



# Predicting Alzheimer's Caregivers' Desire to Institutionalize: The Role of Quality of Care

Daniel W. Durkin, M.S.W.

Fei Sun, Ph.D.

Michelle M. Hilgeman, M.A.

Michael Hardin, Ph.D.

Louis D. Burgio, Ph.D.



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# Introduction

- Assessment of the caregiving context has expanded to include quality of care (QOC) as a potential contributor to relevant outcomes.
- The premature institutionalization of older adults is of particular concern for policy makers.
- Reduce federal and state health care expenditures.
- Adhere to the *Olmstead* decision.
- Consumers and their families also prefer that the older adult remain in the community as long as possible.



# Study Aim

The primary aim of this study was to examine the relation between two Quality of Care (QOC) variables (Frustrations of Caregiving and Exemplary Caregiving) and the caregiver's desire to institutionalize (DTI) the CR using baseline data from REACH II.



# REACH II

- Multisite clinical trial (Birmingham, Memphis, Miami, Palo Alto, and Philadelphia).
- Implemented and evaluated a multi-component psychosocial intervention across five sites for 6 months.
- Data for 642 caregiver/care recipient dyads were collected in the randomized clinical trial.



# Sample

- N = 640
- Recruited from multiple community organizations with special attention paid to the recruitment of minority caregivers.
- 34% White, 33% African American, 32% Hispanic
- 42% Spouse of CR
- 82.8% Female
- 19.4% less than HS education
- 36% income less than \$20,000
- Average age = 60, Average years in CG role = 4.73



# Sample Cont.

- CGs at least 21 years old, living with or sharing cooking facilities with the CR, providing an average of four or more hours of care per day to a CR with at least two functional impairments of IADL or one ADL
- Providing care for at least the last six months, and reporting at least two symptoms of distress associated with caregiving
- CR had to have a diagnosis of ADRD or a MMSE score of 23 or lower; however,
- Bed-bound CRs with a score of zero on the MMSE were excluded.



# Frustrations in Caregiving

- Adapted from Beach, Schulz, Williamson et al., 2005 Potentially Harmful Behavior scale
- Caregivers were asked whether they “felt like” engaging in eight different behaviors indicative of caregiver frustration when encountering a problem in caregiving such as resistance to care.
- 8 items
- Likert-type scale ranging from 0 (Never) to 3 (Always)
- Total scores range from 0 – 24, with higher scores indicating greater frustration.



# Frustrations in Caregiving: Sample Items

- How often in the past six months...
- Have you felt like screaming or yelling at (CR) because of the way he/she behaved?
- Have you considered using physical restraint (such as tying in a chair)?
- Have you had to keep yourself from hitting or slapping (CR) because of the way he/she behaved?
- Have you felt like shaking (CR) because of the way he/she behaved?



# Exemplary Caregiving

- Adapted from Hinrichsen and Niederehe's (1994) Dementia Management Strategies Scale.
- Caregivers are asked to respond to a series of statements concerning the types of actions and management strategies they use in interacting with the care recipient.
- 14 items
- Likert-type scale ranging from 0 (Never) to 3 (Always)
- Total scores range from 0 – 42, with higher scores indicating more exemplary caregiving.



# Exemplary Caregiving: Sample Items

- I make sure (CR) is included in special gatherings such as family and friends getting together for religious or national holidays (such as Thanksgiving) when at all possible.
- I actively avoid treating (CR) like a child.
- When at all possible, I make sure that (CR) gets to do some of the things he/she enjoys (e.g. playing cards, visiting friends, going for a walk, listening to music).
- I make a point of praising (CR) when he/she does what I consider appropriate.



# Desire to Institutionalize

- Morycz, 1985
- 6-item scale assessing possibility of CG institutionalizing CR
- Past research has correlated DTI with actual institutionalization.
- “In the past six months, have you considered a nursing home, boarding home, or assisted living for (CR)?”
- “In the past six months, have you taken any steps towards placement?”
- “In the next six months, are you likely to move (CR) to another living arrangement?”



# Descriptives

	M	SD	Range
Exemplary CG	32.32	6.61	11-42
Frustrations	3.88	2.88	0-17
DTI	1.10	1.44	0-6



# Methods

- Secondary data drawn from the baseline assessment.
- Regression analyses were used to identify statistically significant relations between Quality of Care variables (Frustrations in Caregiving and Exemplary Caregiving) and Desire to Institutionalize.
- Controlled for CR cognitive impairment (MMSE), CG race/ethnicity, and CG sex.



