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Predictors of Stress and Strain in Hispanic Caregivers

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Introduction: The role of family caregivers in the United States (U.S.) is becoming increasingly important and the ethnic profile of this group is evolving. The U.S. population is aging significantly, and by 2050 approximately 20% of the U.S. population will be age 65 and above (Federal Interagency Forum on Aging-Related Statistics (FIFAS), 2012). In 2010 there were an estimated 40 million people in the U.S. who were considered an older adult. Current estimates predict that by 2050 the older adult population will swell to over 72 million (FIFAS, 2012). An estimated 40 percent will have a disability, and mobility problems are the most common disability experienced by older adults (U.S. Census Bureau, 2014). This increase in the proportion of older adults with disabilities, including mobility problems, is also accompanied by changes in the ethnic makeup of the people within the U.S. In past years the influx of immigrants into the U.S. has caused sharp spikes in specific minority populations, with Hispanics experiencing the most growth among ethnic minority groups. According to the 2010 U.S. Census data, there were over 50.5 million Hispanic immigrants living in the U.S. reflecting an almost two-fold increase since the year 2000 (Humes, Jones, & Ramirez, 2011). The growth of Hispanics living in the U.S. is tied to its older adult population. Hispanics are the fastest-growing subgroup of older adults in the U.S. and are expected to reach more than 17 million people in 2050 (FIFAS, 2012). Within the Hispanic population, several factors contribute to overall poor health; these factors include cultural barriers, lack of access to preventive care, lack of insurance, poverty, and language barriers (Agency for Healthcare Research and Quality (AHRQ), 2015). This relationship between under diagnosis and under treatment of chronic illnesses significantly contributes to the excess morbidity and mortality seen within this population when compared with other ethnic populations (Evercare & National Alliance for Caregiving, 2008). When age, illness, disability, or mobility problems lead an individual to be unable to meet their own care needs they must rely on a caregiver, often a friend or relative, to help them respond to these needs. Caregiving often occurs in the prime of life, during middle-adulthood, and caregivers often struggle with the responsibility of balancing work and family life while assuming this role. This conflict places Hispanic caregivers at risk for having physical and financial strain and emotional stress associated with caregiver, care recipient, and work-related factors. Currently, in the U.S. minorities and females earn lower median wages (U.S. Bureau of Labor Statistics (BLS), 2016). These factors along with the responsibility of caregiving increase the risk of physical and financial strain, and emotional stress. Hispanics tended to make up larger portions of the workforce in occupations such as agricultural workers, maids and housekeeping, and the construction industry (BLS, 2016). Hispanics are more likely to be entrepreneurs and small business owners than U.S. born workers (Almazan, 2015). Sixty percent of caregivers in America have been employed at some point during their caregiving experience even if they are not currently working (Feinberg & Choula, 2012; National Alliance for Caregiving & AARP, 2015b). Compared to other groups within the working
population in the U.S., minorities and females are more likely to make alterations in their employment status because of caregiving responsibilities (National Alliance for Caregiving & AARP, 2015b). When Hispanic caregivers must make a decision between employment and caregiving, multiple areas of society are affected. Employers are faced with increased turnover rates, productivity issues, and diminished employee morale. Families suffer from loss of income, job security, and employee benefits, which may include health care. Individual caregivers often experience the physical strain, emotional stress, and burdens of caregiving as well as health impairments. Therefore it is critical for society to identify the specific caregiver (age, health status, education), care recipient (diagnosis, age, mobility), and work-related (insurance benefits, part-time work available) factors contributing to physical strain, emotional stress, and financial strain among Hispanic caregivers as we know little about this population compared to other caregiver populations. Pearlin’s Stress Process Model (Pearlin, Mullan, Semple, & Skaff, 1990) informed the questionnaires developed in the parent study and the variables selected for analysis in the current study.

**Aims:** The primary aims of this study were to compare caregiver, care recipient, and work-related factors that contribute to financial and physical strain and emotions stress among Hispanic caregivers using an existing national dataset. Specifically, we aimed to: 1.) Identify the caregiver, care recipient, and work-related factors associated with physical strain among Hispanic caregivers; 2.) Identify the caregiver, care recipient, and work-related factors associated with emotional stress among Hispanic caregivers; and 3.) Identify the caregiver, care recipient and work-related factors associated with financial strain among Hispanic caregivers.

