SSM -Population Health 2 (2016) 149–154

Contents lists available at ScienceDirect

SSM -Population Health

journal homepage: www.elsevier.com/locate/ssmph

Short report

Caregiving and mental health among workers: Longitudinal evidence from a large cohort of adults in Thailand

Vasoontara Yiengprugsawan [a,b,*], Liana Leach [b], Janneke Berecki-Gisolf [c], Hal Kendig [b], David Harley [a], Sam-ang Seubsman [a,d], Adrian C Sleigh [a]

[a] National Centre for Epidemiology and Population Health and Department of Global Health, Research School of Population Health, The Australian National University, Canberra, Australia
[b] Centre for Research on Ageing, Health and Wellbeing, Research School of Population Health, The Australian National University, Canberra, Australia
[c] Monash Injury Research Institute, Monash University, Melbourne, Australia
[d] School of Human Ecology, Sukhothai Thammathirat Open University, Nonthaburi, Thailand

A R T I C L E I N F O

Article history:
Received 6 July 2015
Received in revised form
22 January 2016
Accepted 25 January 2016

Keywords:
Carers
Caregivers
Mental health
Work and health
Longitudinal data
Cohort study
Thailand

A B S T R A C T

Background: As people in middle and lower income countries live longer, more people become sick, disabled, and frail and the demand for family caregiving grows. Thailand faces such challenges. This study investigates the relationship between caregiving and mental health among workers drawn from a large longitudinal cohort of Thai adults.
Methods: Participants were drawn from the Thai Health-Risk Transition Study, a cohort study since 2005 of distance-learning adult Open University students residing nationwide. Caregiving status and binary psychological distress outcome (score 19–30 on Kessler 6) were recorded in 2009 and 2013 among cohort members who were paid workers at both years (n=33,972). Multivariate logistic regression was used to estimate the relationship between four-year longitudinal caregiving status and psychological distress in 2013, adjusting for potential covariates.
Results: Longitudinal analyses revealed the transitional nature of care with 25% exiting and 10% entering the caring role during the four-year follow-up. Based on multivariate logistic regression, 2009–2013 caregiving status was significantly associated with psychological distress. Cohort members transitioning into caregiving and those who were caregivers in both 2009 and 2013 had a higher risk for psychological distress than non-caregivers (Adjusted Odds Ratios 1.40 [1.02–1.96] and 1.64 [1.16–2.33], respectively).
Conclusion: Our findings provide evidence on caregiving and associated risk for psychological distress among working Thais. This adds to the limited existing literature in middle-income countries and highlights the potential pressure among caregivers in balancing work and care while preserving their own mental health.
© 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

Introduction

Family members frequently care for loved ones. Increasing life expectancy has made the need for such care greater. Most caregiving is informal and caregivers balance diverse responsibilities, including employment responsibilities, while attempting to maintain their own health and wellbeing. Our study objective is to investigate the relationship between caregiving and psychological distress among workers drawn from a large longitudinal cohort of Thai adults. Based on the 1990 Pearlins' conceptual model of caregivers' stress (Pearlin, Mullan, Semple, & Skaff, 1990), we hypothesized that with limited state-supported social welfare, this caregiving burden falls largely to family and that caregiving would be associated with psychological distress after taking into account covariates, including differences in workplace characteristics.

Previous research suggests that employment plays an important role in understanding the relationship between caregiving and mental health; given that most caregivers are employed and employment may either provide relief in terms of time away from the caregiving role or add to the overall burden of responsibilities. A search of the previous literature on the topic of 'caregiving', 'work', and 'mental health' in the past two decades found that empirical evidence on the intersection between work, care and mental health derives mainly from Western societies (Leach et al., 2010; Butterworth, Pymont, Rodgers, Windsor, & Anstey, 2010; Farfan-Portet, Popham, Mitchell, Swine, & Lorant, 2010; Berecki-

* Correspondence to: The Australian National University, Research School of Population Health, Building 54 Florey, Mills Road, Act on 2601, Canberra, Australia. Tel.: +61 2 6125 6320; fax: +61 2 6125 0740.
E-mail addresses: vasoontara.yieng@anu.edu.au, vasoontara.yieng@gmail.com (V. Yiengprugsawan).

http://dx.doi.org/10.1016/j.ssmph.2016.01.004
2352-8273/© 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

Gisolf, Lucke, Hockey, & Dobson, 2008; Schneider, Trukeschitz, Muhlmann, & Ponocny, 2013; Lyonette & Yardley, 2006). Research conducted in Britain and Belgium demonstrates the importance of formal employment as a factor modifying the relationship between informal caregiving and adverse health outcomes (Farfan-Portet et al., 2010). An Australian study documents the adverse effects of transitioning into the provision of informal care on reduced labour force participation among middle-aged women (Berecki-Gisolf et al., 2008). A European-based economic study assessing the work–care relationship revealed gender differences in intentions to remain in formal employment. Among females and males, respectively, time demands associated with job change and physical care burden affected decisions to exit the labour market (Schneider et al., 2013). In the UK, work stress also predicted overall psychological distress among working caregivers after a one year follow-up (Lyonette & Yardley, 2006).

