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**Factors influencing hypothetical care decisions concerning
dependent elderly parents**

Murray, John Clifford, Jr., Ph.D.

The University of North Carolina at Greensboro, 1987

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FACTORS INFLUENCING HYPOTHETICAL CARE DECISIONS
CONCERNING DEPENDENT ELDERLY PARENTS

by

John Clifford Murray, Jr.

A Dissertation Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

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Approved by



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APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at The University of North Carolina at Greensboro.

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The purpose of this exploratory research was to identify the most significant factors influencing adult children in making a hypothetical choice between institutional versus noninstitutional care arrangements for their dependent elderly parents. A stratified random sample of Baptist churches in North Carolina was utilized, from which a final sample of 115 middle-aged adults was derived.

Data were collected by means of a self-administered questionnaire in order to test the effects on type of hypothetical care decision of 11 independent variables: the adult child's age, sex, number of dependent offspring, present helping behavior, attachment feelings, employment levels of both the child and his/her spouse, family income, health status, number of living siblings, and number of proximate siblings. Descriptive results of the study indicated that 77% of the sample chose noninstitutional over institutional care arrangements when faced with a hypothetical dependency situation. Stepwise discriminant function analysis found three of the independent variables to be significant discriminators between subjects' choice of the two types of care. Respondents with a larger number of dependent offspring and with better health status were less likely to decide to institutionalize, while respondents with higher income were more likely to decide to institutionalize. Both discriminant analysis and multiple regression analysis were performed on a second dependent variable, likelihood of institutionalization, but neither showed significant results.

The concluding section discusses the methodological limitations of the study and the possible influence of other variables not included in the study.

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TABLE OF CONTENTS

| | Page |
|--|------|
| APPROVAL PAGE | ii |
| ACKNOWLEDGMENTS | iii |
| LIST OF TABLES. | vi |
| CHAPTER | |
| I. INTRODUCTION | 1 |
| Statement of the Problem | 3 |
| Limitations of the Study | 4 |
| II. REVIEW OF THE LITERATURE | 6 |
| Factors Influencing Parental Care Decisions. | 8 |
| Implications for Research. | 14 |
| III. METHODOLOGY. | 16 |
| Description of Variables and Definitions | 16 |
| Hypothesis | 21 |
| Subject Selection. | 22 |
| Data Collection Procedures | 26 |
| Research Instrument. | 27 |
| Data Analysis Procedures | 27 |
| IV. RESULTS. | 30 |
| Descriptive Results. | 30 |
| Description of the Sample. | 55 |
| Multivariate Results | 58 |
| V. DISCUSSION | 62 |
| Implications of Results. | 62 |
| Methodological Implications. | 66 |
| Conclusion | 70 |
| BIBLIOGRAPHY. | 72 |

APPENDICES

Appendix A. Consent Agreement 76

Appendix B. Questionnaire 78

LIST OF TABLES

| Table | Page |
|-------|--|
| 1 | Population Groups According to Size of Church Membership (Expected Yield) 23 |
| 2 | Expected and Actual Sizes of Initial Sample. 24 |
| 3 | Variable Response Rates, Means, and Standard Deviations 31 |
| 4 | Correlations for Independent and Dependent Variables 32 |
| 5 | Sex of Child by Hypothetical Care Decision 34 |
| 6 | Sex of Child by Likelihood of Institutionalization 35 |
| 7 | Age of Child by Hypothetical Care Decision 35 |
| 8 | Age of Child by Likelihood of Institutionalization 36 |
| 9 | Child Employment Level by Hypothetical Care Decision 37 |
| 10 | Child Employment Level by Likelihood of Institutionalization 38 |
| 11 | Spouse Employment Level by Hypothetical Care Decision. . . . 39 |
| 12 | Spouse Employment Level by Likelihood of Institutionalization. 40 |
| 13 | Family Income by Hypothetical Care Decision. 41 |
| 14 | Family Income by Likelihood of Institutionalization. 42 |
| 15 | Health Status by Hypothetical Care Decision. 43 |
| 16 | Health Status by Likelihood of Institutionalization. 43 |
| 17 | Number of Dependent Offspring by Hypothetical Care Decision 44 |
| 18 | Number of Dependent Offspring by Likelihood of Institutionalization 45 |
| 19 | Number of Living Siblings by Hypothetical Care Decision 46 |

| Table | Page |
|---|------|
| 20 Number of Living Siblings by Likelihood of Institutionalization | 47 |
| 21 Number of Proximate Siblings by Hypothetical Care Decision. | 48 |
| 22 Number of Proximate Siblings by Likelihood of Institutionalization | 49 |
| 23 Present Helping Behavior by Hypothetical Care Decision. . . | 50 |
| 24 Present Helping Behavior by Likelihood of Institutionalization | 51 |
| 25 Attachment Feelings by Hypothetical Care Decision | 52 |
| 26 Attachment Feelings by Likelihood of Institutionalization. | 53 |
| 27 Sample Characteristics. | 56 |
| 28 Predictors of Dependent Elder Care. | 59 |
| 29 Group Classification Results. | 60 |

CHAPTER I

INTRODUCTION

Americans today live in a society that is becoming increasingly older, a phenomenon brought about by two major demographic changes: an increase in the average life expectancy to age 75 (Yin & Shine, 1985), and an additional increase in life expectancy of another 14 to 19 years for those individuals who survive to age 65 (Porter, 1984). Due primarily to medical advances, today's elderly--generally considered to be persons who are 65 and over--comprise just over 11% of the population, and present projections indicate that their proportion will grow to about 20% sometime between the years 2020 and 2030. Even now the fastest growing segment of our population consists of those who have been designated the "old-old"--those who are 75 and over (U.S. Bureau of the Census, 1983).

This extension of the lifespan, and the associated decrements that make assistance by others more necessary, mean that an increasing number of middle-aged adults are confronted by problems with aged parents, particularly with those suffering from disease or disability. While this situation has always faced some middle-aged individuals, the large number of persons so affected today represents a new phenomenon (Simos, 1970).

Most elderly people want to be independent of their families as much as possible (Hess & Waring, 1978; Kivett & Learner, 1982; Shanias,

1979a, 1979b; Troll, 1971), but when they no longer can manage for themselves, they expect their children to come to their aid (Neugarten, 1975; Seelbach, 1978; Shanas, 1979b). Furthermore, this anticipated reliance on family members increases as the physical and mental capacity of the older person declines (Stoller & Earl, 1983).

For the most part the sons and daughters of such elderly persons respond positively to these filial expectations and make every effort to maintain a declining elderly parent in the community rather than seeking to institutionalize them in nursing homes and similar settings (Brody, 1977; Riley & Foner, 1968; Shanas, 1962; Shanas & Maddox, 1976). Institutional care tends to be the last resort of families and is generally chosen only when all other alternatives have been exhausted (Arling & McAuley, 1983; Brody, 1977). This is evidenced by the fact that only about 5% of the elderly over 65 are residents of institutions at any one time (Shanas, 1979b; Siegel, 1976). That institutionalization is sometimes necessary is due to the general absence in American society of services, such as adult day care, that would help the family in its parent-caring function (Brubaker, Cole, Hennon, & Cole, 1978; Lopata, 1978).

Rather than seek institutionalization, many adult children prefer to move dependent elderly parents into their homes. In the 1970s this situation accounted for 18% of all elders with living children (Shanas, 1979a). However, such a living arrangement may create problems for the adult children. Declining fertility patterns have resulted in there being fewer brothers and sisters with whom to share the burden of

parent care (Treas, 1977). Furthermore, lifestyle changes stressing the pursuit of personal leisure and education, plus the movement of more and more women into the labor force, have decreased the available pool of traditional family caregivers at home, thus making the shared household a potentially endangered option (Reece, Walz, & Hageboeck, 1983). When such an option is exercised, it usually involves an older parent living with an unmarried child more often than with a married one, and with a daughter more than with a son. Furthermore, in most of these cases, it is the parent who tends to remain at home, with the unmarried son or daughter moving in with the parent (Troll, Miller, & Atchley, 1979).

In summary, most elderly parents live apart from their children yet fully expect them to come to their aid when needed. More of the dependent elderly live with their children than live in an institution, they live with female children more than with male children, and they live with unmarried children more than with married children.

Statement of the Problem

While these residency patterns are now prevalent in the United States, the demographic and social changes cited above may converge to alter them in the future and to compel more people to consider institutionalization of their dependent elderly parents. It has been estimated that approximately 75% of all long-term care for elderly persons is now provided by members of their families (Reece et al., 1983). Since the "old-old" constitute an increasing proportion of such elders

and are characterized by increased dependency on others as they age further (Ward, 1978), their adult children will face increased stress in deciding how to deal with such dependency. This stress often leads to increased conflict situations within the family unit (Newman, 1976; Robinson & Thurnher, 1979; Shanas, 1962) and heightens the pressure to make reasoned decisions about residency care arrangements for the parent.

In view of the limited information available about factors influencing elder care, an exploratory study was undertaken to determine the most significant variables influencing adult children in deciding between institutional versus noninstitutional care arrangements for their dependent elderly parents.

Limitations of the Study

The lack of previous theoretical and empirical work with hypothetical elder care decisions, the dependent variable utilized here, meant that little or no help was available to this researcher in devising the specifics of this study. Similarly, the absence of previously developed and tested instruments to measure the variables studied meant that such measurements had to be gleaned from the tangential work of others or developed totally from scratch. Both approaches lend themselves to potential unanticipated biases that might influence the outcome of this study.

A final limitation is the use of a purposive sample from a limited geographical area. As a result the sample lacked sufficient

variability on certain constructs, such as marital status of the adult child, to allow retention of those variables in the final statistical analysis of the data. Furthermore, the results of that analysis directly apply only to adult Baptist children of elderly parents in a semirural county in the Piedmont area of North Carolina. Such persons tend to be more traditional and conservative in their attitudes and values. Other kinds of populations, such as those in a large metropolitan area, may make hypothetical decisions concerning dependent elder care in significantly different ways from those reported here.

CHAPTER II

REVIEW OF THE LITERATURE

Despite the growing body of research on the general topic of aging, and a lesser amount on the problems faced by adult children in responding to their parents' aging, little research has been done to examine the overall dynamics involved in making care decisions about dependent elderly parents. At best, only inferences can now be made, based upon already existing residential and dependency patterns.

Elderly persons prefer to remain independent of others for as long as possible, yet such independence tends to decrease as their age advances and they are compelled to rely more and more upon their families (Brubaker et al., 1978). Many adult children of such persons attempt to resolve this problem by taking the elderly person into their homes, thereby contributing to the growing phenomenon of the "multi-generation household." The results of such living arrangements have been mixed at best. Hess and Waring (1978), in a critical review of demographic trends and the available research literature, found numerous benefits accruing to the family from this arrangement, especially when it was undertaken out of genuine affection as a freely chosen and well-thought-out alternative. In a similar study, Gelfand, Olsen, and Block (1978) reported no adverse effects from this situation on family functioning. They found that most persons were satisfied with the family's joint living arrangements.

This experience, however, has not been reported to be uniformly positive. Simos (1970), analyzing data from personal interviews with 50 middle-aged clients of a Jewish family agency on the West Coast, found that many difficulties surfaced when a parent joined the household of an adult child, particularly if the parent was overly dependent and intrusive and allowed the adult child no privacy. Lang and Brody (1983), in studying middle-aged daughters, found that shared households were associated with increased caregiving activity on the part of the adult child. Reece et al. (1983) discovered that adult children in joint living situations in Iowa were particularly prone to feeling exhausted and overwhelmed by their new caregiving responsibilities. In some cases family support collapsed completely under the weight of the growing amount of responsibility, leading to a perceived need for institutionalizing the older person. Smith and Bengtson (1979), analyzing the situations of institutionalized parents and their children, documented the relief of stress in the family and an improvement in family relations following such institutionalization.

