services that the care recipients were currently using at the time of each interview.

Results: Caregivers who were non-immediate family members presented better psychological health than spousal and adult children caregivers. Spousal caregivers reported significantly lower quality of life than non-immediate family caregivers. Among the immediate family caregivers, spousal caregivers reported significantly lower quality of life than adult children caregivers.

Caregivers whose care recipient was referred to a nursing home presented worse psychological health compared to those whose care recipient was referred to community-based services. Accounting for the type of LTC service that the care recipient used during the prior six months as well as whether the care recipient used the index referred service, non-immediate family caregivers scored 2.26 points higher (out of 100 points) on self-rated general health and 0.35 points lower (out of 10 points) on stress level than spousal and adult children caregivers. Caregivers who took care of their spouse scored significantly lower on quality of life by 0.05 points (on a scale of 0 to 1) compared to those who took care of non-immediate family members. Among caregivers who were the spouse and adult child of their care recipient, adult children had a significantly higher quality of life by 0.06 points compared to spouses.

Conclusion: Societal expectations and complex interpersonal dynamics between care recipients and caregivers may have attributed to the poorer psychological health reported by spousal and adult children caregivers compared to non-immediate family caregivers. Spousal caregivers' first-hand experience with the functional deterioration of their spouse may have resulted in greater psychological distress compared to caregivers who were more removed from care recipients' day-to-day health challenges. Understanding the impact of LTC service use on caregivers' psychological health while incorporating the unique characteristics of each type of caregiving relationship is important as LTC service models transform. Creating more integrated and holistic LTC systems will involve considerations regarding the dynamics between care recipients and their caregivers. LTC systems of the future should incorporate the monitoring of caregivers' physical and psychological health and increased availability of support for caregivers.

Keywords: caregivers' stress; caregivers' quality of life; caregiving relationships; long-term care services utilization
