The 6th CIFA Regional Symposium
Taipei, June 2021

The Mental Health and Coping Styles of Adult Children Caregivers of Elderly

Joyce Feng
Professor, National Taiwan University
Director, NTU Children and Family Research Center

Herman Lo
Associate Professor,
The Hong Kong Polytechnic University

CIFA as a regional platform to promote collaboration in Asian family studies

- In 2016, members from CIFA conducted a study on parents of school aged children and investigated their perceived family functioning and well-being. The paper was presented in 4th CIFA Regional Conference at Seoul.
- In 2018, we conducted a study on parents of adolescents and investigated the relationship of adolescent quality of life and their perceived family functioning. Report was presented in 5th CIFA Regional Symposium at Hong Kong.
- In 2019, the CIFA Council decided to conduct a study on cross generational caregivers of frail elderly. Six CIFA decided to participate in this study at that time. Results were planned to be presented ink 2020 6th Regional Symposium at Taipei, postponed to 2021..

Original Participation of CIFA members

- Taiwan
- Hong Kong
- Japan
- Korea
- Malaysia
- Singapore
- Unfortunately, most CIFA members were unable to complete the data collection due to COVID-19 pandemic. This presentation will cover the data analysis of the Taiwan sample only.

Caregiver burden

- The number of family caregivers has shown a drastic increase due to growth of aging and dependent population. Along with the caregiving process, adult children of elders experienced family conflict and role conflict (Gaugler, Reese & Mittelman, 2018).
- primary informal caregivers have worse health profile, more medical consultations, anxiety and depression, weight loss, and lower quality of life (Ho et al., 2009).
- Western and eastern studies have consistently reported that perceived burden and depressive symptoms of caregivers are associated with severe impairment of care recipients, and adult children living together as caregivers experiencing role conflicts reported highest level of burden (Chan & Chui, 2011; Mello et al., 2016).

Risk of elderly abuse

- abusive behaviors towards elderly with dementia were predicted by anxiety and depression of caregivers, as such association was mediated by extended hours of care and caregiving burden (Cooper et al., 2010).

The role of filial piety beliefs

- While traditional filial beliefs in Chinese families provide motivation for family caregiving, the regrets of unfulfilled responsibilities create emotional distance between parents and adult children (Chan et al., 2012).
- Difficulties encountered by adult children to fulfill such expectations for filial care of parents, are often burden by a lack of accessible and feasible community care services, and this disjoint between ideal expectation and feasibility of performance can result in feelings of shame and guilt, blame by family and community, leads to family conflict and caregiver burden (Canda, 2013).

Coping styles of caregivers

- Problem-focused coping refers to strategies that would work on solutions for the problem that create distress, while emotion-focused coping involves the management of emotional distress experienced after the encounter with stressor.
- Di Mattei (2008) reported that problem-focused coping of dementia caregivers experienced less burden, and avoidance coping had higher distress. Iavarone et al. (2014) reported that caregivers frequently adopted problem-focused strategies in general but female caregivers tended to use more emotion-focused strategies that was associated with a higher level of distress.

Different views in coping styles in the context of caregiving

- Other studies suggested that problem-focused strategies may be less helpful to improve the elder's situation and emotion-focused strategies such as acceptance, getting emotional support, positive reframing were found to predict lower severity in depression and anxiety of caregivers (Cooper et al., 2008: Klein et al., 2007).
- Snyder et al. (2015) adopted detailed coping strategies analyses in a longitudinal study and suggested the association of wishful thinking and self-blame with anxiety and male caregiver health problems and should be targeted in caregiver intervention.

Research objectives

1) To investigate the caregiver burden, mental health, and quality of life of adult children caregivers of frail elder;

2) To investigate caregivers’ coping styles, relationship qualities, and conflicts in these families;

3) To investigate the relations of filial piety, caregiver burden, depression, and family conflicts

4) To investigate if there is any moderating factors in the relation of caregiving and caregiver burden

Participants

Inclusion criteria

1) Cross generational caregivers (adult children or children in-law) of frail elderly who are primary caregivers to the same elderly for at least one year;

2) Caregivers who are able to report the elderly's functioning on IADL and cognitive impairment.

3) Age of the frail elderly is over 40

Participants

- 570 questionnaires sent through Taiwan's community elderly care service units and 507 copies of completed questionnaires received based on stratified sampling. Equal number of questionnaires were sent to north, central, and south Taiwan service units across 12 counties and cities. Response rate was 89.2%.
- 81 copies were invalid as the respondents were spouses, cohabited, friends, or other relatives, or care receiver is under 40-years-old.
- Data of 426 adult children caregivers were used for further analyses.
- 69.1 of the caregivers were female. 66.1% have tertiary education or above. 61.7% were married.
- 48.1% were working full-time. 9.4% were self-employed. 8.0% had part-time jobs.

Measures

1. Family functioning – measured by 5-item Family APGAR (Smilkstein et al., 1982) family support in Adaptation, Partnership, Growth, Affection, and Resolve.

2. Levels of Dependency in Physical Functioning based on assessment in Instrumental activities of Daily Living (IADL) (8 items) (Lawton & Brody,1969)

3. Cognitive Impairment – Short Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) (16 items) (Jorm, 1994)

4. Caregiver burden – measured by Zarit Burden Interview (ZBI) (Zarit et al., 1980) (12 items)

Measures

5. Caregiver Depression – measured by 10-item The Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977)

6. Family Conflicts - measured by 10-item Revised Conflict Tactics Scale (CTS2) (Beach et al., 2005), with subscales in psychological mistreatment (5 items) and physical abuse (5-items)

7. Filial Piety- Obligation in Filial Piety (15 items) (Tang, 2006)

8. Coping Styles – measured by 28-item brief COPE (Carver, 1997), with 11 subscales (problem-solving, accommodation, support-seeking, behavioral disengagement, denial, self-distraction, self-blame, humour, venting, substance use, and religion)

Findings

Level of frailty of elderly participated in our study (N=402)

	n	%
Dementia	194	48.3
Parkinson's disease	38	9.5
Stroke	51	12.7
Diabetes	103	25.6
Cardiovascular diseases	131	32.6
Mood disorders	30	7.5
Kidney disease	28	7.0

Note: Multiple entries allowed

Findings

Caregiver Personal Functioning (%)

	N	Very abnormal	Abnormal somehow	Ordinary	Good	Very good
Sleep	414	8.5%	22.7%	31.4%	29.5%	8.0%
Appetite	413	1.9%	13.6%	33.2%	39.7%	11.6%
Emotions	413	1.5%	13.1%	39.2%	39.0%	7.3%

Findings

Family functioning APGAR (N=417)

	n	%
Low (0-3)	55	13.2
Moderate (4-7)	167	40.0
High (8-10)	195	46.8

Findings

Instrumental Activities of Daily Living (N=409)

	n	%
Low (0-6)	196	47.9
Moderate (7-12)	108	26.4
High (13-18)	105	25.7

Findings

cognitive impairment (N=407)

	n	%
Improved or no change (<=3)	56	13.8
Slight decline (>3 and <=4)	137	33.7
Severe decline (>4)	214	52.6

Findings

Caregiver burden (N=393)

	n	%
Little or no (0-22)	55	14.0
Mild to Moderate (23-40)	133	33.8
Moderate to severe (41-60)	163	41.5
Severe (>61)	42	10.7

Findings

Caregiver's Depression (CES-D10) (n=388)

	n	%
Low (0-9)	220	56.7
Mild (10-19)	145	37.4
Moderate to severe (>20)	23	5.9

Findings

Verbal and psychological abuse (CTS2)

(N=420)

	n	%
No or minimal (0-5)	349	83.1
Some (6-10)	58	13.8
Often or very often (over 10)	13	3.1

Findings

Physical abuse (CTS2) (N=422)

	n	%
No or minimal (0-5)	396	93.8
Some (6-10)	20	4.7
Often or very often (over 10)	6	1.4