For some adult children the stress that may come from taking in an elderly parent is primarily financial, as the costs to the family of continuing such assistance for long periods of time begin to prove prohibitive (Ward, 1978). For others, these financial costs translate into strong feelings of guilt and divided loyalties, where adult children are torn between helping their parents and meeting the financial needs of their own nuclear family members (Simos, 1970).

In summary, some families find the multigenerational experience to be a positive one while others do not. The factors that contribute to a positive outcome have not been thoroughly researched and are not well understood.

Factors Influencing Parental Care Decisions

In addition to these more generalized findings, other research points to the effects of several key variables that may play a significant role in the way that adult children make decisions concerning their elderly parents. The associations between variables are not always directly stated in these research studies, but the presence or likelihood of such associations is implied in the findings.

Sex of Child

Several studies indicate that the sex of the adult child may be a significant factor in deciding where to place a dependent elderly parent. Gray and Smith (1960), after studying a probability sample of urban married couples, suggested that women generally feel a greater sense of responsibility to provide care for their parents than do men. Stoller and Earl (1983), using a random sample of noninstitutionalized elderly persons in a 17-county area of northeastern New York, found this to be true for both married and unmarried parents. Both turned to daughters as their major source of help when the spouse of the parent was not present or when the level of spouse support was not adequate.

Contrary findings, however, have been reported. Kivett and Learner (1982) used census tract data and area cluster sampling

procedures to study black and white elders with children in a rural northern Piedmont county of North Carolina. They discovered that parents shared a household just as frequently with sons as with daughters.

Using a limited, nonrandom sample of white college students, Wake and Sporakowski (1972) asked their subjects to respond to 18 attitude statements about whether children should take care of their aged parents under different kinds of circumstances. The results indicated that hypothetical willingness to support aged parents varied independently of gender.

Robinson and Thurnher (1979) conducted open-ended interviews with 49 white men and women purposively drawn from a relatively stable and homogeneous district within a West Coast metropolitan area. The subjects, equally divided between lower-middle and middle-class socioeconomic levels, were scored during in-depth interviews on the number of times they mentioned having given help to their parents. Male subjects were found to be just as likely to report helping a parent as were females. But the men seemed more likely than the women to have negative perceptions of their parents. They recognized economic responsibilities and instrumental tasks but, unlike the women, seldom felt responsible for the emotional well-being of the parent. Throughout the five years of this study, women were more involved in providing complete care than were men.

Taken as a whole, the preponderance of research evidence points to women taking a more active role than men in caring for their elderly parents.

Age of Child

Brody (1966) suggests that if adult children are older, then they are facing their own aging process and thus may be more likely to institutionalize an elderly parent. Gelfand, Olsen, and Block (1978), on the other hand, theorize that younger adult children are more likely to turn to institutionalization, because they may be supporting their own offspring in the home at the time and thus give priority to the dependency needs of their children over those of their elderly parents.

On a more empirical level, Lang and Brody (1983) interviewed a small, urban, nonrepresentative sample of middle-aged women to determine the nature and amount of help--measured in hours per week--they provided to their elderly mothers. They found that the older daughters were more likely to have an elderly parent in the household and to provide significantly more help to nondependent mothers than did their younger counterparts.

Employment Level of Child

Reece et al. (1983) studied a nonprobability sample of 41 white, mostly middle-income and urban caregivers for noninstitutionalized frail elders in Scott County, Iowa. Their results showed no significant relationship between the employment level of a child, as defined by the number of hours worked, and the level of caregiving to the parent.

However, in Stoller's (1983) probability sample of noninstitutionalized elderly persons in northeastern New York, and their sons or daughters who acted as their informal helpers, there was a strong

negative relationship between work level and care level for male children but an insignificant relationship for female children. Instead of reducing their level of parent care, working women just lengthened their total work week. By contrast, Lang and Brody (1983), studying a nonrepresentative sample of urban middle-aged women, found that those who were employed provided only about one half the hours of caregiving to the parent as did those who were unemployed.

Thus, evidence is mixed regarding the relationship between employment and caregiving. There may be an interaction of effects of sex of the child and employment level on the adult child's caregiving.

Income of Child

This factor receives little attention in the literature but would appear to play a part in dependency care decisions. Reece et al. (1983) found that the higher the income of the child, the less likely that child is to live with the parent. Their speculation was that extra income allowed such children to purchase outside care and thereby allow the parents to remain in their own homes.

The effect of Medicaid support for the elderly may be significant here. A lower-income child may have less money to support his/her own family plus the parent and thus opt for institutionalization, for which Medicaid could pay. While Medicaid covers some skilled nursing care at home, this has been very limited in the past and would most likely not change the presumed need for lower-income children to opt for institutionalization.

Marital Status of Child

More elderly parents live with an unmarried child than with a married one (Troll et al., 1979). This may reflect a selection process whereby a parent with several children may rely for help on the one with fewer competing family responsibilities (Lang & Brody, 1983).

It has also been found that adult children who are married provide their parents with significantly fewer hours of general chore assistance than do unmarried children (Lang & Brody, 1983; Stoller, 1983). This suggests that marital responsibilities compete with caregiving to parents and/or that the task of caring for aged parents falls disproportionately on the unmarried child (Stoller, 1983).

Nuclear Family Size of Child

Troll et al. (1979) found that parents are more likely to move in with a child after the grandchildren have moved out of the home. Reece et al. (1983) found a similar pattern among their subjects, with more than half reporting none of their own children living at home while the grandparent was there.

Stoller (1983), however, found two differential factors in this phenomenon--both the number of children and their ages. The number of children in the household, regardless of age, had no significant effect on the amount of parent care given by daughters. Among the sons, however, the number of children in the household under age 6 was positively related to the level of care, suggesting that when the daughter-in-law is heavily involved in early child care, the son assumes a greater portion of the parent-care responsibilities. Stoller suggested that older

children in the home may make fewer demands on their parents' time and also may reduce the parents' workload by assisting with the physical care of younger siblings. Both outcomes would result in more time for the adult parent to care for the elderly grandparent.

Attachment Feelings and Behavior

Cicirelli (1983) used a random sample of adult children with living mothers in Indiana to assess the child's commitment to provide future help to the parent. Such commitment was measured by asking the subjects to rate the amount of help from "none" to "all or about all" in each of 16 service areas, including homemaking, housing, income, home maintenance, personal care, home health care, transportation, psychological support, social and recreational activities, employment, bureaucratic mediation, reading materials, career education, enrichment education, and protective services. Multiple regression analysis revealed that attachment behavior, as evidenced by a child's physical proximity to the parent, frequency of visiting, and frequency of telephoning, was the most highly, positively correlated factor in a child's commitment to helping a parent in the future.

Similar results were reported by Bengtson, Olander, and Haddad (1976). They concluded from their review of the existing research literature that residential closeness of the child to the parent was positively related to the amount of help given to a parent by an adult child.

Cicirelli (1983), in the same study cited above, found the level of present helping behavior of the adult child to also be a significant factor in that child's commitment to provide the elderly parent with future help. This behavior included assistance in such areas as transportation, home maintenance, psychological support, and social activities.

The third most significant factor found by Cicirelli (1983) to influence positively the commitment of a child to provide future parental help was feelings of attachment, as evidenced by a sense of emotional closeness between the parent and the child.

Implications for Research

The literature cited above implies that numerous variables may influence the kinds of assistance that adult children provide their parents. Yet few studies specifically address the question of what variables are most significant in deciding what to do with an elderly parent who has become dependent upon others for ongoing care. Due to the limited research on this issue, an exploratory study was undertaken to identify these variables and to determine the relative importance of each variable in making such a care decision. It is postulated that based on the literature, the following independent variables significantly affect the dependent variable, hypothetical care decision: the adult child's sex, age, marital status, number of dependent offspring,

attachment behavior, present helping behavior, attachment feelings, and ages of that child's dependent offspring, plus the employment level of the child and that of his/her spouse.

In addition, four other independent variables were examined, based on the following rationale:

1. Family income: higher-income children would be more likely to be able to avoid institutionalization by purchasing help outside of an institution, when needed, in caring for the parent. Lower-income persons might lack such financial resources and thus be more likely to choose institutionalization at public expense.
2. Child's self-rated health status: children with poorer health of their own would likely lack the stamina and physical ability to provide dependent care for an elderly parent.
3. Number of living siblings of the adult child: the presence of such persons would provide a significant support system for the adult child in caring for an elderly parent.
4. Number of proximate siblings of the adult child: the number of living siblings residing near the adult child would help determine the extent of the support system available for elder care.

CHAPTER III

METHODOLOGY

The data for this study were collected by the author in 1984 and 1985 in Guilford County, North Carolina. The study itself was cross-sectional in design (Simon, 1978) and utilized a self-administered questionnaire to survey the subjects (see Appendices A and B). A single multivariate hypothesis was tested by a discriminant function analysis with one dependent variable, hypothetical care decision, and an initial set of 14 independent variables.

Description of Variables and Definitions

The following variables were utilized in the study, and their definitions are provided for clarity. Other specific information about them is included in the description of the research instrument.

Hypothetical care decision, the dependent variable in this study, represented a possible decision by the adult child to place a dependent elderly parent in either an institutional setting (defined as a nursing home, chronic disease hospital, convalescent center, or some such substitute care setting other than one's own home or the home of a family member or friend) or a noninstitutional setting (one's own home or the home of family or friends). In order to measure this variable, subjects were asked to imagine a situation in which their only surviving elderly parent was no longer able to live alone and physically care for

himself or herself. Subjects were then asked which one of the following steps they would be most likely to take: (a) hire someone to live in with the parent and provide the needed care, (b) place the parent in a nursing home or boarding home, (c) move themselves into the parent's home and provide the necessary care, (d) place the parent in a hospital or convalescent center, or (e) move the parent into the subject's own home. A response of "b" or "d" was regarded for statistical analysis as a decision to institutionalize the parent and was coded "1," while a decision to not institutionalize (responses "a," "c," or "e") was coded "0."

A second measure of the dependent variable, likelihood of institutionalization, was also used for additional analysis of the data. Subjects were asked if the situation described in the "dependency scenario" above were to occur now, how likely would they be to place an elderly parent in a nursing home or some other institutional facility. The possible responses were (a) extremely unlikely, (b) fairly unlikely, (c) fairly likely, and (d) extremely likely. All responses were later dichotomized for discriminant analysis so that a and b were recoded "0" to indicate that a subject was unlikely to institutionalize a parent, and c and d were recoded "1" to indicate that the subject was likely to institutionalize the parent.

Sex of the adult child, the first of 14 independent variables, was coded dichotomously such that "1" equaled male and "2" equaled female.

Age was measured as a continuous variable that denoted the age in years of the individual at the time of the survey, based upon that person's last birthday.

Marital status was a categorical variable with the following codes: (1) never married, (2) married, (3) separated, (4) divorced, or (5) widowed. All responses were later dichotomized for statistical analysis, such that "married" was coded "1" to indicate those subjects who were presently living with a spouse, and all others were coded "0" to indicate they were not presently living with a spouse.

Employment level was a continuous variable measured by the average number of hours per week that a subject reported being employed. This variable was also measured and tested separately for the subject's spouse, as reported by the subject.

Family income represented a measure of the subject's total family income for the previous year, from all sources and before taxes. Subjects were asked to choose from nine income levels graduated in increments of \$5,000. For purposes of statistical analysis this ordinal level variable was treated as an interval level variable, based on the rationale that any small error that might accompany such treatment of the variable would be offset by the use of more powerful, more sensitive, and more clearly interpretable statistics with known sampling error (Labovitz, 1970).

Health status was a self-assigned rating by the respondents after being asked, "How do you rate your overall health in comparison to other persons your age?" The basic response categories and scores

were (1) poor, (2) fair, (3) good, and (4) excellent, with higher scores representing better health (Palmore & Luikart, 1974). This variable was also treated as interval level for analytical purposes.

Number of living siblings represented the number of living brothers and sisters that the subject had at the time of the survey.

The number of proximate siblings refers to those siblings who live within a 50-mile radius of the subject. This was based upon the findings of Shanas (1979a) that people considered family members to live close to them if they resided within 50 miles (approximately one hour's travel time) of those family members. Distances greater than 50 miles created both a sense of physical and psychological separation from family. In the case of an adult child, siblings living more than 50 miles away could be perceived as being too distant to provide meaningful assistance in the care of an elderly parent.

Number of dependent offspring, a continuous variable, was comprised of the number of dependent offspring of the adult child. Such offspring were defined as dependent if they lived at or away from home while receiving at least half of their financial support from their parents.

Age of dependent offspring was a continuous variable measured by the average of the ages of all dependent offspring of the adult child.

Attachment behavior was a composite variable made up of three measures: proximity to the parent(s), frequency of visiting, and frequency of telephoning (Cicirelli, 1983). Each of the three items was measured for each parent on a five-point scale (see Questions 22-24 and

28-30 in Appendix B), and the items were summed to yield the measure of attachment behavior for that parent. Missing values on any item were estimated by using the average score of the remaining two items. When both parents were living, the combined scores for each item were divided by two and this average became the composite score. Final score for attachment behavior could range from 0 (when both parents were not living) to 15, with higher scores representing stronger attachment behavior.

Present helping behavior was measured by a scale adapted from Cicirelli (1983) to indicate the amount of help presently given the elderly parent by an adult child. It measured such help on a five-point scale, ranging from "none" (coded "1") to "all or almost all" (coded "5"), for each of 11 service areas: homemaking, housing, income, home maintenance, personal care, home health care, transportation, psychological support, social and recreational activities, dealing with governmental and community agencies, and reading materials. The item scores were summed to yield a total score ranging from 0 (when both parents were not living) to 55. If both parents were living, the total scores for the two persons were summed and then divided by two to derive a final score for this variable.

Attachment feelings toward the parent are defined as the propensity for psychological closeness and contact (Cicirelli, 1983). This variable was rated by the child's perceived closeness of feelings to the parent(s), as measured on a four-point scale: (1) not at all close, (2) only slightly close, (3) fairly close, and (4) extremely close. When both parents were involved, the scores were averaged.

Attachment feelings was the third ordinal variable treated intervally for statistical analysis.

In addition to these variables, other key terms were used in this study. The category of adult child was narrowly defined to specify a middle-aged child, ranging from 40-64 years of age (Craig, 1983). Dependency was treated as a state of physical and/or mental impairment sufficient to require the reliance upon others for ongoing care and assistance. An elderly parent was any parent 65 years of age or older.

Hypothesis

The hypothesis tested in this study was multivariate in nature:

H₁: The combination of independent variables identified will significantly discriminate between the two levels of the dependent variable, hypothetical care decision.

The following statements indicate the direction expected for each of the independent variables:

1. Males will more often than females choose to institutionalize a dependent elderly parent.
2. Married children will more often than unmarried children choose to institutionalize a parent.
3. There will be a positive relationship between a choice of institutionalization and each of the following variables: number of dependent offspring of the adult child and employment level of the adult child and of his/her spouse.

4. There will be a negative relationship between a choice of institutionalization and each of the following: ages of dependent offspring, attachment behavior, present helping behavior, attachment feelings, self-rated health, family income, number of living siblings, and number of proximate siblings.
5. Given the ambiguity in the literature with regard to the relationship between age of the adult child and the choice of care arrangement, no direction was hypothesized for this variable. However, the intent was still to explore the impact of the adult child's age upon elder care decisions.

Subject Selection

The initial sample for this study was composed of 162 men and women between and including the ages of 40 and 64. This sample size met the minimum number recommended for a study utilizing 14 independent variables, as determined by a statistical guideline of 10 subjects per variable (minimum desired $N = 140$). All subjects were in attendance at the time of interview in a Sunday school class of the 48 Southern Baptist churches of the Piedmont Baptist Association of North Carolina, an organization that encompasses all of Guilford County except for the High Point area. A smaller, more specific sample ($N = 115$) was later selected for statistical analysis. A description of this selection process will follow later in this chapter.

Initial contact for approval of the study was made with the Director of Missions of the Piedmont Association. Information was gathered about the 48 churches, containing approximately 29,000 members, which made up the population for the study.

A stratified random sampling procedure provided by Kivett (1976) was used to group all churches into one of four classes according to size of church membership (Table 1). Sampling rates for each class of churches were based upon a ratio of $\frac{m}{M}$, where m = the total church membership within a class and M = the total Southern Baptist membership in the Piedmont Association area. The number of subjects ("yield") from each class was based upon the total desired sample (140) multiplied

Table 1

Population Groups According to Size of Church Membership (Expected Yield)

| Class Type ^a | Church Size | n of Churches | Total Membership ^b | Sampling Rate | Expected Yield |
|-------------------------|-------------|---------------|-------------------------------|---------------|----------------|
| A | 1,300-3,600 | 4 | 8,191 | .28 | 39 |
| B | 800-1,299 | 7 | 7,150 | .24 | 34 |
| C | 400- 799 | 15 | 8,481 | .29 | 41 |
| D | 42- 399 | 22 | 5,489 | .19 | 27 |
| Totals | | 48 | 29,311 | 1.00 | 141 |

^aArbitrarily assigned according to church size.

^bAs of September 1983, Piedmont Baptist Association of North Carolina, 1983 Book of Reports.

by the sampling rate. Table 2 shows the expected versus the actual yield for the sample. The latter reflects the total number of respondents who were eligible for inclusion in the sample due to their ages falling within the criterion range of 40 through 64 years. Of the 240 persons originally surveyed, 78 did not meet this age requirement and were thus dropped from the total sample.

Table 2
Expected and Actual Sizes of Initial Sample

| Church Class Type | n of Churches | Expected Yield | Total Respondents | Total Ineligibles Dropped ^a | Actual Yield |
|-------------------|---------------|----------------|-------------------|--|--------------|
| A | 1 | 39 | 47 | 6 | 41 |
| B | 1 | 34 | 46 | 6 | 40 |
| C | 2 | 41 | 85 | 35 | 50 |
| D | 3 | 27 | 62 | 31 | 31 |
| Totals | 7 | 141 | 240 | 78 | 162 |

^aReflects individuals younger than 40 years and older than 64 years.

The name of each church was placed on an index card along with the church size. These cards were then sorted into four groups according to church size. Cards within each class were alphabetically arranged, beginning with class type A, and numbered consecutively. A table of random numbers was then used to determine the possible sampling (visitation) order for all churches within each class. Since the

actual number of churches to be sampled in each class varied according to the number of members present on scheduled Sundays ("actual yield"), the order of visit to each church was established, whenever possible within the church's calendar of events, by the order of that random selection.

Following the selection of the churches, the Sunday School Director within each church was telephoned and asked for his/her cooperation in establishing a date with Sunday School class leaders, at which time an interviewer could administer questionnaires to all eligible classes. It was necessary to make two or more visits to churches with multiple classes of adults in the 40-64 age range, when these classes were too large to be combined into one meeting. With the exception of one church in class type A and another in class type C, all church groups agreed to participate in the study.

Within a selected church all Sunday School classes containing adults 40 through 64 years of age were sampled, and all adults within a given class who were in attendance on the arranged research date were surveyed. The questionnaires of persons whose age fell outside of the range of research interest were excluded from the study. The questionnaire was administered to each class, using a standardized set of procedures. Following the analysis of the data, the results were made available to ministers, Sunday School classes, and other interested persons.

Data Collection Procedures

After receiving approval for the inclusion of a given church in the study and prearrangement for a Sunday School visit, the author met with the Sunday School class(es). Approximately 30 to 40 minutes were usually available for the presentation of an overview of the study and for administration of the questionnaire.

At the class meeting the members were told:

We know from information that is already available that Americans today are living longer, and that these elderly persons are increasing in number. At the same time there is much that we do not know about how such persons--and members of their families--adjust to old age, especially when that age is characterized by the need for increased care for the elderly individual.

My reason for being with you today is to find out what are some of your views concerning this kind of situation and how you would deal with it. Other classes like your own will also be included in the study over the next few months. If you would like, I will return at a later date and discuss the outcome of the study with you.

I have with me a short questionnaire which can be filled out by each of you in approximately 15 to 20 minutes. Most of the questions involve circling an answer or filling in a number. The first part of the form deals with some general information about you yourself; the second, with your family; and the third, with your ideas about caring for an elderly parent. Please remember there are no right or wrong answers, so check that answer that is right for you. All of your answers will remain anonymous.

Your participation in this study is strictly voluntary; you may withdraw at any time and submit a blank questionnaire or none at all. If you do wish to participate, it is very important that you answer all of the questions that apply to you without discussing them with other persons. Please check over your questionnaire before you return it to me to be sure that you have answered all the appropriate questions.

One final thing. You will note that the first page of the questionnaire reads "Consent Agreement." This is because it is the University's practice to have your written consent before any information is gathered, so please sign this page first. Also, if you would like to have a copy of the results of the study, please note this at the bottom of the page.

Are there any questions? If a question arises while you are filling out the form, just raise your hand and I will come to you.

Research Instrument

A self-administered questionnaire (see Appendix B) was used consisting of three parts: (a) a set of questions designed to obtain basic demographic data on the subjects, (b) questions pertaining to the 14 independent variables, (c) a "dependency scenario" designed to measure the dependent variable, hypothetical care decision (Question 33), and (d) a question dealing with how likely subjects would be to institutionalize their elderly parents if such dependency were to occur now (Question 37). This served as a back-up measure of the dependent variable in the study. Answers to the dependency scenario were later compressed into two categories to indicate whether the subject would choose institutional care (options 2 or 4) or noninstitutional care (options 1, 3, or 5). In addition subjects were asked if they had actually faced this dependency situation and what the outcome was.

This instrument was pretested on a group of 10 middle-aged adult members of the population from which the sample was selected, and minor revisions were made.

Data Analysis Procedures

Stepwise discriminant function analysis was used to test the multivariate hypothesis, in order to determine what specific combination of independent variables best discriminated between membership in

the two groups represented by the dependent variable: those adult children who would choose institutional care arrangements for a dependent elderly parent and those who would choose noninstitutional care arrangements.

Initially, 14 independent variables were included in the study: sex of the adult child, age of the child, marital status, employment level of the child, employment level of the spouse, family income, health status, number of living siblings, number of proximate siblings, number of dependent offspring, age of dependent offspring, attachment behavior, present helping behavior, and attachment feelings. To meet the statistical requirements of discriminant function analysis, all categorical variables were dichotomized as described above in the "Variables" section. Because there was too little variability in "marital status" (83% of the sample were married and living with a spouse), this variable was dropped from the analysis.

Due to the presence of some incomplete questionnaires from the 162 subjects in the original sample, the total N value of the data varied from one variable in the study to another (see Table 3). Because "age of dependent offspring" (N = 82) and "attachment behavior" (N = 80) had response rates below the level of 140 needed for a 14-variable study, these were also deleted from the final analysis. The rationale for this step was further indicated by a high correlation of "age of dependent offspring" with "age of child" (r = .69) and a moderate correlation of "attachment behavior" with "number of dependent offspring" (r = -.29) (see Table 4). Thus a total of 11 independent variables remained for the final data analysis.

From an original sample of 162 subjects, 115 gave complete data on these 11 variables. These persons comprised the final sample for the discriminant analysis in this study.

CHAPTER IV

RESULTS

The first part of this chapter includes descriptive results on the variables used in this study and the nature of the bivariate relationships between the independent and the dependent variables. This is followed by descriptive data on the characteristics of the middle-aged adults who comprised the final sample for the study. Finally, results are given for the discriminant and multiple regression analyses performed on the data.

