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## The Relationship Between Job Satisfaction and Caregiver Burden in Female Social Workers Who Care for an Elderly Relative

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**THE RELATIONSHIP BETWEEN JOB SATISFACTION AND  
CAREGIVER BURDEN IN FEMALE SOCIAL WORKERS WHO  
CARE FOR AN ELDERLY RELATIVE**

Joanne K. Kerns, B. A.

An Abstract Presented to the Faculty of the Graduate School of Lindenwood  
University in Partial Fulfillment of the Requirements for the Degree of Master  
of Art

1999

## Abstract

This study examined the relationship between job satisfaction and caregiver burden in 29 female social workers employed full time at the Missouri Division of Family Services in St. Louis County. Because of multiple caregiving roles experienced by social workers who also care for an elderly relative, it was hypothesized that there would be a significant negative correlation between job satisfaction and caregiver burden. The Caregiver Burden Scale developed by Zarit, Reever, and Bach-Peterson was used to determine caregiver burden. Job satisfaction was determined by Holland and Gutfredson's Career Attitudes and Strategies Inventory Job Satisfaction scale. No correlation was found between job satisfaction and caregiver burden among this sample. Limitations of the study and implications for future research are discussed.

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A Culminating Project Presented to the Faculty of the Graduate School of  
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Degree of Master of Art

1999

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## Table of Contents

Chapter 1	Introduction . . . . .	1
	Purpose . . . . .	3
Chapter 2	Literature Review . . . . .	5
	Definition of Burden . . . . .	5
	Caregiver's Burden Scale . . . . .	8
	Caregiving and Women . . . . .	8
	Caregiving and Employment . . . . .	9
	Effects of Multiple Roles on Women . . . . .	10
	Burden Related to Social Work . . . . .	12
	Measurement of Job Satisfaction . . . . .	13
	Job Satisfaction in Social Work . . . . .	13
	Job Satisfaction for Government Employees . . . . .	14
	Implications to the Present Study . . . . .	15
Chapter 3	Research Methodology, Methods and Evaluation . . . . .	17
	Subjects . . . . .	17
	Instruments . . . . .	18
	Procedures . . . . .	21
Chapter 4	Results . . . . .	22
Chapter 5	Discussion . . . . .	25
Appendix A	Cover Letter . . . . .	29
Appendix B	Demographic Sheet . . . . .	30
Appendix C	Caregiver's Burden Scale . . . . .	32
	References . . . . .	34
	Vita Auctores . . . . .	39

List of Tables and Figures

Table 1 Descriptive Statistics . . . . . 22

Table 2 Caregiver Tasks . . . . . 24

Figure 1 Scatterplot . . . . . 23

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## Chapter I

### Introduction

In the past decade, the elderly population, age 65 and above, has grown twice as fast as the general population. In addition, the most rapidly growing age group is over age 85. Population experts predict the age group 85 and older will consist of 16 million people by the mid-21st century (Doress-Worters, 1994), implying that the number of family members caring for an elderly relative will increase accordingly. Only about 5% of those age 65 to 74 require help. By age 85, 33% of older adults need at least limited assistance by family members and 55% require assistance from family members (Osterkamp, 1988). The number of estimated unpaid caregivers in the United States has already increased from 2.2 million (Osterkamp, 1988) to 7 million (Brakman, 1994).

Numerous surveys and studies show that the majority of caregivers are women spouses between the ages of 55 and 60, with about one-third over age 65 (Barrett, 1993; Osterkamp, 1988). Spouses are followed closely by adult daughters, daughters-in-law, sons, and other relatives as the most likely to be caregivers. Of non-spouse caregivers, adult daughters and daughters-in-law are the most likely to undertake caregiving responsibilities (Brakman, 1994). The daughters who give care are most likely to be between the ages of 40 and 60 (Doress-Worters, 1994). Many of the daughters and daughters-in-law are also responsible for their own children and spouse, and are employed (Barrett, 1993; Brakman, 1994).

Caregivers can experience an immense emotional and financial toll while caring for an adult relative. Some women quit their job or reduce their



hours in order to keep pace with the demands of caregiving. Others must continue to work full-time in order to make ends meet, yet resent the timing of the caregiving role. Many women have waited to pursue their own interests or to relax after raising children, only to find themselves caring for an adult relative, a role that could potentially last eight or more years (Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993).

In addition, the cost of home-based care can average as low as \$9,000 per year (Raia, 1994) or as high as \$20,000 per year (Barrett, 1993). Caregivers do not need to live with the adult relative to feel the stress of the responsibility of caregiving. Even limited caregiving can add to the already existing stress of juggling employment, caring for children, and a spouse. According to Barrett (1993), nearly 50% of caregivers meet the diagnostic criteria for depression because of the emotional and financial cost of caring for an elderly relative.

In order to keep up with the financial demands of caregiving, 55% of all caregivers to the elderly are employed. Many begin limited caregiving responsibilities in their late thirties and early forties. Employees who care for an elderly relative spend an average of six to 13 hours per week providing care (Gilmore, 1991; Orbell & Gillies, 1993). For some, employment may actually provide a respite from the burdensome chore of caregiving, while also providing social interaction outside the caregiving situation (Neal et al., 1993). Employment also offers a sense of self-esteem and purpose that may be deteriorating under the burden of caregiving (Given, 1991).