Findings

Caregiving, mental health and family relationship

	n	1	2	3	4	5	6	7	8
1. IADL	425	--							
2. Cognitive impairment	425	-.653**	--						
3. No of hours in care	426	-.405**	.293**	--					
4. No of years in care	426	-0.03	-0.006	0.056	--				
5. Family functioning	424	.174**	-.105*	-.134*	0.01	--			
6. Caregiver burden	422	-.267**	.245**	.230**	0.057	-0.037	--		
7. Caregiver depression	422	-.112*	0.08	.120*	0.017	0.07	.555**	--	
8. Psychological abuse	426	-.129**	0.062	.111*	-0.039	-.142**	.435**	.387**	--
9. Physical abuse	426	-0.015	-0.054	0.08	0.019	-0.076	.235**	.316**	.687**

*p<.05 ** p <. 01

Further analyses

We further divided all caregivers into subgroups for analysis:

- Shorter hours in daily care (4 hours or less) and longer hours in daily care (more than 4 hours)
- Shorter years in care (3 years or less) and longer years in care (more than 3 years)

Findings

comparison of burden, depression, abuse, and selected coping styles between caregivers with short care hours and long care hours

Variable	n	Short care hours mean(SD)	Long care hours Mean (SD)	t-value	p-value
Family functioning	424	1.32 (0.57)	1.27 (0.60)	0.77	0.44
Caregiver burden	422	1.73 (0.69)	2.03 (0.71)	-3.85	<.01
Depression	422	0.90 (0.53)	1.01 (0.57)	-1.74	0.08
Psychological abuse	426	0.54 (0.57)	0.65 (0.61)	-1.71	0.09
Physical abuse	426	0.20 (0.47)	0.26 (0.55)	-1.04	0.30
Problem focused coping	426	3.00 (0.65)	2.93 (0.70)	0.94	0.35
Emotion focused coping	426	2.49 (0.68)	2.30 (0.73)	2.39	0.02

Findings

comparison of burden, depression, abuse, and selected coping styles between caregivers with short years of care and long years of care

Variable	n	Short yrs in care mean (SD)	Long yrs in care mean (SD)	t-value	p-value
Family functioning	424	1.32 (0.61)	1.32 (0.56)	-0.05	0.96
Caregiver burden	422	1.89 (0.71)	1.94 (0.73)	-0.65	0.52
Depression	422	0.95 (0.56)	0.96 (0.55)	-0.08	0.94
Psychological abuse	426	0.62 (0.59)	0.58 (0.61)	0.60	0.55
Physical abuse	426	0.22 (0.51)	0.23 (0.54)	-0.24	0.81
Problem focused coping	426	3.00 (0.67)	2.97 (0.68)	0.46	0.65
Emotion focused coping	426	2.47 (0.76)	2.34 (0.69)	1.73	0.08

Further analyses

- Since daily care hours seems related to caregivers’ burden, we investigated if there is moderator in this relation.
- We test the moderating effect of problem focused coping style and emotion focused coping style on the relationship between care time and caregiver burden.

