

The Relationship Between Self-Reported Stress Levels and Physical Health in Caregivers of Relative Children

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ABSTRACT

In the year 2000, according to the U.S. Census, approximately 6 million children in the United States lived with grandparents or other relatives other than their biological parents (Landry-Meyer & Newman, 2004). Literature on this topic indicates that most instances of relatives caring for children are grandparents raising grandchildren.

In addition to the stress of taking a new child into the home, components such as aging, reduced income, and other life changes can cause high stress levels in these caregivers. High levels of stress can adversely affect physical health and well-being. A sample of 26 relative caregivers in a program designed to assist with the specific needs related to caring for relative children participated in a study to assess the correlation between their self-reported stress levels and their physical health.

PURPOSE/RATIONALE

A large number of children are being raised by relatives other than their biological parents. This study will be beneficial to aid in discovering how stress impacts the physical health of relative caregivers and will aid in establishing possible solutions.

RESEARCH QUESTIONS

1. How do caregivers of relative children perceive their experiences in relation to stressfulness?
2. Is there a correlation between the self-reported stress levels of relative caregivers and their physical health?

DESCRIPTION OF SAMPLING FRAME

The population of the study includes caregivers of relative children participating in the Relative Caregiver Program in Hamilton County. The majority of caregivers involved with the program are grandparents who are raising their grandchildren. Approximately 80 families are enlisted in the program, but a much smaller number of families actively participate.

In this study, 26 caregivers were surveyed (N=26) to compare their physical health with levels of stress. There were no missing data. The majority of caregivers surveyed were Caucasian (n=13). Eleven were African American; one caregiver was Hispanic/Latino, and one caregiver reported their ethnicity as "Other." The vast majority of the caregivers surveyed were female (n=24). The average age of caregivers participating in the survey was between 50 and 60. The most frequently occurring relationship that caregivers had to the children was a grandparent raising a grandchild (n=20). The only other relationship reported was an Aunt or Uncle (n=2).

The average number of years of caregiving reported were between eight and twelve ($SD = 1.865$). As far as marital status, the sample was fairly diverse. Most caregivers surveyed reported their marital status as married (n=12). Six caregivers reported being single; five reported being divorced; two reported being widowed, and one reported being separated. The most frequently reported income range was 15,000-25,000 annual income. The majority of caregivers were caring for only one child (n=11). The highest number of children cared for reported was five (n=5). The most commonly occurring household size was three (n=11). The majority of caregivers cited the reason for the children's placement as "Other."

DESCRIPTION OF METHODS TO SELECT STUDY SAMPLE

A convenient sample was taken from attendees of support groups offered by the Relative Caregiver Program in Hamilton, McMinn, Franklin, and Grundy Counties. This sample consisted of 26 caregivers raising relative children under the age of 18.

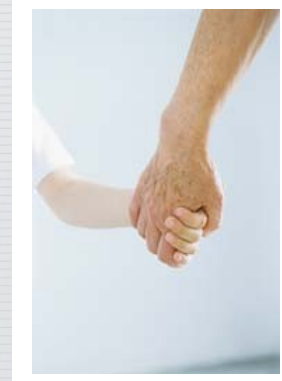
STUDY PROCEDURES FOR IMPLEMENTATION AND DATA ANALYSIS STEPS

Data was collected by distributing printed questionnaires to relative caregivers at Relative Caregiver Program support groups in Hamilton, McMinn, Franklin, and Grundy Counties. The study is of a mixed design, as the questionnaires include both qualitative and quantitative methods. The data was reviewed for completeness, then entered into SPSS and analyzed and tested for skewness. T tests were performed to calculate the significance of the data.

RESULTS

To answer question one, caregivers answered a series of questions on the survey that asked them about their stress levels. These questions were adapted from the Caregiver Strain Index (CSI). Possible scores ranged from 11 to 22. Of 26 participants (N=26), the maximum score reported was 21. The minimum reported score was 11. The average reported score was 14.34 ($sd = 2.93$). The majority of caregivers (n=6) reported a score of 12.

To answer question two, an independent samples t test comparing the overall stress scores between groups of caregivers whose overall health scores were greater than or equal to 50 and caregivers whose overall health scores were less than 50 found no significant difference ($t(24) = -1.782, p > .05$). The mean of caregivers whose overall health scores were greater than or equal to 50 ($m = 13.10, sd = 1.91$) was not significantly different from the mean of caregivers whose overall health scores were less than 50 ($m = 15.12, sd = 3.24$).



DISCUSSION

The majority of the literature that addresses the topics of stress levels and physical health operates on the assumptions that:

- (a) relative caregivers have especially high levels of stress
- (b) increased stress levels contribute to poor physical health.

The analysis of the data reveals that, overall, participants in this study do not seem to experience increased stress since becoming relative caregivers.

The results of this study showed no significant difference between caregivers who reported high overall physical health scores to those who reported low overall physical health scores when comparing those scores to reported overall stress scores.

IMPLICATIONS

3. While literature often suggests that caregivers of relative children experience increased stress, each caregiver's situation is different.
4. Aspects of caregiver's lives other than raising a relative child could be stressors (i.e. aging, reduced income, life changes).
5. Physical health symptoms of relative caregivers could be the result of aging or other pre-existing health issues.
6. Individual needs of relative caregivers should be assessed rather than operating on blanket assumptions.
7. Many relative caregivers are grandparents, but caregivers could also be other relatives.