Further investigation shows some evidence of the interplay between care and mental health in Asia, but mainly in ageing populations. Among Hong Kong Chinese caregivers, family burden and caregiving have been shown to significantly impact on the mental health of caregivers (Wong, Tsui, Pearson, Chen, & Chiu, 2004). In Singapore, informal caregivers were also reported to have higher levels of depression and to have worse health outcomes than non-caregivers (Chan, Malhotra, Malhotra, Rush, & Ostbye, 2013). Less research has explored caregiving and mental health in the context of employment within Asia. However, one study from Japan showed that eldercare among employees was a significant risk for depression (Honda, Date, Abe, Aoyagi, & Honda, 2014), and another showed that the size of the social support network protected against physical and mental ill health among caregivers of disabled people (Arai, Nagatsuka, & Hirai, 2008). Many middle and lower income countries now need increased family caregiving due to rapid population ageing, but research examining the effects of caregiving on workers in middle-income Asian countries remains limited. Local data are needed to understand the effects of increased family caregiving within these specific contexts.

Our research focuses on a specific Asian country with rapid population ageing – Thailand. With projections that 23.1% and 37.1% of the population in 2025 and 2050, respectively, will be aged over 60 years (United Nations, Department of Economic and Social Affairs, Population Division (2015)), the need for informal caring will rise. Thailand has a strong Buddhist culture and a belief system supportive of care for family members. The current study aims to investigate the impact of caregiving on mental health among Thai workers, accounting for differences in relevant covariates such as job characteristics. This is one of the first population-based, longitudinal investigations of the interaction between caregiving and psychological distress among workers in Thailand. By identifying those at risk for adverse mental health consequences of caregiving, and the magnitude of the problem, this information can be used to devise and advocate for preventive measures such as respite care support.

Methods

Study population and data

Participants were drawn from a national cohort (Thai Cohort Study – TCS); cohort members are distance-learning students who resided nationwide and were enroled at the Sukhothai Thammathirat Open University when they responded to a 20-page baseline questionnaire in 2005 ($n=$ 87,151) (Sleigh, Seubsman, & Bain, 2008). A four and eight year follow-up were conducted with a response rate of approximately 70% at each follow-up (n=60,569 in 2009 and n=42,785 in 2013). At 2005 baseline, median age was 29 years, roughly half the sample were females, and approximately half were urban residents (Sleigh et al., 2008).

2009–2013 caregiver status

At the 4-year follow up in 2009, participants were asked: “do you care for a sick or disabled family member?” – 27.5% were caregiving part-time and 6.6% full-time (Yiengprugsawan, Harley, Seubsman, & Sleigh, 2012). ท่านต้องดูแลสมาชิกในครอบครัว หรือคนทีรู้จักทีปวย/ ทุพพลภาพ หรือไม่

At the 8-year follow-up in 2013, participants were asked: “do you care for a chronically ill, disabled, or frail family members?” “How many hours per week do you provide care?” “How many years have you cared for that person?” What types of care do you provide?” Responses include help with: mobility (moving the person); cognitive care; bath and/or get dressed; prepare or eat food; attend religious activities; emotional support; shopping; or financial support. ท่านต้องดูแลสมาชิกในครอบครัว หรือคนทีรู้จักทีปวยเรือรัง/ ทุพพลภาพ/ชราภาพ หรือไม่

Based on the longitudinal caregiving status provided in 2009 and 2013, the cohort was categorized into four groups: non-caregivers at both time points; caregivers in 2009 (but not in 2013); caregivers in 2013 (but not in 2009); and caregivers at both time points.

Outcome and potential covariates

We used the Kessler 6 psychological distress scale, measured in both 2009 and 2013, as the primary outcome of the study: “in the past 4 weeks, how much of the time did you feel… (1) so sad nothing can cheer you up; (2) nervous; (3) restless or fidgety; (4) hopeless; (5) everything was an effort; (6) worthless. Five-point scale responses ranged from ‘all the time’ to ‘none of the time’”. Participants who scored ≥ 19 out of 30 were classified as having ‘high psychological distress’ (Kessler et al., 2002). The Kessler 6 has previously been applied in Asia (Oshio, 2014) and validated to have high reliability and validity in the Thai context (Suraaroonsamrit & Arunpongpaisal, 2014; Yiengprugsawan et al., 2015).

Other covariates in 2013 included:

- Demography: age, sex, marital status, household size, personal monthly income, urban–rural residence.
- Work: occupation groups, weekly paid work hours, job security (‘not at all’, ‘moderate’, ‘very secure’)
- Social support: “how much support do you feel you get from … family, neighbours, colleagues or supervisors?” (‘a little’, ‘somewhat’, ‘a lot’, ‘not applicable’)
- Satisfaction with spare time: “how satisfied are you with…. amount of spare time?” 0 (completely dissatisfied) to 10 (completely satisfied). Those scored 0–4 were classified as ‘not satisfied’, 5–7 as ‘somewhat satisfied’, and 8–10 as ‘very satisfied’.

Statistical analyses

Descriptive analyses include the distribution of cohort characteristics and their caregiving status. Individuals with missing data for given analyses were excluded (<5% of all samples and not statistically different by age and sex groups). We restricted the analyses to paid workers in both 2009 and 2013, as a result, 33,972 cohort members were included in the analyses.

First, we describe 2013 caregiving activities by key demographic attributes. As the Kessler 6 psychological distress measure is commonly used as a binary outcome, multivariate logistic

Download English Version:

https://daneshyari.com/en/article/1092317

Download Persian Version:

https://daneshyari.com/article/1092317

Daneshyari.com