

Adult Child Caregivers' Health Trajectories

and Multiple Roles Over Time

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Purpose

Researchers have tended to underestimate the differences in caregivers' diverse life experiences by holding roles constant (Dannefer & Kelley-Moore, 2009; Pearlin et al., 1990). Further, a majority of caregiving research is cross-sectional and retrospective, which does not provide information about how caregivers' health and roles may change over time (Chumbler et al., 2004). Research is needed to understand how caregivers' psychological and physical health may change over time and whether multiple roles contribute to this change.

Guided by stress process and life course theory as well as previous research, this study sought to answer two research questions:

- What are the average levels (intercepts) and rates of change (slopes) for the psychological and physical health growth curves of adult child caregivers?
- What is the relationship between caregivers' roles and their psychological and physical health over time?

Data and Sample

- Health and Retirement Study (HRS) is a nationally representative, longitudinal, and publicly available study of health, retirement, and aging sponsored by the National Institute on Aging.
- Waves 1994 through 2006 for the 1931-1941 HRS cohort.
- 1,300 adult child caregivers measured by asking, "Did you spend a total of 100 or more hours in the past 12 months helping your parent(s)/stepparent(s) with basic personal activities like dressing, eating, and bathing?"

Analysis

The current study uses a latent growth-curve model because trajectories are the most appropriate way to analyze change in health outcomes (Duncan, Duncan, & Strycker, 2006). Therefore, this study models intraindividual change in caregivers' psychological and physical health and the contribution of multiple roles to this change over a 14-year time frame.

Missing data were estimated using full-information maximum likelihood (FIML) in Mplus Version 6 (Muthén & Muthén, 1998 – 2010), so that data from all cases were included in the analysis.

Table 1 Sample Characteristics and Coding (N = 1300)			
Variables	M	SD	Range
Ascribed statuses			
Age in years	56.67	3.10	52-63
Gender (1 = female; 0 = male)	.79	.41	0-1
Race/ethnicity (1 = White; 0 = non-White)	.77	.42	0-1
Education (1 = > high school; 0 = ≤ high school)	.40	.49	0-1
Household income			
1994	\$47,834.19	\$50,611.50	\$0-728,500
1996	\$53,621.72	\$68,360.89	\$0-1,116,086.48
1998	\$58,348.07	\$133,355.41	\$0-3,994,054.03
2000	\$59,041.92	\$88,821.46	\$0-1,197,704.00
2002	\$57,692.48	\$89,713.33	\$0-1,478,439.83
2004	\$54,610.47	\$71,686.58	\$0-1,200,000.00
2006	\$59,889.51	\$177,853.08	\$0-5,188,471.73
Attained roles			
Caregiving role (1 = yes; 0 = no)			
1994	.23	.42	0-1
1996	.28	.45	0-1
1998	.25	.44	0-1
2000	.20	.40	0-1
2002	.20	.40	0-1
2004	.18	.39	0-1
2006	.14	.34	0-1
Marital role (1 = yes; 0 = no)			
1994	.67	.47	0-1
1996	.67	.47	0-1
1998	.65	.47	0-1
2000	.64	.48	0-1
2002	.62	.48	0-1
2004	.61	.48	0-1
2006	.59	.48	0-1
Parenting role (1 = yes; 0 = no)			
1994	.25	.44	0-1
1996	.29	.45	0-1
1998	.25	.43	0-1
2000	.21	.40	0-1
2002	.21	.39	0-1
2004	.20	.37	0-1
2006	.20	.37	0-1
Employment role (1 = yes; 0 = no)			
1994	.57	.49	0-1
1996	.49	.49	0-1
1998	.42	.49	0-1
2000	.35	.47	0-1
2002	.25	.42	0-1
2004	.19	.37	0-1
2006	.15	.33	0-1
Health Outcomes			
Psychological Health (8 = more negative feelings; 0 = no negative feelings)			
1994	1.45	2.07	0-8
1996	1.38	1.97	0-8
1998	1.74	2.11	0-8
2000	1.64	2.04	0-8
2002	1.62	2.07	0-8
2004	1.54	2.08	0-8
2006	1.38	1.97	0-8
Physical Health (5 = poor; 1 = excellent)			
1994	3.43	1.13	1-5
1996	3.42	1.10	1-5
1998	3.21	1.09	1-5
2000	3.30	1.10	1-5
2002	3.17	1.08	1-5
2004	3.10	1.07	1-5
2006	3.10	1.06	1-5

Findings

The CFI (0.98, 0.98), RMSEA (0.06, 0.06), and unstandardized coefficients for average level (-0.76, 3.427) and rate of linear change (0.02, -0.06) for both psychological and physical health models, respectively, showed an acceptable fit. The slope or rate of change for psychological health increased over time (worsened) and the rate of change for subjective physical health decreased over time (improved).

Table 2 Latent Growth Curve Model Estimates for Adult Child Caregivers' Psychological and Physical Health (N = 1,300)										
Variable	Intercept	Slope	1994	1996	1998	2000	2002	2004	2006	
Psychological Health										
Ascribed statuses										
Age	-.02*	.01								
Gender	.06	.01								
Race	-.19**	-.02								
Education	-.41**	.01								
Income			-.05*	-.05**	-.01	-.01	-.03	-.04	-.06*	
Attained roles										
Caregiving			.21**	.05	.16**	.09	.04	.24**	.10	
Marital			-.30**	-.32**	-.20**	-.15**	-.27**	-.29**	-.22**	
Parenting			.16**	.08	.05	.05	.04	-.07	-.03	
Employment			-.24**	-.05	-.12*	-.15**	-.17	-.21**	-.14	
Physical Health										
Ascribed statuses										
Age	.01	-.01								
Gender	.13	-.01								
Race	.43**	-.03*								
Education	.49**	-.01								
Income			.01	.05**	.02	.06**	.03*	.05**	.07**	
Attained roles										
Caregiving			-.02	.01	-.03	.04	-.02	.01	.02	
Marital			.17**	.06	.11*	.04	.19**	.08	.08	
Parenting			.01	-.07	-.01	.01	-.03	-.11*	-.02	
Employment			.27**	.16**	.16**	.11**	.11*	.12*	.04	

* p < .05, ** p < .01

Conclusions

- Caregivers' health changes both positively and negatively over time depending on the type of health being examined.
- The contribution of roles vary depending on the health outcome, with caregivers' family and non-family roles inconsistently predicting their psychological and physical health trajectories.
- Study findings suggest that being married and employed is a protective factor for caregivers' psychological health, but a risk factor for their physical health.
- Findings suggest that younger, non-White, less educated, lower-income caregivers who are not married and not working may need more assistance with improving their psychological health whereas more educated, higher income, married, and employed caregivers may need assistance with managing their physical health over time.

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Figure 1

Latent Growth Curve Model Showing the Contribution of Caregivers' Ascribed Statuses and Attained Roles on Their Psychological and Physical Health