When social workers take on caregiving responsibilities of an adult relative, the role at work is similar to the role at home. The services that

caregivers provide range from helping the elderly relative with personal finances, providing emotional support during times of crisis, and personal care such as bathing, dressing, and administering medication. Social workers often provide similar services to their clients. Those who take on multiple caregiving roles may experience “caregiving pile-up,” an overwhelming sense of burden resulting from the lack of respite occurring from more than one caregiving role (Doress-Worters, 1994).

It is important to study employed women who care for an elderly relative because the number of elderly who require assistance continually grows as medical technology allows for an increase in life expectancy. Although women have returned to the workforce in increasing numbers, women are still the predominant caregivers to the elderly. Employers in the social work profession may find it beneficial to know if an employee’s caregiving responsibilities at home is affecting their job satisfaction and productivity in the workplace. If there is a significant relationship between job satisfaction and caregiver burden, it will be possible to provide recommendations to employers regarding services that may be provided in order to assist with the burden of caregiving. Caregivers may also be better able to assess what they need to do in order to find balance in their multiple caregiving roles.

#### Purpose

This study examined the relationship between job satisfaction and caregiver burden of females who are employed as social workers while also having some degree of caregiving responsibility to an elderly relative. For the purpose of this study, caregivers were defined as those women who state that

they care for an elderly relative. Caregiving does not need to be in the person's home. An elderly relative may be in a nursing home or live miles away, yet the caregiver may still feel that they are providing care for the elderly relative. Perceived stress related to the caregiving role was quantified by the Caregiver's Burden Scale. Job satisfaction was determined by the score on the Job Satisfaction scale of the Career Attitudes and Strategies Inventory. The sample of women subjects was from the population of full-time social workers at the Missouri Division of Family Services in St. Louis County. The hypothesis of this study is that there will be a significant negative relationship between job satisfaction and caregiver burden among female social workers employed full time who also care for an elderly relative.

## Chapter II

### Review of the Literature

#### Definition of Burden

The concepts of stress and burden are widely used to describe the physiological and emotional strain that accompanies the role of caregiver to the elderly. Burden is felt physically, financially, emotionally, and socially when the activities surrounding the caregiver role become overwhelming in all areas of the caregiver's life. The terms are sometimes used interchangeably; however, burden suggests an ongoing situation where stress is prevalent for a long period of time (Monahan & Hooker, 1995). There are many theories and definitions surrounding these concepts. Most basic definitions agree that there are physiological and emotional consequences when a person experiences an exhaustive amount of stress (Segal & Schall, 1996; Stuckey, Neundorfer, & Smyth, 1996; Tebb, 1995).

#### Burden Related to Caregivers of Elderly Relatives

The number of caregivers will continue to increase as the population of older adults increases. Therefore, caregiver burden has been widely researched of late. The degree of caregiver burden that is reported by the caregiver has been related to several factors, including the type of illness suffered by the elderly relative, how long caregiving has gone on, whether caregiving was voluntary or involuntary, amount of social support that is perceived by the caregiver, the number and type of activities of daily living (ADL) performed by the caregiver, and other responsibilities of the caregiver such as employment or children (Stuckey, Neundorfer, & Smyth, 1996). Race and culture may also play a role in how the stress is perceived (Stuckey, Neundorfer, & Smyth, 1996; White-Means & Thornton, 1996).

Orbell and Gillies (1993) discovered that some caregivers found their caregiving role to be rewarding and increased their sense of worth. However, when the demands of caregiving increased to overwhelming amounts, their sense of control over the situation was reduced. When this perception of a lack of control occurred, the caregivers reported higher degrees of burden. According to Segal and Schall (1996), the way a caregiver perceives the overall caregiving situation to interfere with everyday life will determine how much burden the caregiver reports.

Because of the overwhelming situation experienced by caregivers of the elderly, symptoms of depression are common among this population. The level of support from family and community resources recognized and utilized by the caregiver may determine the degree of depressive symptoms more than the elderly relative's condition (Gallo, Franch, & Reichel, 1991; Yates, Tennstedt, & Chang, 1999).

With dementia, the caregiver may also experience social isolation as a result of embarrassment in social situations. The caregiver may not be able to leave the elderly relative with dementia because of erratic behavior, limiting the types of social support the caregiver can receive. Therefore, those who care for dementia patients tend to experience an increase in depressive symptoms (Monahan & Hooker, 1995). Additional stressors in Alzheimer's disease include memory deficits, loss of ability to communicate, and the gradual decline of a loved one, making caregivers of dementia patients more susceptible to higher levels of burden than other caregivers (Dura, Haywood-Niler, & Kiecolt-Glaser, 1990).

Yates et al. (1999) discuss an appraisal model of caregiving burden. The appraisal model includes the perceived burden that is found in other

research. However, the model also proposes that the caregiver's perception of the level of care needed by the elderly relative is more important in determining the amount of burden experienced by the caregiver than the actual disability. The perceived caregiving burden and the perceived level of elderly care need interact to determine the total amount of stress experienced by the caregiver burden.

Another attempt at conceptualizing the broad term of caregiver burden is the perceived stress model of caregiver burden, introduced by Kathleen Chwalisz (1996). Chwalisz suggests that burden is the perceived level of negative subjective experience reported by a caregiver. Chwalisz bases this definition on research conducted on spouses of brain injury patients, who displayed physical and mental health problems within two years of the onset of the brain injury. Those spouses whose health declined after experiencing the brain injury of a spouse were the ones who described their situation to be stressful. Feelings of anxiety and depression arise as the result of the perception that the situation is more than one can handle

Pearlin, Mullan, Semple, and Skaff (1990) suggest that the burden induced by caregiving is a process whereby increased responsibility over time within a caring relationship leads to persistent and chronic stress. Several variables intertwine throughout this stress process, including age, relationship, economic status, employment status, and degree of support from outside the relationship, creating a complex construct of stress. The authors suggest that this stress process is different than those stressors in other life events. Therefore, the degree of stress related to caregiving cannot be adequately measured by instruments developed for other life's stressors. Consequently, instruments designed specifically to measure the distinct experience of

caregiving are necessary in order to adequately assess the level of burden experienced.

