

10 Empirical findings on the physical health of carers

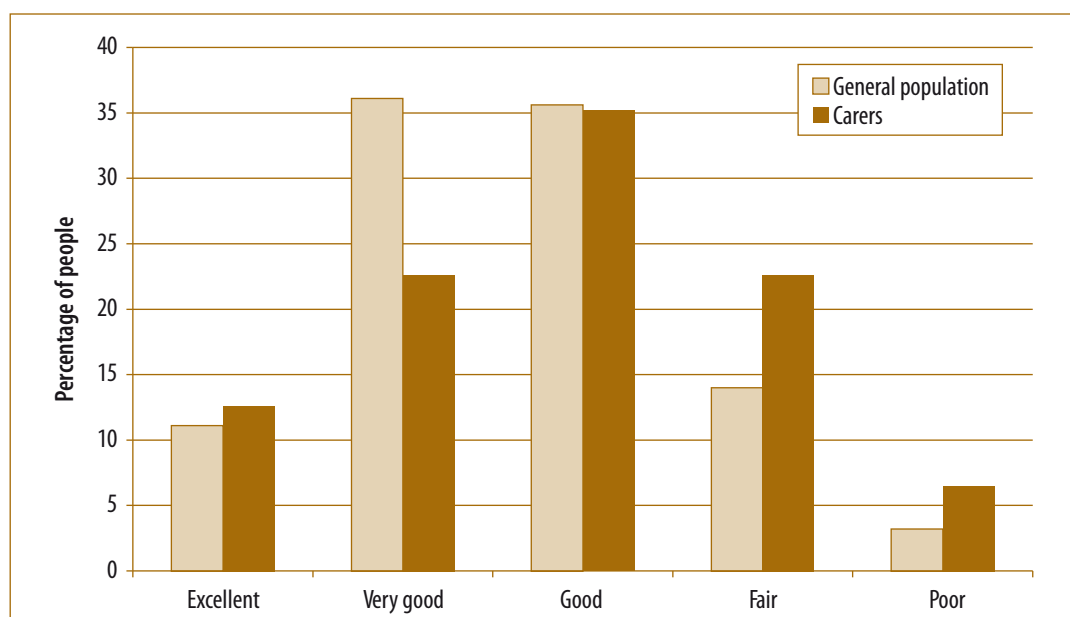
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The empirical literature suggests that the self-rated physical health of carers for a person with a disability is worse than the physical health of the general population (Pinquart & Sorensen, 2003; Vitaliano et al., 2003). This chapter addresses the physical health of carers.

The Families Caring for a Person with a Disability study measured carers' physical health, using the question: "In general, would you say your health is excellent, very good, good, fair or poor?" Self-rated health has been found to be highly predictive of subsequent morbidity and mortality, independent of other factors (e.g., Jenkinson & McGee, 1998). Also, research examining this measure has found that this question reflects the presence of acute and chronic physical health problems (Ware et al., 2002).

Caring status and gender

Carers from the FCPDS had significantly worse physical health than the general population (see Figure 10.1). A higher percentage of carers indicated that they had fair or poor health than did the general population, although about the same proportion of carers (35.3%) and people from the general population (35.6%) stated they were in good health. People who say that they are in fair or poor health are commonly considered to have poor health, and this outcome has been widely used as an indicator of poor health in other surveys (Kim, Subramanian, & Kawachi,



Notes: Carers have worse physical health than the general population ($\chi^2(4) = 125.42, p < .001$).