**Methods:** The purpose of the parent study, *Caregiving in the U.S. 2015*, from which we derived data for the current study, was to present a description of unpaid caregivers within the U.S. The study estimated the prevalence of caregiving within the U.S. population and described characteristics, roles, and needs of informal caregivers supporting adults. Conducted in 2014 the parent study was published in 2015 and data were made available online in October of 2015 (National Alliance for Caregiving & AARP, 2015b). The data generated from this survey were used to create a national report, informing the public and guiding policymakers’ understanding of the impact of caregiving on society. While this description of caregiving in the United States was informative, these data could also be useful to explore correlates of stress and strain in specific populations of caregivers. Nearly 8,000 survey respondents yielded a total sample size for the parent study of 1,248 (National Alliance for Caregiving & AARP, 2015a). The 1,248 participants that completed interviews were randomly selected from the total respondents and proceeded to the full questionnaire only if they identified as a caregiver of an adult. Oversampling of minority populations resulted in significant numbers of Hispanic participants in the study. The National Alliance for Caregiving (2015b) in the parent study defined a caregiver as someone who has provided unpaid care to a relative or friend 18 years or older to help them take care of themselves at any time in the 12 months preceding data collection. Caregivers in the parent study were validated by having them to complete the full interview to obtain detailed information about their role (National Alliance for Caregiving & AARP, 2015a). If randomly selected respondents were not caregivers then age, race, gender, family or non-family status of the householder, age of householder, and race of householder information was gathered for the national study (National Alliance for Caregiving & AARP, 2015a). The primary study instrument was a questionnaire, designed by Greenwald and Associates, drawing from the NAC/AARP study, *Caregiving in the U.S. 2009* (National Alliance for Caregiving & AARP, 2015a). The questionnaire, which was available in Spanish or English, describes the characteristics, roles, and needs of caregivers whose care recipients are over age 18 (National Alliance for Caregiving & AARP, 2015a). Within the questionnaire, individual focus areas included medical/nursing tasks, hospitalization, issues faced by working caregivers, and caregivers who provide 21 or more hours of care weekly. The questionnaire was administered by GfK using their web-based KnowledgePanel®, a probability-based online panel, designed to be representative of the U.S. population (National Alliance for Caregiving & AARP, 2015a). For those who agreed to participate, but did not have a computer with Internet connection, GfK provided, at no cost, a laptop with Internet access (National Alliance for Caregiving & AARP, 2015a). The sample population for the current study (n=208) will include only Hispanic caregivers, who completed the interview, and were not part of the oversample. The current study builds on findings from the descriptive parent study by using a multivariate analysis to identify the caregiver, care recipient, and work-related factors reported by
Hispanic caregivers that contribute to their financial and physical strain, and emotional stress. The multivariate analysis will be conducted to identify factors that contribute to financial and physical strain and emotional stress among Hispanic caregivers. The proposed secondary data analysis will look specifically at Hispanic caregivers to determine if there are shared predictors of physical and financial strain and emotional stress.

**Results/Discussion:** A detailed description of the sample will be provided, along with results of correlation and multiple regression analysis and regression diagnostics. Findings from this study have the potential to inform program and policy development such as financial support policies for caregivers, work-place laws concerning paid time off, or examining the Federal Medical Leave Act (FMLA) for further expansion to support working caregivers.

**Title:**
Predictors of Stress and Strain in Hispanic Caregivers

**Keywords:**
Hispanic caregivers, physical strain, financial strain, emotional stress and working caregivers

**References:**


Abstract Summary:
The purpose of this study is to build on findings from the descriptive parent study, Caregiving in the U.S. 2015, by using a multivariate analysis to identify the caregiver, care recipient, and work-related factors reported by Hispanic caregivers that contribute to their physical and financial strain, and emotional stress.

