



ABSTRACT

- This study focused on examining how the amount of caregiving assistance caregivers provide to older adult care-recipients may influence the caregiver's mental and physical health.
- Activities of Daily Living (ADLs) include ambulation, bathing, feeding, and dressing the care-recipient.
- Instrumental of Activities of Daily Living (IADLs) include managing medications, grocery, and personal care shopping.
- The researcher used secondary quantitative data from the 2011 National Study of Caregiving (NSOC) survey.
- The NSOC sample is comprised of unpaid family caregivers who provide care for older adults that were participants of the National Health and Aging Trend Study (NHATS).
- A series of chi-square tests were conducted to test the study hypotheses.
- Assistance with IADLs had a greater impact on the participants mental and physical health. Assistance with ADLs had less impact on the participants mental and physical health.

INTRODUCTION

Significance of the Study

- According to the Centers for Disease Control and Prevention [CDC] (2019), 80% of older adults with Alzheimer's disease receive care at home from caregivers.
- According to Family Caregiver Alliance (2002), individuals who are caregivers for a care-recipient are twice more likely to experience depression compared to non-caregivers.
- 16 million unpaid caregivers provide ADLs and IADLs to older adults (Alzheimer's Association, 2020).
- Alzheimer's Disease will increase in the upcoming years, thus leading greater demand of caregivers.

Purpose of the Study

- The present study aimed to examine the relationship between care-recipient's Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) and the caregiver's mental and physical health.

Research Questions

- Does the care-recipient's need for assistance with activities of daily living and instrumental activities of daily living have an influence on the mental health of unpaid family caregivers for a person with Alzheimer's disease?
- Does the care-recipient's need for assistance with activities of daily living and instrumental activities of daily living have an influence on the physical health of unpaid family caregiver for a person with Alzheimer's disease?

Hypotheses

- There is a negative relationship between the care-recipient need of assistance with activities of daily living and instrumental activities of daily living and caregiver's mental health.
- There is a negative relationship between the care-recipient need of assistance with activities of daily living and instrumental activities of daily living and the caregiver's physical health.

LITERATURE REVIEW

- Past studies have focused on the physical and mental health well-being of caregivers. Past studies have indicated a common mental health issue that caregivers experienced is depression (Pinquart et al., 2007; Richardson et al., 2013).
- Research suggested the more ADLs and IADLs the caregiver helped the care-recipient, the greater the chance for a decrease in physical well-being (Riffin et al., 2017).
- Ferrara et al. (2008) caregivers reported feeling physically exhausted.

METHODOLOGY

Research Design and Data Collection Procedure

- This study used secondary data analysis from the nationwide study of the National Study of Caregiving (NSOC) in 2011. The NSOC study was a cross-sectional study.
- The NSOC collected data from family relatives and individuals who were unpaid caregivers for older adults that participated in the National Health and Aging Trends Study (NHATS). The NHATS study include Medicare recipients and over the age of 65. The NSOC study conducted a telephone interviewed questionnaire to caregivers who had a family member participate in NHATS.

Sample and Sample Design

- Unpaid family caregiver were included in the study sample (N = 2,007).
- NSOC participants were n = 1,3334 female and n = 673 male participants. The original data the sample consisted of 35% daughters, 15% sons, and 21% spouses.

Measures

- Independent Variables: ADLs and IADLs
 - Participants were asked if they helped the care-recipient with ADLs related to chores, moved around the home, help with steady walk, help the care-recipient stand up from their seat, and support their own weight. Responses were binary "yes" or "no."
 - Participants were asked if they helped the care-recipient with IADLs related to keep track of medication, order medication and shop for the care-recipient. Responses were binary "yes" or "no."
- Dependent Variables: Caregiver mental and physical health
 - The caregiver mental health was measured with five questions that asked if the participant felt lonely, upset, depressed, anxious, and experienced nervousness.
 - The caregiver physical health was measured with a question that asked if the participant felt easily exhausted. Responses were binary "yes" or "no."
 - The caregiver physical health was measured with a 5-point Likert Scale question that asked the participant to rate their general health from 1 = *Excellent*, 2 = *Very Good*, 3 = *Good*, 4 = *Fair*, 5 = *Poor*.

RESULTS

- A series of chi-square analysis were calculated to compare the frequency between the caregiver assistance with the care-recipients ADLs, IADLs, the caregiver mental and physical health.

Worrying and Assisting Medication

- There was a significant relationship between caregiver assistance with ordering medication and the caregiver feeling worried ($\chi^2 (1) = 7.688, p < 0.05$), while a Cramer's V statistic suggested a weak relationship (0.063).
- Majority of caregivers (95.2%) that did not help the care-recipient order their medication indicated that they felt worried every day or some days versus 92.1% of caregivers who did help the care-recipient order their medication (Table 1).

Worry and Tracking Medication

- A chi-square test indicated a significant association between caregiver assistance with tracking medication and feeling worried ($\chi^2 (1) = 9.897, p < 0.05$), while a Cramer's V statistic suggested a weak relationship (0.071). Majority of caregivers (95.5%) that did not help the care-recipient keep track of their medication indicated that they felt worried every day or some days versus 92.0% of caregivers who did help the care-recipient keep track their medication indicated they felt worried every day or some days (Table 1).

Low Energy and Ordering Medication

- A chi-square test indicated a significant association between caregiver assistance with medication and feeling low energy ($\chi^2 (1) = 15.313, p < 0.001$), while a Cramer's V statistic suggested a weak relationship (0.088). Majority of caregivers (59.6%) that did help the care-recipient order their medication indicated that they experienced low energy versus 40.4% of caregivers who did not help the care-recipient order their medication indicated that they experienced low energy (Table 2).

Table 1

Caregivers Assistance with Medication and Feeling Worried

IADLs	Worried		Rarely or Never	
	Every day or Somedays	%	f	%
Help care-recipient order medications				
Yes	972	92.1%	83	7.9%
No	857	95.2%	43	4.8%
Help care-recipient keep track of medications				
Yes	999	92.0%	87	8.0%
No	829	95.5%	39	4.5%

*p < .05

Table 2

Caregivers Assistance with Medication and Feeling Low Energy

IADL	Low Energy			
	Yes		No	
	f	%	f	%
Help care-recipient order medications*				
Yes	457	59.6%	611	50.6%
No	310	40.4%	597	49.4%

*p < .0001

DISCUSSION

Implications

- The findings in the present study are important for social work practice because the findings can be used to modify interventions for caregivers who may be experiencing a decline of their mental health due to caregiving.
- The study's findings can be implicated to advocate for an increase in funding for caregiving resources such as Multi-Service Senior Programs (MSSP) that can help the caregiver with completing task such as IADLs. MSSP can provide an electronic medical dispenser that helps with ordering and tracking the care-recipient medication.

Strengths

- A strength of the study is large and nationally representative sample that can help with generalizability for unpaid caregivers in the United States.
- A second strength of the study was the survey questions asked how much assistance the caregiver provided in the last month, to decrease recall error.

Limitations

- A limitation of the current study is the participants were interviewed with self-reported questions that may lead to responder bias in the study.
- Given that the participants in the study are caregivers for care-recipients who are over the age of 65. The study results cannot be generalized to caregivers that care for a person under the age of 65 years old.

Future Direction

- Clinicians at social services for older adults should implement a shorter version of the NSOC in the agencies with participants who have a caregiver.
- Clinicians can examine how ADLs and IADLs assistance varies according to caregivers who have more social support and linkage to social services compared to caregivers that do not.

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