Sources: FCPDS 2006; HILDA Wave 4.1

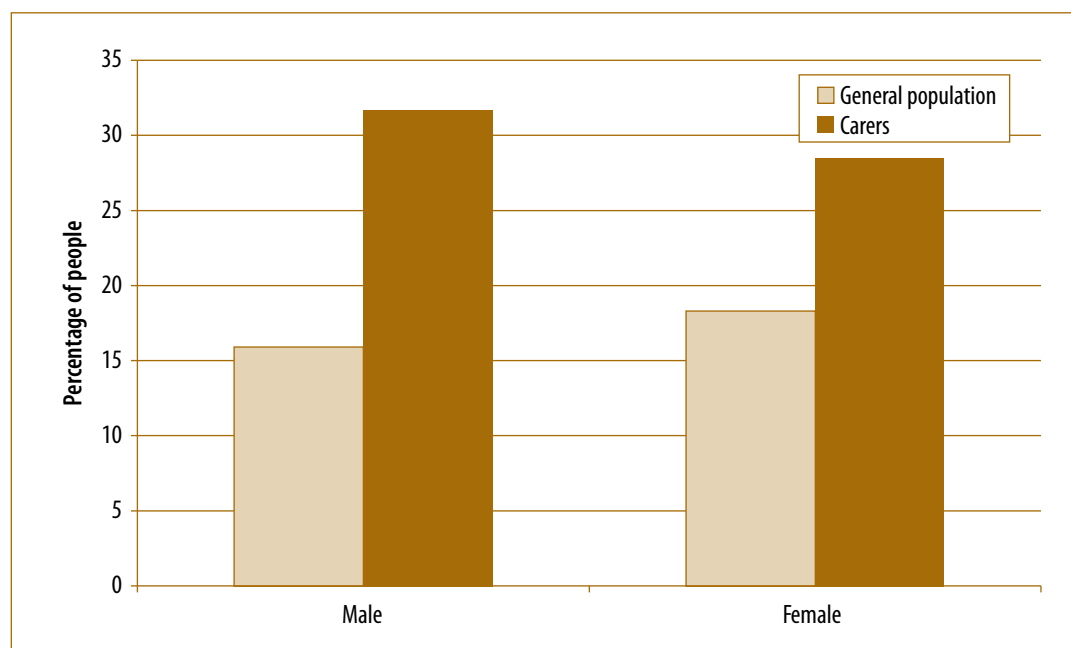
Figure 10.1 Level of physical health, by caring status

2006). Combining these responses, 29.0% of carers were in poor health compared to 17.2% of the general population.⁸²

The rates of poor health were much higher for female carers (28.5%) compared with females from the general population (18.3%). The same pattern was also evident for poor health in male carers (31.7%) compared to the general population of males (15.9%). Details are displayed in Figure 10.2.

Age

Differences between carers' self-rated physical health and the general population were also evident across most age groups. As there were too few male carers for valid comparisons to be made across age groups, our analysis focused on female carers. Compared to females in the general population, a greater percentage of female carers had poor physical health when aged 18 to 35 years, 36 to 50 years and 51 to 65 years. The percentage of poor physical health in female carers and the general female population was only comparable when people were aged 65 years or older. The differences across the younger age categories suggest that the lower levels of physical health reported by carers is not a function of carers being an older group of people, but rather reflects the physical toll that caring can place on the body. Our results for older people could be interpreted to mean that caring does not have an impact on physical health for carers aged 65 years or older. It is likely however, that these results reflect a selection effect, where people who are capable of providing care when aged 65 years or older continue to care when they are physically robust, while frailer older carers give up providing care and make other caring arrangements for their relative. It also evident from Figure 10.3 that, in the general population, the percentage of people reporting poor physical health increases with age. In contrast, the percentage of carers reporting poor physical health is similar for the carers aged 35 years or over. This further indicates that the prevalence of poor physical health among carers may not relate directly to ageing processes, but rather to physical and other strains induced by caring.

