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Evaluation of caregiver-friendly workplace policy interventions on the health of full-time caregiver employees

Submission date
11/03/2016

Recruitment status
No longer recruiting

Registration date
25/08/2016

Overall study status
Completed

Last Edited
14/11/2022

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Caregiver-employees (CEs) are informal, unpaid caregivers who provide care to a family member or friend while also engaging in paid work. Research suggests that balancing paid work and unpaid caregiving work can negatively affect caregivers' health. One way to address this issue is through caregiver-friendly workplace policies (CFWPs) (also known as family-friendly workplace policies). The aim of this study is to provide evidence of the effectiveness of CFWPs for Canadian employers. Through this study we hope to determine the impacts of CFWPs on employers (economic) and workers (health and wellbeing). We also seek to identify factors that impact on the success of CFWPs.

Who can participate?
Phase A: adult caregiver-employees, working full-time, who are the primary informal caregiver of a relative or friend who is elderly, disabled or chronically ill. The person receiving care must be over the age of 18.
Phase B: supervisors/managers from the two participating workplaces
Phase C: employees from the two participating workplaces

What does the study involve?
Phase A: Caregiver employees are given a survey to complete over 1-2 hours. The survey collects information on their health and wellbeing. After completing the survey, the caregiver employees take part in a one-on-one 60-minute employee educational intervention and are given access to a decision-making tool to assist them in identifying potential workplace/government support. The survey is completed again 6 and 12 months after the educational intervention in order to measure any changes in health and wellbeing. The survey also assesses the economic impacts of CFWPs on the caregiver employee and the workplace. Finally ten caregiver employees participate in an interview where they are asked about ways in which the interventions have affected them.
Phase B: The supervisor/manager intervention takes place about one month before the caregiver employee intervention. Supervisors/managers at each of the workplaces participate in a one-hour training session on CFWPs. A sample of participants is then asked to set goals for

behaviours and log them into an online survey every two weeks, monitored by the researchers for 6 months after the intervention. This measures any changes in supervisor behaviour.
Phase C: Three times over the course of this study, a workplace-wide survey is sent via e-mail to the employees of each workplace. The survey is sent out at the beginning of Phase A at each workplace and then sent out again at 1 month and 6 months after the supervisor/manager intervention. The purpose of the survey is to assess culture change at the workplace.

What are the possible benefits and risks of participating?
Phase A: Caregiver employees may benefit from caregiver-friendly policy changes and gain knowledge about available support services, giving them the confidence to approach their supervisors to ask for accommodations. Given that participants discuss caring for loved ones, they may feel embarrassed or emotionally upset at times. Also, if participants receive accommodations as a result of the intervention, coworkers may notice and treat them differently (with envy, judgment, etc).
Phase B: Supervisors/managers will learn about good supervisory practices in supporting caregiver-employees. Supervisors may feel uncomfortable (anxious, uneasy) with being asked to track personal behaviours and may experience stress due to changes in the organization structure of the workplace to accommodate the caregiver employees.
Phase C: Participants will contribute to knowledge that will help current and future caregiver-employees, and will help produce family-friendly policy changes in their own workplaces. Participants may feel discomfort in answering some questions that are asked in the survey, as they address personal stresses and strains that employees often experience.

Where is the study run from?
All interventions occur on-site at the two participating workplaces

When is the study starting and how long is it expected to run for?
July 2015 to December 2017

Who is funding the study?
Canadian Institute of Health Research (CIHR) (Canada)

Who is the main contact?
Dr Allison Williams
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Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
Evaluation of caregiver-friendly workplace policy interventions on the health of full-time caregiver employees: implementation and cost-benefit analysis

Study objectives
It is hypothesized that the benefits of the caregiver-friendly workplace interventions will include improvements in caregiver employees' health and wellbeing, while providing evidence of cost-benefit and cost-effectiveness for the employer.

