

# Mental Health of Informal Caregiving PhD Candidates in the Netherlands

## *Preliminary Findings*

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# Informal Caregiving Definition

*Think of your partner, family, friends or neighbor who needs support because of physical, mental or intellectual disabilities, or old age.*

*Examples are housekeeping, bathing and getting dressed, keeping company, taking care of transport or doing chores.*

*Assistance in the context of your occupation or voluntary work are not considered.*

# Previous findings

- Conflict between work and informal care giving  
*(Mattijssen, Van Echtelt & De Boer, 2016)*
- Gender differences in working strategies of informal care givers  
*(Plaisier, De Boer & De Klerk, 2017)*
- Well-being of adolescents who are informal care givers  
*(De Roos, De Boer & Bot, 2017)*
- Well-being of students in higher education who are giving informal care  
*(Van Tienen, De Boer, De Roos, Van der Heijde & Vonk, 2018)*

# Research Questions

- What is the prevalence of informal caregiving among PhD candidates in the Netherlands?
- Caregiving to whom? Characteristics of caregiving PhDs candidates? Combination and strategy of care and PhD project? Role of supervisor?
- To what extent is informal caregiving related to (mental) health problems?

# Methodology

- Survey among PhD candidates in NL (*Dec18-Feb19*)
  - 243 respondents
  - 70 informal caregivers
- Interviews among PhD candidates in NL who give informal care (*Jan-March 19*)
  - 15 interviews structured around background information, informal care situation, and combination of giving informal care and doing PhD
  - Dutch/non-Dutch
  - Full-time/part-time PhD candidates

# Questionnaire

An abstract graphic composed of blue geometric shapes. It features a large circle on the right side, with several thick blue lines radiating from its center towards the left and top edges of the frame. The background is a solid blue color on the left, transitioning to white on the right.

# Prevalence

Informal caregiving	Respondents	
Yes	n=70	28.9%
No	n=172	71.1%
	<i>n=242</i>	<i>100%</i>



# Informal Caregiving (IC) to Whom?

Who?	Female	Male	Total
	%	%	%
Partner	23	27	24
Brother/Sister	11	13	12
Daughter/Son	6	10	7
Friend	26	30	28
Other (e.g. parent)	34	20	29
<i>Total</i>	<i>n=53</i>	<i>n=30</i>	<i>n=83</i>

Average time /  
week: **5.5 hours**

Range between  
1-40 hours



# Characteristics of PhDs with IC tasks

		IC n=70	Non IC n=172
		%	%
<b>Gender</b>	Female	61	58
	Male	39	42
<b>Nationality</b>	Dutch	67	58
	Non-Dutch	33	42
<b>Age (years)</b>	Mean	29	30
	Range	24-47	24-47
<b>PhD Phase</b>	Junior	29	71
	Senior	29	71
<b>Field</b>	Medical & health	33	23
	Natural sciences	31	23
	Social sciences & humanities	36	54

# (Role of) Supervisor

## PhD informed supervisor(s)

Yes	n=23	33%
No	n=47	67%

## Agreements with supervisor(s) *n=8*

Working more at home	n=6
Flexible working hours	n=5
Regularly taking a day off	n=5
Working less hours	none

## Reasons for not informing PhD supervisor(s):

*'I felt I could manage the situation without it affecting my work'*

*'...because we do not talk about personal stuff'*

*'...because I think he is not interested in my personal life'*

# General Health Questionnaire

- Most widely used instrument / screening in occupational health research
- 12 items
- 4 pt. likert scale / coding scheme 0-0-1-1
- At risk: minimal number of 4 symptoms [GHQ4+]
- Used in UK, Australian & Belgium studies of academic staff (*e.g. Winefield et al 2003; Kinman and Jones 2008, Leveque et al 2016*)