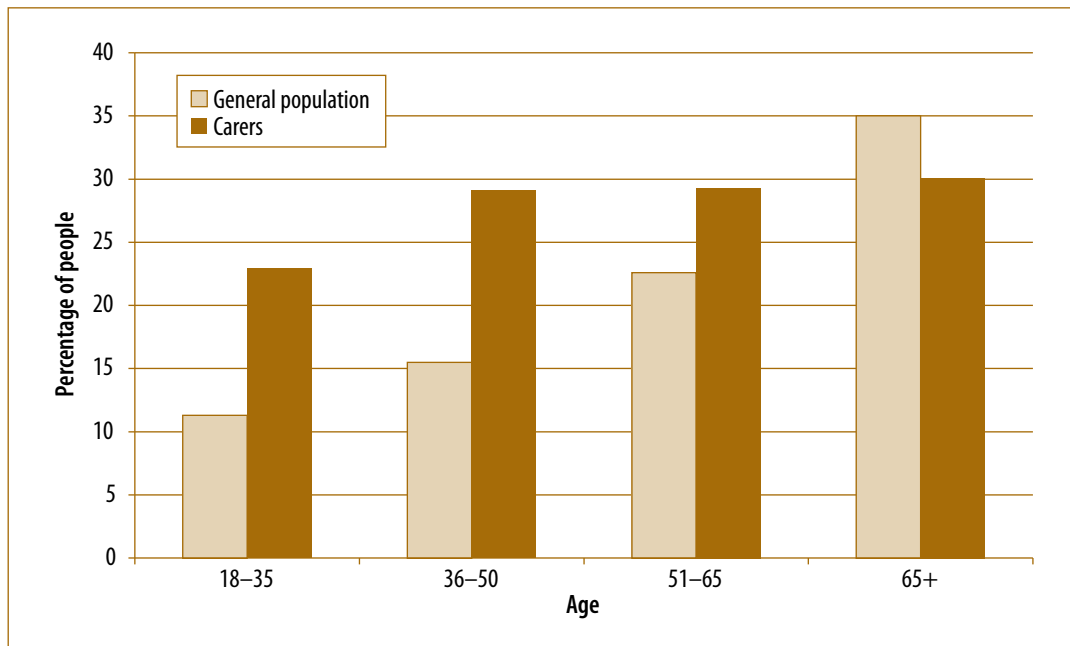


Notes: A greater proportion of female carers were in poor physical health than females from the general population ($\chi^2(1) = 45.30, p < .001$). A greater proportion of male carers were in poor physical health than males from the general population ($\chi^2(1) = 38.66, p < .001$).

Sources: FCPDS 2006; HILDA Wave 4.1

Figure 10.2 Incidence of poor physical health, by gender and caring status

82. A greater percentage of carers were in poor health than the general population ($\chi^2(1) = 89.04, p < .001$).



Notes: Compared to females in the general population, a greater percentage of female carers had poor physical health when aged 18 to 35 years ($\chi^2(1) = 13.25, p < .001$), 36 to 50 years ($\chi^2(1) = 33.68, p < .001$) and 51 to 65 years of age ($\chi^2(1) = 4.68, p < .05$). There were not statistically significant differences for people aged 65 years or older ($\chi^2(1) = 1.16, p > .05$)

Sources: FCPDS 2006; HILDA Wave 4.1

Figure 10.3 Incidence of poor physical health, by age and caring status

Care needs of the person with a disability

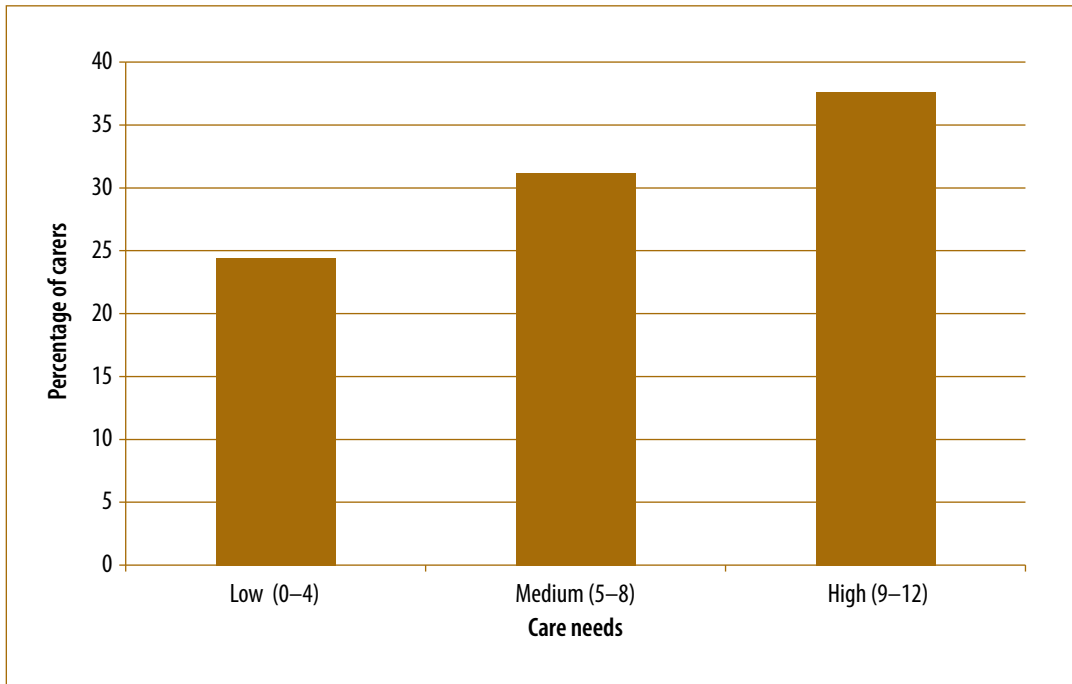
Caring for a person with a disability may exact a physical toll, either directly through physical wear and tear or indirectly by restricting the time and energy available for health care behaviours, such as seeing a doctor for regular health check-ups or by engaging in regular physical exercise. People with a disability who have higher care needs may require more physical care by the carer and more time to be devoted to their care, and consequently leave less time for the carer to engage in health care behaviours. Figure 10.4 suggests that higher care needs of the person with a disability were associated with a higher rate of poor physical health. For example, 24.4% of carers who were caring for a person with a disability with low care needs had poor physical health, while 37.6% of carers had poor physical health when they cared for a person with a disability with high care needs.

