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# ELDER-CAREGIVING AMONG UNIVERSITY EMPLOYEES: RESPONSIBILITIES AND NEEDS

Constance L. Coogle  
ccoogle@vcu.edu

Edward F. Ansello  
*Virginia Commonwealth University*

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**ELDER-CAREGIVING AMONG UNIVERSITY  
EMPLOYEES: RESPONSIBILITIES AND NEEDS**

**A FINAL REPORT TO THE COMMITTEE FOR THE GRANTS-IN-AID  
PROGRAM FOR FACULTY OF VIRGINIA COMMONWEALTH  
UNIVERSITY**

**Constance L. Coogle, Ph.D.  
Edward F. Ansello, Ph.D.  
Virginia Center on Aging  
Virginia Commonwealth University**

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for Faculty of Virginia Commonwealth University**

## **ELDER-CAREGIVING AMONG UNIVERSITY EMPLOYEES: RESPONSIBILITIES AND NEEDS**

**Constance L. Coogle, Ph.D. & Edward F. Ansello, Ph.D.**  
**Virginia Center on Aging, Virginia Commonwealth University**

VCU employees (N = 11,430) were surveyed regarding their provision of eldercare in order to determine the extent to which they provide care to disabled parents or spouses, their perceived "sense of burden", the job-related effects of eldercare, and their need for eldercare assistance. Approximately 30% of employees responded and their demographic characteristics, with the exception of gender (females were over-represented), roughly matched the population of VCU employees. A longer, more detailed survey was sent to these elder-caregivers and about 30% responded (n = 363).

Extent of eldercare. Approximately 35% (n = 1,181) of those responding were providing eldercare. The typical elder-caregiving employee at VCU is a 42 year-old, white, married, college-educated female working in a classified position and caring for a mother or mother-in-law. The typical eldercare recipient is a 75 year-old, white, female in fair physical health with occasional memory difficulty and dependent in at least one activity of daily living. More than half of the elder-caregivers provide transportation, go shopping or run errands for their recipients, perform yard work or home maintenance, and take their recipients on outings. Up to 20% give personal help with activities of daily living such as bathing and dressing.

Sense of burden. More than one-third of elder-caregivers have burden scores in the mild to moderate range and almost another 20% experience greater levels of strain. Married caregivers tend to experience less burden than their unmarried counterparts.

Effects on work performance. Importantly, about half of the respondents felt that their eldercare responsibilities interfered with their work responsibilities to some extent. More than half of the elder-caregiving employees suffer from stress on the job and about half feel exhausted at times. The majority of caregivers leave work early in order to tend to their eldercare duties and more than half miss work altogether. About half say that their work productivity is negatively affected, and more than one-third say that the quality of their work is compromised. One-third experienced problems in four or more work-related areas.

Need for eldercare assistance. Caregiving employees would like to have outside help in the areas of chore services, transportation, care management, counseling, and leisure activities. Elder-caregivers expressed a desire for information about the availability of community resources, dealing with caregiver stress, choosing long-term care facilities, selecting public or private insurance, and communicating effectively with health or social service professionals. Institutional programs or policies, such as caregiver seminars, resource fairs, and a family care leave policy, would also be helpful.

Step-wise multiple regression analyses indicated that between 14% and 29% of the variance in scores representing the need for eldercare information, services, and institutional programs or policies can be predicted by a combination of caregiver demographic characteristics and measures of responsibility. Multivariate analyses of variance provided further evidence of the relation between caregiver demographics and the need for assistance and job-related effects of eldercare responsibilities. The results of the study suggest that by establishing leave programs and other innovative benefits for elder-caregivers, VCU would help employees who provide care for disabled elders more effectively balance their work and elder-caregiving responsibilities.

**ELDER-CAREGIVING AMONG UNIVERSITY  
EMPLOYEES: RESPONSIBILITIES AND NEEDS**

**by Constance L. Coogle, Ph.D.**

**Edward F. Ansello, Ph.D.**

**Virginia Center on Aging**

**BACKGROUND**

Balancing work and family, a fairly common reality in American life, is likely to become more geriatrically oriented for several reasons. First, the American life expectancy continues to increase. Today about half of all American families are four-generational. Second, traditional homemakers are finding that they can have both, child rearing and a job or career, and so more women are entering or returning to the workplace. Third, the average age of entrance to nursing homes is rising, with eventual entry being later and less prevalent among those age 75 and above. Together, these factors suggest that more of us will be simultaneously engaged in our work and in the care of another, at times caring for those both younger and older than ourselves.

The Health and Human Services Agency for Health Care Policy and Research estimates the number of full-time workers with a disabled parent or spouse to be about seven million, or approximately one in 11 employees (Long Term Care Management, 1990). This is most likely a minimum estimate of the overall amount of elder caregiving.

The American Association of Retired Persons recently found that 55% of elder-caregivers are employed and documented their need for work-based information and resources (AARP, 1987).

An independent study (Stone et al., 1987) indicated that 44% of all caregiving daughters, and 55% of all caregiving sons are employed. Clearly the task of elder-caregiving is complicated when the primary caregiver must balance work responsibilities with the burden of eldercare. Stone et al. (1987) also found that 12% of caregiving daughters, and 5% of caregiving sons have reported quitting or taking a leave of absence from their jobs because of their elder caregiving responsibilities. When the elder-caregiving worker is also providing child care, with or without the aid of a spouse, caregiver burden can be doubled or even tripled.

The physical, financial, and emotional strains of caring for a disabled elderly family member have been well documented. These strains can undermine a caregiver's ability to continue to provide care for a prolonged period of time and increase the risk of institutional placement. A number of factors contribute to caregiver burden, including: 1) the care recipient's level of physical, cognitive, and social impairment; 2) the quality of the relationship between the caregiver and care recipient; 3) the types of care provided; 4) the lack of satisfactory assistance with caregiving, including "filial maturity"; and 5) the extent to which the caregiver's personal and social life is disrupted.

Although caregiver strain has been studied extensively over the last 10 years, the degree to which employment contributes to caregiver burden has only recently been investigated. Previous research focused on the amount of elder care provided by employed caregivers in comparison with those who do not have the added responsibility of outside employment. Results have been mixed. Some studies indicate that employed caregivers provide approximately the same amount of eldercare assistance as those who are not employed. Other studies suggest that employed caregivers provide less assistance, especially when the care recipient is more impaired or the caregiver is a son. At any rate, a caregiver's employment status contributes significantly to the risk that an eldercare recipient will be placed in a nursing home.

The few studies which have examined the relationship between work and caregiver burden indicate that the fact of employment per se is not directly related to the amount of strain experienced by caregivers. Rather, the nature of the work situation and the inability to balance work and caregiving responsibilities successfully are the most important factors contributing to caregiver burden. In particular the factors which tend to exacerbate caregiver strain are long work hours; inflexible work routines; and caregiving-related absenteeism, tardiness, missed job opportunities, or reduced work hours. The factors which can serve as a buffer against caregiver burden are: 1) social support from coworkers, 2) opportunities to master new work tasks, 3) a strong sense of personal control, and 4) increased income to purchase eldercare services.

A very recent (1991) study by Scharlach and his colleagues developed a multifactorial model relating caregiver strain and its work-related consequences. The situation is more complex than previously believed, since there is not a simple cause and effect relationship between the two constructs. Although certain aspects of the employment situation can moderate caregiver burden, caregiver strain has work-related consequences, and work-related consequences affect caregiver burden and the ability to provide adequate care. Most importantly, aspects of the work situation itself can serve to either increase or decrease elder-caregiving work interference. Scharlach et al. concluded that work interference increases proportionately with the level of the care recipient's impairment and the health of the employed care provider. In addition, work-related consequences of elder caregiving are related to the amount of caregiver support from family members and co-workers. Job flexibility was the only work aspect significantly related to work interference, i.e., employees who could receive personal phone calls, adjust their work routines, or take work home reported fewer disruptions than employees with more rigid work routines.

Although past research efforts have focused on the impact of eldercare responsibilities on corporate employees, very little is known about the work-related effects of caregiver burden among the nation's 2.3 million college and university employees. One exception is a recent survey conducted by Riddick and Ansello (1988) of 2000 employees (faculty, administrative, classified) at the University of Maryland, College Park. They found that between 15-25% of employees had eldercare responsibilities, with gender and age of respondent related to increased likelihood. Of those providing care to elderly relatives. Approximately 45% were also caring for dependent children, 43% reported moderate to severe caregiver burden, 10% frequently feel exhausted on the job, 13% frequently feel like quitting their jobs, and more than 20% sometimes miss time from work to tend to their eldercare responsibilities.

Even though many institutions of higher education are aware of the work-related problems experienced by employed elder-caregivers, and, indeed, many house the researchers who study work and family life, few have provided a formal network of information and services for their employees. A nationwide study of over 1500 four-year accredited U.S. colleges and universities, conducted by Ludwig (1989) under the supervision of the University of Maryland Center on Aging, found that the special needs of elder caregivers were recognized by about one-third of the institutions surveyed. Only 42 of the 688 respondents (6%) had any mechanisms established to benefit their elder-caregiving employees. About 20% of the responding institutional personnel reported experiencing work-related problems among their employee as a consequence of elder-caregiving responsibilities. The most frequently reported problems were stress, absenteeism, unscheduled days off, emergency hours off, and lateness. Other work-related effects included failing to take advantage of employment opportunities, taking extended leaves of absence, changing from full to part-time employment, and requesting flexible hours.

Futrell and colleagues (1992) at the University of Massachusetts in Lowell has recently found that 20% of elder-caregiving employees at that institution felt their caregiving responsibilities interfered with their other responsibilities, as well as their social and emotional needs. Almost two-thirds felt that without additional help, they would be unable to continue providing care. The Futrell study also concluded that there is a definite need for information about public and private insurance coverage, information about the availability and use of community resources, and workplace policies that allow flexible time and leave for workers when a family health crisis occurs.

More pertinent to the study summarized here, is a recent investigation (Fuhrmann, Armour, Caffarella, & Wergin, 1989) of more than 1500 senior faculty at six area institutions of higher education (including VCU) revealed that approximately 25% of VCU senior faculty had major responsibility for a dependent adult, and that this level was significantly higher than at surrounding institutions. It was hypothesized that the prevalence of elder-caregiving found in the previous study, would extend to the survey of all VCU employees.

In recent years governmental and business organizations have recognized that the so-called traditional family situation, with an away-at work husband and a homemaker wife, is no longer the norm. With the increasing prevalence of two-income and single-parent families, there is a greater need for workplace policies which allow greater job flexibility. Recently maternal and paternal leave programs have been implemented and a host of other innovative employee benefits and services have been developed.

With the "greying of America", there is a similar need for greater awareness and responsive action which will allow workers to balance their job and elder-caregiving responsibilities more effectively. During this decade, public and private institutions increasingly will find it advantageous to respond positively to the fact that the nation's population is aging. Their workers will be caring not only for their young children, but also for their aging parents, and will require support to be productive on the job. The productivity of American workers will depend to a large extent on the willingness of employers to accommodate these societal changes, and those who recognize the challenge today will be better prepared for tomorrow.