Descriptive Results

The major finding of this study is that noninstitutionalization is still the overwhelming choice of middle-aged adults in regard to hypothetical care for dependent elders. Of the 162 subjects in the original sample, 77% chose noninstitutional care ($n = 125$), while only 23% chose institutional care ($n = 37$). Examination of each independent variable in relation to the dependent variable, as measured by both hypothetical care decision and likelihood of institutionalization, reveals other findings as well.

Table 3 presents the response rates, means, and standard deviations for each of the original 14 independent variables in the study, and Table 4 lists their correlations with each other and with the dependent variables. As explained in Chapter III, the presence of some

Table 3
Variable Response Rates, Means, and Standard Deviations

| Variable | <u>N</u> | <u>M</u> | <u>SD</u> |
|-------------------------------|----------|-------------------|-----------|
| Sex of child | 162 | 1.65 ^a | 0.48 |
| Age of child | 162 | 53.17 | 6.46 |
| Marital status | 162 | 0.86 ^a | 0.34 |
| Child employment level | 155 | 29.87 | 18.69 |
| Spouse employment level | 141 | 25.74 | 20.34 |
| Family income | 162 | 6.02 ^a | 2.45 |
| Health status | 162 | 3.10 ^a | 0.72 |
| Number of dependent offspring | 155 | 0.95 | 1.09 |
| Number of living siblings | 156 | 3.21 | 2.10 |
| Number of proximate siblings | 144 | 1.43 | 1.48 |
| Age of dependent offspring | 82 | 20.79 | 6.66 |
| Attachment behavior | 80 | 9.50 ^a | 1.78 |
| Present helping behavior | 162 | 8.86 ^a | 10.79 |
| Attachment feelings | 161 | 1.98 ^a | 1.85 |
| Hypothetical care decision | 162 | 0.23 ^a | 0.42 |

^aSee pages 16-21 for information on how these variables were coded.

incomplete questionnaires from the original sample of subjects resulted in the elimination of three of these independent variables from the study's final analysis. Descriptive results on the remaining 11 variables are presented in Tables 5-26. Of the 22 bivariate relationships

Table 4

Correlations for Independent and Dependent Variables ($N = 162$)^a

| Variable | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
|----------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|------|
| 1. Sex of child | -.07 | -.25 | -.30 | .19 | -.16 | .02 | -.07 | .19 | .08 | .06 | .23 | -.04 | .08 | -.09 | -.06 | |
| 2. Age of child | | -.09 | -.28 | -.26 | -.24 | -.16 | -.43 | -.20 | .06 | .69 | .15 | -.19 | -.35 | .16* | .05 | |
| 3. Marital status | | | .01 | .51 | .46 | -.08 | .17 | -.03 | -.04 | -.02 | .02 | .13 | .13 | .00 | .05 | |
| 4. Child employment level | | | | .05 | .17 | .23 | .07 | .06 | -.17 | -.17 | -.00 | .07 | .07 | -.06 | .05 | |
| 5. Spouse employment level | | | | | .44 | -.00 | .13 | .02 | -.06 | -.19 | .07 | .01 | .10 | .05 | -.00 | |
| 6. Family income | | | | | | .25 | .18 | .09 | -.06 | -.10 | .07 | .06 | .05 | .16* | .12 | |
| 7. Health status | | | | | | | .07 | .08 | -.04 | -.15 | .02 | .05 | .12 | -.03 | .04 | |
| 8. Number of dependent offspring | | | | | | | | | .10 | -.07 | -.14 | -.29 | .16 | .25 | -.18* | -.02 |
| 9. Number of living siblings | | | | | | | | | | .36 | -.21 | -.06 | -.16 | -.04 | .00 | .14* |
| 10. Number of proximate siblings | | | | | | | | | | | .00 | .08 | -.07 | -.05 | .07 | .04 |
| 11. Age of dependent offspring | | | | | | | | | | | | .14 | .01 | -.15 | -.05 | .08 |

Table 4 (continued)

| Variable | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|--|---|---|---|---|---|---|---|---|----|----|----|-----|-----|-------|------|
| 12. Attachment behavior | | | | | | | | | | | | .13 | .31 | -.03 | .11 |
| 13. Present helping behavior | | | | | | | | | | | | | .75 | -.13* | -.03 |
| 14. Attachment feelings | | | | | | | | | | | | | | -.16* | -.07 |
| 15. Type of care decision | | | | | | | | | | | | | | | .58 |
| 16. Likelihood of institutionalization | | | | | | | | | | | | | | | |

^aAll correlation coefficients are the Pearson r , except for 1, 3, and 15 which are the Spearman rho.

* $p < .10$.

thus represented in columns 15 and 16 of Table 4, only six were found to be statistically significant at the .10 level or better: hypothetical care decision as related to age of the adult child, family income, number of dependent offspring, present helping behavior, and attachment feelings, and likelihood of institutionalization as related to number of living siblings. Each of these six relationships is discussed below.

Table 5

Sex of Child by Hypothetical Care Decision ($N = 162$)

| Sex | Care Decision | | | | Total |
|--------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| Male | 41 | 32.8 (71.9) | 16 | 43.2 (28.1) | 57 |
| Female | 84 | 67.2 (80.0) | 21 | 56.8 (20.0) | 105 |
| Total | 125 | 100.0 | 37 | 100.0 | 162 |

Presented in Table 7 are the results of the measurement of hypothetical care decision by age of the adult child. The hypothesized choice of institutional care is positively related to age of the child but only slightly so ($r = .16$). No one in the youngest group (40-44 years old) chose institutionalization, while 23% of the oldest group (60-64) made this choice. The group most favoring institutionalization (35% of the group members) were those who were 55-59 years of age.

Table 6

Sex of Child by Likelihood of Institutionalization (N = 144)

| Sex | Institutionalization | | | | Total |
|--------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| Male | 31 | 34.8 (60.8) | 20 | 36.4 (39.2) | 51 |
| Female | 58 | 65.2 (62.4) | 35 | 63.6 (37.6) | 93 |
| Total | 89 | 100.0 | 55 | 100.0 | 144 |

Table 7

Age of Child by Hypothetical Care Decision (N = 162)

| Age | Care Decision | | | | Total |
|-------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 40-44 | 18 | 14.4 (100.0) | 0 | 0.0 (0.0) | 18 |
| 45-49 | 22 | 17.6 (78.6) | 6 | 16.2 (21.4) | 28 |
| 50-54 | 33 | 26.4 (78.6) | 9 | 24.3 (21.4) | 42 |
| 55-59 | 28 | 22.4 (65.1) | 15 | 40.5 (34.9) | 43 |
| 60-64 | 24 | 19.2 (77.4) | 7 | 18.9 (22.6) | 31 |
| Total | 125 | 100.0 | 37 | 99.9 | 162 |

Table 8
Age of Child by Likelihood of Institutionalization (N = 144)

| Age | Institutionalization | | | | Total |
|-------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 40-44 | 16 | 18.0 (88.9) | 2 | 3.6 (11.1) | 18 |
| 45-49 | 14 | 15.7 (53.8) | 12 | 21.8 (46.2) | 26 |
| 50-54 | 21 | 23.6 (56.8) | 16 | 29.1 (43.2) | 37 |
| 55-59 | 19 | 21.3 (48.7) | 20 | 36.4 (51.3) | 39 |
| 60-64 | 19 | 21.3 (79.2) | 5 | 9.1 (20.8) | 24 |
| Total | 89 | 99.9 | 55 | 100.0 | 144 |

Table 9

Child Employment Level by Hypothetical Care Decision (N = 155)

| Hours | Care Decision | | | | Total |
|-------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0-10 | 29 | 24.2 (72.5) | 11 | 31.4 (27.5) | 40 |
| 11-20 | 2 | 1.7 (66.7) | 1 | 2.9 (33.3) | 3 |
| 21-30 | 8 | 6.7 (88.9) | 1 | 2.9 (11.1) | 9 |
| 31-39 | 14 | 11.7 (100.0) | 0 | 0.0 (0.0) | 14 |
| 40 | 49 | 40.8 (74.2) | 17 | 48.6 (25.8) | 66 |
| 41-50 | 13 | 10.8 (76.5) | 4 | 11.4 (23.5) | 17 |
| 51-60 | 4 | 3.3 (80.0) | 1 | 2.9 (20.0) | 5 |
| 61+ | 1 | 0.8 (100.0) | 0 | 0.0 (0.0) | 1 |
| Total | 120 | 100.0 | 35 | 100.1 | 155 |

Table 10

Child Employment Level by Likelihood of Institutionalization (N = 138)

| Hours | Institutionalization | | | | Total |
|-------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0-10 | 23 | 27.1 (60.5) | 15 | 28.3 (39.5) | 38 |
| 11-20 | 2 | 2.4 (66.7) | 1 | 1.9 (33.3) | 3 |
| 21-30 | 4 | 4.7 (57.1) | 3 | 5.7 (42.9) | 7 |
| 31-39 | 14 | 16.5 (100.0) | 0 | 0.0 (0.0) | 14 |
| 40 | 29 | 34.1 (54.7) | 24 | 45.3 (45.3) | 53 |
| 41-50 | 8 | 9.4 (47.1) | 9 | 17.0 (52.9) | 17 |
| 51-60 | 4 | 4.7 (80.0) | 1 | 1.9 (20.0) | 5 |
| 61+ | 1 | 1.2 (100.0) | 0 | 0.0 (0.0) | 1 |
| Total | 85 | 100.1 | 53 | 100.1 | 138 |

Table 11

Spouse Employment Level by Hypothetical Care Decision (N = 141)

| Hours | Care Decision | | | | Total |
|-------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0-10 | 41 | 37.6 (80.4) | 10 | 31.3 (19.6) | 51 |
| 11-20 | 3 | 2.8 (75.0) | 1 | 3.1 (25.0) | 4 |
| 21-30 | 6 | 5.5 (100.0) | 0 | 0.0 (0.0) | 6 |
| 31-39 | 7 | 6.4 (77.8) | 2 | 6.3 (22.2) | 9 |
| 40 | 36 | 33.0 (69.2) | 16 | 50.0 (30.8) | 52 |
| 41-50 | 11 | 10.1 (78.6) | 3 | 9.4 (21.4) | 14 |
| 51-60 | 4 | 3.7 (100.0) | 0 | 0.0 (0.0) | 4 |
| 61+ | 1 | 0.9 (100.0) | 0 | 0.0 (0.0) | 1 |
| Total | 109 | 100.0 | 32 | 100.1 | 141 |

Table 12

Spouse Employment Level by Likelihood of Institutionalization (N = 125)

| Hours | Institutionalization | | | | Total |
|-------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0-10 | 28 | 36.4 (60.9) | 18 | 37.5 (39.1) | 46 |
| 11-20 | 3 | 3.9 (75.0) | 1 | 2.1 (25.0) | 4 |
| 21-30 | 5 | 6.5 (100.0) | 0 | 0.0 (0.0) | 5 |
| 31-39 | 3 | 3.9 (60.0) | 2 | 4.2 (40.0) | 5 |
| 40 | 27 | 35.1 (57.4) | 20 | 41.7 (42.6) | 47 |
| 41-50 | 7 | 9.1 (53.8) | 6 | 12.5 (46.2) | 13 |
| 51-60 | 3 | 3.9 (75.0) | 1 | 2.1 (25.0) | 4 |
| 61+ | 1 | 1.3 (100.0) | 0 | 0.0 (0.0) | 1 |
| Total | 77 | 100.1 | 48 | 100.1 | 125 |

Table 13

Family Income by Hypothetical Care Decision (N = 139).

