



Offspring caregivers' depression affected by intergenerational disagreements on preferred living arrangement for the elderly: A phenomena with Chinese characteristic



Lihua Guo^{a,c,1}, Jie Zhang^{b,c,1}, Wei Ma^c, Xiaojuan Sha^{d,c}, Xiangren Yi^e, Bingyin Zhang^{f,c}, Chunping Wang^{g,c}, Shumei Wang^{c,*}

^a Zhejiang provincial center for disease prevention and control, Hangzhou, Zhejiang, China

^b State University of New York Buffalo State, Buffalo, USA

^c School of Public Health, Shandong University, Jinan, Shandong, China

^d Dongying People's Hospital, Dongying, Shandong, China

^e School of Physical Education, Shandong University, Jinan, Shandong, China

^f Center for Disease Control and Prevention of Shizhong District, Jining, Shandong, China

^g Center for Disease Control and Prevention of Weihai City, Weihai, Shandong, China

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ABSTRACT

Objective: This study aimed to explore whether the depression of offspring caregivers can be affected by the intergenerational disagreements on preferred living arrangements for the elderly, and the extent of this influence.

Methods: A total of 875 participants from five urban neighborhoods were investigated in a cross-sectional survey in Jinan, China. Depressive symptoms were assessed by the Self-rating Depression Scale (SDS). Multiple stratification was performed based on participants' characteristics, then generalized linear models (GLM) were used to adjust confounding factor and analyze the effect of the intergenerational disagreements on depressive symptoms among participants with different characteristics.

Results: The intergenerational disagreements on preferred living arrangements for the elderly greatly impact on offspring caregivers' depressive symptoms. Especially in the following two situations: (1) in the case of older adults were relatively independent and offspring caregivers had to co-reside with older adults against their own will, the max mean difference on the depression measures was up to 10.603 ($p < 0.001$), in comparison with both parties were willing to co-reside. (2) In the case of older adults were fully dependent and offspring caregivers had not to hire a maid to care older adults against their own will, the max mean difference on the depression measures was up to 8.937 ($p < 0.001$), in comparison with both parties were willing not to hire a maid.

Conclusion: Intergenerational disagreements on preferred living arrangement for the elderly have negative effect on offspring caregivers' depressive symptoms.

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1. Introduction

In China, for thousands of years, family has played a crucial role in elder care (Ho, Chan, Woo, Chong, & Sham, 2009; Sereny, 2011). Family members, especially elders' offspring, have the obligation to provide elder care (Yi and Lin, 2009), traditionally by co-residing

with their older parents (Chen, 2005; Lin and Yi, 2011; Sereny, 2011).

In the 1960s, the Chinese government encouraged "Two-child policy" in urban areas (Cai, 2010). After that, birth rates declined first in urban areas in the mid-1960s (Peng, 2011). Now, those parents, if still living, are more than 80 years old and most of them need assistance in daily life (Wang, 2008). However, their offspring lack siblings to assist parental care. At the same time, offspring have to deal with stress from work and life. The disparity between the elder care needs and what offspring can provide has become more severe. A study conducted in Shanghai, China found that caregiver described the care work was heavy and seriously affected their health (Zeng et al., 2014). Elder care in urban areas has

* Corresponding author at: Department of Epidemiology and Health Statistics, School of Public Health, Shandong University, 44 west Wenhua Road, Jinan, Shandong Province 250012, China. Fax.: +86 531 88382553.

E-mail address: wshm@sdu.edu.cn (S. Wang).

¹ These two authors contributed equally to this work and should be regarded as co-first authors.

become a big problem, and offspring are suffering heavy caregiving burden (Feng et al., 2011).

Since the end of last century, a study focused on Alzheimer's caregivers has been carried out in China (Patterson et al., 1998). This study found that caregivers reported more depressive symptoms and more physical symptoms compared with non-caregivers. Then a study showed that sleep disturbance was common in family caregivers of advanced cancer patients and associate with caregiving burden (Lee, Yiin, Lu, & Chao, 2014). However, these studies were focused on the caregivers whose care-recipients were living with impairment following a stroke, Alzheimer, cancer, or other serious diseases. Embedded in a traditional culture where filial piety is honored, co-residing with offspring has been the best option for Chinese older people (Cheung, Kwan, & Ng, 2006). Meanwhile, the government promotes family support for elder care (Cheung et al., 2006; Zeng and George, 1999). In such social environment, caregiving burden of offspring caregivers in ordinary family is an issue which needs to be addressed.