## METHODOLOGY

This study investigated the dimensions and consequences of eldercare among Virginia Commonwealth University (VCU) employees. In particular, the survey was designed to assess the extent to which University employees are providing eldercare to disabled parents or spouses (numbers of employees & levels of responsibility), their perceived "sense of burden" (Zarit, Reever, & Bach-Peterson, 1980), the job performance effects of eldercare, and their need for eldercare assistance. In addition, the data analyses were conducted to uncover the extent to which demographic characteristics and caregiver responsibility variables can predict: 1) the perceived "sense of burden", 2) job performance effects, and 3) the need for eldercare assistance.

The project involved an exhaustive survey of University employees. The pre-screening (short-form) survey instrument (attached) was used primarily to establish which employees have eldercare responsibility. Information regarding employees' demographic characteristics were also collected for purposes of comparing those who do and do not provide eldercare. In addition, basic information about the eldercare responsibilities, their need for assistance, and the extent to which their caregiving responsibilities affect work performance was also obtained from elder-caregiving employees. The subsequent (long-form) survey instrument was mailed only to employees who indicated that they provided eldercare and asked in detail about: 1) the demographic characteristics of caregivers and their care recipients, 2) the caregiving responsibilities of employees, 3) their "sense of burden", 4) the work-related effects of their caregiving, and 5) their need for intervention or assistance in terms of information, community service, and institutional programs.

### I. SHORT FORM QUESTIONNAIRE (see attached survey)

#### A. Data Collection

Survey questionnaires were sent to 10,889 Virginia Commonwealth University Employees during the Summer of 1991. This included all employees on the academic campus, the MCV campus, and MCV hospitals. A total of 2,563 (or 24.4%) were returned. A second survey was mailed to 9,303 employees during the Fall semester 1991 and an addition 856 questionnaires were returned. This follow-up mailing included those still with the University, who did not respond to the initial survey (n = 8,339), and those who had not been previously contacted (n = 964). In all, 11,430 employees were mailed the survey questionnaire and 3,419 (or 29.9%) responded. Of those responding, 34.7% (n = 1,188) indicated that they were elder-caregivers, while 65.3% (n = 2,231) were not providing care to any older persons.

The responding employees approximated the population of VCU employees according to personnel statistics available from the Human Resource Division and the VCU Printing Office. A total of 601 (69.2%) surveys were returned by classified employees, while the proportion of classified employees at VCU was reported to be 71.4%. Administrative faculty returned 55 (6.3%) surveys and the proportion of administrative faculty at VCU was 4.6%. Surveys were returned by 213 (24.5%) instructional faculty, compared to 24.0% of VCU employees who are instructional faculty.

Approximately one-third (31.3%) of the respondents were male and the proportion of male VCU employees is 24%. This is in contrast to the usual finding in survey research, where females typically respond in proportionately greater numbers than males. The responding sample was not representative of the VCU employee population with regard to race, however. Although the proportion of Black VCU employees is 46%, the responding sample was only 18% Black.

## B. Results

Of those who are not current elder-caregivers, about 4% indicated that they anticipated providing eldercare assistance in the next six months. Several statistically significant differences were found between elder-caregivers and those who are not providing such care (see Table 1). Almost three-quarters of elder-caregiving employees are female, while only about two-thirds of those who do not provide such care are women. Slightly less than one-quarter of the elder-caregiving employees are black, while only about 15% of those not providing eldercare are black. The average age of the elder-caregiving employees is 42 years, while the average age of those who did not provide eldercare is 39 years.

Descriptive statistics indicated that the typical VCU employee who provides elder care is working in a classified position and caring for a mother or mother in law in the elder's home (see Tables 2, 3, & 4). In general, when eldercare assistance is provided, it tends to be on-going rather than periodic. More than half of the employees report that their assistance is needed often or always (see Table 5). Table 6 summarizes the types of eldercare assistance provided. More than three-quarters of the caregivers call or visit their care recipients on a regular basis and about two-thirds provide transportation and run errands for them. Help with finances and household chores is given by about 40% of those responding and **one-third provide medical assistance**. Slightly less than one-third of the employees prepare food or do yard work, but less than 20% are required to perform grooming tasks for their care recipients. Only about 5% of the employed caregivers have to physically feed their impaired elderly relative or friend. Almost half of the respondents would like to have outside help in fulfilling their eldercare responsibilities (see Table 7). Slightly more than half have difficulty balancing their work and elder-caregiving responsibilities (see Table 8).

## C. Dissemination

Results of preliminary data analyses were presented in a paper prepared for the Annual Meeting of the Virginia Council on Social Work and Telamon Corporation held June 8-10, 1992 (see workshop description attached).

## II. LONG-FORM QUESTIONNAIRE (see attached)

### A. Data Collection

In February of 1992 the longer survey questionnaire was mailed to the 1,188 employees who indicated that they were elder-caregivers. On March 12, 1992 the editors of the VCU Voice, the

MCV Hospital News, and the Commonwealth Times were mailed a prepared announcement (see attached) along with a letter requesting their assistance in encouraging respondents to complete and return the questionnaire (see request letters attached). As a consequence, announcements were included in the April/May issue of the MCV Hospital News and the April 3 issue of the VCU Voice (see published articles attached). Thank you letters were sent to Linda Mills and Catherine Getlin in appreciation of their timely response to our request for publication (see thank you letters attached). A total of 363 (or 30.6%) respondents returned the completed questionnaire. Ten (3.6%) of the questionnaires were completed by employees who were no longer elder-caregivers, but responded with regard to the eldercare provided previously as specified in the survey instructions. All but seven (2.1%) of the employees responded with regard to the same care recipient for whom they had furnished information about on the previously mailed (short-form) survey.

## **B. Results**

### Caregiver Characteristics

Table 9 shows the descriptive characteristics of the elder-caregiving employees who provided personal information on the more detailed survey. The typical respondent is a 42 year-old, white, married, college-educated, female who is a classified employee. The median annual income level is between \$45,000 and \$55,000 annually. Slightly more than half of the caregivers have dependent children living at home with them, qualifying them as members of the "sandwich generation". That is, they are providing dependent care to both their parents and their children and are consequently, doubly burdened by their care-giving responsibilities. More than a third of the elder-caregiving employees are providing assistance for more than one elderly individual. About one-quarter (26.9%) of the elder-caregiving employees provide assistance for two elderly care recipients and 11.1% are providing care for three or more recipients.<sup>1</sup> Table 10 describes the employee status of survey respondents. Almost half of elder-caregivers are employed in classified positions. About 20% are instructional faculty and another 20% are health care professionals. Table 11 outlines the various kinds of relationships employees have with their care recipients. More than half of the employees are providing care for their mothers or mothers-in-law and about 20% assist their fathers or fathers-in-law. Almost 10% of employees responded with regard to the care they provide to their grandmothers. Less than 5% provide eldercare to a disabled spouse and less than 2% assist their grandfathers. The remainder are providing care for other relatives, friends, neighbors, or other older persons.

### Care Recipient Characteristics

Table 12 summarizes the demographic characteristics of those who receive eldercare from VCU employees. Three-quarters of the care recipients are female and about 20% are minorities. As would be expected, care recipients are not as well educated as their caregivers. Almost 20% of

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<sup>1</sup>Since the survey questionnaire asked employees to complete the questionnaire with regard to the one person for whom they provided the most care, the results which follow are particular to that care recipient.

assisted elders did not attend high school and 13% did not graduate from high school. Only about one quarter of care recipients obtained advanced degrees, although 40% had some higher education. The average age of care recipients' was 75 years and the oldest recipient was 98 years of age.

Table 13 describes the health-related characteristics of the care recipients. Although the physical health of the majority of care recipients was described as "fair" or "good," only about 10% of the care recipients were in "very good" health and about 15% of them were in "poor" health. When asked about recent changes in overall health, about one third indicated that the general health of their care recipient had gotten worse in the last six months. Almost 15% of them had "poor" mental health and the mental health of more than one-quarter was described as "fair". More than one-quarter of the care recipients had trouble remembering things often or much of the time and another third exhibited memory difficulty at least sometimes. Disruptive behavior or outbursts was observed in about 20% of the care recipients sometimes or more often. About 20% of the care recipients are confined to the house as a consequence of physical or mental disabilities and about 10% are confined to a wheel chair. Less than 5% are confined to the bed, however.

With regard to the recent occurrence of stressful life events, more than a third of the care recipients experienced a major illness or injury in the six months prior to the survey and about one third were hospitalized during that same time. Almost half of the employee caregivers had observed the health of their care recipients progressively decline. Only about 5% had recently experienced the death of a spouse and about 6% had retired within the last six months. The five items contained in this section of the questionnaire (experienced major illness or injury, hospitalization, progressive health deterioration, death of a spouse, or retirement in the last six months) were summed in order to obtain a total score representing the number of stressful life events that had recently occurred. Score ranged from 0 to 4 with a mean of 1.26 and a standard deviation of 1.20. Although slightly more than a third of the care recipients had not recently experienced any stressful life events, one quarter had endured one such incident and another third had experienced either two or three.

On the average, care recipients were seeing 1.61 doctors and had 1.67 chronic physical conditions. They were taking 3.31 prescription medications and 1.33 over-the-counter medications. On the high end, care recipients were seeing as many as eight different doctors and had eight different chronic conditions. They were taking as many as 16 different prescription medications and 10 different over-the-counter medications.

In order to assess the extent to which care recipients were dependent in terms of their activities of daily living (ADLs), the responses to six items from the section of the survey dealing with the types of assistance provided by VCU employees were abstracted from the check list and summed. One point was added to the ADL score if caregivers assisted their recipients in bathing, dressing, eating or feeding, toileting, transferring ("moving about"), or grooming. The resultant score ranged from 0 to 6 with a mean of 0.90 and a standard deviation of 1.58. About two-thirds of the care recipients were not impaired in any ADL, but about 20% required assistance in two or more ADLs.

### The Caregiving Relationship

Slightly more than one-quarter (28.4%) of the employees have primary responsibility for their care recipients. Table 14 shows the average proportion of care provided by VCU employees themselves as opposed to others living in the household, and paid or unpaid outside sources. On the average, more than one-third of the care was provided by the employees, while others in the household provided about 20% of the care. Outside help accounted for about 40% of the care provided. (Note: Of those who were not the sole caregivers, the majority (62.7%) were completely satisfied with the amount of other assistance provided, but about 5% were not at all satisfied. Almost three-quarters were very satisfied with the quality of assistance provided by others and less than 2% were completely dissatisfied.)

About 20% of the employees live with the older person they care for. Of those who do reside with their eldercare recipient, almost half (48.9%) visit weekly or more often and slightly more than three quarters of these caregivers (77.5%) telephone their care recipients at least once a week.

Table 15 describes the frequency with which assistance is provided. When eldercare assistance is given, it tends to be on-going rather than periodic. About one-third of the employees provide eldercare assistance always or almost always. Another one-third indicated that their assistance is often provided. VCU employees have been providing eldercare assistance for five years and four months on the average. The median length of time assistance has been provided is four years and the modal length is five years.