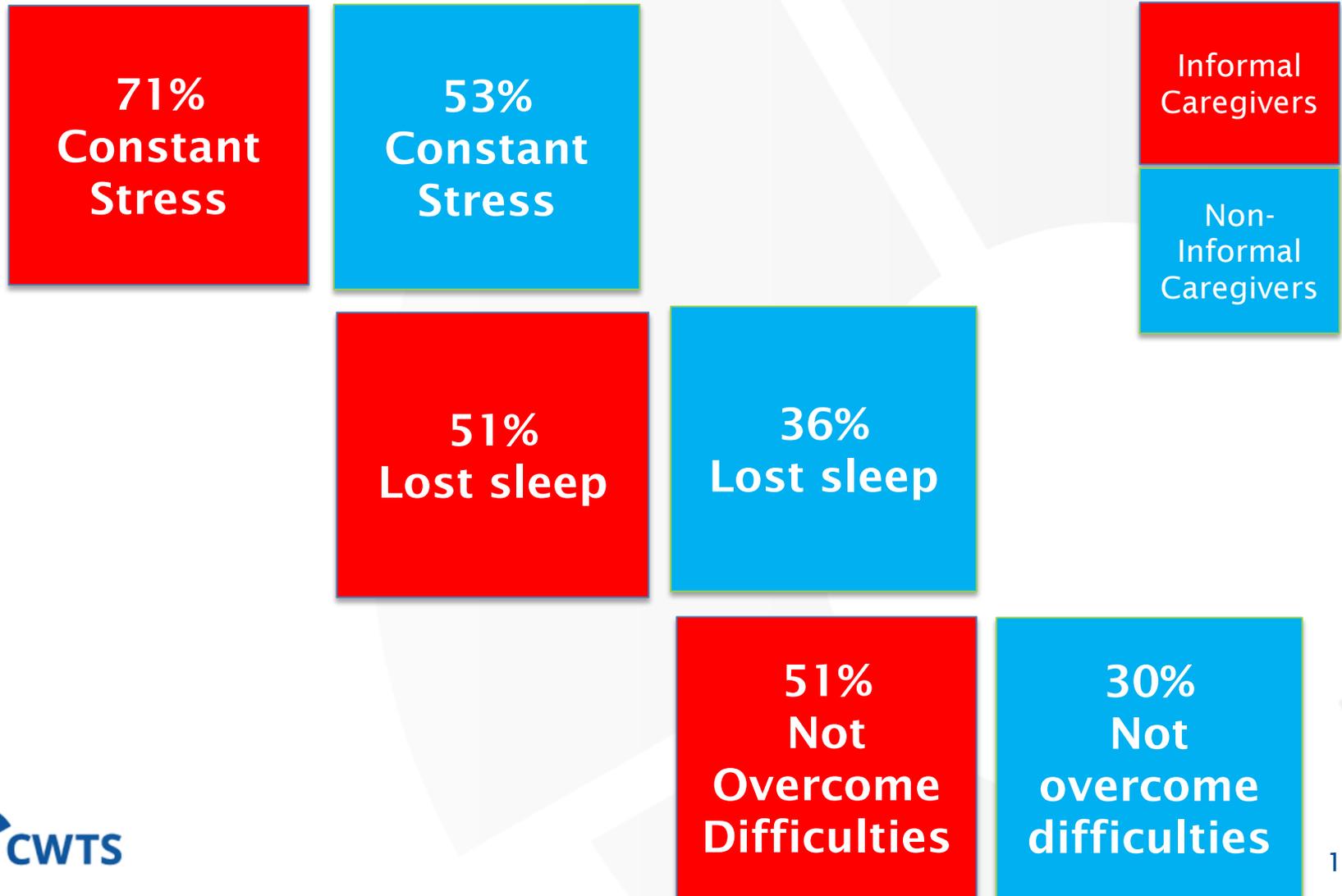
# Example item GHQ questionnaire

**Q. How have you been feeling the last few weeks?**

*Please report your current problems, not those you might have had in the past.*

Been able to concentrate on whatever you are doing	Better than usually	Just as good as usually	Worse than usually	A lot worse than usually
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# Mental Health of PhD candidates