In China, the declined birth rate (Yang, 1988), changes in the family structure (Yang, Hao, George, & Wang, 2012), weakening of absolute parental authority (Yang, 1988) are affecting the offspring caregivers in their ideas in elder care. Zhang (Zhang and Goza, 2006) found that in urban China, offspring caregivers are starting to prefer non-traditional living arrangements, such as independent living and hire a maid as paid helper. However, Cooney (Cooney and Shi, 1999) and Chen (Chen and Short, 2008) revealed that the majority of elders still preferred the traditional way. In reality, offspring caregivers and their parents are likely to have different preference. The intergenerational difference in preferred living arrangements is now increasingly obvious. According to the strain theory (Zhang, Wiczorek, Conwell, & Tu, 2011), a strain can be a consequence of any of the four conflicts: (1) differential values, (2) discrepancy between aspiration and reality, (3) relative deprivation, and (4) lack of coping skills for a crisis. The intergenerational difference in elder care conforms to differential values. This indicates that it can cause psychological stress which may also harm offspring caregivers' mental health. Offspring caregivers' adverse mental health harms not only themselves, but also their parents. To change the idea about elder care will benefit both offspring and their parents. From 1979, Chinese government began to implement "One-child policy" (Hussain, 2002), these parents who have only child are getting older and will require daily care ten years' time. If it is true that intergenerational difference in preferred living arrangements can cause mental problems for the offspring caregivers, the situation will be more severe by that time. However, little research has been conducted to focus on offspring caregivers' depression when their living arrangement preference is different from that of their parents, especially in China. This current project is aimed to address this issue.

2. Methods

2.1. Study population

This study was conducted in Jinan (a city in north of China) to investigate the preferred living arrangements of elders and their offspring caregivers, and to explore the association between intergenerational difference and psychopathologies of the offspring caregivers. We recruited individuals who met the following inclusion criteria: (1) age ≥ 40 years, (2) living in urban area of Jinan, (3) their parents or parents-in-law living in the urban area of Jinan, (4) no disease that might affect physically or mentally the validity of the interview, and (5) agreeing to sign the written informed consent. This was a cross-sectional study approved by

the Research Ethics Committee of the School of Public Health, Shandong University.

Before the investigation, the workers of community residents' committees would guide research assistants to put up posters in the community publicity column. They also were asked to invite eligible residents to attend investigation in community center. With the help of the workers of community residents' committees, except 108 residents refusal to participate, a total of 875 participants were successfully recruited from five randomly selected communities in Jinan, and the data collection was administered from March 2011 to August 2012.

2.2. Data collection

The investigation was conducted in community center. The interviewers were six trained research assistants. The questionnaire was divided into two parts. One was a structured questionnaire designed by the research group which used to collect the related information of participants and their elderly parents. This part was obtained by face-to-face interviews. The other was the Self-rating Depression Scale (SDS) was completed by participants themselves in a quiet and private room to assess their depressive symptoms.

2.3. Measures

2.3.1. Participants' information

Included age, gender, marital status, education, employment status, presence of diseases, and the degree of caregiving burden reduction. The caregiving burden reduction was measured by the question soliciting the respondent's feelings on the burden reduction due to the presence of siblings and spouse. This variable were divided into four grades which "largely" meant the participants felt their caregiving burden was reduced by siblings and spouse most and "none" meant nobody assist participants to reduce caregiving burden. The extent of "moderate" and "seldom" was between them.

2.3.2. Elderly parents' socio-demographic characteristics

Included age, gender, marital status, education, economic independence. Respondents were also asked about their elderly parents. For the economic independence variable, respondents reported whether primary means of financial support of their elderly parents came from pension, or other family members.. If financial support came from self or spouse, the economic independence variable was coded as "independent." Otherwise it was coded as "dependent."

2.3.3. Elderly parents' physical functional status

According to the Activities of Daily Living Scale (ADLs) (Shelkey and Wallace, 1998) and the Instrumental Activities of Daily Living Scale (IADLs) (Lawton and Brody, 1969), three questions were used to assess elderly parents' physical functional status: "1. Could he/she take care of all shopping needs independently?", "2. Could he/she prepare adequate meals if supplied with ingredients?" and "3. Could he/she eat and go to bathroom on his/her own?" Four levels were categorized: (1) fully independent (yes to all three questions); (2) relatively independent (no to question 1); (3) relatively dependent (no to question 1 and 2); (4) fully dependent (no to all three questions).

2.3.4. Elderly parents' cognitive status

According to the Clinical Dementia Rating (CDR) (Morris, 1993), three questions were used to assess elderly parents' cognitive status: "1. Could not he/she recall recent events?" "2. Does he/she have difficulty with time relationships (when events happened in

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