Table 16 shows the distribution of responses to questions about the quality of the relationship between caregivers and their recipients currently, and prior to the onset of assistance provision. Essentially relationship quality did not change substantially and the majority of employees maintain very good relations. Changes in relationship quality were calculated by subtracting the rating given for the relationship previously from the rating given for the current relationship. In this way, positive difference scores (+1 or +2) represented improved relations, negative difference scores (-1 or -2) represented declined relationships, and scores of 0 were indicative of no change. Although a dependent *t*-test did not result in a statistically significant change ( $p > .05$ ), it was hypothesized that a substantial difference might be noticed among caregivers who have provided eldercare for an extended period of time. Respondents were split into three groups, depending on whether their relations had improved, declined, or remained the same. An Analysis of Variance (ANOVA) examining differences between the three groups in terms of the length of time they had been providing eldercare failed to result in any statistically significant differences ( $p > .05$ ). However, when these three groups were compared in terms of other variables that could conceivably impact the quality of the caregiving relationship, some statistically significant differences were obtained. Chi-square statistics and contingency tables examined the three groups in terms of how often assistance is provided, whether or not the employee was the primary caregiver, the occurrence of various stressful life events, and whether the care recipients' overall health had declined in the last six months. The only statistically Chi-square statistic resulted from the group comparison in terms of whether or not the care recipient had recently experienced a progressive deterioration of health (Chi-square = 6.91,  $p = .03$ ,  $df = 2$ ). Table 17 shows the results of this comparison. Of employees who indicated that their relationship with their care recipient had declined, more than two-thirds were caring for someone who had progressively deteriorating health. In contrast, the proportion of employees with relationships which had improved or remained unchanged were almost evenly split

between those with care recipients who had and had not recently experienced progressive health deterioration. Analyses of Variance (ANOVAs) compared the three groups of respondents in terms of the proportion of care provided by the care-giving employee and various care recipient health variables resulted in statistically significant differences. Table 18 shows the results of these analyses. Those with declined relations had care recipients who were more impaired in terms of their ADLs,  $F(2, 339) = 6.46, p = .0018$ ; were in poorer physical health,  $F(2, 349) = 4.03, p = .0187$ ; were in poorer mental health,  $F(2, 353) = 21.47, p = .0001$ ; had more memory difficulties,  $F(2, 349) = 16.31, p = .0001$ ; and a greater incidence of behavioral disruption,  $F(2, 348) = 25.15, p = .0001$ . In addition, the effect for the number of recent stressful life events approached significance,  $F(2, 329) = 2.82, p = .0610$ . Change in the quality of the caregiving relationship before and after the provision of eldercare assistance was not related to the proportion of care provided by the VCU employee, the number of doctors prescribing medication, the number of different prescription drugs taken, the number of over-the-counter drugs taken, or the number of chronic physical conditions ( $p > .05$ ). **It appears that a declining quality of caregiver-care recipient relationship is related to the physical or mental health of the care recipient, rather than the length of time care is provided, the proportion of assistance provided by the caregiver, or the extent to which the care recipient was medicated.**

#### Need for Caregiver Assistance

Elder-caregiving employees were asked to respond to a detailed checklist of the various assistive activities they performed and then to indicate which activities they would like to have help with. Of the 24 activities listed, VCU elder-caregivers ( $n = 361$ ) provided an average of 8.68 different kinds of assistance with a standard deviation of 4.65. In contrast, of those who responded ( $n = 221$ ), help was desired with only 4.57 different kinds of assistance on the average with a standard deviation of 5.51. Table 19 shows the percentage of employees providing these various kinds of assistance and the corresponding proportion who would like help with these activities. More than half of the respondents provided transportation assistance, went shopping or ran errands for their care recipients, performed yard work or home maintenance chores, and took their care recipients on outings. More than three-quarters provided emotional or spiritual support. **Slightly less than one-quarter provided medication management.** Almost half of the caregivers would like to have help with their transportation responsibilities and about one-third desired help performing heavy housework, yard work or home maintenance chores, running errands, and arranging or coordinating outside help. Interestingly, about one-third would like to have someone to help with providing emotional or spiritual support to their care recipients and taking them on outings. In general, care providers would like to have outside help in the areas of chore services, care management, counseling, and leisure activities.

When care recipients received assistance from others in addition to the caregiving employee, we asked the elder-caregivers to express their levels of satisfaction with the quality and quantity of the other assistance provided. Table 20 shows the resulting frequency distribution. Only two-thirds of the employees were completely satisfied with the amount of alternative help their care recipients received and more than one quarter were dissatisfied to some extent with the quality of eldercare assistance provided by others.

Respondents used a Likert-type scale to indicate the extent to which they felt certain eldercare-related information and services would be helpful. Table 21 shows the frequency distribution of those who already have the information, those who felt the information would not be helpful, and those who would be helped by obtaining the information. More than half of the caregiving employees indicated that they would like to learn about choosing long-term care facilities and about two-thirds wanted information about the availability of community resources and how to choose them, and ways of dealing with caregiver stress. Almost half of those surveyed wanted information on the availability of public or private insurance and how to choose them; communicating effectively with medical, health or social service professionals; and specific illnesses. Slightly more than one-third felt that they could benefit by learning how to perform home health care activities. Interestingly, only about 20% of the respondents felt they knew how to manage their levels of stress and had sufficient information about long-term care facilities. Table 22 shows a similar frequency distribution of respondents with regard to the helpfulness of eldercare services. About half of the elder-caregivers wanted in-home care services, a caregiver support group, and transportation services. Slightly more than one-third were interested in counseling for their care recipients, financial assistance, case management, and respite services. Slightly less than one-third were interested in counseling to help them deal with their negative feelings toward the person they cared for, adult day care services, and meal preparation services.

In order to get more global measures of the needs for information and services, prevalence ratings were calculated using a binary coding scheme where responses were coded either "0" (already have or not helpful) or "1" (somewhat or very helpful) and summing across the various items. The resulting score represents the number of different kinds of information or services which would be helpful. VCU employees thought that 3.99 areas of information would be helpful on the average with a standard deviation of 2.52. Approximately one-third (30.5%) would like information in six or more areas. The average number of different services regarded as helpful was 3.73 and the standard deviation was 3.20. About one-third (29.2%) of the employees would like six or more services to help them fulfill their eldercare responsibilities.

Items were also recoded to calculate scale scores representing the extent to which information and services would be helpful. Those who already had services or information were assigned a rating of "1", as were those who deemed the item not helpful. By summing across the different kinds of information or services that could be potentially useful, scores ranged from the minimum of 8 (no information helpful) to the maximum of 24 (all information very helpful). The average score was 14.23 with a standard deviation of 4.50. With regard to services, scores ranged from the minimum of 10 to the maximum of 30, with an average of 15.72 and a standard deviation of 5.45.

### Elder-caregiving and Work

Table 23 shows the proportion of VCU elder-caregivers who would like to have various institutional programs or policies. One-half to two-thirds of respondents indicated that each of the programs or policies would be helpful. Employee caregiver seminars was the most popular type of program desired, followed closely by a family care leave policy, an eldercare task force, health benefits for dependent elderly, employee caregiver fairs, and a flexible benefit plan. Interestingly,

even though VCU offers a flexible benefit plan in the form of the dependent care reimbursement account which allows for pre-tax dollars to be set aside for medical expenditures for children and invalid spouses or parents, less than 3% of employees who provide eldercare access this benefit. Although the State currently offers pre-retirement classes, only 4.2% of respondents have taken advantage of them. Similarly, although State employees are eligible for an employee assistance program, half of those surveyed felt this would be helpful while only 3.6% have accessed this service. Although almost one-quarter of respondents have flextime, about half would like to have this option, and even though 10% have flexplace about half believe this would be helpful to them. Interestingly, while only about 4% of those surveyed are working part-time, half of the elder-caregivers at VCU felt that permanent part-time work would be helpful to them.

Prevalence estimates were calculated by nominally recoding responses to either "0" (already using or would not be helpful) or "1" (somewhat or very helpful) and summing across the various items. The resulting score represents the number of different kinds of institutional programs or policies which would be helpful. VCU employees thought that 6.80 different benefits would be helpful on the average with a standard deviation of 3.79. Approximately one-third (30.6%) felt that 10 of the 12 programs or policies listed would be helpful.

Items were also recoded to calculate scale scores representing the extent to which institutional programs or policies would be helpful. Those who were already accessing the benefit were assigned a rating of "1", as were those who deemed the benefit not helpful. By summing across the different kinds of programs or policies that could be potentially useful, scores ranged from the minimum of 12 (no benefit would be helpful) to the maximum of 36 (all benefits would be very helpful). The average score was 22.66 with a standard deviation of 6.75.

VCU employees who provide eldercare work 45.09 hours per week on the average, with a standard deviation of 9.73, although the median and modal response corresponded with the norm of 40-hour weeks. Interestingly, almost a third of them work 50 hours or more each week. Although almost three-quarters had not missed any work in the previous month as a consequence of their elder-caregiving responsibilities, the average was 3.10 hours with a standard deviation of 10.05. About 20% had missed more than 6 hours. Table 24 shows the extent to which respondents felt that their coworkers or immediate supervisors were supportive with regard to their elder-caregiving responsibilities. About half of the supervisors and co-workers are unaware of these responsibilities, but about one-third were very supportive. The same table also shows the extent to which the employee's eldercare responsibilities interfere with work responsibilities. Although about half of the respondents said that there was no conflict, slightly less than half indicated that there was at least some interference.

Table 25 shows the frequency distribution of respondents who experience work-related problems as a consequence of their elder-caregiving responsibilities. More than half sometimes suffer from stress and about 20% are stressed often. About half feel exhausted at times, and about 15% feel this way often. More than half of the elder-caregiving employees miss work and the majority have to leave work early at times. Slightly less than half feel that their work productivity is negatively affected and more than one-third feel that the quality of their work is impacted. About one-third are tardy and another third spend too much time making personal calls at work. Slightly

less than one-third end up working late in order to fulfill their elder-caregiving responsibilities. About 20% forego the opportunity to attend conferences or training, are either unable or unwilling to work overtime, feel like quitting work, or feel dissatisfied with their jobs because of their caregiving responsibilities. The proportion of employees who have had to quit or resign their jobs, passed up promotions, or change from full-time to part-time work, in order to fulfill their eldercare obligations, is negligible.

In order to get a more global measure of the extent to which elder-caregiving negatively impacts work activities, prevalence ratings were calculated by nominally recoding responses to either "0" (never or rarely) or "1" (sometimes, quite frequently, or nearly always) and summing across the various items. The resulting score represents the number of different kinds of work-related problems experienced. Elder-caregiving VCU employees indicated that they have difficulty in 2.76 areas of conflict on the average with a standard deviation of 2.93. One-third (33.5%) of the employees experienced problems in 4 or more of the conflict areas.

Scale scores representing the extent to which elder-caregiving responsibilities interfere with work responsibilities were also calculated by summing ratings across the various problem areas. Scores ranged from the minimum of 0 (no conflict ever) to 39, although the maximum possible was 64 (all areas nearly always problematic). The average score was 9.26 with a standard deviation of 8.02.