# Results

	B	Std. Error	$\beta$	p
Exemplary CG	-.023	.009	-.104	.016
Frustrations	.137	.022	.264	.000
CG Race	-.017	.033	-.020	.607
CG Sex	-.301	.148	-.080	.042
MMSE	.000	.001	-.008	.846

$R^2 = .110$      $F = 13.116$



# Results Cont.

- Frustrations in Caregiving and Exemplary Caregiving were both found to be significantly related to Desire to Institutionalize ( $p < .0001$ , and  $p = .0015$ , respectively).
  - Frustrations in Caregiving was positively related to DTI
  - Exemplary Caregiving was negatively related to DTI.

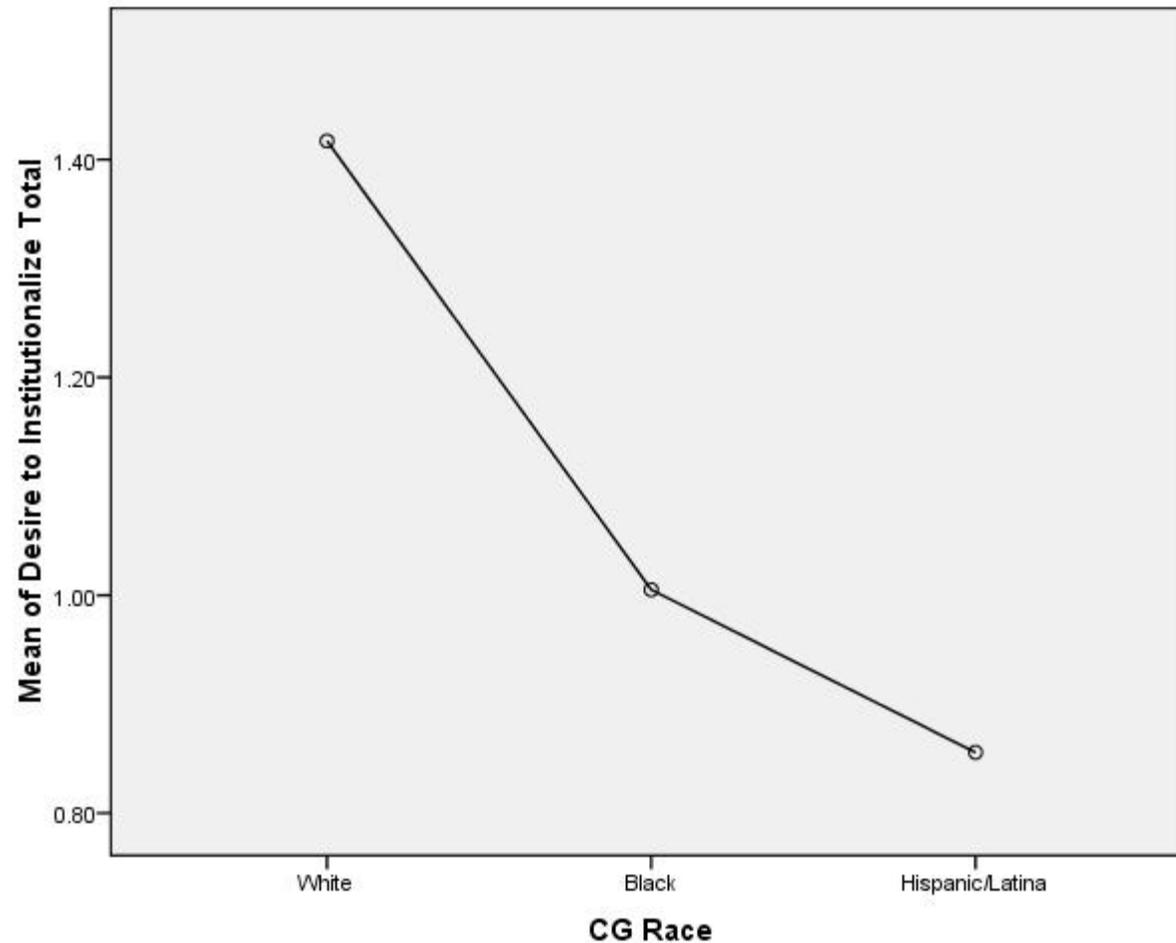


# Results Cont.

- CG Ethnicity and CG Gender were also found to be significantly related to Desire to Institutionalize.
  - White CGs and Male CGs were significantly more likely to have higher DTI scores
- CR Cognitive impairment was not found to be significantly related to Desire to Institutionalize.