Caring for more than one person with a disability

Caring for more than one person with a disability may necessitate an increased amount of care, as well as needing to meet a broader variety of care needs. The likelihood of carers needing to engage in direct physical care may be increased and the time available for health care behaviours decreased. Figure 10.5 shows that, as would be expected, carers who cared for two people with a disability had significantly higher rates of poor physical health than those who cared for one.

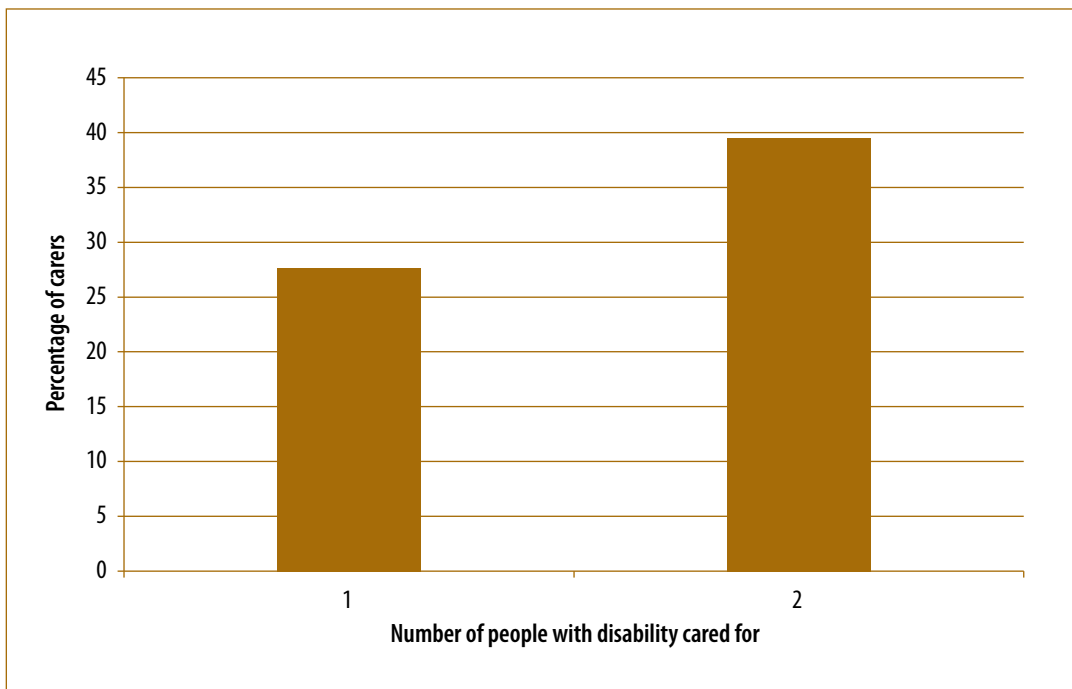
Unmet support needs

The level of unmet support needs may have an indirect influence on carers' physical health. The stress of caring for a person with a disability has been found to be buffered by perceptions of support and, consequently, for carers who felt supported, their physical health symptoms were affected less by caregiver stress (Goode, Haley, Roth, & Ford, 1998). While such complex analyses are beyond the purview of this report, we did examine the direct association between carers' physical health and their perceptions of support. We found that there was an association