### Caregiver Burden

Elder-caregivers at VCU also completed the Burden Interview questionnaire (Zarit, Reever, & Bach-Peterson, 1980). The instrument utilizes a five-point Likert-type scale (0=Never; 1=Rarely; 2=Sometimes; 3=Quite frequently; 4=Nearly always). Scores are calculated by summing across 22 items and can range from 0 to 88. The average burden score was 24.26 and the standard deviation was 16.06. This score represents mild to moderate caregiver burden. Overall, less than half (44.6%) of the respondents were experiencing little or no burden (score range = 0-20), more than a third (39.6%) had scores in the mild to moderate range (21-40), 13.1% were in the moderate to severe range (41-60) and less than 3% were in the severe range (61-88).

One-way Analyses of Variance were performed to discover if employees with different demographic characteristics differed in terms of the amount of burden they experience. Although caregivers who differed in terms of gender (male vs. female), race (White vs. other), level of education (degreed vs. non-degreed), number of children living at home (none vs. one or more), and employment status (classified vs. others) were essentially the same in terms of the amount of burden experienced ( $p > .05$ ), a statistically significant difference between those who were married or remarried and those who were not was found;  $F(1, 332) = 6.18, p = .0134$ . Elder-caregiving employees who were married tended to experience less burden ( $M = 22.81; SD = 15.74$ ) than those who were unmarried ( $M = 27.39; SD = 16.27$ ). It appears that the presence of a spouse serves as a buffer against caregiver strain.

### Results of Step-wise Multiple Regression Analyses

Stepwise multiple regression analyses were performed to discover the extent to which caregiver demographic characteristics and measures of responsibility could predict burden, needs for information and services, and the job-related effects of elder-caregiving. Six separate analyses were performed using, as dependent variables, the calculated scores representing: 1) caregiver burden, 2) need for information, 3) need for services, 4) desire for institutional programs or policies, 5) number of different assistive activities for which employees desired help, and 6) job performance effects of elder-caregiving. For each analyses, the predictor variables were caregiver gender (male vs. female), caregiver race (white vs. other), caregiver marital status (married vs. unmarried), job status (classified vs. other), level of caregiver education, number of children living at home, length of time providing eldercare, Katz Activities of Daily Living score, how often caregiving assistance is provided, whether the VCU employee was the primary caregiver, the proportion of care provided by the VCU employee, and the number of different types of assistance provided.

The results of these analyses are shown in Table 26. Between 14% and 29% of the variance in scores on the different dependent variables could be accounted for by various combinations of the predictor variables considered. The number of different caregiving activities provided accounted for the greatest amount of variability among all of the dependent variables, with the exception of the number of different care-giving activities for which employees desired help. Rather, the Katz ADL score was the best predictor of this dependent variable. The number of dependent children living at home was the second best predictor for all dependent variables considered, with the exception of caregiver burden. The only other statistically significant predictor variable ( $p < .05$ ) contributing to burden was the frequency with which caregiver assistance was provided. Frequency of assistance provision also predicted the extent to which elder-caregiving interfered with work. Marital status was a statistically significant predictor of the amount of information and services desired, as well as the extent to which eldercare responsibilities had work-related consequences. Those who were married tended to have less need for assistance and less job-related conflict than unmarried employees. Gender was a significant predictor of the extent to which various institutional programs and policies would be helpful, with females tending to give higher ratings overall. Employment status was predictive of the need for information about elder-caregiving, with classified employees tending to indicate that various kinds of information would be more helpful.

#### Results of One-Way Multivariate Analyses of Variance

In order to further relate caregiver demographic characteristics to the need for assistance and job performance effects, one-way multivariate analyses of variance (MANOVAs) were performed. Separate analyses were conducted for each of the selected demographic variables: caregiver gender (male vs. female), caregiver race (white vs. other), caregiver marital status (married vs. unmarried), job status (classified vs. faculty vs. health professionals), level of caregiver education (degreed vs. not degreed), and number of children living at home (children vs. no children). The multiple dependent variables included in each analysis were the calculated scores representing: 1) need for information, 2) need for services, 3) desire for institutional programs or policies, and 4) job performance effects of elder-caregiving. Table 21 shows the results of these analyses.

Female employees who provide eldercare believe various institutional programs or policies would be more helpful than do their male counterparts. The elder-caregiving responsibilities of

minorities have a greater impact on their job performance in comparison with non-minority caregivers. Minority employees also feel that eldercare information, services, and institutional programs or policies would be more helpful to them than did non-minorities. The job performance of unmarried elder-caregivers is influenced to a greater degree by their elder-caregiving responsibilities than married employee caregivers. Although there is no difference between married and unmarried respondents in terms of their desire for institutional programs or policies, unmarried caregivers indicated that eldercare information and services would be more helpful in comparison with the employees who were married. Although there was no statistically significant relation between job status and the need for services or the job-related effects of elder-caregiving, classified employees have a greater need for eldercare information than faculty members or health professionals. In addition, classified employees and health professionals feel that institutional programs or policies would be more helpful than faculty members. Elder-caregiving employees who hold advanced degrees have less need for information and services than those without degrees, although educational level is not related to the work-related impact of eldercare or the desire for institutional programs or policies. The number of dependent children living at home with elder-caregivers is not related to the effect of eldercare on job performance, or the need for information, services, or institutional programs and policies.

### Dissemination

A paper presentation is planned for the Annual Meeting of the Southern Gerontological Society April 28-May 1 in Richmond, VA. Papers will be submitted for publication in the Journal of Applied Gerontology and other peer-refereed, professional journals. In addition to the findings presented in this report, journal articles will relate caregiver strain to work-related problems and various aspects of the work situation. The need for eldercare assistance, information and services will be directly related to the job-related effect of elder-caregiving. The extent to which the quality of the relationship between caregiver and care recipient changes as a consequence of the provision of eldercare will be examined to investigate the influence of the length of time care has been provided, how often assistance is provided, whether or not the employee is the primary caregiver, the occurrence of various stressful life events, and various care recipient health variables.

## **SUMMARY AND CONCLUSIONS**

VCU employees were surveyed regarding their provision of eldercare in order to assess the extent to which they provide care to disabled parents or spouses, their perceived "sense of burden", the job performance effects of eldercare, and their need for eldercare assistance. Approximately 30% of employees responded and their demographic characteristics roughly matched the population surveyed. Of those responding, approximately 35% were providing eldercare. Elder-caregivers differed from their non-caregiving counterparts in terms of gender (elder-caregivers were predominantly female), race (a greater proportion of the caregivers were black), and age (caregivers tended to be older). The typical elder-caregiving employee is a 42 year-old, white, married, college-educated female working in a classified position and caring for a mother or mother-in-law. More than half of the caregivers have dependent children living at home, qualifying them as members of the "sandwich generation". That is, they are providing dependent care to both their parents and their children and are consequently, doubly burdened by the care-giving responsibilities. The typical

eldercare recipient is a 75 year-old, white, female in fair physical health with occasional memory difficulty and dependent in at least one activity of daily living.

Eldercare tends to be on-going rather than periodic, and more than one-quarter of elder-caregiving employees have primary responsibility for their care recipients. On the average. The average length of time assistance has been provided is five years and four months. More than one-third of the assistance provided to care recipients is given by VCU employees, while others in the household provide about 20% of the care, and outside help accounts for approximately 40% of recipient care. More than half of the elder-caregivers provided transportation, went shopping or ran errands for the recipients, performed yard work or home maintenance, and took their recipients on outings. Almost one-quarter provided medications management. Care providers would like to have outside help in the areas of chore services, care management, counseling, and leisure activities.

Two-thirds of the employees felt that information about the availability of community resources and dealing with caregiver stress would be helpful. About half wanted to learn about choosing long-term care facilities, public or private insurance, and communicating effectively with medical, health, or social service professionals. About one third of elder-caregivers would like information in six or more areas. About half of elder-caregiving employees would like to have in-home care services, a caregiver support group, and transportation services. Almost one-third would like to access six or more of the services listed. Between one-half and two-thirds of those surveyed indicated that each of the institutional programs or policies listed would be helpful. Employee caregiver seminars was the most popular option, followed closely by a family care leave policy, an eldercare task force, health benefits for dependent elderly, employee caregiver fairs, and a flexible benefit plan. Almost one-third felt that 10 of the 12 programs or policies listed would be helpful.

More than one-third of elder-caregivers had burden scores in the mild to moderate range and almost 20% experience greater levels of strain. Married caregivers tended to experience less burden than their unmarried counterparts. About half of the respondents felt that their eldercare responsibilities interfered with their work responsibilities to some extent. More than half of the caregiving employees suffer from stress on the job and about half feel exhausted at times. The majority of caregivers leave work early in order to tend to their eldercare duties and more than half miss work altogether. About half feel that their work productivity is negatively affected and more than one-third feel that the quality of their work is compromised. One-third experienced problems in four or more areas.

Step-wise multiple regression analyses indicated that the need for eldercare information, services, and institutional programs or policies can be predicted to some extent by the number of different caregiving activities performed and the number of dependent children living at home. In addition, marital status is predictive of the need for information and services. Females feel that institutional programs would be more helpful than males. Level of caregiver burden is a function of the number of different kinds of eldercare activities provided and the frequency of assistance provision. The number of different areas in which eldercare assistance is desired is significantly predicted by the number of children living at home and the extent to which the eldercare recipient was dependent in terms of their activities of daily living. The extent to which work-related problems are

experienced as a consequence of eldercare responsibilities is related to the number of different caregiving activities performed, the frequency with which eldercare assistance is required, the number of children living at home, and the caregivers' marital status.

Multivariate analyses of variance revealed that the elder-caregiving responsibilities of minorities and unmarried employees had a greater impact on their job performance in comparison with non-minorities or married caregivers. The need for caregiver information and services is greater for minorities, unmarried employees, and those without advanced degrees. Classified employees have a greater need for information than faculty members or health professionals. There was a greater desire for institutional programs and policies to aid caregivers among minorities and unmarried employees, and classified employees and health professionals though these services would be more helpful than faculty members.

The proportion of elder-caregiving employees at VCU exceeds the numbers reported at other universities (Riddick & Ansello, 1998; Futrell et al., 1992). The results of this study confirm the need for information about insurance, community resources, and progressive workplace policies. Given that more than half of employees who provide eldercare also have dependent children and that this dual responsibility is significantly related to the need of eldercare assistance, special attention should be given to the members of this "sandwich generation". The extent to which eldercare responsibilities interfere with job performance among VCU employees documented in this study in conjunction with the desire for institutional programs and policies, is a clear call for action on the part of the University. By recognizing the cost in terms of compromised work quality and productivity, and establishing leave programs and other innovative benefits for elder-caregivers VCU can do much to alleviate the burden experienced by its employees who provide care for disabled elders. By providing educational seminars, resource fairs, and support groups, the University can help employees more effectively balance their work and elder-caregiving responsibilities, thereby improving job performance and satisfaction, and setting an example for other institutions of higher education.

