

Social participation and depressive symptoms of carer-employees (CEs) of older adults in Canada: a cross-sectional analysis of the Canadian Longitudinal Study on Aging (CLSA)

Research Brief

BACKGROUND

Previous studies have shown that social participation in community-based activities (i.e., cultural/educational activities, recreational sports) is an important component of health. Due to carer-employees (CEs) having to juggle caring responsibilities with paid work, they often must miss opportunities for social participation, and give up hobbies and recreational activities. This can lead to enhanced stress, depression, and feelings of isolation, as well as limited time alone with family (Wang et al., 2018). Consequently, it is important to assess whether carers' social participation exhibits any modifying or protective effect on their depressive symptoms. While it can be rewarding to care for a loved one, the negative health impacts may snowball over time.

STUDY METHODS

Adopting Pearlin et al.'s stress model (1990), multivariate linear regression was used to examine the relationships among carer role, social participation, and depressive symptoms in Canadian employees using the first two waves of CLSA data, while controlling for possible confounders. The CLSA Wave 1 (2010) and Wave 2 (2014) data were used to carry out two cross-sectional analyses to examine the association between CEs and depressive symptoms, and to better understand the moderation effect of social participation.

RESEARCH QUESTIONS

- Are higher levels of social participation associated with lower depressive symptoms for both carer and non carer-employees?
- Is the association between carer status and depressive symptoms moderated by social participation? and, if so,
- Does the moderation effect of social participation on depressive symptoms change from data collected at different times (2010 and 2014)?

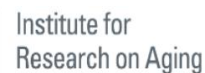
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Funding was provided via MIRA a via CIHR/SSHRC Healthy, Productive Work Partnership Grant: "Scaling up the Career Inclusive Accommodating Organizations Standard" FRN: HWP - 146001 (CIHR); 890-2016-3018 (SSHRC).

HIGHLIGHTS OF THE STUDY

What does this study add to existing knowledge?

- CEs were more likely to report higher depressive symptoms compared with non-CEs in both waves, after controlling for socio-economic demographic variables, general health status, and access to health care.
- Social participation is negatively associated with CEs' depressive symptoms in Wave 2 but not in Wave 1, indicating that the protective moderating effect of social participation gradually becomes significant against depressive symptoms.

RECOMMENDATIONS

What are the key implications for public health interventions, practice or policy?

- The study provides the evidence needed to ensure that CEs remain socially engaged to combat depression.
- One novel social participation strategy is the adoption of carer-friendly workplace programs where one works (CFWPs).
- CFWPs include a range of workplace initiatives, such as carer support groups, education and training seminars, peer-support programs and specialized training for supervisors/managers, as well as interventions to support a carer-friendly workplace culture.
- The complimentary CSA Carer-Inclusive and Accommodating Organizations Standard (<https://www.csagroup.org/article/b701-17/>) and Guide (<https://www.csagroup.org/article/b701hb-18>) provide a ready set of guidelines for workplaces to create a CFWP (available in French). For more tools, see <https://ghw.mcmaster.ca/tools-and-curriculum/ghw.mcmaster.ca>.

References:

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