| Annual Income | Care Decision | | | | Total |
|-------------------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| Less than \$5,000 | 2 | 1.8 (66.7) | 1 | 3.6 (33.3) | 3 |
| \$ 5,000-\$ 9,999 | 12 | 10.8 (100.0) | 0 | 0.0 (0.0) | 12 |
| \$10,000-\$14,999 | 12 | 10.8 (92.3) | 1 | 3.6 (7.7) | 13 |
| \$15,000-\$19,999 | 11 | 9.9 (68.8) | 5 | 17.9 (31.2) | 16 |
| \$20,000-\$24,999 | 10 | 9.0 (83.3) | 2 | 7.1 (16.7) | 12 |
| \$25,000-\$29,999 | 10 | 9.0 (83.3) | 2 | 7.1 (16.7) | 12 |
| \$30,000-\$34,999 | 22 | 19.8 (84.6) | 4 | 14.3 (15.4) | 26 |
| \$35,000-39,999 | 11 | 9.9 (91.7) | 1 | 3.6 (8.3) | 12 |
| \$40,000+ | 21 | 18.9 (63.6) | 12 | 42.9 (36.4) | 33 |
| Total | 111 | 99.9 | 28 | 100.1 | 139 |

Table 14

Family Income by Likelihood of Institutionalization (N = 126)

| Annual Income | Institutionalization | | | | Total |
|-------------------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| Less than \$5,000 | 1 | 1.3 (50.0) | 1 | 2.1 (50.0) | 2 |
| \$ 5,000-\$ 9,999 | 9 | 11.4 (81.8) | 2 | 4.3 (18.2) | 11 |
| \$10,000-\$14,999 | 9 | 11.4 (75.0) | 3 | 6.4 (25.0) | 12 |
| \$15,000-\$19,999 | 8 | 10.1 (50.0) | 8 | 17.0 (50.0) | 16 |
| \$20,000-\$24,999 | 4 | 5.1 (44.4) | 5 | 10.6 (55.6) | 9 |
| \$25,000-\$29,999 | 8 | 10.1 (72.7) | 3 | 6.4 (27.3) | 11 |
| \$30,000-\$34,999 | 17 | 21.5 (68.0) | 8 | 17.0 (32.0) | 25 |
| \$35,000-\$39,999 | 7 | 8.9 (63.6) | 4 | 8.5 (36.4) | 11 |
| \$40,000+ | 16 | 20.3 (55.2) | 13 | 27.7 (44.8) | 29 |
| Total | 79 | 100.1 | 47 | 100.0 | 126 |

Table 15

Health Status by Hypothetical Care Decision (N = 156)

| Health | Care Decision | | | | Total |
|-----------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| Poor | 1 | 0.8 (100.0) | 0 | 0.0 (0.0) | 1 |
| Fair | 22 | 18.2 (73.3) | 8 | 22.9 (26.7) | 30 |
| Good | 60 | 49.6 (77.9) | 17 | 48.6 (22.1) | 77 |
| Excellent | 38 | 31.4 (79.2) | 10 | 28.6 (20.8) | 48 |
| Total | 121 | 100.0 | 35 | 100.1 | 156 |

Table 16

Health Status by Likelihood of Institutionalization (N = 139)

| Health | Institutionalization | | | | Total |
|-----------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| Poor | 1 | 1.2 (100.0) | 0 | 0.0 (0.0) | 1 |
| Fair | 18 | 20.9 (72.0) | 7 | 13.2 (28.0) | 25 |
| Good | 37 | 43.0 (56.1) | 29 | 54.7 (43.9) | 66 |
| Excellent | 30 | 34.9 (63.8) | 17 | 32.1 (36.2) | 47 |
| Total | 86 | 100.0 | 53 | 100.0 | 139 |

Table 17

Number of Dependent Offspring by Hypothetical Care Decision (N = 155)

| Offspring | Care Decision | | | | Total |
|-----------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0 | 48 | 40.3 (67.6) | 23 | 63.9 (32.4) | 71 |
| 1 | 37 | 31.1 (86.0) | 6 | 16.7 (14.0) | 43 |
| 2 | 16 | 13.4 (72.7) | 6 | 16.7 (27.3) | 22 |
| 3 | 15 | 12.6 (93.8) | 1 | 2.8 (6.2) | 16 |
| 4 | 3 | 2.5 (100.0) | 0 | 0.0 (0.0) | 3 |
| Total | 119 | 99.9 | 36 | 100.1 | 155 |

Table 18

Number of Dependent Offspring by Likelihood of Institutionalization

(N = 141)

| Offspring | Institutionalization | | | | Total |
|-----------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0 | 35 | 40.2 (54.7) | 29 | 53.7 (45.3) | 64 |
| 1 | 28 | 32.2 (73.7) | 10 | 18.5 (26.3) | 38 |
| 2 | 11 | 12.6 (52.4) | 10 | 18.5 (47.6) | 21 |
| 3 | 11 | 12.6 (73.3) | 4 | 7.4 (26.7) | 15 |
| 4 | 2 | 2.3 (66.7) | 1 | 1.9 (33.3) | 3 |
| Total | 87 | 99.9 | 54 | 100.0 | 141 |

Table 19

Number of Living Siblings by Hypothetical Care Decision ($N = 156$)

| Siblings | Care Decision | | | | Total |
|----------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0 | 9 | 7.4 (90.0) | 1 | 2.9 (10.0) | 10 |
| 1 | 16 | 13.2 (80.0) | 4 | 11.4 (20.0) | 20 |
| 2 | 30 | 24.8 (75.0) | 10 | 28.6 (25.0) | 40 |
| 3 | 17 | 14.0 (73.9) | 6 | 17.1 (26.1) | 23 |
| 4 | 20 | 16.5 (76.9) | 6 | 17.1 (23.1) | 26 |
| 5 | 12 | 9.9 (85.7) | 2 | 5.7 (14.3) | 14 |
| 6 | 9 | 7.4 (64.3) | 5 | 14.3 (35.7) | 14 |
| 7+ | 8 | 6.6 (88.9) | 1 | 2.9 (11.1) | 9 |
| Total | 121 | 99.8 | 35 | 100.0 | 156 |

Table 20

Number of Living Siblings by Likelihood of Institutionalization

(N = 139)

| Siblings | Institutionalization | | | | Total |
|----------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0 | 8 | 9.3 (88.9) | 1 | 1.9 (11.1) | 9 |
| 1 | 11 | 12.8 (61.1) | 7 | 13.2 (38.9) | 18 |
| 2 | 28 | 32.6 (71.8) | 11 | 20.8 (28.2) | 39 |
| 3 | 9 | 10.5 (45.0) | 11 | 20.8 (55.0) | 20 |
| 4 | 13 | 15.1 (72.2) | 5 | 9.4 (27.8) | 18 |
| 5 | 8 | 9.3 (57.1) | 6 | 11.3 (42.9) | 14 |
| 6 | 6 | 7.0 (42.9) | 8 | 15.1 (57.1) | 14 |
| 7+ | 3 | 3.5 (42.9) | 4 | 7.5 (57.1) | 7 |
| Total | 86 | 100.1 | 53 | 100.0 | 139 |

Table 21

Number of Proximate Siblings by Hypothetical Care Decision (N = 144)

| Siblings | Care Decision | | | | Total |
|----------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0 | 41 | 37.3 (77.4) | 12 | 35.3 (22.6) | 53 |
| 1 | 25 | 22.7 (78.1) | 7 | 20.6 (21.9) | 32 |
| 2 | 21 | 19.1 (80.8) | 5 | 14.7 (19.2) | 26 |
| 3 | 13 | 11.8 (72.2) | 5 | 14.7 (27.8) | 18 |
| 4 | 5 | 4.5 (71.4) | 2 | 5.9 (28.6) | 7 |
| 5 | 5 | 4.5 (62.5) | 3 | 8.8 (37.5) | 8 |
| Total | 110 | 99.9 | 34 | 100.0 | 144 |

Table 22

Number of Proximate Siblings by Likelihood of Institutionalization

(N = 129)

| Siblings | Institutionalization | | | | Total |
|----------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0 | 32 | 41.6 (62.7) | 19 | 36.5 (37.3) | 51 |
| 1 | 16 | 20.8 (57.1) | 12 | 23.1 (42.9) | 28 |
| 2 | 16 | 20.8 (69.6) | 7 | 13.5 (30.4) | 23 |
| 3 | 8 | 10.4 (61.5) | 5 | 9.6 (38.5) | 13 |
| 4 | 4 | 5.2 (57.1) | 3 | 5.8 (42.9) | 7 |
| 5 | 1 | 1.3 (14.3) | 6 | 11.5 (85.7) | 7 |
| Total | 77 | 100.1 | 52 | 100.0 | 129 |

Table 23

Present Helping Behavior by Hypothetical Care Decision (N = 162)

| Helping Level | Care Decision | | | | Total |
|----------------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0 ^a | 58 | 46.4 (70.7) | 24 | 64.9 (29.3) | 82 |
| 11-15 | 39 | 31.2 (88.6) | 5 | 13.5 (11.4) | 44 |
| 16-20 | 15 | 12.0 (75.0) | 5 | 13.5 (25.0) | 20 |
| 21+ | 13 | 10.4 (81.3) | 3 | 8.1 (18.7) | 16 |
| Total | 125 | 100.0 | 37 | 100.0 | 162 |

^aIndicates that neither parent of the subject was living at the time of interview.

Table 24

Present Helping Behavior by Likelihood of Institutionalization

(N = 144)

| Helping Level | Institutionalization | | | | Total |
|----------------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0 ^a | 40 | 44.9 (57.1) | 30 | 54.5 (42.9) | 70 |
| 11-15 | 31 | 34.8 (73.8) | 11 | 20.0 (26.2) | 42 |
| 16-20 | 10 | 11.2 (55.6) | 8 | 14.5 (44.4) | 18 |
| 21+ | 8 | 9.0 (57.1) | 6 | 10.9 (42.9) | 14 |
| Total | 89 | 99.9 | 55 | 99.9 | 144 |

^aIndicates that neither parent of the subject was living at the time of interview.

Table 25

Attachment Feelings by Hypothetical Care Decision (N = 162)

| Feelings | Care Decision | | | | Total |
|--------------------|------------------|---------------------|---------------|---------------------|-------|
| | Noninstitutional | | Institutional | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| Parents not living | 51 | 40.8 (69.9) | 22 | 59.5 (30.1) | 73 |
| Not close | 1 | 0.8 (100.0) | 0 | 0.0 (0.0) | 1 |
| Slightly close | 3 | 2.4 (75.0) | 1 | 2.7 (25.0) | 4 |
| Fairly close | 23 | 18.4 (82.1) | 5 | 13.5 (17.9) | 28 |
| Extremely close | 47 | 37.6 (83.9) | 9 | 24.3 (16.1) | 56 |
| Total | 125 | 100.0 | 37 | 100.0 | 162 |

Table 26

Attachment Feelings by Likelihood of Institutionalization (N = 144)

| Feelings | Institutionalization | | | | Total |
|----------|----------------------|---------------------|----------|---------------------|-------|
| | Unlikely | | Likely | | |
| | <u>n</u> | Column % (Row %) | <u>n</u> | Column % (Row %) | |
| 0 | 37 | 41.6 (59.7) | 25 | 45.5 (40.3) | 62 |
| 1 | 1 | 1.1 (100.0) | 0 | 0.0 (0.0) | 1 |
| 2 | 3 | 3.4 (75.0) | 1 | 1.8 (25.0) | 4 |
| 3 | 16 | 18.0 (59.3) | 11 | 20.0 (40.7) | 27 |
| 4 | 32 | 36.0 (64.0) | 18 | 32.7 (36.0) | 50 |
| Total | 89 | 100.1 | 55 | 100.0 | 144 |

Table 13 shows hypothetical care decision as related to the level of family income. The data reflect a low positive correlation ($r = .16$) between the two variables, with institutional care becoming slightly more favorable as income rises. The group most often opting for such care (36% of the group members) are those persons with incomes in excess of \$40,000. No one in the groups with incomes between \$5,000 and \$10,000 reported favoring institutionalization of a dependent elderly parent.

