

CERTIFIED NURSING ASSISTANTS WITH FAMILY CAREGIVING ROLES: ACUTE CARE UTILIZATION AMONG DOUBLE-AND-TRIPLE-DUTY CAREGIVERS

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Certified Nursing Assistants (CNAs)

- Backbone of the formal long-term care system in the U.S.
- Provide nearly 80% of the hands-on care and emotional support for elderly, disabled, and chronically ill Americans
- One of the nation's largest, fastest-growing workforces
- But a worsening shortage amid an increasing demand
- Greater understanding of work-family pressures

A Neglected Work-Family Pressure: Double-and-Triple-Duty Caregiving

- **Double-duty caregivers**

- Paid health care professionals who simultaneously provide unpaid care to one type of recipient in their 'off' time from work
 - **Double-duty-child caregivers** care for dependent children
 - **Double-duty-elder caregivers** care for older adults

- **Triple-duty caregivers**

- Healthcare professionals who also informally care for dependent children **AND** older adults

Relevance for the Health Care Industry

- Double-and-triple-duty caregivers report **poorer health and well-being** as well as **more work-family conflict** than workplace-only caregivers
 - **Physical and emotional exhaustion, physical and mental fatigue, strain, stress, anxiety, psychological distress, compassion fatigue, greater recovery needs, presenteeism**
- Health and work-family balance affects quality of care
 - **Poorer work performance (e.g., medication-related errors)**

Research Questions

- 1) How do double-and-triple-duty caregiving, compared to workplace-only caregiving, relate to acute care utilization?
- 2) What factors are associated with acute care utilization?
- 3) Are double-and-triple-duty caregiving role occupancy uniquely associated with acute care utilization beyond the effects of other factors?

Behavioral Model of Health Services Use

- Health care utilization is an individual behavior resulting from three sets of contextual factors
 - *Predisposing*
 - Exist prior to illness onset
 - *Enabling*
 - Means by which health services can be accessed when needed
 - *Need*
 - Perceived or clinician-evaluated health status and functioning

Work, Family and Health Study (WFHS)

- Employee data from the baseline wave of the WFHS
- Recruited from 30 nursing homes owned by a long-term health and specialized care company in New England
- Involved in direct patient care, worked a minimum of 22 hours per week, and did not do regular night work
- Of 1, 783 eligible employees, 1, 524 (85% response rate) enrolled in the WFHS
- 884 certified nursing assistants (CNAs) without missing data

Predictors: Double-and-Triple-Duty Caregiving Role Occupancy

Measure	Criteria for Role Classification	Frequency (%)
Workplace-only caregiver	<ul style="list-style-type: none">No family care responsibilities based on the criteria listed below	317 (36%)
Double-duty-child caregiver	<ul style="list-style-type: none">Had at least one child aged 18 years of age or older who lived with them for at least 4 days per week	302 (34%)
Double-duty-elder caregiver	<ul style="list-style-type: none">Provided care (i.e., assistance with shopping, medical care, or financial/budget planning) for at least 3 hours per week in the past 6 months to an adult relative, regardless of residential proximity	138 (16%)
Triple-duty caregiver	<ul style="list-style-type: none">Fulfilled criteria for each double-duty-caregiving role	127 (14%)

Acute Care Utilization Measure

Measure	Item	Range and Mean (SD)
Acute Care Utilization	During the past 6 months, how many visits have you made to the emergency room or urgent care treatment facility for health treatment for yourself?	 <p>0.37 (.93)</p>

Contextual Factors

Predisposing	Enabling	Need
<ul style="list-style-type: none">▪ Age▪ Gender▪ Race▪ Postsecondary education▪ Marital status▪ Hours worked per week	<ul style="list-style-type: none">▪ Annual household income▪ Health insurance	<ul style="list-style-type: none">▪ High blood pressure▪ Cancer▪ Diabetes▪ Psychological distress▪ Psychological job demands▪ Work-related injury▪ Sleep duration▪ Body mass index▪ Smoker▪ Disabled child

Incident Rate Ratios for Acute Care Visits

	<u>Model 1</u> IRR [95% CI]	<u>Model 2</u> IRR [95% CI]
Double-duty-child care	1.34 [.91, 1.98]	1.14 [.72, 1.80]
Double-duty-elder care	2.12** [1.65, 3.50]	1.91* [1.11, 3.27]
Triple-duty care	2.40*** [1.65, 3.50]	1.77* [1.09, 2.88]
Cancer	---	2.23** [1.31, 3.78]
Psychological job demands	---	1.40*** [1.20, 1.64]

Discussion

- Double-duty-elder and triple-duty caregivers had higher acute care utilization rates than workplace-only caregivers
 - Informal elder care as a barrier to more routine health care utilization
 - Familial pressure
- The need component was the only contextual factor related to acute care utilization
 - Consistent with findings from family caregiving studies
 - Need factors may be particularly salient for CNAs

Limitations	Future Research Directions
Cross-sectional analyses	Longitudinal inquiries into the Behavioral Model of Health Services Use
Self-reported counts of acute care utilization	Objective acute care utilization data (e.g., administrative databases); reason for health care visit
Lack of generalizability due to non-random sampling	More representative, U.S.-based sample
Double-and-triple-duty caregiving role occupancy measures	Add care recipient characteristics to and use more precise family caregiving measures in the Behavioral Model of Health Services Use

Citation

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