#### Caregiver's Burden Scale

The Caregiver Burden Scale (CBS) developed by Zarit, Reever, and Bach-Peterson (1980) is one instrument which quantifies the perceived level of burden by caregivers. The authors recognized the need for a scale that adequately measured the perceived burden surrounding caregivers' experiences with caring for their elderly relative. The scale was developed through the authors' work with 29 senile dementia patients and their caregivers, whose stress was more complex than stress from other life situations. The research indicated that the only significant item promoting caregiver well-being was the amount of family member involvement. The more assistance caregivers received from other family members, the less stress experienced by the caregivers. Therefore, the scale includes those items that are related to resentment towards other family members who did not help as much as the caregiver wanted, interference in other activities in the caregiver's life, feelings of anger toward the elderly patient, and fear regarding the situation. These factors are associated with the degree of assistance from other family members with the elderly relative, as was perceived by the caregiver.

#### Caregiving and Women

More women than men are classified as the primary caregivers, and of these women, the majority are employed with children and spouses of their own (Brakman, 1994; Doress-Worters, 1994). Men become caregivers typically when others are not available, as a last resort. In Merrill's (1997) qualitative research, the female caregivers who had only brothers received little or no help from siblings. Additionally, women provide more assistance with

activities of daily living than men (Gignac, Kelloway, & Gottlieb, 1996). Because of the different types and degree of caregiving responsibilities that women perform, women report more distress and symptoms of depression (Gallagher, Rose, Rivera, Lovett, & Thompson, 1989; Penning, 1998; Stuckey, Neundorfer, & Smyth, 1996; Zarit, Todd, & Zarit, 1986).

#### Caregiving and Employment

According to a 1991 Los Angeles study by Abel, 42 percent of adult daughters who were caregivers were employed full time and another 12 percent were employed part-time. This study also indicated that employed caregivers pass opportunities for advancement, change jobs to be more available to their elderly relative, and often feel tired on the job. In a study by Field and Bramwell (1998), female employees were asked about the perceived pressure of working and caregiving responsibilities. The results indicated that employment pressures increased as caring responsibilities increased.

Supportive work environments help to ease the stress from caregiving while being employed. Those caregivers who liked their jobs, experienced a good relationship with their supervisors, and whose employers were family oriented reported less employment related stress while caregiving (Lechner, 1993). Employment may also provide respite from the caregiving situation through social interaction and a sense of accomplishment from the employment (Given, 1995).

In a follow-up to Lechner's 1993 study, Lechner and Gupta (1996) found that a significant number of long-term caregivers now expected their place of employment to offer benefits and services to assist them with their caregiving role. Those employees who did not receive improved services through their employer reported significantly lower job satisfaction in 1996



than the same employees reported in 1993. However, 71% of the same subjects reported that their employment offered respite from caregiving responsibilities.

#### Effects of Multiple Roles on Women

Caring for an elderly relative can consume a great amount of the caregiver's time that other roles, including employment, become secondary to the caregiving role. However, other roles such as employment and children can cause role strains outside the caregiving situation. Caregivers employed outside the home can experience multiple role pressures which impact the caregiving situation. It has been suggested that these multiple roles can cause burden which is different than other stressful situations (Pearlin et al., 1990).

According to role theory, expectations associated with work and family roles can lead to strain in two ways. Role expectations can lead to an overload in either the work or family domain. Expectations around those roles can also elicit stressors that dominate the time of the individual and interferes with the expectation of the performance of the other role (Cooke & Rousseau, 1984). With this theory in mind, employed women who are also taking on the expected role of caregiver of their elderly relative can experience strain in one or both roles when expectations from each of the roles overlap. This overlap can make it impossible for women to successfully complete both roles with little or no help.

In addition, women have fewer options than men for maintaining control over multiple roles. Rather than the redistribution of responsibilities within the family due to women returning to the workforce, the societal norm has become the dual role of work and family. Professional women are expected to be committed to their work, and at the same time are socially

required to give priority to their family roles. This makes it difficult to juggle the two roles, which leads to increased stress in professionally employed women who have families. Women are more likely than men to leave professional positions because of the conflict between work and family (Duxbury & Higgins, 1991; Gignac et al., 1996).

In contrast to the increased stress caregivers experience due to employment, Merrill (1997) also studied whether employment outside the home can in fact ease the strain of caregiving. Merrill found that employment can provide a sense of accomplishment, social interactions, and may compensate for limitations in caregiving. Therefore it is possible that the negative aspects of caregiving can be outweighed by the positive rewards of employment. All of the caregivers who found their work to alleviate some of the stress of caregiving also enjoyed their jobs.

Role accumulation theory supports the idea that employment can counteract limitations in the caregiving role. When an employee enjoys his or her job, and can derive a sense of satisfaction from the job, some of the burden associated with caregiving can be lightened. In one study, caregivers who are also employed report higher levels of self-esteem and life satisfaction than non-employed caregivers (Moen, Robison, & Dempster-McClain, 1995).