A slightly stronger association ($r = -.18$) was found between hypothetical care decision and the number of dependent offspring of the adult child. As the number of dependents increased, the preference for institutionalizing an elderly parent decreased. As shown in Table 17, 32% of the subjects with no dependent offspring favored institutionalization, while none of those with four or more dependents chose that option as their hypothetical choice of care.

Table 20 presents data on the relationship between a subject's number of living siblings and his/her likelihood of choosing institutional care for a dependent elderly parent. This was the only relationship involving the secondary measurement of the dependent variable that was statistically significant at the .10 level or better. While the frequency of responses varied greatly, there was a low, positive correlation between the two variables ($r = .14$). All of the subjects with 8-10 siblings (subsumed in the last category shown in Table 20) were likely to choose institutionalization, as were 57% of those with six siblings. Only 11% of those with no siblings and 39% of those with one sibling were likely to make this choice.

Table 23 shows the relationship between present helping behavior and hypothetical care decision. As the amount of help given by adult children to their parents increased, the frequency of choosing institutional care for those parents if dependent decreased, although the strength of the relationship between the two variables was weak ($r = -.13$). Eleven percent of those subjects who gave the least amount of help to their parents would choose institutionalization in the event of parental dependency, while none of those who scored in the top five levels of helping behavior (scores of 31-55, which are subsumed in the last category shown) would choose institutional care.

Finally, the relationship between attachment feelings and hypothetical care decision is shown in Table 25. The closer subjects felt in their relationships with their parents, the less frequently would they choose institutional care as an answer to parental dependency ($r = -.16$). Only 16% of those with an "extremely close" relationship would make such a choice, while 25% of those who were "only slightly close" to their parents would opt for institutionalization.

Description of the Sample

Presented in Table 27 are the demographic data for the 115 subjects in the sample for final analysis. The mean age of this group was 52.3 years, with a range of 40 to 64 years. Women comprised 71% of the sample, and men 29%. Ninety-one percent of the men and 80% of the women were employed on either a full-time or part-time basis. Some 12% had a family income of less than \$10,000 per year, while 60% had family

Table 27

Sample Characteristics (N = 115)

| | <u>n</u> | % |
|-----------------------------|----------|-------|
| <u>Gender</u> | | |
| Men | 33 | 28.7 |
| Women | 82 | 71.3 |
| Total | 115 | 100.0 |
| <u>Employed</u> | | |
| Men | 30 | 26.1 |
| Women | 66 | 57.4 |
| <u>Unemployed</u> | | |
| Men | 3 | 2.6 |
| Women | 16 | 13.9 |
| Total | 115 | 100.0 |
| <u>Annual family income</u> | | |
| Less than \$ 5,000 | 1 | 0.9 |
| \$ 5,000 to \$ 9,999 | 13 | 11.3 |
| \$10,000 to \$14,999 | 9 | 7.8 |
| \$15,000 to \$19,999 | 13 | 11.3 |
| \$20,000 to \$24,999 | 10 | 8.7 |
| \$25,000 to \$29,999 | 10 | 8.7 |
| \$30,000 to \$34,999 | 21 | 18.3 |
| \$35,000 to \$39,999 | 11 | 9.6 |
| \$40,000 to more | 27 | 23.5 |
| Total | 115 | 100.1 |

Table 27 (continued)

| | <u>n</u> | % |
|-------------------------------------|----------|-------|
| <u>Marital status</u> | | |
| Never married | 2 | 1.7 |
| Married | 95 | 82.6 |
| Separated | 1 | 0.9 |
| Divorced | 6 | 5.2 |
| Widowed | 11 | 9.6 |
| Total | 115 | 100.0 |
| <u>Age</u> | | |
| 40-44 | 15 | 13.0 |
| 45-49 | 24 | 20.9 |
| 50-54 | 34 | 29.6 |
| 55-59 | 25 | 21.7 |
| 60-64 | 17 | 14.8 |
| Total | 115 | 100.0 |
| <u>Education</u> | | |
| Eighth grade or less | 7 | 6.1 |
| Partial high school | 15 | 13.0 |
| High school graduate | 66 | 57.4 |
| Partial college, technical training | 15 | 13.0 |
| College graduate | 12 | 10.4 |
| Total | 115 | 99.9 |

incomes over \$25,000 annually. Educationally, 19% of the sample had less than a high school education, 57% were high school graduates, and 22% had vocational or college work and/or degrees. In terms of marital status, less than 2% had never married, 83% were married and living with a spouse, 6% were separated or divorced, and 10% were widowed. All the subjects were white and were Baptist in their religious affiliation, except for one who was Wesleyan. Fifty-seven percent of the group had at least one parent living at the time they completed the questionnaire.

Multivariate Results

Stepwise discriminant analysis (SPSS, 1986) was performed on the dependent variable, hypothetical care decision, and the 11 independent variables. The analysis revealed that three of the independent variables accounted for a significant amount of the variance in the dependent variable (see Table 28). Based upon the standardized discriminant function coefficients, number of dependent offspring was found to be clearly the strongest discriminator ($-.85$) between those choosing non-institutional care and those choosing institutional care in a hypothetical situation. As the number of dependent offspring increased, the less often did subjects opt for institutionalization of an elderly parent. This finding ran contrary to the expected direction of the relationship between these two variables.

Slightly less strong as a discriminator was family income ($.73$). This variable also did not demonstrate the expected outcome, as persons with higher family income were more likely to institutionalize a dependent elderly parent.

Table 28

Predictors of Dependent Elder Care

| Variable | Unstandardized Discriminant Function Coefficient | Standardized Discriminant Function Coefficient | F to Remove |
|-------------------------------------|--|--|-------------|
| Number of dependent offspring | -.8159 | -.8543 | 9.5720** |
| Family income | .2956 | .7265 | 6.4186* |
| Health status | -.4067 | -.2905 | 1.0261 |
| Wilks' Lambda = .8856** | | | |
| Equivalent F = 4.7810 | | | |

*p < .05

**p < .01

The third significant variable, health status, was a much less powerful discriminator (-.29) of care decision. It added a little bit more information to the discriminant function equation, but proved to be much less important than the other two variables. It did, however, reflect the expected relationship with the dependent variable. Persons with good health were less likely to institutionalize a dependent elderly parent than were persons with poor health.

Of the other variables hypothesized, none was found to be statistically significant as a discriminator of hypothetical care decision.

Table 29 presents the group classification results of this study. Of those subjects in the actual group favoring noninstitutional care for a dependent elderly parent, 59% were accurately predicted to make this choice, while 41% were inaccurately predicted. Of those subjects who actually favored institutional care, 71% were accurately predicted to choose this type of care, while 29% were incorrectly

Table 29
Group Classification Results

| Actual Group | No. of Cases ^a | Predicted Group | | | |
|------------------|---------------------------|------------------|------|---------------|------|
| | | Noninstitutional | | Institutional | |
| | | <u>n</u> | % | <u>n</u> | % |
| Noninstitutional | 108 | 64 | 59.3 | 44 | 40.7 |
| Institutional | 28 | 8 | 28.6 | 20 | 71.4 |

^aNumber of subjects, out of the original 162, who gave complete data on the three discriminating variables.

predicted. Thus by using the results of this discriminant analysis, membership in the institutional care group can be better predicted than can membership in the noninstitutional care group. With 62% of all grouped cases correctly classified by this discriminant function equation, the results of its use are clearly better than grouping by chance.

In order to explore the data more fully, a second stepwise discriminant analysis was performed. Instead of using type of care decision as the dependent variable, this analysis examined the likelihood of institutionalization in the event subjects were faced with the presence of a dependent elderly parent. Responses to this question (see Appendix B, Question 37) were scored (1) extremely unlikely, (2) fairly unlikely, (3) fairly likely, and (4) extremely likely. The first two responses were later recoded "0" for "unlikely" and the last two responses "1" for "likely." Stepwise analysis revealed that none of the independent variables was found to be statistically significant.

In a further test for significance, the "likelihood of institutionalization" question was again used. The four original response levels were treated as interval data, with values ranging from 1 to 4, and a multiple regression analysis was performed. Once again no independent variables were found to be significant predictors of hypothetical elder care.

CHAPTER V

DISCUSSION

This research was undertaken with the aim of identifying the most significant factors influencing adult children's decisions between institutional versus noninstitutional care arrangements for their dependent elderly parents. Discriminant function analysis revealed that three of the 11 independent variables tested in the study--number of dependent offspring, family income, and health status of the adult child--were significantly related to the type of care decision a child would make in a hypothetical dependency situation. The limited nature of these variable relationships prompts a closer examination of the study in several areas.

Implications of Results

The results of this study clearly indicate that noninstitutionalization is still the overwhelming choice of middle-aged Baptist adults in North Carolina for elder care. When the dependent variable was type of care decision, as defined by the use of the dependency scenario, 77% of the respondents chose noninstitutional options over institutional ones. But when the dependent variable was defined in terms of the backup question, likelihood of institutionalization, the gap narrowed considerably. The percentage of respondents who were unlikely to opt for institutionalization dropped to 62%. Such a finding may point out

the difficulty for an adult child of making a reasoned decision of the head, and not the more subjective choice of the heart, when a choice about care arrangements must be made. "Likelihood of institutionalization" is a more generalized option, while the more specific choices of the dependency scenario may tend to evoke the commonly negative impressions that people have about nursing homes and other institutional settings. Such a difference in the perception of the two questions could account for the different response levels.

The finding of a negative relationship between number of dependent offspring and a decision to institutionalize the elderly parent was unexpected. It had been assumed that a larger number of dependent offspring in the home would increase the childrearing pressures on adult children and thus decrease the amount of time that they could devote to caring for their elderly parents. The expected result was an increase in the need for institutionalization, an outcome not reflected in the results of this study.

Two perhaps interrelated factors may be confounding this situation. One is a possible tendency on the part of the parents to see their own children as added resources in caring for the grandparents. Grandchildren may be able to do chores directly for the grandparents and "sit" with them when needed, or by taking over more of the household tasks from their own parents, allow the parents to provide direct help for the elderly grandparents. Such a possibility would seem more likely as the age of the grandchildren, and presumably their capacity to be of help, increased. This second factor, age of the dependent offspring,

was tested in a supplemental analysis of this study but on a much smaller sample ($N = 53$) and without significant results. It seems important enough to warrant further study with a larger sample.

A third possible influence here is the lifestyle experience of the adult children themselves. Those who have no children of their own may not be used to being tied down by the care of dependents. With little or no experience in the role of caregiver, they may be reluctant to take on the unfamiliar burden of elder care and, thus, see institutional care as a more "realistic" choice for them to make when faced with a dependency situation. This would help to explain why the largest group of subjects in this study who favored institutionalization (32% of the group members) were those with no dependent offspring.

Equally surprising was the finding of a positive rather than negative relationship between family income and a hypothetical decision to institutionalize, a relationship that has received scant attention in current research studies. That the choice of institutional care increases with family income may reflect the high cost of such care. While Medicaid covers part of the cost of institutionalization, it does not cover all of it. Lower-income families might be hard pressed to make up the cost differential themselves and thus opt for some type of noninstitutional care, such as moving an elderly parent into the home of a family member. Higher-income families, on the other hand, would generally be better able to meet the full cost of institutional care and thus might perceive it to be a more viable option in the event of elderly parent dependency. The phenomenon would seem to warrant more study than it has received to date.

The third significant predictor variable, health status, reflected a negative relationship with a decision to institutionalize an elderly parent. As expected, adult children with poor health were more likely to choose an institutional form of care for a parent who could no longer function independently.