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## I. SHORT-FORM QUESTIONNAIRE

**Table 1. DEMOGRAPHIC CHARACTERISTICS OF VCU EMPLOYEES WHO DO AND DO NOT PROVIDE ELDERCARE**

Elder-caregivers (N=1,188)

Non-Caregivers (N=2,231)

### **GENDER**

Female 72.8% (n = 861)

Male 27.2% (n = 322)

Female 66.5% (n = 747)

Male 33.5% (n = 1,481)

### **RACE**

White 74.1% (n = 843)

Black 22.9% (n = 261)

Other 3.0% (n = 34)

White 81.2% (n = 1,615)

Black 15.2% (n = 303)

Other 3.6% (n = 71)

### **AGE**

Average Age = 42 Years  
Standard Deviation = 10.1  
Age Range = 20-73 Years  
(n = 1134)

Average Age = 39 Years  
Standard Deviation = 10.5  
Age Range = 20-77 Years  
(n = 1959)

**Table 2. TYPES OF ELDER-CAREGIVING EMPLOYEES**

Classified	53.0% (n = 601)
Instructional Faculty	18.8% (n = 213)
Health Care Professionals	15.9% (n = 180)
Administrative Faculty	3.3% (n = 37)
Adjunct Faculty	2.6% (n = 29)
Graduate Teaching/Research Assistant	1.8% (n = 20)
Professional Faculty	1.6% (n = 18)
Residents/Housestaff	1.2% (n = 14)
Hourly Personnel	1.0% (n = 11)
Post Doctoral/Research Fellows	0.7% (n = 8)
Graduate College Work Study Students	0.2% (n = 2)
Other Student Workers	0.1% (n = 1)

**Table 3. CAREGIVERS' RELATIONSHIP TO CARE RECIPIENTS**

Mothers or Mothers-In-Law	65.1% (n = 770)
Fathers or Fathers-In-Law	30.0% (n = 355)
Friends or Neighbors	15.9% (n = 188)
Grandmothers	13.6% (n = 161)
Other Relatives	13.0% (n = 154)
Other Older Person	5.7% (n = 68)
Grandfathers	3.5% (n = 41)
Spouses	2.9% (n = 34)

**Table 4. WHERE ELDERCARE ASSISTANCE IS PROVIDED**

In the Elders Home	70.7% (n = 935)
In the Providers Home	30.4% (n = 356)
Someplace Else	18.0% (n = 211)

**Table 5. HOW OFTEN ELDERCARE ASSISTANCE IS PROVIDED**

Rarely	6.5% (n = 75)
Sometimes	36.7% (n = 425)
Often	37.5% (n = 434)
Always	19.3% (n = 223)

**Table 6. TYPES OF ELDERCARE ASSISTANCE PROVIDED**

Calling or Visiting	76.3% (n = 992)
Run Errands	69.3% (n = 819)
Transportation	61.6% (n = 728)
Help with Finances	40.9% (n = 483)
Housework	39.4% (n = 465)
Medical Assistance	33.4% (n = 394)
Yard Work	31.5% (n = 372)
Food Preparation	30.9% (n = 365)
Grooming	17.2% (n = 203)
Feeding	6.2% (n = 73)

**Table 7. WOULD LIKE OUTSIDE HELP PROVIDING ELDERCARE**

Never	29.5% (n = 335)
Rarely	22.6% (n = 257)
Sometimes	36.5% (n = 415)
Often	8.0% (n = 91)
Always	3.4% (n = 39)

**Table 8. DIFFICULTY BALANCING WORK AND ELDER-CAREGIVING RESPONSIBILITIES**

Never	19.6% (n = 231)
Rarely	26.8% (n = 316)
Sometimes	41.5% (n = 491)
Often	9.7% (n = 114)
Always	2.4% (n = 28)

## II. LONG-FORM QUESTIONNAIRE

**Table 9. DEMOGRAPHIC CHARACTERISTICS OF ELDER-CAREGIVING VCU EMPLOYEES (N = 363)**

### CAREGIVER'S GENDER

Female	76.0% (n = 253)
Male	24.0% (n = 80)

### CAREGIVER'S RACE

White	82.4% (n = 294)
Black	15.2% (n = 54)
Other	2.4% (n = 8)

### CAREGIVER'S MARITAL STATUS

Married	63.2% (n = 227)
Single	17.8% (n = 64)
Divorced	13.9% (n = 50)
Remarried	2.8% (n = 10)
Separated	1.9% (n = 7)
Widowed	0.3% (n = 1)

### CAREGIVER'S HIGHEST LEVEL OF EDUCATION

Some High School	0.3% (n = 1)
High School Diploma	8.6% (n = 31)
Some College	19.4% (n = 70)
Associate Degree	7.2% (n = 26)
Bachelor Degree	23.4% (n = 84)
Master Degree	18.3% (n = 66)
Doctoral Degree	22.8% (n = 82)

**Table 9 (continued). DEMOGRAPHIC CHARACTERISTICS OF ELDER-CAREGIVING VCU EMPLOYEES (N = 363)**

**CURRENT TOTAL HOUSEHOLD INCOME PER YEAR**

Below \$15,000	2.3% (n = 8)
\$15,000-\$24,999	13.9% (n = 48)
\$25,000-\$34,999	15.1% (n = 52)
\$35,000-\$44,999	13.3% (n = 46)
\$45,000-\$54,999	13.6% (n = 47)
\$55,000-\$64,999	11.9% (n = 41)
\$65,000-\$74,999	8.4% (n = 29)
\$75,000 or More	21.5% (n = 74)

**CAREGIVER'S AGE**

Average Age = 42 Years  
Standard Deviation = 9.63  
Age Range = 21-73 Years  
(n = 319)

**NUMBER OF CHILDREN LIVING AT HOME**

0	49.3% (n = 177)
1	26.7% (n = 96)
2	19.2% (n = 69)
3	4.5% (n = 16)
4	0.0% (n = 0)
5	0.3% (n = 1)

**Table 10. TYPES OF ELDER-CAREGIVING EMPLOYEES**

Classified	48.5% (n = 160)
Instructional Faculty	21.5% (n = 71)
Health Care Professionals	19.1% (n = 63)
Administrative Faculty	3.1% (n = 10)
Graduate Teaching/Research Assistant	2.4% (n = 8)
Adjunct Faculty	2.1% (n = 7)
Professional Faculty	1.2% (n = 4)
Residents/Housestaff	0.6% (n = 2)
Hourly Personnel	0.6% (n = 2)
Post Doctoral/Research Fellows	0.6% (n = 2)
Graduate College Work Study Students	0.3% (n = 1)

**Table 11. CAREGIVERS' RELATIONSHIP TO CARE RECIPIENTS**

Mothers or Mothers-In-Law	56.4% (n = 187)
Fathers or Fathers-In-Law	18.1% (n = 60)
Grandmothers	8.1% (n = 27)
Friends or Neighbors	5.7% (n = 19)
Other Relatives	4.8% (n = 16)
Spouses	3.6% (n = 12)
Other Older Person	2.1% (n = 7)
Grandfathers	1.2% (n = 4)

**Table 12. DEMOGRAPHIC CHARACTERISTICS OF CARE RECIPIENTS OF ELDER-CAREGIVING VCU EMPLOYEES**

**CARE RECIPIENT'S GENDER**

Female	75.1% (n = 256)
Male	24.9% (n = 85)

**CARE RECIPIENT'S RACE**

White	82.0% (n = 292)
Black	15.7% (n = 56)
Other	2.3% (n = 8)

**CARE RECIPIENT'S HIGHEST LEVEL OF EDUCATION**

Grade School	18.2% (n = 65)
Some High School	13.4% (n = 48)
High School Diploma	28.6% (n = 102)
Some College	16.2% (n = 58)
Associate Degree	2.0% (n = 7)
Bachelor Degree	12.9% (n = 46)
Master Degree	5.6% (n = 20)
Doctoral Degree	3.1% (n = 11)

**CARE RECIPIENT'S AGE**

Average Age = 75 Years  
Standard Deviation = 9.85  
Age Range = 50-98 Years  
(n = 343)

**Table 13. HEALTH CHARACTERISTICS OF CARE RECIPIENTS OF ELDER-CAREGIVING VCU EMPLOYEES**

**PERCEIVED HEALTH STATUS**

Poor	16.0% (n = 57)
Fair	40.6% (n = 145)
Good	32.5% (n = 116)
Very Good	10.9% (n = 39)

**MENTAL HEALTH**

Poor	13.0% (n = 47)
Fair	28.3% (n = 102)
Good	33.2% (n = 120)
Very Good	25.5% (n = 92)

**MEMORY DIFFICULTY**

Never	7.9% (n = 28)
Rarely	30.9% (n = 110)
Sometimes	33.1% (n = 118)
Often	16.9% (n = 60)
Much of the Time	11.2% (n = 40)

**DISRUPTIVE BEHAVIOR**

Never	49.4% (n = 176)
Rarely	28.9% (n = 103)
Sometimes	14.1% (n = 50)
Often	4.5% (n = 16)
Much of the Time	3.1% (n = 11)

**Table 13 (continued). HEALTH CHARACTERISTICS OF CARE RECIPIENTS OF ELDER-CAREGIVING VCU EMPLOYEES**

**MOBILITY LIMITATIONS**

Confined to the House	18.5% (n = 66)
Confined to a Wheelchair	8.6% (n = 30)
Confined to the Bed	3.8% (n = 13)

**RECENT CHANGES IN OVERALL HEALTH**

Gotten Better	5.8% (n = 21)
Stayed About the the Same	59.4% (n = 214)
Gotten Worse	34.7% (n = 125)

**RECENT OCCURENCE OF STRESSFUL LIFE EVENT**

Major Illness or Injury	38.4% (n = 136)
Hospitalization	35.2% (n = 125)
Progressive Health Deterioration	48.0% (n = 168)
Death of a Spouse	5.2% (n = 18)
Retirement	6.1% (n = 21)

**NUMBER LIFE EVENT STRESSORS**

0	36.9% (n = 124)
1	24.4% (n = 82)
2	16.7% (n = 56)
3	20.2% (n = 68)
4	1.8% (n = 6)
5	0.0% (n = 0)

**Table 13 (continued). HEALTH CHARACTERISTICS OF CARE  
RECIPIENTS OF ELDER-CAREGIVING VCU EMPLOYEES**

**NUMBER OF DOCTORS PRESCRIBING DRUG**

Average = 1.61  
Standard Deviation = 0.98  
Range = 0-8  
(n = 335)

**NUMBER OF PRESCRIPTION DRUGS TAKEN**

Average = 3.31  
Standard Deviation = 2.47  
Range = 0-16  
(n = 316)

**NUMBER OF OVER-THE COUNTER DRUGS TAKEN**

Average = 1.33  
Standard Deviation = 1.33  
Range = 0-10  
(n = 292)

**NUMBER OF CHRONIC PHYSICAL CONDITIONS**

Average = 1.67  
Standard Deviation = 1.27  
Range = 0-8  
(n = 338)