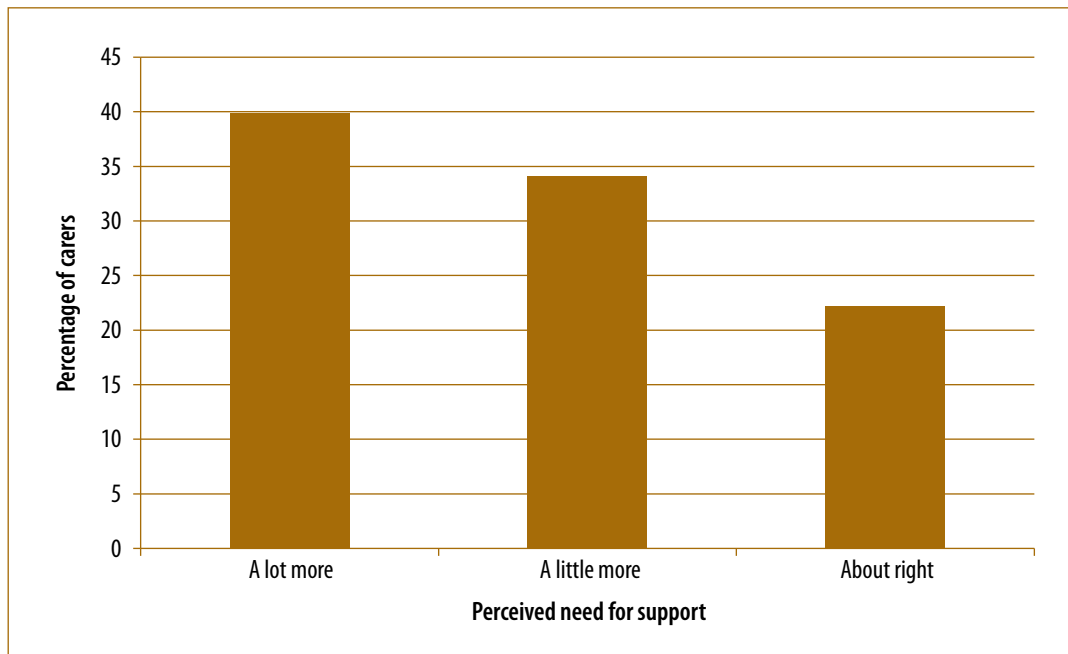
Note: Higher care needs of the person with a disability were associated with a higher rate of poor physical health ($\chi^2(2) = 11.32, p < .01$).
 Source: FCPDS 2006

Figure 10.4 Incidence of poor physical health of carers, by care needs



Note: Carers who cared for two people with a disability had higher rates of poor health than carers who cared for one person ($\chi^2(1) = 6.88, p < .01$).
 Source: FCPDS 2006

Figure 10.5 Incidence of poor physical health of carers, by number of people with a disability cared for