The lack of significant findings on the other independent variables in this study also warrants comment. That the age and sex of the adult child had so little effect on the type of care decision may be due, in part, to the influence of the feminist movement. Where women are concerned, the movement's emphasis on employment, independence, and nontraditional roles may already be canceling out socialization differences between age cohorts that impact on elder care arrangements. Men have traditionally been less involved in such arrangements, and women of all ages may now be following suit. Yet Cicirelli (1984) and Horowitz (1985), in studies reported since the beginning of this research project, conclude that no such change in sex role socialization patterns has occurred. And in another recent study Stoller (1985) reports that elderly parents are still more likely to live with daughters than with sons. All three studies attest to an influence by sex of the adult child that is not reflected in this author's findings.

The employment level of the child has reflected differing results in earlier studies cited in the literature. Its lack of significance in the present study may be related to the overwhelming prevalence of women in the sample. Stoller (1983) had earlier found a nonsignificant relationship between work level of female children and

their elder care level, while there was a highly negative relationship between these two variables for male children. A higher percentage of males in the sample for this study might have reflected different results for the employment level variable. With a larger sample separate analyses for males and females might be informative.

Inferences can also be drawn concerning the lack of significance in this study of the number and proximity of siblings. Higher scores on both variables were expected to reflect a sense of greater familial support, that would in turn make institutionalization of an elderly parent less likely. That this was not the case may reflect the extent to which our society has changed in recent years. Widespread social mobility, and the resultant scattering of American families, may have already led to a lack of perception of one's siblings as a source of support in the event of elderly parent dependency. Do siblings no longer figure into the reasoning of an adult child faced with this possibility? Current findings would suggest an affirmative answer.

Methodological Implications

The 11 independent variables tested in this study by stepwise discriminant analysis accounted for only 11% of the total variance in the dependent variable, hypothetical care decision. Obviously, other variables underlie the types of care decisions made about elderly parents. Strong possibilities include the three variables that were excluded in the early steps of this study: age of dependent offspring, attachment behavior to parents, and marital status. The first of these was discussed above.

Recent studies by Hays (1984) and Kivett and Atkinson (1984) both point to the importance of geographical proximity and the frequency of visiting and telephoning as determinants in the amount of help received by elders from their children. All of these are components of the variable, attachment behavior to parents. Yet measurement of this variable reflected a great deal of missing data in this study. While the method used was effective for Cicirelli in his 1983 study, the dramatically lower response rate in this author's sample indicates the presence of some confounding factor. One possibility is the complexity of the measurement of this variable, which requires subjects to spend a fair amount of time in figuring the frequency of their interactions with their parents. That only half of the original sample did so would seem to suggest that a simpler measure is needed for a study of this length. A second possible influence may be the presence of a feeling of guilt about the subjects' relationships with their parents. Rather than admit to low levels of interaction with the parents, subjects may have found it emotionally easier to simply leave the questions unanswered.

A third possible discriminator, marital status, reflected too little variability in the data to be included in the analysis. While the research literature continues to suggest a correlation between marital status and type of care arrangement (Beck & Beck, 1984; Cicirelli, 1984), such a relationship could not be tested in this study. Perhaps the reason for this lies in the method of sample selection. Churches tend to be more family-oriented and less singles-

oriented in their programs, particularly for middle-aged adults. Thus, the use of Sunday School classes would tend to limit the presence of singles (never married, divorced, and widowed persons) in the sample. This was reflected in the sample of this study--only 22 of the original sample of 162 were not presently married and living with a spouse.

One possible additional variable is suggested in the work of Hirschfield and Dennis (1979). In questioning aging parents and their children, they found that the issue of awareness and effective use of community resources was considered important by the respondents. Adult children consistently asked two questions: "How do I know which services I need?" and "Where do I find them?" The intervening years since the publication of Hirschfield and Dennis' work have been marked by a considerable increase in the public awareness of problems associated with the presence of aging parents in the family, and also by an increase in the number of community-based services designed to address those problems. The extent of the awareness of such services by today's middle-aged child, and the willingness of that child to utilize such services, might play a significant role in the type of care decision made in the event of parental dependency.

Another possible intervening variable inferred from the work of Hirschfield and Dennis (1979) and others is that of guilt. They concluded that for the adult child, it was "the most dominant and pervasive issue regarding intergenerational relationships" (p. 3). Such children report particular difficulty in coping with and resolving their feelings of guilt in conjunction with their feelings of

responsibility. When such feelings of responsibility towards the parents conflict openly with feelings of responsibility to the child's own offspring, a double bind is created that would logically impact on any care decisions made by that adult child. The extent to which this is a factor should be explored by further study.

An additional methodological problem for this study may lie in the way the dependent variable, hypothetical care decision, is conceptualized. The sample respondents who were asked to hypothesize about such a decision consisted of some persons with no living parents, and others with one or two living parents. Persons in the former group may be quite different from those in the latter group; other factors may influence them differently. Such a possibility sets the stage for confounding factors to influence the results, especially if those factors are emotionally charged ones such as guilt. For example, if one or both parents are dead, subjects may not be honest about the type of care decision that would be best for them in the hypothetical dependency scenario. Any such decision would likely be colored by the subjects' perceptions of past relationships and their feelings about those relationships. It might make more sense to restrict the sample to subjects with both parents living in order to weed out other unknown variables.

Finally, mention must be made of the low amount of variance in the dependent variable, with only 23% of the subjects choosing institutional care arrangements. Such a low level reflects the overwhelmingly negative view that Americans have of institutional care. Given

this, plus our aversion to confronting the reality of the aging process--our parents' and our own--the dependency scenario implicit in the dependent variable may become too hypothetical for discriminating results. By analogy, in the area of desired family size, the range of possibilities in the United States is so small (usually 0-2 children) that it becomes difficult to discriminate between groups based on their responses. A similar situation may exist regarding the limited range of choices that people are willing to make between institutional and noninstitutional elder care.

An alternative approach to such a study in the future would be to test two groups of subjects: those who have faced the dependency situation and those who have not. The results might reflect the presence of two different discriminant functions for the two groups and might resolve some of the issues raised above.

Conclusion

This study was undertaken for two basic reasons: (a) the limited amount of information in the existing research as to what factors significantly influence elder care decisions, and (b) current demographic and social changes in the United States that are making such decisions pertinent to the lives of an increasing segment of our population. While three factors--number of dependent offspring, family income, and health status of the adult child--were found to be significant predictors of dependency care decisions for middle-aged Baptists in North Carolina, study results imply that other variables

are also involved. Several possibilities have been identified in the discussion above, and recommendations for further research into these have been made.

If retention of impaired elderly persons in the community is a desirable public goal, then support of the family caring unit should become a critical consideration governing policy making in the field of long-term care (Brody et al., 1978). Such support--both the nature and the extent of it--cannot be clearly determined until we know what people feel they need and the dynamics underlying that perception.

BIBLIOGRAPHY

- Arling, G., & McAuley, W. J. (1983). The feasibility of public payments for family caregiving. Gerontologist, 23, 300-306.
- Beck, S. H., & Beck, R. W. (1984). The formation of extended households during middle age. Journal of Marriage and Family, 46, 277-287.
- Bengtson, V. L., Olander, E. G., & Haddad, A. A. (1976). The generation gap and aging family members: Toward a conceptual model. In J. F. Gubrium (Ed.), Time, roles, and self in old age (pp. 237-263). New York: Human Sciences Press.
- Brody, E. (1966). The aging family. Gerontologist, 6, 201-206.
- Brody, E. (1977). Long-term care for older people. New York: Human Sciences Press.
- Brody, S. J., Poulshock, S. W., & Masciocchi, C. F. (1978). The family caring unit: A major consideration in the long-term support system. Gerontologist, 18, 556-561.
- Brubaker, T. H., Cole, C. L., Hennon, C. B., & Cole, A. L. (1978). Forum on aging and the family: Discussions with F. Ivan Nye, Bernice L. Neugarten, and David and Vera Mace. Family Coordinator, 27, 436-444.
- Butler, R. N., & Lewis, M. I. (1982). Aging and mental health: Positive psychosocial and biomedical approaches. St. Louis: Mosby.
- Cicirelli, V. G. (1983). Adult children's attachment and helping behavior to elderly parents: A path model. Journal of Marriage and the Family, 45, 815-825.
- Cicirelli, V. G. (1984). Marital disruption and adult children's perception of their siblings' help to elderly parents. Family Relations, 33, 613-621.
- Craig, G. J. (1983). Human development. Englewood Cliffs: Prentice-Hall.
- Gelfand, D. E., Olsen, J. K., & Block, M. (1978). Two generations of elderly in the changing American family: Implications for family services. Family Coordinator, 27, 395-403.

- Gray, R., & Smith, T. (1960). Effect of employment on sex differences in attitudes toward the parental family. Marriage and Family Living, 22, 36-38.
- Hays, J. A. (1984). Aging and family resources: Availability and proximity of kin. Gerontologist, 24, 149-153.
- Hess, B. B., & Waring, J. M. (1978). Changing patterns in aging and family bonds in later life. Family Coordinator, 27, 303-314.
- Hirschfield, I. S., & Dennis, H. (1979). Perspectives. In P. K. Ragan (Ed.), Aging parents (pp. 1-10). San Francisco: University of Southern California Press.
- Horowitz, A. (1985). Sons and daughters as caregivers to older parents: Differences in role performance and consequences. Gerontologist, 25, 612-617.
- Kivett, V. R. (1976). Physical, psychological, and social predictors of locus of control among middle-aged adults. Unpublished doctoral dissertation, University of North Carolina at Greensboro.
- Kivett, V. R., & Atkinson, M. P. (1984). Filial expectations, association, and helping as a function of number of children among older rural-transitional parents. Journal of Gerontology, 39, 499-503.
- Kivett, V. R., & Learner, R. M. (1982). Situational influences on the morale of older rural adults in child-shared housing: A comparative analysis. Gerontologist, 22, 100-106.
- Labovitz, S. (1970). The assignment of numbers to rank order categories. American Sociological Review, 35, 515-524.
- Lang, A. M., & Brody, E. M. (1983). Characteristics of middle-aged daughters and help to their elderly mothers. Journal of Marriage and the Family, 45, 193-202.
- Lopata, H. Z. (1978). The absence of community resources in support systems of urban widows. Family Coordinator, 27, 383-388.
- National Clearinghouse on Aging. (1977). Facts about older Americans 1976. Washington, DC: Department of Health, Education, and Welfare.
- Neugarten, B. (1975). The future and the young-old. Gerontologist, 15, 4-9.

- Newman, S. (1976). Housing adjustments of older people: A report of findings from the second phase. Ann Arbor: University of Michigan, Institute for Social Research.
- Palmore, E., & Luikart, C. (1974). Health and social factors related to life satisfaction. In E. Palmore (Ed.), Normal aging II. Durham: Duke University Press.
- Porter, D. M. (1984). Socioeconomic aspects of aging. In A. J. Levenson & D. M. Porter (Eds.), An introduction to gerontology and geriatrics. Springfield, IL: Charles C. Thomas.
- Ragan, P. K. (1979). Aging parents. San Francisco: University of Southern California Press.
- Reece, D., Walz, T., & Hagaboek, H. (1983). Intergenerational care providers of noninstitutionalized frail elderly: Characteristics and consequences. Journal of Gerontological Social Work, 5, 21-34.
- Riley, M. W., & Foner, A. (1968). Aging and society: Vol. 1. An inventory of research findings. New York: Russell Sage.
- Robinson, B., & Thurnher, M. (1979). Taking care of aging parents: A family cycle transition. Gerontologist, 19, 586-593.
- Seelbach, W. C. (1977). Gender differences in expectations for filial responsibility. Gerontologist, 17, 421-425.
- Seelbach, W. C. (1978). Correlates of aged parents' filial responsibility expectations and realizations. Family Coordinator, 27, 341-350.
- Shanas, E. (1962). The health of older people: A social survey. Cambridge: Harvard University Press.
- Shanas, E. (1979a). The family as a social support system in old age. Gerontologist, 19, 169-174.
- Shanas, E. (1979b). Social myth as hypothesis: The case of the family relations of old people. Gerontologist, 19, 3-9.
- Shanas, E., & Maddox, G. (1976). Aging, health, and the organization of health resources. In R. Binstock & E. Shanas (Eds.), Handbook of aging and the social sciences. New York: Von Nostrand Reinhold.
- Siegel, J. (1976). Demographic aspects of aging and the older population of the U.S. Current population reports: Special studies (Series P-23, No. 59). Washington, DC: U.S. Government Printing Office.