# IC and mental health of PhD candidates

	OR	p
<b>Female</b>	<b>2,102</b>	<b>,018</b>
Age	1,002	,949
<b>Non-Dutch nationality</b>	<b>2,462</b>	<b>,004</b>
Medical sciences	,624	,839
Natural sciences	1,480	,316
PhD Phase	1,157	,626
<b>Informal Care</b>	<b>,574</b>	<b>,083</b>

*Logistic regression analyses*

# Interviews

# Preliminary findings from the interviews

- No severe health problems reported related to informal care giving: a combination of things
- Some delay
  - Not many PhD candidates know the existence of care leave (zorgverlof)
- Flexibility as work strategy
- Supervision
  - Most of the supervisors know, sometimes empathy is lacking

# Some transcripts – Mental health

*“I think this was a little bit the phase in which I maybe **denied** a bit that it was coming from the situation at home, I thought I didn’t know what choices to make for my research, I just **blame my work** for it. Afterwards [...], you learn by doing, it was obviously the **home-situation** which was an **enormous burdening**, but I didn’t know what it was.” (R11)*

*I think that these [**burn-out symptoms**] really arose because my parents will divorce. But the question is if this is really coming from **giving the informal care** or the **emotional impact** from separating, it will be a **combination**. And yes, then **fatigue symptoms** and **anxiety** arise of which you think: this is not good, I have to take it easier.” (R12)*

*“Eh, the point where it’s **sustainable**, then obviously the **care isn’t a burden**. You are nicely balanced [...] When it’s **not sustainable**, it’s really, really tough. **leading to the burnout**.” [...] “X: Eh, and has the care been a burden for you? Y: Yeah, I don’t think I’d have this problem and the **problems** that I have now. [...] So now for a year I had this issue [...] and it’s, it really **distracts me, quality of life**, you want to go out, socialising. It sounds ridiculous, right? [...] I don’t know how to say, triggers come up every now and again [...], make you feel really rough.” (R14)*

# Some transcripts – Supervision

*“Well, sometimes I had the feeling that it was [...] a **checklist**, that my promoter was asking: how is your father doing? [...] Then I replied and she was like: okay, then we move on to the **next point** on the agenda. So she thought she had to do something with it, because she knows it’s there, but it wasn’t really in her mind what it really meant.” (R2)*

*“In theory I could have started working **part-time** or something, but this option was never told to me by someone else. There was actually **nobody** who was asking more questions about the situation, if the situation was **maintainable** anyway. And that’s something my **boss** should have asked me [...] Once in a while he was asking me how my mother was doing. But [...] then I said: she’s still in treatment, something like this.” (R3)*

*“Yes, at a certain moment I realized that I was only **staring** at my computer screen, this is not good you know [...] As a PhD candidate you of course have to, you are being **paid to think**, [...] the **focus** is the first thing that you lose if you for instance are encountering a **burn-out** [...] I just realized that I was reading paragraphs four-five times and that I thought: this is not working. Or I had to program at the computer and [...] I kept on staring at the lines and I just didn’t manage to do it. This is something I thought of: this is not good [...] I **raised the alarm** [...] So then I **talked to my promoter** and indicated: it is not going so well, I think I should talk to the **company doctor**” (R11)*

*“I’ve got a lot more work to do and she’s **frustrated**. She’s like: we’ve given you nine months. I’ve tried my best to be **understanding**. I understand your husband’s sick but you still **haven’t finished writing**.” (R17)*

# Some transcripts – Work strategies

*“X: What worked for you in order to **combine** the **informal care** and doing a **PhD**? Y: Well, getting the **space** to [...] be able to devote time to it, but also to [...] organize my work in a **flexible** way [...] Something else that was pleasant was that I could be **open** about it, about how the situation was and how it was for me so that people can take it into account.” (R2)*