The type of caregiving involved can help determine the degree of multiple role interference. Dementia caregivers showed a significantly higher amount of distress attributed to employment than those caregivers caring for a nondementia relative. Dementia caregivers reportedly took less demanding jobs, took early retirement, or turned down a promotion in order to prevent conflict in their multiple roles (Ory, Hoffman, Yee, Tennstedt, & Schulz, 1999).

### Burden Related to Social Work

Social workers who also care for an elderly relative face not only the perceived burden of caring for a relative, but possible burnout within their occupation as well. Social workers experience high degrees of stress on their jobs. The level of stress is dependent on the type of services provided. Those social workers who work with older people experienced higher levels of stress than those working with children. Welfare workers reported high levels of verbal abuse and threats by their clients, increasing their level of employment related stress (Balloch, Pahl, & McLean, 1998).

A study by Gomez and Michaelis (1995) examined burnout in human service providers. The study found that emotional exhaustion was relatively low for those working with economically disadvantaged people. The explanation for these findings are that human service providers depersonalize their services to the economically disadvantaged, a coping mechanism that helps them to deal with the potential for burnout.

According to Sze and Ivker (1986), social worker burnout rates have reached as high as 59.9 percent, which suggest that the social workers may have high levels of perceived burden related to their jobs. A 1993 study by Poulin and Walter measured burnout in gerontological social work. The authors found that 60 percent ( $n = 707$ ) of the social workers in this study experienced medium to high emotional exhaustion related to employment.

The number of social workers who also care for an elderly relative could potentially be large. Merrill's 1997 study included 16 caregivers in the medical profession, and another 4 caregivers employed in the social service field (40% of the sample). These employed caregivers indicated that the

knowledge they had from their work helped them with caregiving. It also suggests a possible nurturing personality that would predispose them to be the chosen primary caregiver. However, there is not much known research pertaining to the effects of the dual caregiving role of social workers who care for an elderly relative.

#### Measurement of Job Satisfaction

Job satisfaction can be measured in several ways, as it encompasses a variety of components. Generally, job satisfaction is affected by factors such as level of decision making, skill variety, and level of control over employee's own workload (Sullivan & Bhagat, 1992). Hochgraf (1998) also identifies such factors as work environment, advancement potential, and pay and benefits as important to identifying job satisfaction.

The Career Attitudes and Strategy Inventory (CASI), authored by Holland and Gottfredson (1994) measures the degree an individual likes his or her job, and intends to stay, to determine the degree of job satisfaction. Those that score highly on job satisfaction on the CASI also tend to score high on extroversion, emotional stability, and agreeableness. Holland and Gottfredson found that work adjustment and satisfaction seem to be influenced by personal adjustment, happiness, and occupational environments. In a study by Hellman (1997), as subjects became more dissatisfied with their jobs, the more likely they were to consider other employment opportunities. There was also evidence that job satisfaction had an impact on employee's well being and behavior, both on the job and at home.

#### Job Satisfaction in Social Work

Poulin and Walter (1993) discovered that 60 percent (n = 707) of gerontological social workers experienced medium to high levels of emotional

exhaustion related to their employment. Siefert, Jayartne, and Chess (1991) found that 25% of social workers reported emotional exhaustion, in spite of 83% of the sample reportedly being satisfied with their jobs.

Marriott, Sexton, and Staley (1994) discovered the overall job satisfaction level for psychiatric setting social workers was 66.9 on a scale of 100. The majority of the scores in Staley's study were between 50 and 90. Kadushin and Kulys (1995) found that 78% of social workers in their study were reportedly satisfied with their jobs ( $n = 80$ ). Tasks these social workers found satisfying included the perceived ability to help people and providing resources to assist their clients. These social workers also found their jobs challenging, as they had the autonomy to make decisions regarding their services for clients. Sources of dissatisfaction were organizational problems, such as lack of support from management and other service providers.

Jones, Fletcher, and Ibbetson (1991) found 62% of social workers reporting satisfaction on the job, while also reporting high levels of pressure. This pressure at times interfered with the services the social workers provided. These studies suggest that job satisfaction in the social work field remains a complex issue, dependent perhaps on the type of social work performed. While reportedly satisfied with their jobs, social workers also report emotional exhaustion and burnout as a result of activities related to their employment.

#### Job Satisfaction for Government Employees

The job satisfaction of government employees relies on flexible work hours, approachable supervisors, and positive social interactions within the work environment. Working women who carry family responsibilities showed high levels of job satisfaction within the government employment sector due to the generous vacation and sick time, and family oriented policies (DeSantis &

Durst, 1996).

The present study focused on social workers employed by the government. Therefore, the social workers employed by government agencies may have higher job satisfaction due to the liberal benefit package.

#### Implications to the Present Study

Caregiver burden is an important issue that is becoming more and more important as the elderly population increases. Along with the increase in the number of elderly, the societal norm for women has become to work outside the home while also caring for family, both children and elderly relatives. This has increased demands on women who must successfully complete these multiple roles. Women increasingly feel the stress of both caregiving and employment.

Women who are employed by the government in the social service field may find their employer to be family friendly, offering generous vacation and sick time that can be utilized to ease the stress of multiple roles. However, the multiple roles can also overlap. Social workers experience varying amounts of burnout in their employment, but may find satisfaction in coordinating services for others, offering emotional and social support for those in need. However, when social workers also care for an elderly relative, they may find that they are performing similar services to their elderly relative. Therefore those studies which find that employment actually provides respite for the caregiving situation may not apply for social workers. Those studies which indicate job satisfaction for social workers may have found different results from social workers who experience multiple caregiving roles. The purpose of this study was to discover if there is a relationship between perceived caregiver burden

and job satisfaction in social workers employed by the Missouri Division of Family Services.

## Chapter III

### Research Methodology, Methods and Evaluation

#### Subjects

The population for this study consists of 29 women who are employed full time as social workers at the Missouri Division of Family Services in St. Louis County. All women social workers (n = 81) employed at the St. Louis County office received a questionnaire packet in their mailbox at work. Twenty-nine were returned and completely filled out. Two responses were not used. One was discarded because it was returned by a male, and one was dismissed because all of the questions were not completed.

Ages of the subjects varied. The age group 45-54 comprised 34.5% of the sample; ages 35-44, 24.1%, ages 25-34, 17.2%, ages 55-64, 13.8%, and those over 65, 10.3%. The racial breakdown of the sample was 86.2% Caucasian and 13.8% African American.

Over half of the sample took care of an elderly parent (55.2%). Other dependents receiving care included in-laws (20.7%), spouse (6.9%), aunt or uncle (3.4%), and other relatives (13.8%). Seventeen respondents (58%) care for a relative with a physical disability. Caregivers of cancer patients represented 20% of the sample, while 10% of caregivers cared for stroke patients. Two respondents (6%) each cared for patients with senile dementia, Parkinson's disease, and old age. One respondent (3%) cared for Alzheimer's disease and emphysema patients. Six respondents (20%) had elderly relatives that had more than one of the above categories of illness.

The number of hours spent caregiving per week varied as well. The highest number of caregivers gave 5 to 8 hours of care per week (27.6%) and over 15 hours of care per week (27.6%). Those caring 1 to 4 hours numbered



24.1%, while 13.8% gave 9 to 12 hours of care per week. The lowest number of respondents, 6.9%, gave care 12 to 15 hours per week.

Over 90% of the respondents lived within 50 miles of the elderly relative, with 27.6% actually living with the care receiver. Another 44.8% lived within 20 miles of their elderly relative, and 20.7% lived between 20-50 miles from the elderly relative. One respondent (3.4%) lived between 50-100 miles from the relative, and one (3.4%) lives over 100 miles from her elderly relative. Only 2 of the respondents (6.8%) indicated that their elderly relatives live in a nursing home.

Possible sources of sampling bias include the fact that all those who responded to the study were volunteers. This was a convenience sample in that the researcher had access to those social workers who were employed at the St. Louis County Division of Family Services. However, the social workers employed at this setting may be different than social workers employed in private agency settings or other county division offices.

### Instruments

Career Attitudes and Strategies Inventory The Career Attitudes and Strategies Inventory (CASI) is a 130 item questionnaire using a 4-point scoring system. The inventory is used by career counselors to identify attitudes, feelings, and obstacles that may influence a person's employment. While the inventory contains nine subscales, the Job Satisfaction scale will be the one used for the purpose of this study. In order to preserve respondents' time, subjects were instructed in the cover letter to respond to questions one through twenty-one. That range of questions was also highlighted in the question

booklet to remind the subjects to answer only those questions pertaining to job satisfaction.

The norm sample for the CASI ranged in age from 17 to 77, with a mean of 38. A total of 747 people were used for the norm sample. Women were overrepresented in the norm sample, which will not affect this study because the sample in this study consisted only of women. Ninety percent of the norm sample had some education above high school, which is also comparative to the sample of this study, which was comprised of social workers who need at least an Associates' degree to qualify for the job. Complete data on ethnicity of the norm sample is not available, because over one-third of the group had not indicated ethnicity. However, the ethnic data available indicates that the norm group consisted mainly of European Americans, similar to the sample of this study.

The inventory booklet comes with a separate, self-scoring answer sheet. The answer sheet consists of a 4-point scale: True, Mostly True, Mostly False, and False. The two True answers are both indicated by an upper-case "T", with the True "T" darker than the Mostly True "T". The two falses are indicated the same way with an "F". All directions for the inventory are very clear. The answer sheet is on two-page carbonless paper, which marks the subscales. The items are scored by tearing the first page off of the answer sheet and adding the numbers circled on the sheet.

Internal consistency reliability coefficients for the scales ranged from .76 to .92, which is adequate. Test-retest reliabilities ranged from .66 to .94, which is also adequate. The validity for the total score of the inventory is in question, but certain subscales on the inventory prove to be valid. The Job Satisfaction scale correlates to the Hoppock Job Satisfaction Blank, a

previously established valid measure of job satisfaction ( $r = 0.86$ ). In addition, the Job Satisfaction scale correlates negatively with the Career Worries ( $r = -0.21$ ) scale, which would be expected and further provides validation support (Holland & Gottfredson, 1994). Because Job Satisfaction is the scale of interest for this study, this correlation will be sufficient to support the validity of this measure for this study.

The CASI is easy to administer and score. The demographics of the normative sample are similar to those for the subjects in this study. The validity of the Job Satisfaction scale is satisfactory in order to use the CASI for this study. For the purpose of this study, respondents will be instructed to answer only questions one through twenty-one.

Caregiver's Burden Scale The Caregiver's Burden Scale (CBS) is a 29-item scale scored on a 5-point sliding scale. Scores on the items are added together for a total score, with items 14, 16, 20, and 29 reverse-scored and subtracted from the total. The scale was designed to quantify the caregiver's perceptions of burdens associated with the caregiver's role. The norm sample consisted of 29 elderly people with senile dementia and their 29 primary caregivers. The entire norm sample was Caucasian. The mean age of the elderly was 76, with 15 males and 13 females. The mean age of the caregivers was 65, and only four were male. The mean score for the norm sample of caregivers was 30.8 with a standard deviation of 13.3. No reliability data were reported. The only significant validity correlation was a significant negative correlation (.48) between the CBS and the frequency of family visits (Zarit et al., 1980). The CBS is easy to administer and score, and allowed the researcher to quantify the amount of stress perceived by those subjects claiming to have caregiving responsibilities.

Demographic data collected included age, gender, and race. Caregiving information included nature of relationship, distance between homes, reason the elderly relative needs assistance, and a checklist of tasks with which the caregiver may assist.

### Procedures

All 81 female social workers employed at the St. Louis County Division of Family Services received a packet of instruments in their mailbox at work. The packet consisted of a cover letter explaining the purpose of the study, a demographic sheet, the CASI question booklet and answer sheet, the CBS, and a stamped self-addressed return envelope. The subject also had the option of returning the packet to the researcher's mailbox at work. The CASI question booklet included questions one through twenty-one highlighted to remind subjects that it was only necessary to respond to those items. Those female respondents who indicated on the questionnaire that they cared for an elderly relative and answered all the questions on the instruments were included in the sample.

The relationship between scores on the Job Satisfaction scale of the Career Attitudes and Strategies Inventory (CASI) and the Caregiver Burden Scale was analyzed using the Pearson  $r$ .

## Chapter IV

### Results

Table 1 presents the descriptive statistics for each variable measured in the study. The mean for caregiver burden indicates a low level of caregiver burden among this sample. The standard deviation for caregiver burden shows a high level of variance, which is indicative in the large range of caregiver burden scores for the subjects. The range of scores on the caregiver burden scale compared with the mean score and standard deviation of the caregiver burden scale indicates that most of the subjects scored on the lower end of the caregiver burden scale.

The mean for job satisfaction indicates an average amount of job satisfaction in this sample. The standard deviation for job satisfaction scores shows a moderate level of variance. The range of scores on the job satisfaction scale compared with the mean score and standard variation of job satisfaction indicates that more of the subjects reported an average level of job satisfaction.

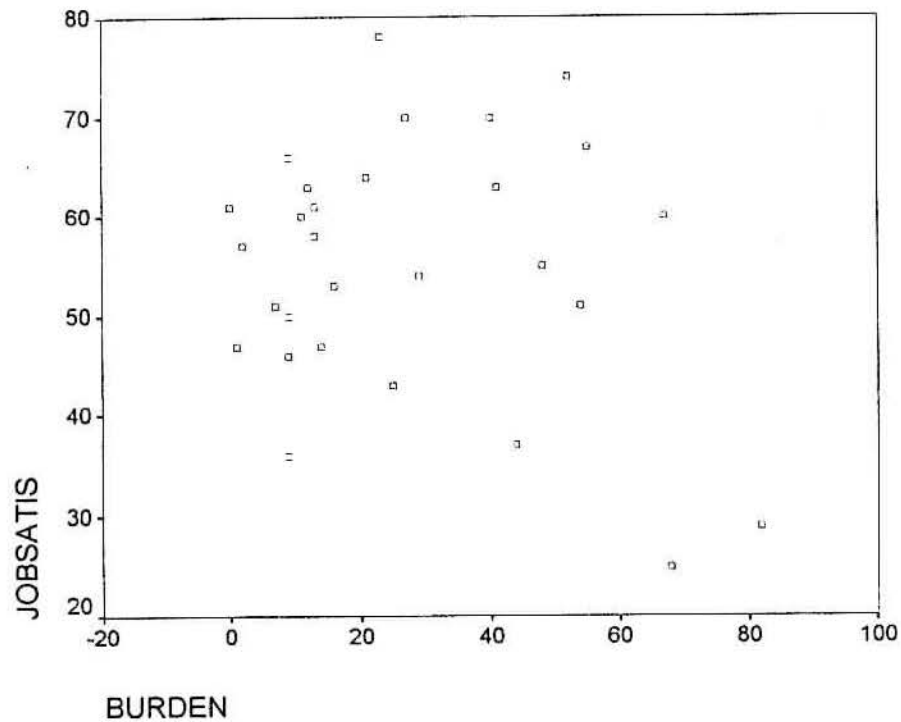
Table 1. Descriptive Statistics

	<u>Minimum</u>	<u>Maximum</u>	<u>Mean</u>	<u>Std Dev</u>
Caregiver burden	0	82	27.62	22.73
Job	25	78	55.03	12.85

Figure 1 displays a scatterplot of the job satisfaction and caregiver burden scores. The scatterplot suggests that the majority of the scores for

caregiver burden fall on the lower end of the scale and the majority of the job satisfaction scores fall in the midrange of the scale. This means that the majority of the subjects had average job satisfaction with low caregiver burden.

Figure 1. Scatterplot of Job Satisfaction and Caregiver Burden Scores



To examine the relationship between caregiver burden and job satisfaction, a Pearson correlation was computed. The correlation of  $-.197$  indicates that there is no significant relationship between job satisfaction and caregiver burden among female social workers in this sample.

Another correlation was computed based on the data to see if there was a relationship between the number of tasks completed and the caregiver burden score. Table 2 shows the caregiver tasks and how many subjects reportedly completed the task for their elderly relative. The table lists the tasks in order

from the caregiver task indicated most frequently by subjects, social support, to the task indicated by the least number of subjects, changing diapers. Because of the nature of the activities, it would seem that the more activities completed, the greater the caregiver burden would be. The mean number of tasks completed by this sample was 6.48, with a standard deviation of 3.79. The number of tasks completed ranged between 2 and 16. The mean of 6.48 based on that range indicates that there were more subjects in this sample who performed on the lower end of the range than on the higher end of the range.

Table 2. Caregiver Tasks

<b>Caregiver Task</b>	<b>f (subjects performed)</b>	<b>% of sample</b>
Social support	24	82.8
Assist shopping	22	75.9
Call to check needs	18	62.1
Clean house	18	62.1
Handle personal affairs	17	58.6
Handle financial affairs	12	41.4
Cooking meals	11	37.9
Home repairs	10	34.5
Make appts with agencies	9	31
Take care of pet	8	27.6
Administer medication	7	24.1
Dressing relative	7	24.1
Help go to bathroom	7	24.1
Help take bath	6	20.7
Feeding relative	5	17.2
Personal nursing	3	10.3
Changing diapers	1	3.4

## Chapter V

### Discussion

The results indicate that there is no significant relationship between job satisfaction and caregiver burden. Job satisfaction scores were scattered on the midrange of the scale, while caregiver burden scores were scattered on the low end of the scale. This could have occurred for several reasons.

First of all, the tasks performed by the caregivers in this sample included those tasks which are not as involved as others. The most frequently completed tasks were social support, assisting with shopping, and calling to check on needs. Least frequently reported tasks were those that were more burdensome and involved, such as changing diapers and performing personal nursing needs (see Table 2). The subject with the highest caregiver burden score indicated she performed every task listed except calling to check on needs. Therefore, it is possible that the more tasks completed, and the more physically demanding tasks they are, the more burden a caregiver will experience. Most of the subjects indicated that they generally provided social support, assisted in shopping, and called to check on needs. These differences could account for the low caregiver burden scores for this sample.

A restricted sample of subjects occurred in this study, and may have impacted the outcome. Because all of the subjects are female social workers employed in the same setting, it is probable their experiences are all similar. Social workers in this setting may experience a more supportive work environment than social workers in other settings. Different results may have occurred if the sample included social workers from private settings.

The ages varied widely in this sample. The majority of the caregivers ( $n = 17, 58.6\%$ ) were between 35 and 54, supporting the research indicating



middle age women are the most likely caregivers (Doress-Worters, 1994). Those over 55 represented 24.1% ( $n = 7$ ) of the sample, a sizable number considering that only one person from this age group cared for a spouse. It might be assumed that this age group may be looking at many more years of caring for elderly relatives.

Another surprising result from this sample is the number of caregivers between the ages of 25 and 34. With 17% of the sample in that age group, it is recognized that caregiving can begin at an early age. All subjects except one in this age group reported caring for a parent. For this age group, it is likely that the parent is on the young end of elderly, which indicates that the caregiving role may be expected for a lengthy amount of time. The tasks indicated by those in this age group caring for a parent were social support, handling financial and personal affairs, assisting with shopping, and cleaning house. While these caregivers did not currently indicate high levels of burden, it may be possible that over time, caregiving responsibilities may increase, thereby increasing the burden.

The number of caregivers who responded to this survey indicates that caregiving is a widespread occurrence. Out of 81 female social workers, 31 responses were received, and 29 were fully completed in order to be included in the sample. This indicates that over one-third of the social workers at the Missouri Division of Family Services in St. Louis County consider themselves caregivers, and are concerned enough about the issue to return surveys regarding their feelings about the situation. Although caregiver burden was reportedly low for the majority of the sample, it is possible that caregivers recognize the need for additional services from employers to assist them if caregiving responsibilities increased.

Job satisfaction for this sample was average enough to indicate that the majority of the sample were adequately satisfied with their jobs. This could be for several reasons. This sample supports other research which indicates that social workers are moderately satisfied with their jobs in spite of emotional exhaustion and dissatisfaction with organizational components of their jobs (Jones et al., 1991; Kadushin & Kulys, 1995; Marriott et al., 1994; Siefert et al., 1991). Previous research indicates high levels of job satisfaction by women with family responsibilities (DeSantis & Durst, 1996).

This study has several limitations. The sample is restricted in that respondents were all female social workers from the same agency. Social workers from private agencies or government agencies in other counties may provide different results. In addition, the Caregiver Burden Scale was created by the author's work with caregivers of senile dementia patients. Caregivers of senile dementia patients represented only 6% of this sample. Therefore, this scale was not a truly valid instrument to be used with this population.

This sample also consisted of a restricted range of responses. There was a generally average level of job satisfaction with a generally low level of caregiver burden. Therefore, a low correlation existed because there was not enough diversity in the respondents. Future research should include samples with a wider range of respondents who have higher levels of caregiver burden in order to get a more accurate correlation.

This study leads to several additional questions that future research may answer. More research needs to be conducted studying all helping professionals who care for an elderly relative. If the number of caregivers at other agencies are similar to the St. Louis County office, over one-third of social workers are affected by the responsibilities of caregiving. With

increased caregiving responsibilities over time, caregiver burden may increasingly affect job performance. Although subjects from this sample reported adequate job satisfaction, other research indicates feelings of emotional exhaustion and burnout in spite of high levels of job satisfaction. Therefore, services may need to be offered in order to alleviate burden in at least one of social workers' caregiving roles.