**Table 13 (continued). HEALTH CHARACTERISTICS OF CARE  
RECIPIENTS OF ELDER-CAREGIVING VCU EMPLOYEES**

**NUMBER OF IMPAIRMENTS IN ACTIVITIES OF DAILY LIVING**

0	65.4% (n = 227)
1	12.7% (n = 44)
2	7.5% (n = 26)
3	4.6% (n = 16)
4	2.9% (n = 10)
5	4.6% (n = 16)
6	2.3% (n = 8)

**Table 14. PROPORTION OF ASSISTANCE PROVIDED BY EMPLOYED CAREGIVERS AND OTHERS (n = 344)**

VCU Employee	Average = 38.86% Standard Deviation = 33.56% Median = 25%
Others Living in the Household	Average = 18.81% Standard Deviation = 29.24% Median = 0%
Unpaid Outside Help	Average = 27.66% Standard Deviation = 33.63% Median = 0%
Paid Outside Help	Average = 14.67% Standard Deviation = 28.01% Median = 0%

**Table 15. HOW OFTEN ASSISTANCE IS PROVIDED BY EMPLOYED CAREGIVER**

Rarely	3.4% (n = 12)
Sometimes	28.3% (n = 101)
Often	34.5% (n = 123)
Almost Always	19.9% (n = 71)
Always	14.0% (n = 50)

**Table 16. QUALITY OF CAREGIVER-CARE RECIPIENT RELATIONSHIP CURRENTLY AND PRIOR TO ASSISTANCE**

	<u>Currently</u>	<u>Previously</u>
Poor	3.6% (n = 13)	2.8% (n = 10)
Fair	10.0% (n = 36)	10.3% (n = 37)
Good	31.7% (n = 114)	34.1% (n = 122)
Very Good	4.7% (n = 197)	42.4% (n = 153)

**Table 17. CONTINGENCY TABLE COMPARING CHANGE IN CAREGIVING RELATIONSHIP AND CARE RECIPIENTS' PROGRESSIVE HEALTH DETERIORATION**

	<u>Progressive Health Deterioration</u>	
	Yes	No
Declined Relations	67.5% (n = 27)	32.5% (n = 13)
No Change in Relations	45.2% (n = 118)	54.8% (n = 143)
Improved Relations	48.9% (n = 22)	51.1% (n = 23)

**Table 18. RESULTS OF ANOVAs COMPARING CHANGE IN CAREGIVING RELATIONSHIP AND RELATED CARE RECIPIENT CHARACTERISTICS**

**ACTIVITIES OF DAILY LIVING**

Declined Relations	M = 1.69	SD = 2.00	n = 39
No Change in Relations	M = 0.85	SD = 1.54	n = 259
Improved Relations	M = 0.52	SD = 1.21	n = 44

**PHYSICAL HEALTH STATUS**

Declined Relations	M = 2.03	SD = 0.83	n = 40
No Change in Relations	M = 2.41	SD = 0.89	n = 266
Improved Relations	M = 2.52	SD = 0.86	n = 46

**MENTAL HEALTH STATUS**

Declined Relations	M = 2.03	SD = 0.83	n = 40
No Change in Relations	M = 2.41	SD = 0.89	n = 270
Improved Relations	M = 2.52	SD = 0.86	n = 46

**MEMORY DIFFICULTIES**

Declined Relations	M = 3.82	SD = 1.20	n = 39
No Change in Relations	M = 2.78	SD = 1.07	n = 267
Improved Relations	M = 3.04	SD = 1.03	n = 46

**BEHAVIORAL DISRUPTION**

Declined Relations	M = 2.85	SD = 1.39	n = 40
No Change in Relations	M = 1.68	SD = 0.89	n = 265
Improved Relations	M = 1.78	SD = 0.99	n = 46

**STRESSFUL LIFE EVENTS**

Declined Relations	M = 1.67	SD = 1.22	n = 39
No Change in Relations	M = 1.22	SD = 1.20	n = 250
Improved Relations	M = 1.09	SD = 1.15	n = 43

**Table 19. FREQUENCY AND PERCENTAGE  
OF RESPONDENTS PROVIDING DIFFERENT KINDS OF  
ELDERCARE AND DESIRING HELP WITH THOSE ACTIVITIES**

<u>Assistance</u> Desired	<u>Provided</u>	
1) Transportation	70.9% (253)	44.4% ( 92)
2) Shopping	66.5% (238)	24.4% ( 48)
3) Cooking	39.4% (141)	18.6% ( 35)
4) Light housework	43.5% (155)	25.9% ( 50)
5) Heavy housework	41.6% (208)	33.0% ( 63)
6) Bathing	13.3% ( 47)	16.9% ( 30)
7) Dressing	15.5% ( 55)	18.8% ( 33)
8) Eating or Feeding	10.4% ( 37)	10.9% ( 19)
9) Toileting	10.5% ( 37)	12.2% ( 21)
10) Moving about	21.8% ( 77)	16.2% ( 29)
11) Financial support	31.5% (112)	20.0% ( 36)
12) Money management	43.6% (154)	17.7% ( 32)
13) Yard work/Home maintenance	55.8% (198)	30.4% ( 58)
14) Giving medication	22.7% ( 80)	13.4% ( 24)
15) Counting pills	19.9% ( 70)	14.7% ( 26)
16) Picking up medicine at drugstore	41.7% (148)	19.3% ( 36)
17) Reminding when refill is due	19.0% ( 67)	12.0% ( 21)
18) Medical/nursing care	17.0% ( 60)	20.3% ( 36)
19) Grooming	21.7% ( 76)	16.9% ( 30)
20) Running errands	72.4% (257)	33.7% ( 66)
21) Arranging/coordinating outside help	42.2% (149)	34.8% ( 63)
22) Providing emotional/spiritual support	83.2% (292)	34.7% ( 69)
23) Reading out loud	15.1% ( 52)	17.1% ( 30)
24) Taking on outings for fun	65.5% (230)	32.0% ( 63)

**Table 20. CAREGIVER SATISFACTION WITH HELP PROVIDED BY OTHERS**

**AMOUNT OF OTHER ASSISTANCE PROVIDED**

Not at all	4.6% (n = 14)
Somewhat	32.7% (n = 99)
Very	62.7% (n = 190)

**QUALITY OF OTHER ASSISTANCE PROVIDED**

Not at all	1.7% (n = 5)
Somewhat	27.2% (n = 81)
Very	71.1% (n = 212)

**Table 21. FREQUENCY AND PERCENTAGE OF RESPONDENTS WITH AND WITHOUT INFORMATIONAL NEEDS**

<u>Type of Information</u>	<u>Already Have</u>	<u>Not Helpful</u>	<u>Helpful</u>
Community resources	22.8% ( 80)	10.5% ( 37)	66.7% (234)
Public/private insurance	38.2% (134)	18.5% ( 65)	43.3% (152)
Performing home health care	35.5% (125)	27.0% ( 95)	37.5% (132)
Communicating with professionals	41.5% (146)	13.1% ( 46)	45.4% (160)
Stress management	20.8% ( 74)	13.8% ( 49)	65.4% (232)
Specific illnesses	39.3% (138)	14.2% ( 50)	46.5% (163)
Long-term care facilities	22.9% ( 81)	22.6% ( 80)	54.5% (193)
Housing options	28.0% ( 98)	31.4% (110)	40.6% (142)

**Table 22. FREQUENCY AND PERCENTAGE OF RESPONDENTS WITH AND WITHOUT SERVICE NEEDS**

<u>Type of Service</u>	<u>Already Have</u>	<u>Not Helpful</u>	<u>Helpful</u>
In-home care services	14.7% ( 50)	34.0% (116)	51.3% (175)
Caregiver support group	12.9% ( 44)	43.1% (147)	44.0% (150)
Counseling for caregiver	19.9% ( 68)	51.9% (177)	28.2% ( 96)
Respite services	16.9% ( 58)	46.6% (160)	36.5% (125)
Adult day care services	18.1% ( 62)	50.0% (171)	31.9% (109)
Case management	14.9% ( 51)	49.6% (169)	35.5% (121)
Transportation services	18.4% ( 63)	35.1% (120)	46.5% (159)
Meal preparation services	22.3% ( 76)	49.0% (167)	28.7% ( 98)
Financial assistance	20.2% ( 69)	42.0% (143)	37.8% (129)
Counseling for recipient	18.8% ( 64)	45.3% (154)	35.9% (122)

**Table 23. FREQUENCY AND PERCENTAGE OF RESPONDENTS WHO WOULD LIKE INSTITUTIONAL PROGRAMS OR POLICIES**

<u>Type of Program or Policy</u>	<u>Already Have</u>	<u>Not Helpful</u>	<u>Helpful</u>
Flextime	26.4% ( 89)	24.3% ( 82)	49.3% (166)
Flexplace	11.1% ( 37)	9.2% (130)	49.7% (165)
Permanent part-time work	3.3% ( 11)	50.5% (168)	46.2% (154)
Family leave policy	2.4% ( 8)	33.1% (112)	64.5% (218)
Flexible benefit plan	2.8% ( 9)	38.2% (124)	59.0% (192)
Dependent care reimbursement account	2.7% ( 9)	41.2% (135)	56.1% (184)
Health benefits for dependent elder	6.4% ( 21)	31.5% (104)	62.1% (205)
Employee assistance program	3.6% ( 12)	45.0% ( 149)	51.4% (170)
Pre-retirement classes	4.2% ( 14)	37.8% (126)	58.0% (193)
Employee caregiver seminars	2.4% ( 8)	31.2% (105)	66.4% (223)
Employee caregiver fairs	2.4% ( 8)	36.8% (123)	60.8% (203)
Eldercare task force	1.8% ( 6)	35.7% (116)	62.5% (203)

**Table 24. CAREGIVER SUPPORT  
FROM SUPERVISORS/COWORKERS AND  
EXTENT OF CONFLICTING RESPONSIBILITIES**

**SUPPORTIVENESS OF IMMEDIATE SUPERVISOR**

Not aware	52.1% (n = 187)
Not at all	2.2% (n = 8)
Some	12.0% (n = 43)
Very	33.7% (N = 121)

**SUPPORTIVENESS OF CO-WORKERS**

Not aware	51.3% (n = 183)
Not at all	2.0% (n = 7)
Some	5.1% (n = 54)
Very	31.7% (n = 113)

**ELDERCARE CONFLICTS WITH WORK RESPONSIBILITIES**

Not at all	52.0% (n = 186)
A little	39.9% (n = 143)
A fair amount	7.5% (n = 27)
A great deal	0.6% (n = 2)

**Table 25. FREQUENCY AND PERCENTAGE OF RESPONDENTS WHO DO AND DO NOT EXPERIENCE WORK-RELATED PROBLEMS AS A CONSEQUENCE OF ELDER-CAREGIVING**

