Singapore Survey on Informal Caregiving

The Status and Characteristics of Older Adults (75+) and Their Caregivers

Survey commissioned by MCYS
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Background

Objective:

• Social, economic and demographic characteristics and health profile of caregivers and care recipients
• Social, economic and demographic characteristics and health profile of potential caregivers and care recipients

Methodology:

• National survey of older adults 75+ with at least one ADL and their primary caregiver (N=1190)
• Additional subsample of older adults 75+ with no ADL and their named potential caregiver (N=792)
Characteristics of Study Subjects
Who receives care?

- **Older** (average age - 84)
- **Widowed** (65% of sample)
- **Women** (69% of sample)
Economic Means of Care Recipients

• 75% have Medisave accounts

• 2% have private insurance policies

• 62% have no formal education
Who provides care?

Gender of Caregivers

- Female (60%)
- Male (40%)
Caregivers' Health (mean)

Chronic Diseases/Conditions (1.1)

Instrumental Activity of Daily Living Disabilities (0.5)
Economic Means of Caregivers

- Working full-time/part-time 55.6%
- Persons living in Caregivers’ household (mean) 4.5
- Hours per week Caregivers spend providing/ensuring the provision of care (mean) 38.1
Foreign Domestic Workers (FDW’s) and Care

• FDW’s hired for elder care: 49%

• FDW’s with experience/formal training in elder care: 45%

• Rates of formal service utilization: 0.3% to 5%

• Care Recipients who report communication problems with FDW’s
Defining Caregiver Burden

- Caregiver Reaction Assessment Scale
- Answers of 1 to 5 with:
  1 = Least negative impact on caregiver
  5 = Most negative impact on caregiver
Caregiver Burden

Lack of family support (2.1 [mean])

Financial Impact (2.7 [mean])

Impact on schedule and health (2.6 [mean])
Predictors of Stress Among Caregivers of Older Singaporeans: Findings from the Informal Care Survey

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Background

Introduction:
- Hypothesis: Caregiving leads to higher levels of self-reported stress
- Certain characteristics of the CGs, CRs and the caregiving experience may be protective against caregiver stress
- Predictors of stress may also vary by the relationship of the CG with the CR (spouse or adult child)

Objectives:
- To identify the predictors of stress among informal CGs of older adults with ADL limitations and whether these predictors vary by CGs’ relationship with the CRs
Methods

• Measures:
  • Dependent variable: CG stress
  • Independent variables (CG characteristics): Demographics, caregiving hours, Caregiver Reaction Assessment items, perceived social support scale items, no. of chronic diseases, work status, help from a FDW
  • Independent variables (CR characteristics): Demographics, ADL limitations, Revised Behavior and Memory Checklist items
  • Statistical Analysis: Ordinary least squares regression model
Key Findings

Lower stress amongst CGs:
- Of higher SES (bungalow/semi-detached/terrace house)
- With higher self-esteem from caregiving
- Who are older

Higher stress amongst CGs:
- Who are working
- Facing disrupted schedule and health problems due to caregiving
- With more financial problems due to caregiving
- With more chronic conditions
- With CRs who are more depressed
KEY FINDINGS (2)

Among working CGs:
  • Adult child caregivers have higher stress compared to spousal caregivers

Among non-working CGs:
  • No difference in stress scores of adult child and spousal caregivers
PREDICTORS OF DEPRESSIVE SYMPTOMS IN INFORMAL CAREGIVERS OF OLDER COMMUNITY-DWELLING SINGAPOREANS

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Background

Introduction:

- Past studies have found the association between informal caregiving and depression amongst CGs
- Understanding the reasons why caregiving is related to depression would allow us to assess the usefulness of strategies for alleviating depression among caregivers

Objective: Examine the CR and CG characteristics and caregiving dimensions associated with depression

Methods:

- Path analysis using structural equations modeling (SEM)
  - SEM accounts for multiple factors in a way that restricts the number of tested relationships based on an underlying conceptual model
Revised Caregiving Model for Overall Sample (N= 1190)

- Care recipient memory and problem behaviors
- Care recipient ADL score
- Help received from foreign domestic worker/maid
- Caregiver IADL score
- Amount of caregiving (in hours) provided by caregiver
- Negative reaction to caregiving
- Caregiver depressive symptoms
- Caregiver self-esteem
- Perceived emotional support

Correlations:
- 0.15
- 0.20
- 0.06
- 0.42
- 0.22
- 0.09
- 0.11
- 0.14
- 0.13
- 0.30
- 0.19
- 0.06
- 0.20
- 0.19
- 0.09
- 0.11
- 0.14
Results

- Key relationship: Negative reaction to caregiving $\rightarrow$ more CG depressive symptoms
- Weaker association between caregiving hours and negative reaction to caregiving than hypothesized
- Less negative reaction to caregiving when there is:
  - Help from FDW
  - Greater emotional support from family and friends
  - More positive caregiver self-esteem
- CRs’ memory and behavioral problems leads to more negative reaction to caregiving amongst CGs
Overall Conclusions (1)

- Caregivers are predominantly female

- Use of FDW to help care for frail elderly is the predominant strategy Singaporean families use to provide care

- > 50% of FDWs do not have experience/formal training in caring for elderly
Overall conclusions (2)

- Increased caregiver depression and stress are a result of:
  - Working
  - Younger ages
  - Negative reactions to caregiving
  - Number of caregiver hours
  - Low caregiver self esteem
  - Low SES
  - Being a spouse caregiver
  - Presence of memory and behavior problems
  - Absence of a FDW
Policy Implications

- Respite services may alleviate negative attitudes towards caregiving

- Mandatory training for maids to equip them with the knowledge and skills required to care for older persons may enhance the quality of care provided

- Employed caregivers face demands on their time: Partnering with employers to ensure the ability of CGs to facilitate time-off in order to bring their CRs for medical appointments

- Utilization rates of formal care services very low: More research should be done to understand ways to improve uptake
Policy Implications

• Caregiver support groups may be helpful for caregivers. However, these services are not commonly used. The services should be reviewed so as to improve the take-up rate of the services and also to be able to better support the caregivers in future.

• Many caregivers are also reporting that they have chronic diseases: Health promotion and disease management for caregivers are priorities.

• Low SES caregivers need more assistance in dealing with the financial aspects of caregiver burden.

• The use of telemedicine such as caregiver access to online general practitioners and pharmacists may aid in alleviating caregiver burden.