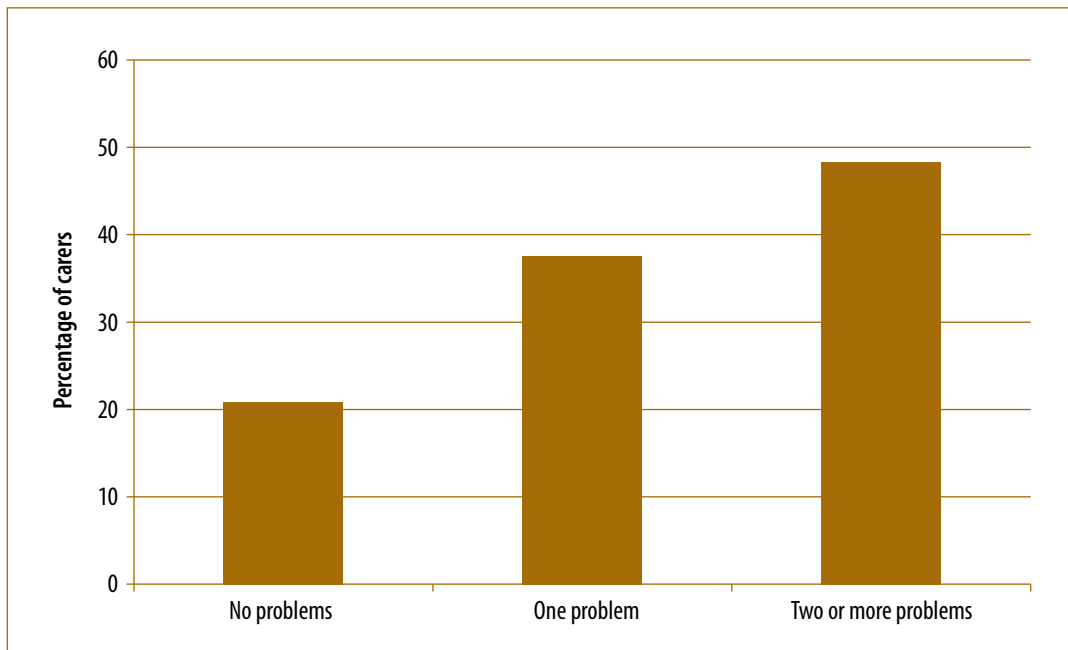
Notes: $\chi^2 (2) = 26.39, p < .001$
 Source: FCPDS 2006

Figure 10.6 Incidence of poor physical health of carers, by perceptions of support needed

between carers’ perceptions of support and their physical health. Carers who said they felt they needed a lot more support were 1.8 times more likely to have poor physical health than carers who indicated that the support they received was about right (39.9% versus 22.2%). Whether the mechanism by which support operates directly or indirectly (e.g., by reducing the physical care undertaken by the caregiver or moderating psychological stress) is unclear from these data. More detailed analyses of these data could shed light on these mechanisms.

Family functioning

Very few studies have examined how family relationships may influence the physical health of the carer in the context of caring for a person with a disability. Effective family functioning may enable families to coordinate and distribute support in a more equitable fashion throughout the family, thereby reducing the caring load on the primary carer. Moreover, good family relationships have been found to ameliorate carers’ stress (Edwards & Clarke, 2004; Higgins et al., 2005), and carer mental health problems have been associated with physical health problems such as coronary heart disease (Vitaliano et al., 2002). In the FCPDS, we used a five-item measure of family functioning (see Chapter 3). We tallied carers’ responses to the five items to indicate when a problem in a family functioning dimension occurred. The data presented in Figure 10.7 suggests that there was a statistically significant association between carers’ physical health and problems in family functioning. For example, when there were no problems in any of the dimensions of family functioning, 20.8% of carers had poor physical health, compared to the 48.3% of carers who indicated there were two or more dimensions of family functioning in which there were problems. These results suggest that family functioning was associated with carers’ poor physical health. Further research investigating mechanisms of risk are required, as well as further analyses controlling for confounding variables such as education and household income. Longitudinal studies will enable the temporal direction of the association to be tested; it could be that having poor physical health means that people evaluate their families more negatively.



Note: More problems in family functioning were associated with higher rates of poor physical health in carers ($\chi^2(1) = 48.72, p < .001$).
 Source: FCPDS 2006

Figure 10.7 Incidence of poor physical health of carers, by number of family functioning problems

Conclusion

In summary, almost twice as many carers were in poor physical health (29.0%) than the general population (17.2%). These elevated rates of poor physical health were not the result of carers being older than the general population, as female carers had poorer physical health than females in the general population for all age categories except when carers and the general population were aged 65 years or more.

Several factors were associated with higher rates of poor physical health for carers. Higher rates of poor physical health were associated with caring for a person with a disability with high care needs and more than one person with a disability. One or more problems in family functioning was also associated with higher rates of carers' poor physical health. Carers who indicated that they needed more support (a little or a lot) also had higher rates of poor physical health than carers who said the support they received was "about right".