Ethics approval required
Old ethics approval format

Ethics approval(s)
McMaster University Research Ethics Board (MREB), 30/07/2014, # 2014 130

Study design
Pre-post test comparative case study design

Primary study design
Interventional

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Caregiver burden/work-life family balance

Interventions
Using a pre-post-test comparative study design, Phase A will determine the effectiveness of newly implemented caregiver-friendly workplace policy (CWFPs) intervention(s) across two workplaces to determine impacts on caregiver-employee health and wellbeing. A quasi-experimental pre-post design will allow the caregiver-friendly workplace policy intervention(s) to be tested with respect to potential impacts on health and wellbeing, and specifically on caregiver employee mental, psychosocial, and physical health. Phase A's educational intervention (caregiver intervention) is a Caregiver-Employee Support Session which introduces a web-based information tool from which participants can identify and select available workplace, government, community and self-care supports. Baseline information of each caregiver participant's health and wellbeing will be collected prior to the intervention and reassessed at 6 and 12 months post-intervention. This will measure any changes that may have occurred after the intervention has occurred.

The educational intervention applied in Phase B (supervisor intervention) will take the form of an hour-long, voluntary training workshop made available to supervisors at the study site of interest. The purpose of this training session is to enact culture change with respect to supervisor support of caregiver-employee issues. Supervisors who attend this workshop will be asked to voluntarily undergo a self-monitoring process for six months after the workshop. Participants will be asked to set biweekly targets for behaviors and record their success in achieving these targets in a survey sent to them biweekly via e-mail. This process will measure the effectiveness of the intervention in changing supervisor support behaviors.

Phase C will evaluate the workplace culture of each of the study sites through the administration of a workplace-wide web-based survey (5-10 minutes in length), three times over the course of the study. The purpose of the survey will be to assess culture change at the study site with non-study site respondents acting as controls.

Intervention Type
Mixed

Primary outcome(s)
Caregiver-employees' mental, psychosocial and physical health will be measured at baseline, six months and 12 months. Outcomes are wide-ranging including:
1. Self-Reported Health (SF12)
2. Self-Rated Burden (SRB)
3. General Self-Efficacy (GSE) stress (RSS)
4. Mental health (CES-D)
5. Psychosocial health (CRA)
6. Centre for Epidemiologic Studies Depression Scale (CES-D 10)
7. General Sleep Disturbance Scale
8. ZARIT Burden Inventory
9. Bem Sex Roles Inventory (BSRI)
10. Family-Supportive Supervisor Behaviour (short-form)
11. Absenteeism, World Health Organization Health and Work Performance Questionnaire (WHO HPQ)
12. Family to Work Conflict
13. Schedule Control Scale
14. Andrews and Withey Job Satisfaction Questionnaire
15. Work Role Functioning Questionnaire

Key secondary outcome(s))
Evidence of cost-benefit and cost-effectiveness for the employer will be identified through measures gathered through a workplace-wide survey, one-on-one interviews with caregivers, and manager/supervisor self-assessments. Measures of effectiveness will be translated into monetary benefits and combined with program cost information to identify the cost-benefit of the program.

Completion date
01/08/2018

Eligibility

Key inclusion criteria

Caregiver Employee:
Employed full-time, primary informal, caregiver to an adult (18+ years of age) family member or friend who is elderly, disabled or chronically ill

Supervisor/Manager:
Supervisor at the study intervention site

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
Caregiver-Employees:
Care recipient being under the age 18 and/or carer working less than full-time

Date of first enrolment
01/07/2015

Date of final enrolment
01/12/2017

Locations

Countries of recruitment
Canada

Study participating centre
McMaster University
Hamilton, Ontario
Canada
L8S 4K1

Sponsor information

Organisation
Canadian Institutes of Health Research (Canada)

ROR
https://ror.org/01gavpb45

Funder(s)

Funder type
Government

Funder Name
Canadian Institutes of Health Research

Alternative Name(s)
Instituts de Recherche en Santé du Canada, Canadian Institutes of Health Research (CIHR), CIHR_IRSC, Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Canada

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are not expected to be made available

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		14/05/2021	14/11/2022	Yes	No
Protocol article	protocol	20/09/2017	30/11/2020	Yes	No
Other publications	intervention evaluation	01/10/2020	07/05/2021	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes