

Lindenwood University

Digital Commons@Lindenwood University

Theses

Theses & Dissertations

1999

A Comparison Among Older and Younger Caregivers of Physically Disabled Adults and Their Ability to Handle Stress

Traynette Jenkins-Reese

Follow this and additional works at: <https://digitalcommons.lindenwood.edu/theses>



Part of the [Medicine and Health Sciences Commons](#)

A COMPARISON AMONG OLDER AND YOUNGER CAREGIVERS OF
PHYSICALLY DISABLED ADULTS AND THEIR ABILITY TO HANDLE
STRESS

Traynette Jenkins-Reese, B.A.

An Abstract Presented to the Faculty of the Graduate School of
Lindenwood University in Partial
Fulfillment for the Requirements for the
Degree of Master of Art
1999

Abstract

This study was designed to determine if there was a significant relationship in the level of caregiver burden and age. Participants consisted of thirty-three individuals who considered themselves to be the primary caregiver for a physically disabled or elderly family member. These thirty-three volunteer caregivers were drawn from those who had a disabled or frail family member receiving services from a local agency. The subjects were asked to complete Zarit's Caregiver Interview Questionnaire. The findings in the study did not produce significant levels to justify rejecting the null hypothesis or to show that there is a relationship between the caregiver's age and the degree of burden experienced.

A COMPARISON AMONG OLDER AND YOUNGER CAREGIVERS OF
PHYSICALLY DISABLED ADULTS AND THEIR ABILITY TO HANDLE
STRESS

Traynette Jenkins-Reese, B.A.

A Culminating Project Presented to the Faculty of the Graduate School of
Lindenwood University in Partial
Fulfillment for the Requirements for the
Degree of Master of Arts
1999

Committee in Charge of Candidacy

Marilyn Patterson, Ed. D.
Associate Professor, Advisor

Anita Sankar
Assistant Professor

Pamela Nickels, Ed. D.
Associate Professor
Program Director

Dedication

to

Alexander Reese Jr.

For standing by my side and supporting me through a long tedious process. For understanding and being there those long nights at the computer. You were always pushing me to go that extra mile and to just hang in there. I would like to thank you for your patience and unconditional love that you have bestowed upon me. You have helped me realize that I can accomplish any goal I set out to reach.

TABLE OF CONTENTS

Chapter 1	Introduction	1
	Statement of Purpose	2
Chapter 2	Literature Review	3
	Spouses as Caregivers and their Burden	4
	Adult Children of Physically Disabled Parents	6
	Adult Siblings Caring for Older Disabled Siblings	9
	Working and Caregiver Duties	10
	Coping Strategies of Caregivers Caring for the Physically Disabled	13
	Caring for the Cognitively Impaired vs. The Physically Impaired	15
	Older vs. Younger Caregivers	17
	Conclusion	19
Chapter 3	Method	
	Subjects	20
	Materials	20
	Procedure	22
	Design	22
Chapter 4	Results	23
Chapter 5	Discussion	25
	References	27

List of Tables

Table I	23
Table II	24
Appendix A	30
Appendix B	31

Chapter 1

Introduction

A vast majority of adults with physical impairments live at home with their families. According to Pillisuck and Parks (1988), families provide more support and services to people with physical disabilities than do all of the formal components of the service delivery system, but many are doing so without any type of formal assistance from the system. Although there has been extensive work (Pillisuck & Parks, 1988) related to the initial impact a child with a physical disability has on a family, the effect that life-long family care for adult family members with a physical disability has on caregivers has been studied only recently (Pillisuck & Parks, 1988). The purpose of the study was to examine caregiver adaptation to stress when caring for a family member with a physical disability among older and younger caregivers. The rationale behind this study was to determine if there are differences among the amount of stress experienced by older and younger caregivers.

Caregiver burden has been defined as the caregiver's assessment of the stressors associated with caregiving and how it impacts his/her own life in the area of social life, job performance, financial status and marital relationship (Miller & McFall, 1992). For example, in the area of employment, most employers are aware of how office productivity can decline when an employee is caring for a disabled or aged family member. However, few companies have in place services

to assist employees who are trying to work and provide care (Mutschler, 1993).

The problems of unscheduled leave, tardiness, poor performance, increase use of sick leave and additional stress costs the nation millions of dollars each year in loss of goods, services and overall productivity (Gibeau & Anastas, 1989).

Zarit, Reeve and Batch-Peterson (1980) support the conclusion that most persons afflicted and needing support services are not institutionalized but are cared for by family members. This family care is often provided at a great cost to the caregiver in the areas of financial, physical and psychological burdens. Institutional care is usually not sought to relieve these burdens.

Statement of Purpose

The purpose of this study was to explore the relationship between the age of the caregiver and the level of burden the caregiver experiences when caring for a disabled or frail elderly family member. The null hypothesis states that there is no difference in caregiver burden experienced by older caregivers and younger caregivers.

Chapter 2

Review of the Literature

Today's medical technology has provided numerous ways to save lives. Thus, increasing how long people can live with chronic illnesses and, thereby, placing an even greater demand on caregivers (National Council on Aging, 1993). Adult daughters and daughters-in-law provide 80 to 90 percent of the personal care, household assistance, transportation, shopping for the elderly and trips for doctor appointments. Overall, today's caregiving is more psychologically and physically demanding than caregiving in the 1950's. This increase is due to the increase in cognitive diseases (National Council on Aging, 1993).

In the article, The Ambiguities on Social Support: Adult Daughters Caring for Frail Elderly Parents (Able, 1989), additional insight is provided concerning the burden many caregivers experience when caring for an aged or disabled relative. Able (1989) discusses how increased cost in medical care and the rapid growth of the aging population is pushing political leaders to emphasize the importance of family members caring for their own.

Research has shown that 70 to 80 percent of long term care is provided by family members. Spouses of the aged or disabled individuals are the most common caregivers. Next are adult children, other relatives, friends and neighbors (Able, 1989).

Spouses as Caregivers and their Burden

Tebb (1995) states for the elderly with Alzheimer's disease, seventy-five percent of the caregivers are female. Sixty percent are married and fifteen percent are over the age of 65.

Research shows that a couple's marital relationship may become at risk when the caregiver is elderly or in poor health (Snyder & Keefe, 1985). Many couples after twenty or thirty years of marriage look forward to the retirement years and the opportunity to spend leisure time together, travel, or visit friends. This expectation is lost as the loved one become disabled by Alzheimer's disease or a stroke. The resentment, bitterness, anger, frustration and depression can be devastating to the caregiver and the marriage (Worchester & Quayhagen, 1983).

Zarit, Todd and J. Zarit (1986) stated, caregiving based on tradition is usually defined as a woman's duty. This premise is carried forward to daughters and daughters-in-laws. When complaints about caregiver's duties are expressed, there is a difference between men and women in this area. Wives consider their husband's dependency upsetting. However, men are usually more considerate about learning new household chores and adjusting to the limitations of their wives.

Fengler and Goodrich (1979) label the spouse of a caregiver as the true hidden patient because on-going research has documented the very high level of stress associated with the role of caregiver. Ekberg found, for example, in some

cases that the life satisfaction for the disabled spouse was better than the spouse who was serving as caregiver (in Barusch & Spaid, 1989).

Although the cost to the spouse can be very high, they usually assume duties for the frail partner to compensate for the limitations that come with aging or an illness. This is especially true for elderly women (Barusch & Spaid, 1989).

Superior nurturing skills and sensitivity to the needs of others usually places women in a role that requires them to assume many thankless caregiving duties. Yet, these caregiving duties place the spouse, usually the woman, in a very emotional situation. This conflict of emotions may run from satisfaction to suffocation (Sommers & Shields, 1987).

Zarit, Todd, and Zarit (1986) conducted a twenty-four month follow-up of a sample of 64 community caregivers who cared for demented spouses. The follow-up indicated eleven of the dementia spouses were now living in nursing homes. The research information showed the caregiver's burden decreased significantly for the wife caregiver when the husband was in a nursing home, but the burden remained almost the same for the husband caregiver with wives in an institution.

When men are placed in the role of caring for their wives, they usually have difficulties assuming personal and household responsibilities. They cope with the new role by concentration on the daily routines, special projects and establishing their own territory within the home. Husband caregivers are also more likely than wives to search out assistance from providers of formal caregivers (Gregory, Peters & Cameron, 1990).

Research by Straight and Harvey (1990) examined the burden of caregiving of elderly women who were in the role of either primary or secondary caregiver of a spouse. The research information focused on primary caregivers being responsible for spouses living with them and the secondary caregivers were elderly women whose spouses were in an institution. These women were assessed in the areas of loneliness, depression, time constraints, perceived health status, financial status and perceived life satisfaction. Results suggested that both groups of participants were equally susceptible to the burdens associated with the role of caregiving. For the secondary caregivers, time restraint was identified as the one significant difference between the groups. Each group was at risk for the factors of loneliness, depression, financial trouble, and low levels of life fulfillment and satisfaction.

Adult Children of Physically Disabled Parents

According to Johnson and Catalano (in Merrill, 1993), for elderly women who out-live their spouses, their adult children are assuming the duties the frail or disabled parent can no longer perform. However, daughters are more likely to consistently perform routine chores and sons will usually perform sporadic or special chores or not assume any caregiving duties at all (Merrill, 1993). Although some sons may not be involved, many daughter-in-laws will assume daily responsibilities for caring for an ill in-law. Some continue to provide care for and in-law after the marital relationship had ended (Merrill, 1993).

Caregivers often report overwhelming feelings of love, anger, bitterness and fear (Miller & McFall, 1992). The role of caregiver further magnifies the sense of loss the caregiver feels as they see their loved one unable to make decisions, take control and carry out the roles they previously performed. If the caregiver is taking care of a parent, he/she must now take on the role of being the protector of his/her parent. This can be extremely difficult for the caregiver (Abel, 1989).

Braith Walte (1990) (in Schultz, Kosmas, Gribich & Schultz, 1993), list five crises situations that are usually experienced by caregivers of the physically disabled. These include unpredictability, seeing the family member get worse, a decline in the relationship between the caregiver and the person needing care and an increase in the amount of time involved in caring for the frail family member.

The caregiver who still wants their parent's approval may feel caught between trying to please their parent and the need to take control and make decisions that conflict with their parent's wishes. Conversely, caregivers who will make the tough decisions often feel they have wounded their parents by taking control (Abel, 1989).

Miller (1989) stated that for adult children, the vast majority of their conflicts are associated with the parent's health and self care. The second issue of concern is the father's temperament and the mother's demanding personality. The parents rated their level of stress lower than the adult child. The difference may exist because of the difference in expectations and tolerance level between the two groups.

According to Killeen (1990) adult children of caregivers, who are trying to adjust to the developmental tasks associated with caring for an aging parent, must balance the tasks associated with helping their own children, social and civic duties. Achieving career performance goals, developing leisure activities and coping with their own marital relationship are other parts of the juggling act.

The above findings are also supported by Brody (1990), who states that social development is occurring today as middle-aged females in an unprecedented manner are being challenged as they find themselves caring for disabled elderly parents, parents-in-laws and older elderly relatives. These women often experience extreme emotional strain due to the vast number of their responsibilities as wife, mother, homemaker and a career woman. Many of these superwomen have low perceptions of themselves and minimize the value of the services they provide as caregiver. These negative feelings are often supported by other family members and serve to make the caregiver even more vulnerable to role strain. Brody (1990) further states that daughters constantly experience more strain than sons when they are placed in similar caregiving situations. However, current demographic trends imply that in the future, more men will become the primary caregiver for elderly family members.

Coward and Dwyer (1990) also report that within all sibling categories, daughters were more likely than sons to be providing care for a disabled parent. The reported level of stress and burden for both sons and daughters was comparable when the sibling was an only child or when siblings were the same sex.

Of siblings who were not of the same sex, the daughters reported a higher level of burden.

Adult Siblings Caring for Older Disabled Siblings

Caregiver burden has also been studied as it relates to an older sibling being cared for by a younger sibling. Siblings who are caregivers also experience a sense of role strain because they may have limited amount of money and physical resources to assist with this additional responsibility. The requirement to perform satisfactorily as caregiver, parent, grandparent, aunt, uncle, in-law and friend may cause the sibling to resign or reduce participation in some roles. Later this may cause the caregiver to feel a sense of personal loss (MUI & Morrow-Howell, 1991).

Sibling caregivers also experience role strain because role expectations may be unrealistic as defined by the person needing care. The motivation for a sibling caregiver is different from that of a spouse or parent. Therefore, siblings who voluntarily assume the role of caring for a disabled sibling may be more adversely affected when they find caring for their sibling is competing with their other activities (MUI & Morrow-Howell, 1993). The finding in this study comparing the caregiver's emotional strain between spouses and siblings showed a high degree of role strain in both groups (MUI & Morrow-Howell, 1993).

The degree of role strain experienced for both siblings is associated with a lack of respite assistance and problems trying to adjust to their personal and social

needs. However, siblings may show a stronger tendency for role strain because they may expect more help from other siblings and family members. Furthermore, siblings appear to be more upset by the conflicts caregiving causes as they try to perform in roles such as spouse, parent or grandparent (MUI & Morrow-Howell, 1993).

Motenko (in MUI & Morrow-Howell, 1993) suggested that for siblings, higher role strain was affected by the relationship between the elder person needing assistance and the sibling caregiver. If the siblings had a good relationship prior to the elder sibling becoming ill, usually the sibling providing care would find it easier to maintain a good relationship as a caregiver.

Gold (in MUI & Morrow-Howell, 1993) found that during later years of life, sibling relationships can range from being very apathetic or hostile to intimate. Cases involving a negative sibling relationship reported more strain; however, the quality of the relationship was not an issue for caregivers who were spouses. The marriage obligation and vows may have served to motivate the spouse caregiver regardless of the relationship with the spouse needing care.

Working and Caregiver Duties

In the area of caregiver's burden, trying to work and provide care for an aged or ill relative is another well documented area of burden, strain and role overload for caregivers. Women between the ages of 44 and 54 are the most likely age group to provide care for frail family members. However, these women will

find themselves working as well as being a primary caregiver. Working may provide an escape from the caregiving role, but the overall effect of both of these roles may be very stressful. To deal with the stress, the caregivers most frequently ask their employer for work place changes such as counseling, part-time employment or a leave of absence (Lechner, 1994). The 1982 National Long Term Care Survey of informal caregivers investigated how the social and economic status of the caregiver, the type of care the ill family member required, outside support for the caregiver and the type of employment conditions the caregiver faced at work contributed to the caregiver having problems at work. Working full-time, problems with the cost of care for the ill relative, and the caregiver's ill health were significant factors that affected the caregivers's performance at work (Mutschler, 1993).

Gender, race, other competing responsibilities, income and the caregiver's occupation determined the number of hours the caregiver could be present for work. Women and white caregivers worked less hours than men and non-whites. Caregivers who were employed as service workers worked fewer hours than caregivers employed in management, professional and clerical positions. Spouses and caregivers who were required to spend a high number of hours caring for a relative have interruption or constraints at work (Mutschler, 1993).

As caregivers work and try to provide care for a frail, elderly or disabled family member, several factors are considered by the caregiver in deciding if he/she will be able to continue his/her caregiving duties and work. A study of 133 full-

time employees who cared for others reported that the level of caregiving involvement, job stress tension between the caregivers and the family member needing care, the caregiver's level of physical and mental strain and limited support from other family members and friends are the factors considered in deciding if the caregiver can work full-time and maintaining the role of caregiver (Lechner, 1991).

Gibeau and Anastas (1989), in their study involving 77 working women, stated that their caregiving responsibilities were affecting their work and they had both informal and formal networks in place to assist with caregiving duties. Some common problems included conflict between work hours and doctor's appointments for the disabled family member. Other issues involved missing out on overtime, reduced job performances, using employment benefits such as vacation time and sick leave in order to provide care for the family member. Some of the working women had considered changing jobs or quitting due to their caregiver's responsibilities (Gibeau & Anastas, 1989).

Lechner (1991-1992) also states in her discussion concerning 133 full-time workers with parent care responsibilities, that combining work and parent caregiving responsibilities does affect work performance. These employees reported frequent interruptions in work duties due to excessive phone calls, lateness and tardiness because of caregiver duties. Sometimes these concerns may be by impromptu.

Petty and Friss, 1987 (in Lechner, 1991-1992) noted that in response to stress associated with trying to work and perform caregiving duties, 11% to 22%

of workers terminated employment to carry out their caregiving duties. The higher the level of job responsibility, status and income, the easier it was for the caregiver to combine work and caregiving. The additional income provided for more caregiving options for the employed individual (Lechner, 1991-1992).

Similarly, Scharlach (1994) studied employment and caregiving to see if there were any positive aspects associated with this dual role. He found, based on a study of 94 employed adults, 97% working full-time and 7% working between 20-25 hours per week, that negative impact was reported in the area of time but the overall affect of combing these roles were positive. So overall, employment and caregiving can be a positive experience if there is sufficient time to perform each role.

Coping Strategies of Caregivers Caring for the Physically Disabled

Some coping techniques these caregivers use involve problem-focusing and avoiding the issue. The avoidance approach appeared to be the most damaging to the caregiver (Wright, Luna, Caserta & Pratt, 1991).

Numerous individuals providing care were found to experience serious emotional and physical health problems, with three times as many symtoms associated with stress compared to other individuals in their peer group who did not have caregiver duties or responsibilities. Although social support did increase, the finding did not clearly show that having social support reduced caregivers stress.

Pearlin and Aneshensel (1994) stated in their article concerning the unexpected career of caregiving:

Caregiving also differs from most other careers by being unplanned and unexpected. Caregiving to impaired relatives is certainly not unheard of by most of us; even if we have never been in the role, it is likely that we have witnessed it frequently enough to come to dread a life course scenario that would cast ourselves either as a caregiver or a normative role, people typically do not factor caregiving into their own anticipatory preparation for the future.

Caregiving may differ from other careers in still another way. Concretely, family caregivers typically are not self-selected into the career. Again, unlike occupational careers, one may become an active caregiver not by stepping forth and seeking it, but by being entangled in a chain or circumstances over which one has little or no control. (p. 376).

As the health of the relative deteriorates, this may set into motion a whole cadre of stress factors for the caregiver. Once these stressors take root, they develop a life of their own and usually lead to more serious or chronic problems. This generally happens to a caregiver who is faced with long-term caregiving responsibilities (Pearin & Aneshensel, 1994).

Schultz, Kosmas, Gribich & Schultz (1993), completed a study that involved those caregivers receiving services from adult day care agencies and community service groups and those caregivers who did not receive services from any agency. Their findings suggest that receiving services from adult day care agencies and community service groups had only a small impact in reducing the stress the caregiver felt. However, as the caregiver received more information about how to deal with the individual needing care, their disabling condition and learned new

coping skills, the caregiver's level of stress improved and so did his/her relationship with the disabled family member.

Caring for the Cognitively Impaired vs. the Physically Impaired

Research has shown that caregivers who were taking care of cognitively impaired relatives reported greater stress than caregivers who cared for relatives who were physically disabled. Studies concerning caregivers who take care of elderly who are cognitively impaired indicated that they also are burdened and stressed (Johnson & Catalano, 1983). A 1983 report by Sluss-Radbaugh, Lorenz, Wells, and Hooper states that twenty percent of primary caregivers of the cognitively impaired had shown a deterioration of their health because of caregiving.

In a 1984 study by Folkman (cited in Winogron, Fisk, Kirsling & Keys, 1987), some of the coping strategies used by caregivers of cognitively impaired family members included minimizing problems, making favorable comparisons to other situations involving ill friends, or denying negative feelings by saying the situation is tolerable. If the relative uses effective problem-solving strategies in response to the relative behavior, less stress is reported by the caregiver. Successful problem solving may encompass first identifying situations that trigger problem behavior and asking for help when caregiving tasks become overwhelming (Zarit, Orr & Zarit, 1985).

According to Zarit, Orr, and Zarit, (1985) good problem solving skills can reduce the caregiver burden, poor skills increase burden. It is unproductive to insist the cognitively impaired person behave normally. It is also unproductive to overreact to small problems, wish someone would show up with a magical solution to the problems, or harbor feelings of excessive anger or responsibility for the cognitive impairment.

Winoground, Fisk, Kirsling and Keys (1987) stated in their study concerning caregiver burden and Alzheimer's disease patients that the patient's behavior was not directly related to the amount of burden experienced by the caregiver. However, it is the caregiver's lack of tolerance and knowledge about the disease that increases his/her sense of burden. After the caregiver learns new coping skills and is able to accept the behavior of the Alzheimer's patient, the caregiver's burden is lessened (Winoground, Fisk, Kirslong & Keys, 1987). As the caregiver observes the continued cognitive slipping of a relative who has been somewhat functional, the caregiver's ability to deny the affects or the final course of the disease that is limiting the family member's cognitive perception can create additional concerns about how to provide good care for their relative (Winoground, Fisk, Krisling & Keyes, 1987).

A 1970 study by Sainsbury and Grade de Alascon found that when a relative exhibited behaviors that could be harmful, acting in an odd manner, poor sleep habits and inappropriate behaviors toward others, they were very troublesome to the caregiver (in Zarit, Reeve & Batch-Peterson, 1980). Caregivers of individuals

with cognitive limitations expressed that their burden did not necessarily come from the additional duties and responsibilities associated with caring for their elderly family members but from the lack of support from other family members (Zarit, Reever & Batch-Peterson, 1989).

Older vs. Younger Caregivers

There have been few studies that have looked at the differences in the amount of burden that older and younger caregivers experience. According to a study by Hayden & Heller, 1997, which looked at supports, problem-solving/coping ability and personal burden among younger and older caregivers, there were no differences in the number of support services received. However, younger caregivers reported significantly more unmet service needs and rated significantly more of them as a critical or an emergency need. Both groups had highly developed effective problem-solving skills (Hayden & Heller, 1997).

Researchers examining caregiving in families with members who are impaired and older have suggested the applicability of the "wear and tear hypothesis," which predicts that long-term exposure to stress results in depletion of physical and psychological resources (Johnson & Catalano, 1981; Pearlin, Lieberman, Menaghan, & Mullan, 1981). Older caregivers who have cared for a family member over a long period of time may experience more physical and psychological burden than that of younger caregivers who have not had long-term exposure.

On the other hand, other gerontological researchers have proposed an adaptation model of caregiving, which hypothesizes better adjustment to the caregiving role over time (Townsend, Noelker, Deimling & Bass, 1989). This would indicate that older caregivers would experience less burden than younger caregivers because they have adapted to their situation.

The younger caregivers speak of "burning the candle at both ends". At one end is this endless attempt to do everything for their parents and at the other end consists of activities centered around caring for their families and personal time (Killeen, 1990).

Barusch and Spaid (1989) stated that older caregivers of spouses appear to be happier than younger caregivers who are taking care of a mate. This may be in part that younger caregivers may be trying to juggle several roles at the same time.

Pilisuk and Parks (1988) report that with the trend toward waiting later to marry, more women in the work place and their longer life expectancy, it is likely more older women in the future will have dual responsibilities caring for elderly parents, and children and pursuing career. Hayden and Heller (1997) found that older caregivers experienced significantly less personal burden. In addition, older caregivers were more likely to seek spiritual support and the younger caregivers more apt to mobilize their families to acquire and accept help. The results suggested that younger caregivers are more predisposed toward seeking outside help and have higher expectations of the service system.

In summary, it is clear from the literature that caregivers are faced with numerous emotional, physical and spiritual challenges. Having to devote a great deal of time to the caregiver role also creates a sense of isolation or loneliness for the caregiver. The coping skills, problem-solving strategies and social norms that are a part of the family structure serve to enhance or work against the caregiver.

Older and younger caregivers share many of the same concerns. Cultural, educational and financial considerations contribute greatly to how these concerns are addressed. This study is designed to look at older and younger caregivers to determine if age plays a role in the amount of burden experienced when caring for a disabled family member. The hypothesis indicates that there is a significant relationship in the level of caregiver burden experienced in older and younger caregivers.

Chapter 3

Method

Subjects

Subjects for this study were thirty-three caregivers who volunteered to participate. These participants consisted of 32 females and 1 male who all indicated being the primary caregiver of a disabled relative. Thirty participants indicated they were White and 3 indicated that they were Black. The mean age of the caregiver was 53.00, with a standard deviation of 8.79. The mean age of the relative cared for was 70.06 with a standard deviation of 24.71. Some of these individuals had family members receiving services from a local state agency. Others were members of the community and acquaintances of the researcher. The participants were either approached by their casemanager or the researcher to participate in the study.

Materials

The instrument (See Appendix B) used to measure caregiver burden was the Burden Interview Questionnaire. It was designed to assess the stresses experienced by family caregivers of elderly and disabled persons. The interview questionnaire can be completed by the caregiver or as part of an interview. The caregiver is asked to respond to a series of twenty-two questions about how they view the impact of the family member's frail condition or disability on their life. The Burden

Interview was designed by Steven H. Zarit. It serves as a composite measure of caregiver burden. However, it does combine different aspects about how the caregiver may react to his/her involvement in certain areas of caregiving (Zarit & Zarit, 1990).

The scoring for the Burden Interview Questionnaire was completed by summing the responses of the individual items. The scores range from 0-10 with 0 being the lowest and 10 being the highest. Scores that are high indicate greater caregiver distress. The instrument is just an indicator and should not be used to measure illness such as anxiety or depression (Zarit & Zarit, 1990).

This instrument has internal reliability at .88 and .91. The test-retest reliability is reported at .71. Validity has been estimated by correlating the total scores with the Brief Symptom inventory. However, norms for the Burden Interview have not been computed (in Zarit & Zarit, 1990; and Hassinger, 1985).

Two sub-scales have been derived from the Burden Interview using confirmatory factor analysis, personal strain and role strain. The internal reliability for personal strain is 0.80 and 0.81 for role strain. The items which make up personal strain are: 1, 4, 5, 8, 9, 14, 16, 18, 19, 20, 21. Items 2, 3, 6, 11, 12, 13 make up the scale for role strain. The amount of personal strain means how overwhelmed or personally involved does the person feel in regards to caring for their physically disabled relative. Role strain refers to the amount of burden experienced in the role of a caregiver when trying to meet other responsibilities for his/her family, work or social life.

Procedure

Subjects were asked to complete the questionnaire and return it in a pre-stamped, self-addressed envelope within seven to ten days. Some volunteers were given or mailed a package containing the instrument. Out of fifty packets given out, thirty-three volunteers completed and returned the form. Demographic data collected included gender, race, age, age of relative cared for and relationship to relative. All participants were given a brief explanation of the purpose of the study (See Appendix A) which will be to examine the relationship between the level of caregiver stress and the age of the caregiver. The only control will be that all caregivers had to be caring for a family member who is disabled or impaired. Other demographic information was obtained relating to the caregiver's race, sex, age and the age of the family member needing care.

Design

The purpose of this study was to assess caregiver burden as it relates to the age of the caregiver. The Null hypothesis, there is no relationship between caregiver burden and age, was tested by using the Pearson r correlation. Correlation analyses was computed for the overall caregiver burden and age as well as between age and the specific areas of personal strain and role strain.

Chapter 4

Results

Data was obtained from a sample of thirty-three individuals. There were 32 females and 1 male participant. Thirty individuals indicated a race of White and 3 indicated they were Black. All subjects who participated in the study were caring for a disabled or frail elderly family member. Each participant completed the caregiver Burden Interview Questionnaire which consisted of twenty-two questions.

The mean age of the caregivers was 53, with a standard deviation of 8.79. The mean age of the family members needing care was 70.06, with a standard deviation of 24.71 (see Table 1).

Table 1. Mean and Standard Deviation of the Age of the Caregiver and Relative Cared for.

	<u>n</u>	<u>Mean</u>	<u>SD</u>	<u>MAX. Age</u>	<u>MIN. Age</u>
Caregivers Age	33	53.00	8.79	73	39
Age of Relative Cared for	33	70.06	24.71	4	93

The principal hypothesis tested was that there was a relationship between the level of caregiver burden and the caregiver's age. This hypothesis was subdivided into three different hypotheses which were:

- 1) There is no relationship between the caregiver's age and total caregiver burden.
- 2) There is no relationship between the caregiver's age and the caregiver's personal strain.

- 3) There is no relationship between the caregiver's age and the caregiver's role strain.

Pearson correlation were computed between the caregivers total strain or burden and age, personal strain and age, role strain and age.

Table 2. Pearson r Correlations of Total Strain, Personal Strain and Role Strain with Age.

	n	r	p
Total Strain	33	.19	.32
Personal Strain	33	.22	.24
Role Strain	33	.22	.24

As shown in Table 2, the correlation for total strain by age was non-significant ($r=0.19$, $p>0.05$), the correlation for personal strain by age was non-significant ($r=.22$, $p>0.05$), and the correlation for role strain by age was also non-significant ($r=.22$, $p>0.05$).

The data failed to reject the null hypothesis indicating that the study failed to establish a significant relationship between caregiver burden and age. Therefore, the observed significance levels do not represent sufficient justification to reject any of the null hypothesis about the relationship between age and the variables of total strain, personal strain and role strain.

Chapter 5

Discussion

Results from this study failed to indicate a significant relationship between caregiver burden and age. Therefore, failing to support the hypothesis. This may be due the fact that older and younger caregivers utilize different resources when caring for a disabled family member. According to Hayden and Heller (1997) older caregivers were more likely to seek spiritual support and the younger caregivers more apt to mobilize their families to acquire and accept help. The mean age (53) and the dominance of women (32 females out of 33) caregivers in this study, help support research by Lechner (1994) which noted women providing care are themselves at an age when they may be facing a decline in their own health, career changes, additional roles in the community, new parenting and marital responsibilities. In addition, results are consistent with those reported by Zarit, Todd and J. Zarit (1986), which found caregiving responsibilities to be primarily carried out by women.

Differences in findings between this study and other studies may be due to the present study not utilizing a random sample. The sample size for this study was small and the participants were not selected at random. Therefore, future studies involving a much larger random sample size should be conducted.

The average age for caregivers in this study was fifty-three. However, future longitudinal studies that focus on younger caregivers, time change and their level of burden over time would be insightful.

Finally, the demographics along with the non-random selection of the participants provided a lot of direction for additional studies. The demographics showing that the majority of the participants were women and the mean age of 53, invites more thorough research into the effects of caregiving on men and a different age population. It also invites research using a much larger random sampling of subjects. Additional studies that explore the relationship of the caregiver's race, burden, employment status and economic status would be helpful. Studies comparing other races (Jewish, Mexican-American, African-American and Asian-American) or even religions would provide additional research material on caregiver burden. It would be valuable to know how other races view caregiving and the level of burden experience. Because many other races have different family styles and values that may play a large part in how they view caregiving as a part of their lives. There would probably be more of a focus on the amount of role strain and personal strain on people of different races, due to the fact that they are already trying to combine two roles. Their inherited race and their American identity. Economic and employment status would allow us to see how big a role the amount of finances has on caregiving and how it impacts the amount of burden that one experiences.

References

- Abel, E. K., (1989). The ambiguities of social support: Adult daughters caring for frail elderly parent. Journal of Aging Studies, 3, 211-230.
- Barusch, A., & Spaid, W. (1989). Gender differences in caregiving: Why do wives report greater burden? The Gerontologist, 29, 667-675.
- Brody, E. M. (1990). Women in the middle: Their parent-care years. New York: Springer Publishing Company.
- Chiriboga, David A. (1994). Of career paths and expectations: Comments on Pearlin and Aneshensel's "Caregiving: The unexpected career". Social Justice Research, 7, 391-401.
- Coward, R. T. & Dwyer, J. W. (1980). The association of gender, sibling network composition, and patterns of parent care by adult children, Research on Aging, 12(2), 158-181.
- Fengler, A. P. & Goodrich N. (1979). Wives of elderly disabled: The hidden patient. The Gerontologist, 19, 175-183.
- Gibeau, J. L., & Anastas, J. W. (1989). Breadwinners and caregivers: Interviews with working women. Journal of Gerontological Social Work, 14, 28-39.
- Gregory, D. M., Peters, N. and Cameron, C. F. (1990). Elderly male spouses as caregivers: Toward and understanding of their experiences. Journal of Gerontological Nursing, 16, 20-24.
- Hannappel, M., Calsyn, R. & Allen G. (1993). Social support alleviate the depression of caregivers of dementia patient? Journal of Gerontological Social Work, 20, 35-51.
- Hayden, M. F., & Heller, T. (1997). Support, problem-solving/coping ability, and personal burden of younger and older caregivers of adults with mental retardation. Mental Retardation, 35(5), 364-372.
- Johnson, C. L., & Catalano, D. J. (1981). Childless elderly and their family supports. The Gerontologist, 21, 610-618.
- Killeen, M. (1990). The influence of stress and coping on family caregivers perceptions of health. International Journal of Aging and Human Development, 30, 197-211.

Kola, L. A., & Dunkle, R. E. (1988). Eldercare in the workplace. *Social Casework: Journal of Contemporary Social Work*, 69, 569-578.

Lechner, V. M. (1991). Predicting future commitment to care of frail parents among employed caregivers. *Journal of Gerontological Social Work*, 18, 69-84.

Lechner, V. M. (1994). Role strain among female employees caring for frail parents. *Journal of Women and Aging*, 6, 47-63.

Merril, D. (1993). Daughter-in-law as caregiver to the elderly. *Research on Aging*, 15, 70-91.

Mia, S. H., & Duignstee, (1994). Relatives of persons suffering from dementia: Differences in the burden. *Aging and Society*, 14, 499-519.

Miller, B. (1989). Adult children perception of caregivers stress and satisfaction. *Journal of Applied Gerontology*, 8, 275-306.

Miller, B., & McFall, S. (1992). Caregiver burden and the continuum care. *Research on Aging*, 14.

MUI, A., & Morrow-Howell, N. (1993). Sources of emotional strain among the oldest caregivers. *Research on Aging*, 15, 50-68.

Mutschler, P., H. (1993). Bearing the cost of our eldercare policies: Work constraints among employed caregivers. *Journal of Aging and Social Policy*, 5, 23-49.

Pearlin, L. I., & Aneshensel, C. S. (1994). Caregiving: the unexpected career. *Social Justice Research*, 7, 373-390.

Pearlin, L. I., & Lieberman, N., Menaghan, E., & Mullan, J. (1981). The stress process. *Journal of Health and Social Behavior*, 22, 337-356.

Pilisuck, M. & Parks, S. H. (1988). Caregiving: Where families need help. *Social Work*, 33 (5), 436-439.

Purk, J. K., & Richardson, A. (1994). Older adult stroke patients and their spousal caregivers. Families in Society: *The Journal of Contemporary Human Services*, 75, 608-615.

Scharlach, A. E. (1994). Caregiving and employment: Competing or complementary roles? *Gerontologists*, 34, 378-385.

Schultz, N., Kosmas, S., & Gribich, C. (1993). Caring for family caregivers in Australia: A model of psychoeducational support. *Aging and Society*, 13, 1-23.

Straight, P. R. and Harvey, S. M. (1989). Caregiver burden: A comparison between elderly women as primary and secondary caregivers for their spouses. *Journal of Gerontological Social Work*, 15, 89-104.

Synder, B., & Keefe, K. (1985). The unmet needs of family caregivers for frail and disabled adults. *Social Work in Health Care*, 10, 1-13.

Townsend, A., Noelker, L., Deimling, G., & Bass, D. (1989). Longitudinal impact of inter-household caregiving on adult children's mental health. *Psychology and Aging*, 4, 393-401.

Winogron, I. R., Fisk, A. A., Kirsling, R. A., & Keyes, B. (1987). The relationship of caregiver burden and morale to Alzheimer's patient function in a therapeutic setting. *The Gerontologist*, 3, 336-339.

Wood, J. B., & Parkham, I. A. (1990). Coping with perceived burden: Ethnic and cultural issues in Alzheimer's and family caregiving. *Journal of Applied Gerontology*, 9, 325-329.

Worcester, M. I., & Quayhagen, M. P. (1983). Correlates of caregiving satisfaction: Prerequisites to elder home care. *Research in Nursing and Health*, 6, 61-67.

Wright, S. D., Lund, D. A., Caserta, & Pratt, C. (1991). Coping and caregiver well-being: The impact of maladaptive strategies. *Journal of Gerontological Social Work*, 17, 75-91.

Zarit, S. H., Reever, K., & Bach-Peterson (1980). Relatives of the impaired elderly: Correlates of feelings of burden. *The Gerontologist*, 20, 649-655.

Zarit, S. H., Todd, P. A., & Zarit, J. M. (1986). Subjective burden of husbands and wives as caregivers: A longitudinal study. *The Gerontologist*, 26, 260-266.

Zarit, S. H., and Zarit J. M. (1990). The memory and behavior problem checklist and burden interview. Paper presented at the Conference on Caregiver Burden, Pennsylvania State University, Gerontology Center.

APPENDIX A

PURPOSE STATEMENT

My name is Traynette Jenkins-Reese and I am a candidate for a Master's Degree in counseling at Lindenwood University in St. Charles, Missouri.

I am requesting that you assist me by completing the attached questionnaire consisting of 22 questions concerning caregiver's burden. I will be examining the relationship between the level of caregiver stress and the age of the caregiver. The information you provide will assist me in writing my final project (thesis).

Your participating is voluntary and your name will not be used in this study.

If you have any questions, please call me at (314) 939-1529 between 8:00-4:30 during the day. If I am not in, please leave a message and I will return your call.

APPENDIX B

BURDEN INTERVIEW

INSTRUCTIONS: The following is a list of statements, which reflect how people sometimes feel when taking care of another person. After each statement, indicate how often you feel that way: never, rarely, sometimes, quite frequently, or nearly always. There are no right or wrong answers.

1. Do you feel that your relative asks for more help than he/she needs?

0. Never	1. Rarely	2. Sometimes
3. Quite Frequently	4. Nearly Always	

2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?

0. Never	1. Rarely	2. Sometimes
3. Quite Frequently	4. Nearly Always	

3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for you family or work?

0. Never	1. Rarely	2. Sometimes
3. Quite Frequently	4. Nearly Always	

4. Do you feel embarrassed over your relative's behavior?

0. Never	1. Rarely	2. Sometimes
3. Quite Frequently	4. Nearly Always	

5. Do you feel angry when you are around your relative?

0. Never	1. Rarely	2. Sometimes
3. Quite Frequently	4. Nearly Always	

6. Do you feel that your relative currently affects your relationship with other family members or friends in a negative way?

0. Never	1. Rarely	2. Sometimes
3. Quite Frequently	4. Nearly Always	

7. Are you afraid of what the future holds for your relative?

0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
8. Do you feel your relative is dependent upon you?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
9. Do you feel strained when you are around your relative?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
10. Do you feel your health has suffered because of your involvement with your relative?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
11. Do you feel that you don't have as much privacy as you would like, because of your relative?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
12. Do you feel that your social life has suffered because you are caring for your relative?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
13. Do you feel uncomfortable about having friends over, because you are caring for your relative?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
14. Do you feel that your relative seems to expect you to take care of him/her, as if you were the only one he/she could depend on?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always

15. Do you feel that you don't have enough money to care for your relative, in addition to the rest of your expenses?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
16. Do you feel that you will be unable to take care of your relative much longer?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
17. Do you feel you have lost control of your life since your relative's illness?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
18. Do you wish you could just leave the care of your relative to someone else?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
19. Do you feel uncertain about what to do about your relative?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
20. Do you feel you should be doing more for your relative?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
21. Do you feel you could do a better job in caring for your relative?
0. Never 1. Rarely 2. Sometimes
3. Quite Frequently 4. Nearly Always
22. Overall, how burdened do you feel in caring for your relative?
0. Not at All 1. A Little 2. Moderately
3. Quite a Bit 4. Extremely

Your Name (optional): _____

Your Sex (circle): Male Female

Race: _____

Your Age: _____

What is the age of the relative you care for? _____

Relationship to relative? _____