Content Outline:
I. Background
A. Hispanics are the largest minority population in the U.S., and those over 65 are the fastest growing population.
B. Most caregivers in the U.S. have been employed at some point during their caregiving experience. Hispanics are a vital component of the workforce composing over 16% of the total U.S. workforce.
C. Advancements in medical care and prevention have improved life expectancy, resulting in more adults who require some long-term care.²
D. Past research has indicated that caregivers tend to be at an increased risk for physical and financial strain and emotional stress.

II. Body
A. Purpose
a) The purpose of the of the parent study Caregiving in the U.S. 2015 was to present a description of unpaid caregivers of adults within the U.S.

b) The purpose of this study is to build from previous studies by identifying predictors among Hispanic caregivers that contribute to physical and financial strain and emotional stress by performing secondary data analysis

B. Aims

a) Specific Aim 1 – Identify the caregiver, care recipient, and work related factors associated with physical strain among working Hispanic caregivers.

b) Specific Aim 2 – Identify the caregiver, care recipient, and work related factors associated with emotional stress among working Hispanic caregivers.

c) Specific Aim 3 – Identify the caregiver, care recipient, and work related factors associated with financial strain among working Hispanic caregivers.
C. Methods

a) Hispanic caregivers over the age of 18 who may or may not be related to or live with the care recipient. Caregivers must have required care within the previous 12 months of the study and needed assistance with one Activity of Daily Living (ADL) or Instrumental Activity of Daily Living (IADL) during the recruitment period of September 2014 through November 2014.³

b) This study was conducted using GfK’s national probability based online KnowledgePanel®. Respondents from across the U.S. were contacted via telephone or mail.

c) All respondents were given screening regardless of a caregiver in the household or age of care recipient to allow for estimation of a national prevalence, and the full questionnaire was administered to randomly selected respondents who were caregivers of adult care recipients. Greenwald & Associates updated the questionnaire based on previous NAC/AARP studies.

D. Sample population

a) Graph to describe how sample population was derived

E. Preliminary Quantitative Results

a) Graphs to describe results

III. Conclusion

1. Further studies of caregivers who identify as LGBT are needed regardless of ethnicity to expand knowledge and address caregiving needs within the LGBT community.

2. Exploring households that have children with a medical, behavioral, or other condition or disability that requires caregiving while caring for an adult care recipient is needed. Examining multigenerational households in more depth could help address further contributors to physical and financial strain and emotional stress.

3. Findings from this study have the potential to inform program and policy development such as financial support policies for caregivers, work-place laws concerning paid time off, and examining the Federal Medical Leave Act for further expansion to support working caregivers.

4. These results are preliminary and data analysis is still ongoing. The aims of this study will be addressed when data analysis is complete.

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Dr. Graff has extensive experience working with infants, children, and adolescents with and at risk for developmental disability and chronic health conditions and their families. This includes clinical and research experience in rural and urban health care settings. She has presented at local, regional, national, and international meetings on my clinical experience and research and highly value my collaboration with researchers and clinicians from various disciplines. This interdisciplinary work is essential in addressing the health care needs of an increasingly diverse pediatric population in the U.S. and worldwide.

Author Summary: As a member of Jennifer Dolgoff’s faculty committee, Dr. Graff works with other faculty committee members to guide Jennifer’s dissertation research. Her expertise in quantitative, qualitative, and mixed methods research is valuable to Jennifer and the committee as Jennifer moves forward with her research in this area.

Dr. Karlowicz is an associate professor and chair of the School of Nursing at Old Dominion University. Her professional experience has included employment at several health care facilities as a medical-surgical nurse, urodynamic nurse specialist, and urologic nurse consultant; Served as President of the Society of Urologic Nurses and Associates (SUNA), a national organization of approximately 2500 urologic nurses and allied health professionals, from 1993-1995; Editor of the SUNA curriculum textbook, Urologic Nursing: Principles and Practice, published in 1995 by the W.B. Saunders Company. Co-editor of first edition of Urologic Nursing: A Study Guide, published by SUNA in 1996; Appointed to the editorial board of Urologic Nursing, the official journal of SUNA in 2002; Immediate Past President of Epsilon Chi Chapter of STTI; Previous coordinator for Nurse Educator MSN program at Old Dominion University. Currently serving at the chair of the School of Nursing at Old Dominion University.

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