*“ [...] Practically my work was a bit my **‘hide-out’** like: okay, private life is a mess now [...] But now you **focus on your work** and then you still have that [...] I just had those **two most important** things in my life: my mom and my job. And then I filled in both a bit, dependent upon my mother [...] Once in a while I did something fun, because I know that if I wouldn’t do that I would go west. But that was actually my **strategy: just go.**” (R3)*

*“That’s something I find really pleasant about the combination of informal care and research, that you can manage your time so **flexibly**. So if you go to the hospital during the day, then you can work your hours in the evening [...] That comes at the **expense of resting**, but like I said before: I just don’t do that for the moment, but it makes you very flexible.” (R4)*

*“I just have my **standard working hours** I try to stick to, but if that doesn’t work out, if I have to go to the city hall for a form or something, then I just do that” (R11)*

# Some transcripts – PhD progress

*“[...] It just **delays** the process [...] Even though you perfectly make your hours, the fact that your father is dying just causes **distraction** [...] You just can’t deliver what you should deliver. Because you don’t have the calmness. And I also think that the thing that causes the most delay is, you’re **running** so much, the **calmness** and **focus** you need to do it exactly right, is just **lacking**” (R4)*

*“[...] I tried to spend it [time] as useful as possible, but I do see that there is a **difference** compared to if I would have had a normal year. Which is mainly found in the **emotional concern**. And I think that with **another type of job**, this would be absolutely different” (R9)*

*“If I don’t work 25% of the time, and legitimized, because then I can’t work [...] but then my **deadline** doesn’t stop, you know. Look, this applies to an employee, but I have to **finish this PhD project** [...] Thus I indeed think that the **legitimized missed time**, if it is care leave of sick leave, should be given **extra** to you at the end of the PhD.” (R11)*

*“...it [informal care situation] influences the **amount of energy** you have and how much **time** you have to do stuff. Especially the **amount of focus**. Because I really notice that I sometimes sit behind my desk like a **sandbag**. This shouldn’t take too long of course, because then you’ll experience **delay**” (R12)*

# Conclusions

- From the survey appears that over 28% of PhD candidates in the Netherlands is giving informal care
- Informal care is given to friends, partners, siblings, children and parents for instance
- More female than male PhD candidates are giving informal care
- 1/3 of PhD candidates in the Netherlands informed their supervisor(s) about the care giving situation they are in
- Working strategies are for instance: flexible working hours, working more from home and regularly taking a day off
- PhD candidates who are giving informal care have more mental health problems than those who don't

# Future Plans

- Policy recommendations & Paper
- Collaboration with VU Amsterdam

# Suggestions? Questions?

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# Literature

- De Roos, S. A., De Boer, A. H., & Bot, S. M. (2017). Well-being and need for support of adolescents with a chronically ill family member. *Journal of Child and Family Studies*, 26(2), 405-415.
- Mattijssen, L. M. S., Van Echtelt, P., & de Boer, A. H. (2016). Arbeid en mantelzorg op een flexibele arbeidsmarkt. *Tijdschrift voor arbeidsvraagstukken*, 32(3), 248-265.
- Plaisier, I., de Boer, A., & de Klerk, M. (2017). Genderverschillen in gebruik van strategieën op het werk door mantelzorgers. *Tijdschrift voor Genderstudies*, 20(2), 147-163.
- Van Tienen, I., De Boer, A., De Roos, S., Van der Heijde, C., & Vonk, P. (2018). Factsheet “Gezondheid- en studieuitkomsten bij mantelzorgende studenten”.
- Van der Weijden, Meijer, I., Van der Ven, I., Beukman, J., Farzand Ali, R., & De Gelder, E., (2017). CWTS policy report on the mental well-being of Leiden University PhD candidates.