- Simon, J. L. (1978). Basic research methods in social science (2nd ed.). New York: Random House.
- Simos, B. G. (1970). Relations of adults with aging parents. Gerontologist, 10, 135-139.
- Smith, D. F., & Bengtson, V. L. (1979). Positive consequences of institutionalization: Solidarity between elderly parents and their middle-aged children. Gerontologist, 19, 438-439.
- SPSS, Inc. (1986). SPSSX user's guide (2nd ed.). New York: McGraw-Hill.
- Stoller, E. P. (1983). Parental caregiving by adult children. Journal of Marriage and the Family, 45, 851-858.
- Stoller, E. P. (1985). Elder-caregiver relationships in shared households. Research on Aging, 7, 175-193.
- Stoller, E. P., & Earl, L. L. (1983). Help with activities of everyday life: Sources of support for the noninstitutionalized elderly. Gerontologist, 23, 64-70.
- Townsend, P. (1968). Emergence of the four-generation family in industrial society. In B. L. Neugarten (Ed.), Middle age and aging. Chicago: Chicago University Press.
- Treas, J. (1977). Family support systems for the aged: Some social and demographic considerations. Gerontologist, 17, 486-491.
- Troll, L. E. (1971). The family of later life: A decade review. Journal of Marriage and the Family, 33, 263-290.
- Troll, L. E., Miller, S. J., & Atchley, R. C. (1979). Families in later life. Belmont: Wadsworth.
- U.S. Bureau of the Census. (1983). America in transition: An aging society. Current population reports (Series P-23, No. 128). Washington, DC: U. S. Government Printing Office.
- Wake, S. B., & Sporakowski, M. J. (1972). An intergenerational comparison of attitudes toward support aged parents. Journal of Marriage and the Family, 34, 42-48.
- Ward, R. A. (1978). Limitations of the family as a supportive institution in the lives of the aged. Family Coordinator, 27, 365-373.
- Yin, P., & Shine, M. (1985). Misinterpretations of increases in life expectancy in gerontology textbooks. Gerontologist, 25, 78-82.

APPENDIX A
CONSENT AGREEMENT

Consent Agreement

I agree to participate in this study being conducted under the supervision of J. C. Murray, a doctoral student in the Department of Child Development and Family Relations at UNC-G. I understand that all information is gathered in confidence and will be reported anonymously, and that I am free to terminate my participation at any time without penalty.

(Date)

(Signature)

I would like to receive a summary of the results of this study.

Please send the summary to me at the following address:

APPENDIX B
QUESTIONNAIRE

Questionnaire

PLEASE ANSWER ALL QUESTIONS ACCORDING TO YOUR OWN WAY OF THINKING.

THERE ARE NO RIGHT OR WRONG ANSWERS ON ITEMS OF OPINION.

FIRST, I WANT TO ASK YOU SOME QUESTIONS ABOUT YOURSELF.

1. Which sex are you? (Circle number)
 - 1 Male
 - 2 Female
2. When were you born? _____
Month Day Year
3. How old were you on your last birthday? _____ (Number of years)
4. With regard to race, which of the following best describes you?
(Circle number)
 - 1 White
 - 2 Black
 - 3 Hispanic
 - 4 Native American Indian
 - 5 Oriental
 - 6 Other (please specify): _____
5. What is your religious preference? (Circle number)
 - 1 Baptist
 - 2 Other (please specify): _____
6. What is your current marital status? (Circle number)
 - 1 Never Married
 - 2 Married
 - 3 Separated
 - 4 Divorced
 - 5 Widowed

7. How many years of school did you complete? (Count high school graduation as 12 years.) _____ (Number of years)
8. What is your occupation? _____
9. For whom do you work? _____
10. Briefly, what is your responsibility in your job? _____

11. On the average, how many hours per week are you now employed? _____
(Number)
12. On the average, how many hours per week is your spouse now employed?
_____ (Number or X if you are not presently living with a spouse)
13. What was your total family income last year, from all sources and before taxes? (Circle number)
- 1 Under \$5,000
 - 2 \$5,000 to \$9,999
 - 3 \$10,000 to \$14,999
 - 4 \$15,000 to \$19,999
 - 5 \$20,000 to \$24,999
 - 6 \$25,000 to \$29,999
 - 7 \$30,000 to \$34,999
 - 8 \$35,000 to \$39,999
 - 9 \$40,000 or over
14. How do you rate your overall health in comparison to other persons your age? (Circle only one number)
- 1 Poor
 - 2 Fair
 - 3 Good
 - 4 Excellent

15. How many brothers and sisters do you have living at the present time? _____ (Number)
16. How close does each of your brothers and sisters live to you now?
- Nearest one _____ (miles)
- Second nearest _____ (miles)
- Third nearest _____ (miles)
- Fourth nearest _____ (miles)
- Fifth nearest _____ (miles)
17. Including any current pregnancy (if applicable), how many children do you now have? _____ (Number)
18. As of their last birthdays, what is the age of each of your children who now live at home with you? (Number of years)
- _____
(Child 1) (Child 2) (Child 3) (Child 4) (Child 5) (Child 6)
19. As of their last birthdays, what is the age of each of your children who live away from home but still receive at least half of their financial support from you? (Number)
- _____
(Child 1) (Child 2) (Child 3) (Child 4) (Child 5) (Child 6)

NOW I WANT TO ASK YOU SOME QUESTIONS ABOUT YOUR PARENTS.

20. Are your parents living together at the present time? (Circle number)
- 1 Yes -- Go to question 21
- 2 No -- Go to question 21
- 3 Only one of my parents is now living -- Go to question 21
- 4 Neither of my parents is now living -- Go to question 33

21. What is the age, as of the last birthday, of your mother? _____

(Number or enter a zero if your mother is not living)

PLEASE NOTE: If your mother is no longer living, go now to question 27. Otherwise, go to question 22.

22. Approximately how close do you now live to your mother? (Circle number)

- 1 Within 1 mile
- 2 1 to 15 miles away
- 3 16 to 30 miles away
- 4 31 to 45 miles away
- 5 46 or more miles away

23. About how often do you visit your mother? (Circle the number that is closest)

- 1 Less than once a month
- 2 At least monthly
- 3 Every 2 to 3 weeks
- 4 At least weekly
- 5 Almost daily

24. About how often do you telephone your mother? (Circle the number that is closest.)

- 1 Less than once a month
- 2 At least monthly
- 3 Every 2 to 3 weeks
- 4 At least weekly
- 5 Almost daily

25. Of all the help that your mother receives in each of the areas listed below, how much of it presently comes from you? (Circle the number of the appropriate answer for each area.)

| | <u>None</u> | <u>Less than half</u> | <u>About half</u> | <u>More than half</u> | <u>All or almost all</u> |
|---|-------------|-----------------------|-------------------|-----------------------|--------------------------|
| Homemaking | 1 | 2 | 3 | 4 | 5 |
| Housing | 1 | 2 | 3 | 4 | 5 |
| Income | 1 | 2 | 3 | 4 | 5 |
| Home maintenance | 1 | 2 | 3 | 4 | 5 |
| Personal care | 1 | 2 | 3 | 4 | 5 |
| Home health care | 1 | 2 | 3 | 4 | 5 |
| Transportation | 1 | 2 | 3 | 4 | 5 |
| Psychological support | 1 | 2 | 3 | 4 | 5 |
| Social and recreational activities . | 1 | 2 | 3 | 4 | 5 |
| Reading materials | 1 | 2 | 3 | 4 | 5 |
| Dealing with governmental and community agencies | 1 | 2 | 3 | 4 | 5 |

26. In general, how close do you feel in your relationship to your mother? (Circle number)

- 1 Not at all close
- 2 Only slightly close
- 3 Fairly close
- 4 Extremely close

27. What is the age, as of the last birthday, of your father? _____

(Number or enter a zero if your father is no longer living.)

PLEASE NOTE: If your father is no longer living, go now to question 33. Otherwise, go on to question 28.

28. Approximately how close do you now live to your father? (Circle number)

- 1 Within 1 mile
- 2 1 to 15 miles away
- 3 16 to 30 miles away
- 4 31 to 45 miles away
- 5 46 or more miles away

29. About how often do you visit your father? (Circle the number that is closest.)

- 1 Less than once a month
- 2 At least monthly
- 3 Every 2 to 3 weeks
- 4 At least weekly
- 5 Almost daily

30. About how often do you telephone your father? (Circle the number that is closest.)

- 1 Less than once a month
- 2 At least monthly
- 3 Every 2 to 3 weeks
- 4 At least weekly
- 5 Almost daily

31. Of all the help that your father receives in each of the areas listed below, how much of it presently comes from you? (Circle the number of the appropriate answer for each area.)

| | <u>None</u> | <u>Less than half</u> | <u>About half</u> | <u>More than half</u> | <u>All or almost all</u> |
|---|-------------|-----------------------|-------------------|-----------------------|--------------------------|
| Homemaking | 1 | 2 | 3 | 4 | 5 |
| Housing | 1 | 2 | 3 | 4 | 5 |
| Income | 1 | 2 | 3 | 4 | 5 |
| Home maintenance | 1 | 2 | 3 | 4 | 5 |
| Personal care | 1 | 2 | 3 | 4 | 5 |
| Home health care | 1 | 2 | 3 | 4 | 5 |
| Transportation | 1 | 2 | 3 | 4 | 5 |
| Psychological support | 1 | 2 | 3 | 4 | 5 |
| Social and recreational activities . | 1 | 2 | 3 | 4 | 5 |
| Reading materials | 1 | 2 | 3 | 4 | 5 |
| Dealing with governmental and community agencies | 1 | 2 | 3 | 4 | 5 |

32. In general, how close do you feel in your relationship to your father?

(Circle number)

- 1 Not at all close
- 2 Only slightly close
- 3 Fairly close
- 4 Extremely close

33. We would like to know more about how people would deal with certain difficult situations involving the care of their parents. I want you to imagine a situation in which your only surviving elderly parent is no longer able to live alone and physically care for himself or herself. Which one of the following steps would you be most likely to take? (Circle number)

- 1 Hire someone to live in with my parent and provide the needed care.
- 2 Place my parent in a nursing home or boarding home.
- 3 Move myself into my parent's home so that I could provide the necessary care myself.
- 4 Place my parent in a hospital or convalescent center.
- 5 Move my parent into my own home.
- 6 Other (please specify): _____

34. Have you ever actually faced the situation described in question 33?
(Circle number)

- 1 Yes -- Go to question 35
- 2 No -- Go to question 37

35. Which parent did this involve? (Circle number)

- 1 Mother
- 2 Father

36. What was the outcome of your real situation? (Circle number)

1 I hired someone to live in with my parent and provide care.

2 I placed my parent in a nursing home or boarding home.

3 I moved into my parent's home.

4 I placed my parent in a hospital or convalescent center.

5 I moved my parent into my own home.

6 Other (please specify): _____

37. If the situation described in question 33 were to occur now, how likely would you be to place your parent in a nursing home or some other institutional facility? (Circle number)

1 Extremely unlikely

2 Fairly unlikely

3 Fairly likely

4 Extremely likely

THANK YOU FOR YOUR PARTICIPATION!