<u>Problem</u>	<u>Never</u>	<u>At times</u>	<u>Often</u>
Missing work	45.4% (159)	54.3% (190)	0.3% ( 1)
Lateness	65.6% (231)	33.3% (117)	1.1% ( 4)
Stress	22.3% ( 79)	56.5% (200)	21.2% ( 75)
Feeling exhausted	31.4% (111)	52.4% (185)	16.2% ( 57)
Decreased productivity	52.6% (184)	44.0% (154)	3.4% ( 12)
Decreased work quality	59.7% (209)	38.3% (134)	2.0% ( 7)
Having to leave early	41.8% (147)	56.5% (199)	1.7% ( 6)
Having to stay late	67.4% (236)	29.4% (103)	3.2% ( 11)
Job dissatisfaction	71.6% (249)	23.3% ( 81)	5.1% ( 18)
Feeling like quitting work	73.8% (256)	21.6% ( 75)	4.6% ( 16)
Having to quit or resign	93.9% (326)	5.5% ( 19)	0.6% ( 2)
Excessive use of phone for personal calls	62.8% (218)	34.0% (118)	3.2% ( 11)
Unwilling/unable to take promotion	91.9% (317)	6.7% ( 23)	1.4% ( 5)
Unwilling/able to work overtime	77.5% (268)	17.9% ( 62)	4.6% ( 16)
Unwilling/able to attend conference/training	77.6% (266)	19.5% ( 67)	2.9% ( 10)
Having to change from full-time to part-time work	97.7% (334)	2.0% ( 7)	0.3% ( 1)

**Table 26. RESULTS OF STEP-WISE MULTIPLE REGRESSION ANALYSES RELATING CAREGIVER DEMOGRAPHICS AND RESPONSIBILITIES TO BURDEN, NEED FOR INFORMATION AND SERVICES, AND JOB PERFORMANCE**

**Caregiver Burden**

<u>Step</u>	<u>Variable Entered</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>R<sup>2</sup> Change</u>
1	Number of assistance activities $F(1, 249) = 43.96, p = .0001$	.3874	.1500	.1500
2	Frequency of assistance provision $F(2, 248) = 34.58, p = .0001$	.4670	.2181	.0681

$$\text{Burden} = 3.11 + 0.29(\text{No. of activities}) + 0.27(\text{Frequency of provision})$$

**Impact on Job Performance**

<u>Step</u>	<u>Variable Entered</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>R<sup>2</sup> Change</u>
1	Number of assistance activities $F(1, 245) = 74.29, p = .0001$	.4824	.2327	.2327
2	Number of children at home $F(2, 244) = 41.92, p = .0001$	.5057	.2557	.0230
3	Frequency of assistance provision $F(3, 243) = 30.06, p = .0001$	.5203	.2707	.0150
4	Marital status $F(4, 242) = 24.03, p = .0001$	.5332	.2843	.0136

$$\text{Job Performance} = -0.22 + 0.44(\text{No. of activities}) + 0.19(\text{No. of children}) + 0.13(\text{Frequency of provision}) - 0.12(\text{Marital status})$$

**Table 26 (continued). RESULTS OF STEP-WISE  
MULTIPLE REGRESSION ANALYSES RELATING CAREGIVER  
DEMOGRAPHICS AND RESPONSIBILITIES TO BURDEN, NEED FOR  
INFORMATION AND SERVICES, AND JOB PERFORMANCE**

**Need for Information**

<u>Step</u>	<u>Variable Entered</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>R<sup>2</sup> Change</u>
1	Number of assistance activities $F(1, 253) = 10.80, p = .0012$	.2023	.0409	.0409
2	Number of children at home $F(2, 252) = 11.03, p = .0001$	.2837	.0805	.0396
3	Marital status $F(3, 251) = 10.72, p = .0001$	.3371	.1136	.0331
4	Job status $F(4, 250) = 9.76, p = .0001$	.3675	.1350	.0214

Need for Information =  $12.42 + 0.20(\text{No. of activities}) + 0.24(\text{No. of children}) - 0.19(\text{Marital status}) + 0.15(\text{Job status})$

**Need for Services**

<u>Step</u>	<u>Variable Entered</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>R<sup>2</sup> Change</u>
1	Number of assistance activities $F(1, 244) = 29.97, p = .0001$	.3307	.1094	.1094
2	Number of children at home $F(2, 243) = 23.46, p = .0001$	.4023	.1618	.0524
3	Marital status $F(3, 242) = 18.71, p = .0001$	.4339	.1883	.0265

Need for Services =  $12.38 + 0.33(\text{No. of activities}) + 0.27(\text{No. of children}) - 0.17(\text{Marital status})$

**Table 26 (continued). RESULTS OF STEP-WISE  
MULTIPLE REGRESSION ANALYSES RELATING CAREGIVER  
DEMOGRAPHICS AND RESPONSIBILITIES TO BURDEN, NEED FOR  
INFORMATION AND SERVICES, AND JOB PERFORMANCE**

**Desire for Institutional Programs or Policies**

<u>Step</u>	<u>Variable Entered</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>R<sup>2</sup> Change</u>
1	Number of assistance activities $F(1, 233) = 15.09, p = .0001$	.2466	.0608	.0608
2	Gender of caregiver $F(2, 232) = 15.23, p = .0001$	.3407	.1161	.0553
3	Number of children at home $F(3, 231) = 13.50, p = .0001$	.3862	.1492	.0331

$$\text{Need for Programs or Policies} = 12.25 + 0.26(\text{No. of activities}) + 0.25(\text{Gender}) + 0.18(\text{No. of children})$$

**Number of Activities for Which Help is Desired**

<u>Step</u>	<u>Variable Entered</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>R<sup>2</sup> Change</u>
1	Katz Activities of Daily Living $F(1, 164) = 27., p = .0001$	.3760	.1414	.1414
2	Number of children at home $F(2, 163) = 16.12, p = .0001$	.4064	.1652	.0238

$$\text{Help Desired} = 2.88 + 0.39(\text{Katz ADL score}) + 0.16(\text{No. of children})$$

## University-Wide Survey on Eldercare

This survey is being distributed to all Virginia Commonwealth University employees. We are interested in discovering the amount and kinds of eldercare being provided by VCU employees to their families and friends, in the hope of developing assistance for them. Eldercare means any **ongoing or periodic informal** assistance or care provided to spouses, parents, or other adults **age 50 or older**. Examples of eldercare would include such things as help with the other person's transportation, shopping, dressing, toileting, or home maintenance or simply visiting to check on their well-being.

Even if you are not providing such care, please take a few seconds to answer the questions which follow. You may be assured of complete confidentiality. **Note:** If you provide eldercare to older persons as part of your job, please respond to the following questions as they pertain to your **personal life only**, rather than your professional duties.

1. Do you now provide any **on-going or periodic informal** assistance for anyone **50 years of age or older**?

Yes

No

If your answer is "No", please skip down to Question 8. If you answered "Yes", please continue on to Question 2.

2. For whom do you provide this assistance? (Check all answers which apply)

Spouse

Grandmother

Friend or Neighbor

Mother or Mother In-Law

Grandfather

Other Older Person

Father or Father In-Law

Other Relative

3. How frequently do you provide this assistance?

Rarely

Sometimes

Often

Always

4. Where do you provide this assistance? (Check all answers which apply)

Your own home

The other person's home

Someplace else

5. What kinds of assistance or care do you provide? (Check all answers which apply)

Transportation

Run Errands

Help with Finances

Housework

Grooming

Food Preparation

Medical Assistance

Yard Work

Feeding

(including medications)

Calling or Visiting Them

Other \_\_\_\_\_

(please specify)

6. Do you find it difficult to balance your elder-caregiving and work responsibilities?

Never

Rarely

Sometimes

Often

Always

7. Would you like to have any outside aid or help in fulfilling your elder-caregiving responsibilities?

Never

Rarely

Sometimes

Often

Always

8. Do you anticipate providing any kind of **on-going or periodic** assistance or care for anyone **50 years of age or older** in the next six months?

Yes

No

If yes, for whom do you anticipate providing this assistance? (Check all answers which apply)

<input type="checkbox"/> Spouse	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Friend or Neighbor
<input type="checkbox"/> Mother or Mother In-Law	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other Older Person
<input type="checkbox"/> Father or Father In-Law	<input type="checkbox"/> Other Relative	

If yes, what kind of assistance do you anticipate providing?

---

Please tell us:                      Your age \_\_\_\_\_                      Your gender \_\_\_\_\_

Your race (Circle One)                      White                      African American                      Other

This survey is a self-mailer. Please fold and staple so that the address below appears on the outside and your mailing label is on the inside. Just drop this survey in the campus mail within the next 10 days. If you have any questions or comments, please do not hesitate to call: Constance L. Coogle, Ph.D. at the Virginia Center on Aging (804) 786-1525. Thank you for your time and participation in this important project.

Constance L. Coogle, Ph.D.  
Virginia Center on Aging  
Box 229  
Virginia Commonwealth University  
Richmond, VA 23298-0229

**CAMPUS MAIL**



## CAREGIVERS QUESTIONNAIRE

In 1991 you responded to the University-Wide Survey on Eldercare and we want to thank you for your participation in this important project. Since you were identified as an elder-caregiver or a potential elder-caregiver, we would like to obtain further information about your need for services and/or support programs or policies. Please take a few minutes to respond to the following questionnaire. **Your answers will provide the basis for future decisions about how you can best be assisted with your eldercare responsibilities. This is your chance to take positive action to help yourself and others like you, so take advantage of this opportunity and carefully complete the survey.**

**Remember:** If you provide eldercare to older persons as part of your job, please respond to the questions as they pertain to your **personal life only**, rather than your professional duties.

Yes No 1. Are you currently providing any ongoing or informal assistance or care to any adult age 50 or older?

If your answer is "No" and you indicated on the previous survey that you were an elder-caregiver, please skip to Question 3 and respond to the questions which follow with regard to that person and your experience caring for them in the past.

If your answer is "No" and you did **not** indicate on the previous survey that you were an elder-caregiver, please return this questionnaire and **do not** answer the questions which follow.

If your answer is "Yes", please continue.

Yes No 2. Is the person you are caring for now, the same person that you were caring for when you completed the previous survey?

3. For how many persons age 50 and older do you provide on-going or periodic informal assistance or care?

One \_\_\_\_\_ Two \_\_\_\_\_ Three or more \_\_\_\_\_

\*\*\* If you care for more than one person age 50 and older, please respond to the questions which follow with regard to the one person for which you provide the MOST care. \*\*\*

4. For whom do you provide on-going or periodic informal assistance or care? (Check one)

\_\_\_\_ Spouse                      \_\_\_\_ Grandmother                      \_\_\_\_ Friend or Neighbor  
\_\_\_\_ Mother or Mother In-Law      \_\_\_\_ Grandfather      \_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Father or Father In-Law      \_\_\_\_ Other Relative                      (Please specify relationship)

5. Do you have PRIMARY responsibility for the person you care for or do you share this responsibility?

Primary responsibility \_\_\_\_\_ Share responsibility \_\_\_\_\_

6. What is the age of the person you care for? \_\_\_\_\_ (Estimate if you don't know exactly)

7. What is the gender of the person you care for? Male \_\_\_\_\_ Female \_\_\_\_\_

Yes No 8. Do you live with the person you care for?