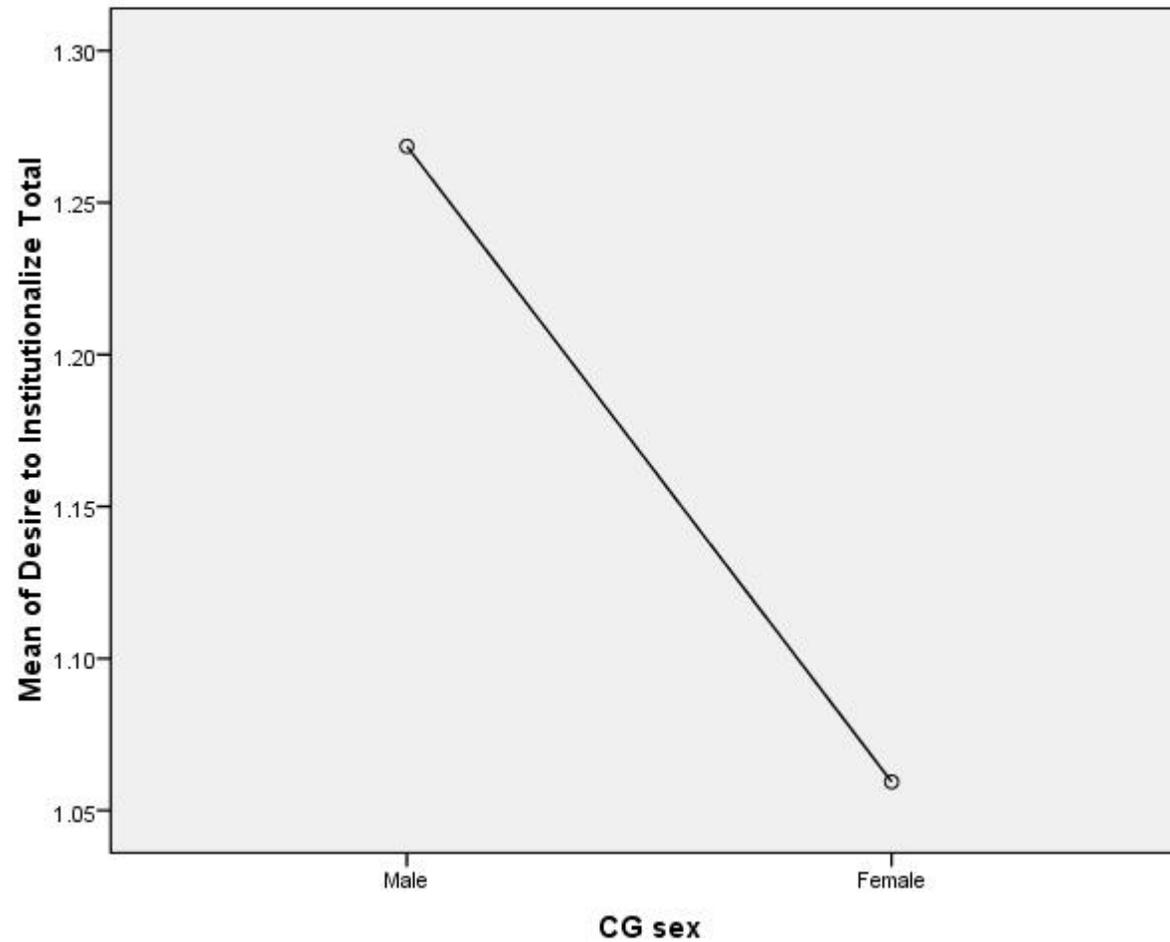


# DTI by CG Race/Ethnicity



White = 1.42  
Black = 1.01  
Hispanic = 0.86

# DTI by CG Sex



Female = 1.06  
Male = 1.27

# Discussion

- Results suggest that interventions that improve QOC may reduce the desire to institutionalize cognitively impaired older adults.
- The impact of QOC on the common goal of delayed institutionalization makes it especially relevant for policy makers and consumers.
- Future research should examine the relation between self-reported QOC and the actual caregiving environment (i.e., CR well-being and potential for harmful behaviors).
- This may help identify high risk individuals that would most benefit from intervention efforts or may not be suited for providing care.