Problem focused coping vs emotion focused coping

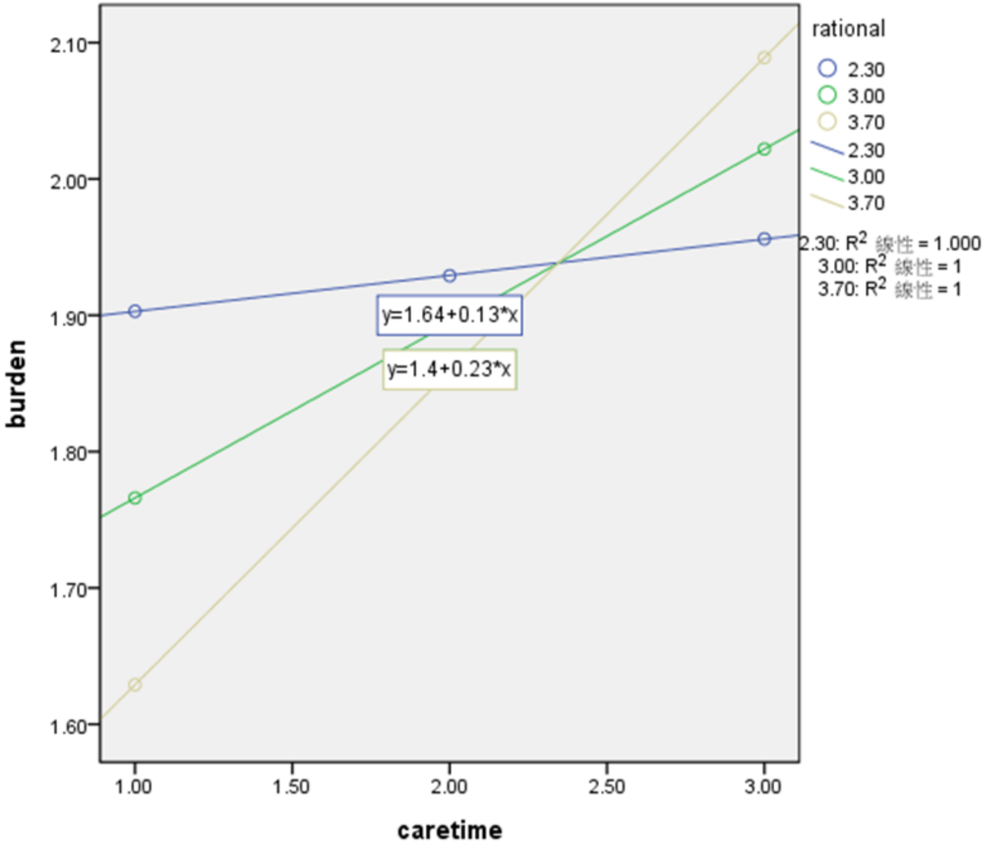
Problem focused coping

- I've been taking action to try to make the situation better.
- I've been accepting the reality of the fact that it has happened.
- I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
- I've been learning to live with it.

Emotion focused coping

- I've been getting emotional support from others.
- I've been saying things to let my unpleasant feelings escape.
- I've been getting comfort and understanding from someone.

The role of problem focused coping in moderating the relationship daily care time and burden