In addition, it would have been interesting to see how much outside support the social workers in this study utilized. Social workers may be more familiar with services aimed at providing support for caregivers, and the burden scores from this sample may be low because the social workers are taking advantage of these services.

Appendix A  
Cover Letter

October 25, 1999

Name

Dear Name:

These are questionnaires that pertain to a thesis study I am completing on the relationship between job satisfaction and caregiver burden among female social workers who care for an elderly relative. This study will allow potential recommendations to be made to our administration regarding employee assistance for caregivers of elderly relatives.

A self-addressed stamped envelope has been included with the questionnaire, or you can send them to me through interoffice mail. If you are a caregiver of an elderly relative, and would like to assist me in determining the relationship between job satisfaction and caregiver burden, please complete all the questions on the attached instruments, with only numbers 1 to 21 required on the CASI. Please return them to me no later than Tuesday, November 2, 1999. All responses will remain anonymous.

I appreciate your assistance.

Sincerely,

Joanne Kerns

Appendix B

**Demographic Sheet**

1. Age:  25-34  35-44  
 45-54  55-64  
 over 65
2. Gender:  M or  F
3. Race:  Caucasian  African American  
 Hispanic  Asian  
 American Indian  Other
4. Are you responsible to care for an elderly relative? YES NO

If you answered no to number 4, stop here.  
If you answered yes to number 4, continue.

5. Who is the person you care for?  
 Spouse  Parent  Sister/Brother  
 Aunt/Uncle  In-law  Other
6. Do you live with your elderly relative? YES NO  
If no, how far away does your elderly relative live?  
 Within 20 miles  20-50 miles  50-100 miles  
 100-200 miles  200-400 miles  over 400 miles
7. How many hours per week do you spend in your caregiving role?  
 1 to 4 hours  5 to 8 hours  9 to 12 hours  
 12 to 15 hours  over 15 hours

8. Why does your elderly relative need care?
- Stroke
  - Cancer
  - Physical disability
  - Senile dementia
  - Alzheimer's disease
  - Other (specify) \_\_\_\_\_
9. Check any or all tasks that you assist your elderly relative with.
- Call to check on health/needs
  - Make appointments with social service agencies
  - Handle financial affairs, such as birthdays or other special occasions
  - Take care of pet
  - Social support/companionship
  - Home repairs
  - Cleaning house
  - Driving to store and/or assisting with his/her shopping
  - Cooking meals
  - Feeding your elderly relative
  - Administer medication
  - Help take baths
  - Help go to the bathroom
  - Dressing your elderly relative
  - Changing diapers
  - Personal nursing care (e.g., taking catheter out, cleaning tracheotomy, etc.)

## Appendix C

### Caregiver's Burden Scale

The following is a list of statements which reflect how people sometimes feel when taking care of another person. In the space to the left of each statement, please indicate how often you feel that way using the following scale:

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Quite Frequently
- 4 = Nearly always

- \_\_\_ 1. Feel resentful of other relatives who could but who do not do things for my elderly relative.
- \_\_\_ 2. I feel that my elderly relative makes requests which I perceive to be over and above what he/she needs.
- \_\_\_ 3. Because of my involvement with my elderly relative, I don't have enough time for myself.
- \_\_\_ 4. I feel stressed between trying to give to my elderly relative as well as to other family responsibilities, job, etc.
- \_\_\_ 5. I feel embarrassed over my elderly relative's behavior.
- \_\_\_ 6. I feel guilty about my interactions with my elderly relative.
- \_\_\_ 7. I feel that I don't do as much for my elderly relative as I could or should.
- \_\_\_ 8. I feel angry about my interactions with my elderly relative.
- \_\_\_ 9. I feel that in the past, I haven't done as much for my elderly relative as I could have or should have.
- \_\_\_ 10. I feel nervous or depressed about my interactions with my elderly relative.
- \_\_\_ 11. I feel that my elderly relative currently affects my relationships with other family members and friends in a negative way.
- \_\_\_ 12. I feel resentful about my interactions with my elderly relative.
- \_\_\_ 13. I am afraid of what the future holds for my elderly relative.
- \_\_\_ 14. I feel pleased about my interactions with my elderly relative.
- \_\_\_ 15. It's painful to watch my elderly relative age.
- \_\_\_ 16. I feel useful in my interactions with my elderly relative.
- \_\_\_ 17. I feel my elderly relative is dependent.
- \_\_\_ 18. I feel strained in my interactions with my elderly relative.
- \_\_\_ 19. I feel that my health has suffered because of my involvement with my elderly relative.

- \_\_\_ 20. I feel that I am contributing to the well-being of my elderly relative.
- \_\_\_ 21. I feel that the present situation with my elderly relative doesn't allow me as much privacy as I like.
- \_\_\_ 22. I feel that my social life has suffered because of my involvement with my elderly relative.
- \_\_\_ 23. I wish that my elderly relative and I had a better relationship.
- \_\_\_ 24. I feel that my elderly relative doesn't appreciate what I do for him/her as much as I would like.
- \_\_\_ 25. I feel uncomfortable when I have friends over.
- \_\_\_ 26. I feel that my elderly relative tries to manipulate me.
- \_\_\_ 27. I feel that my elderly relative seems to expect me to take care of him/her as if I were the only one he/she could depend on.
- \_\_\_ 28. I feel that I don't have enough money to support my elderly relative in addition to the rest of our expenses.
- \_\_\_ 29. I feel that I would like to be able to provide more money to support my elderly relative than I am able now.

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### Vita Auctores

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