If "No", how often do you visit with the person you care for? (Check one)

More than once a day_____	Weekly_____	Less than once every two months_____
Daily_____	More than twice a month_____	Once every two months_____
More than twice a week_____	Twice a month_____	Almost Never_____
Twice a week_____	Monthly_____	Never_____

If "No", how often do you telephone the person you care for? (Check one)

More than once a day_____	Weekly_____	Less than once every two months_____
Daily_____	More than twice a month_____	Once every two months_____
More than twice a week_____	Twice a month_____	Almost Never_____
Twice a week_____	Monthly_____	Never_____

9. For each of the following activities, please indicate whether you assist the person you care for with that activity and whether you would like to have outside help in that area of assistance?

Activity	Provide Assistance		Would like Help	
	Yes	No	Yes	No
1) Transportation	Yes	No	Yes	No
2) Shopping	Yes	No	Yes	No
3) Cooking	Yes	No	Yes	No
4) Light housework (dusting, washing dishes, etc.)	Yes	No	Yes	No
5) Heavy housework (cleaning floors/windows, etc.)	Yes	No	Yes	No
6) Laundry	Yes	No	Yes	No
7) Bathing	Yes	No	Yes	No
8) Dressing	Yes	No	Yes	No
9) Feeding	Yes	No	Yes	No
10) Toileting (i.e., going to the bathroom)	Yes	No	Yes	No
11) Moving about	Yes	No	Yes	No
12) Financial support (lending or giving money)	Yes	No	Yes	No
13) Money management	Yes	No	Yes	No
14) Yard work/Home repairs/Maintenance	Yes	No	Yes	No
15) Giving medication	Yes	No	Yes	No
16) Setting the medication out (they take it on their own)	Yes	No	Yes	No
17) Counting pills (to make sure medicine is taken properly)	Yes	No	Yes	No
18) Picking up medicine at the pharmacy	Yes	No	Yes	No
19) Reminding the person when a refill is needed	Yes	No	Yes	No
20) Medical/nursing care (massaging, exercising, checking vital signs)	Yes	No	Yes	No
21) Grooming (shaving, hair care, etc.)	Yes	No	Yes	No
22) Running errands (going to the library, drugstore, or whatever)	Yes	No	Yes	No
23) Arranging or coordinating outside help	Yes	No	Yes	No
24) Making or receiving phone calls for the person	Yes	No	Yes	No
25) Providing emotional and/or spiritual support	Yes	No	Yes	No
26) Reading out loud to the person	Yes	No	Yes	No
27) Taking the person on outings for fun (movies, cultural events)	Yes	No	Yes	No
28) Other_____	Yes	No	Yes	No

10. In general, how often do you provide assistance to the person you care for?

Rarely                      Sometimes                      Often                      Almost Always                      Always (every time)

11. For how long have you been providing assistance to the person you care for?

\_\_\_\_\_ years and \_\_\_\_\_ months

12. In general, how would you describe the physical health of the person you care for?

Very Good                      Good                      Fair                      Poor

13. In general, how would you describe the mental health of the person you care for?

Very Good                      Good                      Fair                      Poor

14. In general, how often does the person you care for have difficulty remembering things?

Never                      Rarely                      Sometimes                      Often                      Much of the time

15. In general, how often does the person you care for exhibit disruptive behavior or outbursts?

Never                      Rarely                      Sometimes                      Often                      Much of the time

16. Is the person you care for:

a. confined to the house	Yes	No
b. confined to a wheel chair	Yes	No
c. confined to bed	Yes	No

17. Has the person you care for experienced any of the following in the last six months:

a. major illness or injury	Yes	No
b. hospitalization	Yes	No
c. progressive health deterioration	Yes	No
d. death of a spouse	Yes	No
e. retirement	Yes	No

18. How many doctors are prescribing medication for the person you care for currently? \_\_\_\_\_

19. How many different prescription drugs is the person you care for taking currently? \_\_\_\_\_

20. From how many chronic physical conditions is the person you care for suffering? \_\_\_\_\_

21. What proportion of the assistance provided for the person you care for is given by:

a. You	_____ %
b. Others living in your household	_____ %
c. Others living outside your household (unpaid)	_____ %
d. Paid outside help	_____ %

Note: The percentages given should add to 100%

22. If the person you care for receives help from anyone besides yourself, how satisfied are you with the amount of other assistance provided?

Not at all                                      Somewhat                                      Very

23. If the person you care for receives help from anyone besides yourself, how satisfied are you with the quality of other assistance provided?

Not at all

Somewhat

Very

24. For each item listed below, please indicate how helpful you feel the information or service would be by placing the number which corresponds to your answer in the blank beside each item.

0 = Already have this service or information

1 = Would not be helpful

2 = Would be somewhat helpful

3 = Would be very helpful

- \_\_\_\_ a. Availability and choosing community resources
- \_\_\_\_ b. Availability and choosing public or private insurance
- \_\_\_\_ c. In-home care services
- \_\_\_\_ d. Information on performing home health care activities
- \_\_\_\_ e. Information on how to communicate effectively with medical, health, and/or social service professionals
- \_\_\_\_ f. Information on how to handle the stress or emotional drain of caregiving
- \_\_\_\_ g. Caregiver support group
- \_\_\_\_ h. Individual counseling to resolve the guilt about "negative feelings" toward the person you care for
- \_\_\_\_ i. Information on specific illnesses
- \_\_\_\_ j. Information on choosing long-term care facilities (e.g., nursing homes)
- \_\_\_\_ k. Information on housing options
- \_\_\_\_ l. Respite services (someone to come into your home for a few hours to provide care)
- \_\_\_\_ m. Adult day care services (someplace to take the person you care for during the day)
- \_\_\_\_ n. Case management services (someone to coordinate caregiving services)
- \_\_\_\_ o. Transportation services
- \_\_\_\_ p. Meal preparation services (e.g., Meals-on-Wheels)
- \_\_\_\_ q. Financial assistance
- \_\_\_\_ r. Individual counseling for the person cared for
- \_\_\_\_ s. Other \_\_\_\_\_  
(please specify)



33. To what extent do your elder-caregiving responsibilities conflict with your work responsibilities?

Not at all

Somewhat

A great deal

34. Please use the scale below to indicate how often you have experienced the following work-related problems as a consequence of your elder-caregiving responsibilities by placing the number which corresponds to your answer in the blank beside each item.

0 = Never  
1 = Sometimes  
2 = Often

\_\_\_\_\_ a. missing work

\_\_\_\_\_ i. feeling dissatisfied with your job

\_\_\_\_\_ b. lateness

\_\_\_\_\_ j. feeling like quitting work

\_\_\_\_\_ c. stress

\_\_\_\_\_ k. having to quit or resign

\_\_\_\_\_ d. feeling exhausted

\_\_\_\_\_ l. excessive use of the phone for personal calls

\_\_\_\_\_ e. decreased productivity

\_\_\_\_\_ m. unwilling/unable to take promotions

\_\_\_\_\_ f. decreased work quality

\_\_\_\_\_ n. unwilling/unable to work overtime

\_\_\_\_\_ g. having to leave early

\_\_\_\_\_ o. unwilling/unable to attend conferences or training

\_\_\_\_\_ h. having to stay late

\_\_\_\_\_ p. having to change from full-time to part-time work

\_\_\_\_\_ q. other \_\_\_\_\_  
(please specify)

35. The following is a list of statements, which reflect how people sometimes feel when taking care of another person. Since people differ in how they respond to situations, there are no right or wrong answers. Just respond naturally with the way you feel. The term "recipient" refers to the person you are caring for. For each statement, indicate how often you feel that way by placing the number which corresponds to your answer in the blank beside each item. Use the scale which follows to respond:

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

\_\_\_\_\_ a. Do you feel that your recipient asks for more help than he/she needs?

\_\_\_\_\_ b. Do you feel that because of the time you spend with your recipient that you don't have enough time for yourself?

\_\_\_\_\_ c. Do you feel stressed between caring for your recipient and trying to meet other responsibilities for your family or work?

\_\_\_\_\_ d. Do you feel embarrassed over your recipient's behavior?

\_\_\_\_\_ e. Do you feel angry when you are around your recipient?

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

- \_\_\_\_\_ f. Do you feel that your recipient currently affects your relationship with other family members or friends in a negative way?
- \_\_\_\_\_ g. Are you afraid what the future holds for your recipient?
- \_\_\_\_\_ h. Do you feel your recipient is dependent upon you?
- \_\_\_\_\_ i. Do you feel strained when you are around your recipient?
- \_\_\_\_\_ j. Do you feel your health has suffered because of your involvement with your recipient?
- \_\_\_\_\_ k. Do you feel that you don't have as much privacy as you would like, because of your recipient?
- \_\_\_\_\_ l. Do you feel that your social life has suffered because you are caring for your recipient?
- \_\_\_\_\_ m. Do you feel uncomfortable about having friends over, because of your recipient?
- \_\_\_\_\_ n. Do you feel that your recipient seems to expect you to take care of him/her, as if you were the only one he/she could depend on?
- \_\_\_\_\_ o. Do you feel that you don't have enough money to care for your recipient, in addition to the rest of your expenses?
- \_\_\_\_\_ p. Do you feel that you will be unable to take care of your recipient much longer?
- \_\_\_\_\_ q. Do you feel you have lost control of your life since your recipient's illness?
- \_\_\_\_\_ r. Do you wish you could just leave the care of your recipient to someone else?
- \_\_\_\_\_ s. Do you feel uncertain about what to do about your recipient?
- \_\_\_\_\_ t. Do you feel you should be doing more for your recipient?
- \_\_\_\_\_ u. Do you feel you could do a better job in caring for your recipient?
- \_\_\_\_\_ v. Overall, how burdened do you feel in caring for your recipient?

36. How would you rate the quality of your relationship with the person you care for?

Very Good                      Good                      Fair                      Poor

37. Before you begin to provide assistance to the person you care for, how would you rate the quality of your relationship with him or her?

Very Good                      Good                      Fair                      Poor

38. What is the highest level of education completed by the person you care for:

<input type="checkbox"/> Grade School (1st through 8th grade)	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Some High School	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Some College	<input type="checkbox"/> Doctoral Degree

39. How many children do you have living with you at home? \_\_\_\_\_

40. What are their ages? \_\_\_\_\_

Yes No 41. Besides the person 50 years and older you provide care for and your children, do you have **informal** caregiving responsibility for anyone else who is not totally able to care for themselves due to physical and/or mental health problems?

42. Are you: Married Single Divorced Remarried Separated Widowed

43. What is the highest level of education you completed:

<input type="checkbox"/> Grade School (1st through 8th grade)	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Some High School	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Some College	<input type="checkbox"/> Doctoral Degree

44. In general, how would you describe your physical health?

Very Good Good Fair Poor

45. What is your racial background? White Black Other \_\_\_\_\_  
(please specify)

46. What is the racial background of the person you care for?

White Black Other \_\_\_\_\_  
(please specify)

47. What is your current total income per year:

<input type="checkbox"/> Below \$15,000
<input type="checkbox"/> \$15,000-\$24,999
<input type="checkbox"/> \$25,000-\$34,999
<input type="checkbox"/> \$35,000 or More