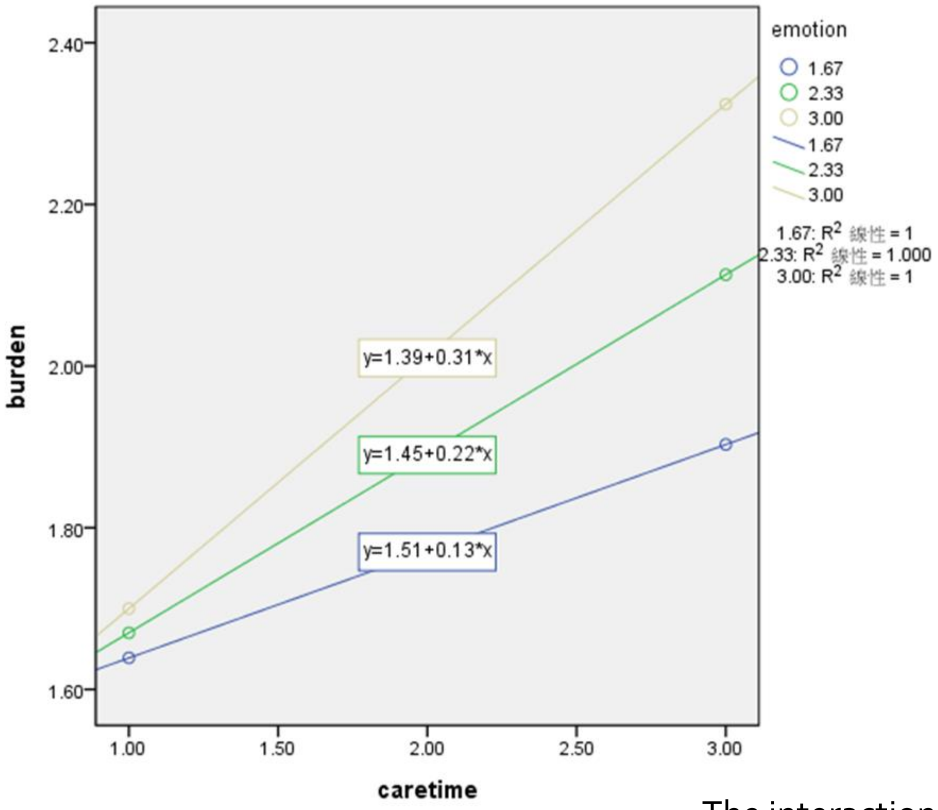


The interaction between Problem-Focused Coping x Care time was significant (β = .16, p = .03) and yielded a 1.4% increase in the total R2.

The slope of problem-focused coping on caregiver burden was significantly different from zero at medium (t = 4.25, p < .001) and high (t = 4.59, p < .001) levels of problem focused coping.

It shows that problem-focused coping is a significant moderator in relation of daily care time and caregiver's burden.

The role of emotion focused coping in moderating the relationship daily care time and burden



The interaction between Emotion-Focused Coping x Care time was significant ($\beta = .14$, $p = <.05$) and yielded a 1.1% increase in the total R2 in burden.

The slope of emotion-focused coping on caregiver burden was significantly different from zero at medium ($t = 4.59$, $p < .001$) and high ($t = 4.96$, $p < .001$) levels of emotion-focused coping.

It shows the emotion focused coping is a significant moderator in relation of daily care time and caregiver's burden.

Discussion (1/5)

- In our study, we found caregiving burden is associated with IADL, cognitive impairment, and number of hours in care. Caregiver depression is associated with IADL, daily care hours, but not with cognitive impairment. Number of years in care does not have significant association with these mental health variables, nor with abusive behaviors.
- 8.6 % of the caregivers reported moderate to severe depression, suggesting caregivers who take care of low IDAL elderly with long daily hours are at higher risk of having mood disorders.

Discussion (2/5)

- We found problem focused coping positively moderated the relation of daily care hours and caregiver burden. On the contrary, emotion focused coping amplifying it.
- However, we did not find similar moderating effect of other coping styles in daily care hours and caregiver depression.

Discussion (3/5)

- Some coping styles play a significant role in caregiving burden. Problem focused coping plays as a buffer in the association of care time and caregiver burden. Strategies like looking for solutions, accepting problems, consciously engaging time in other things instead of thinking about the problem all the time, may help caregivers to manage their caregiving burden.
- People with emotion focused coping is like to experience an amplifying effect on burden. Family practitioners should pay more attention that getting more emotional support and seeking comfort from others does not necessarily associated with a reduced caregiver burden.

Discussion (4/5)

- 16.9% of the caregivers reported their uses of verbal aggression sometimes or often, which is an indicator of verbal or psychological elderly abuse.
- Verbal and psychological abuse are associated with IADL, number of hours in care, four types of coping styles except religion, family functioning, caregiver burden, and caregiver depression.

- 6.1% of the caregivers reported their uses of physical aggression sometimes or often, which is an indicator of physical elderly abuse
- Physical abuse are associated with humor, denial coping styles, family functioning, caregiver burden, and caregiver depression.

Discussion (5/5)

- These are alarming figures that more services and programs should be developed to reduce caregiver's burden in preventing frail elderly abuse.

Implications and conclusion

- Asian societies are becoming ageing in the coming time. Caregiver burden, caregiver depression, and elderly abuse are burning issues that all governments and family practitioners should pay attention to.
- Long daily hours' caring for high IADL parents did make the caregiver at risk, thus makes the respite services offering breaks for caregivers the urgent measure in long-term care policies.
- Family practitioners should develop effective intervention that can enhance caregiver's problem focused coping strategies that can help families to manage their caregiving burden better.

The End

Thanks for your attention!