MEASURES ON DEMENTIA CAREGIVING

TOOLS FOR DEMENTIA PRACTICE & RESEARCH

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Measures on Dementia Caregiving

Much literature has been written about the positive and negative aspects of being a caregiver of a family member. Negative aspects of caregiving have been likened to the consequences of being exposed to long-term and chronic stressors, which compromise caregivers' physical, psychological and emotional health and well-being, family relationships, work and financial status.¹⁻³ At the same time, caregivers have also reported positive outcomes such as enhanced self-confidence, personal growth, improved relationships with care recipients and families, and enhanced meaning and purpose in life.^{4,5}

Approximately a hundred tools have been developed to measure negative and positive aspects of caregiving (such as caregiving burden and strains, caregiver physical health, emotional health, life satisfaction and quality of life, social isolation, willingness to assume care, etc.), and have been used on various populations and settings. While most of these instruments measure caregiving in general (as opposed to caregiving for persons who have specific conditions), disease-specific instruments have been tested on caregivers of persons living with Alzheimer's disease or dementia.

Most of the caregiving instruments focus on either the negative aspect of caregiving, or both the positive and negative aspects. Some examples include the widely used Zarit Burden Interview⁶ and Caregiver Burden Inventory⁷ which measures caregivers' levels of perceived stress and screens for burden and strain. Some tools measure only the benefits of caregiving, such as satisfaction experienced from assisting care recipients and developing new skills or competencies. Two examples of these tools are the Positive Aspects of Caregiving Instrument⁸ and the Picot Caregiver Rewards Scale⁹.

List of Systematic Reviews on Existing Caregiving Tools

Organisations and researchers have created summaries of existing caregiving tools and conducted systematic reviews which compare their psychometric properties and feasibility respectively. These instruments have been administered with various populations (caregivers of care recipients with different medical conditions) and settings. Please refer to the following articles for summaries and systematic reviews of these caregiving tools in detail:

- 1. Center for Gerontology and Health Care Research, Brown Medical School. (2004). *TIME: Toolkit of instruments to measure end-of-life care*. http://www.chcr.brown.edu/PCOC/familyburden.htm#Disease-specific%20instruments
- Deeken, J. F., Taylor, K. L., Mangan, P., Yabroff, K. R., & Ingham, J. M. (2003). Care for the caregivers: A review of self-report instruments developed to measure the burden, needs, and quality of life of informal caregivers. *Journal of Pain and Symptom Management, 26*(4), 922-953. <u>https://doi.org/10.1016/S0885-3924(03)00327-0</u>
- 3. Dow, J., Robinson, J., Robalino, S., Finch, T., McColl, E., & Robinson, L. (2018). How best to assess quality of life in informal carers of people with dementia; A systematic review of existing outcome measures. *PLoSONE 13*(3), 1-18. <u>https://doi.org/10.1371/journal.pone.0193398</u>
- 4. Family Caregiver Alliance. (2012, December 10). *Selected caregiver assessment measures: A resource inventory for practitioners (2012)*. https://www.caregiver.org/resource/selected-caregiver-assessment-measures-a-resource-inventory-for-practitioners-2012/
- 5. Michigan Dementia Coalition. (2009). Introduction to Caregiver Assessment Tool Grid. <u>https://rosalynncarter.org/wp-content/uploads/2019/05/Michigan-Assessment-Grid.pdf</u>

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6. Van Durme, T., Macq, J., Jeanmart, C., & Gobert, M. (2012). Tools for measuring the impact of informal caregiving of the elderly: A literature review. *International Journal of Nursing Studies*, 49(4), 490-504. <u>https://doi.org/10.1016/j.ijnurstu.2011.10.011</u>

Drawing from the abovementioned resources, the following is a list of dementia-specific caregiving tools or instruments that have been initially tested on caregivers of persons living with Alzheimer's disease and dementia:

- 1. Caregiver Burden Inventory⁷
- 2. Caregiving Stress Inventory¹⁰
- 3. Caregiver Activity Survey¹¹
- 4. Caregiving Burden Scale¹²
- 5. Caregiving Hassles Scale¹³
- 6. Caregiving Hassles and Uplifts Scale¹⁴
- Caregiver Self-Care Self-Efficacy and Caregiver Problem-Solving Self-Efficacy¹⁵

- 8. Finding Meaning Through Caregiving Scale¹⁶
- 9. Frustration Scale¹⁷
- 10. Neuropsychiatric Inventory Caregiver Distress Scale, NPI-D¹⁸
- 11. Relatives Stress Scale¹⁹
- 12. Screen for Caregiver Burden²⁰
- 13. Sense of Competence Questionnaire²¹
- 14. Subjective Burden Scale²²

Tools Used in the Singapore Context

Two tools are often used in Dementia Singapore to assess the well-being of caregivers who utilise our programmes and services. The first is the Gain in Alzheimer care Instrument²³ (GAIN) which focuses on positive gains as a caregiver of a person living with dementia and has been developed in the Singapore context. The second instrument that Dementia Singapore often uses is the widely-used Zarit Burden Interview⁶ which measures negative aspects of caregiving. Using these two tools together allows us to have a better understanding of whether the positive aspects of caregiving outweigh the negative ones. The table below summarises the domains measured, the instruments' strengths and limitations, and the psychometric properties of the caregiving instruments that Dementia Singapore uses:

Tool & Developer(s)	Items	Domains Measured	Strengths & Limitations	Psychometric Properties	Permission to Use
Gain in Alzheimer	10	 Personal gains 	Strengths:	Reliability:	Credit and cite the
care INstrument ²³		 Relationship gains 	Specific to dementia	• Good internal consistency,	developers to use the
(GAIN)		 Higher level gains 	caregiving;	Cronbach's α =.89	tool. No other
			• Tool is developed in the	Acceptable test-retest	permissions are
Click here to access			Singapore context; and	reliability (2 weeks)	required.
the journal article.			Quick to complete.	Intraclass Correlation	
				Coefficient = .70	
			Limitations:		



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Note: The tool's	Limited studies to establish	Validity:	
items and scale	the tool's psychometric	Evidence of construct	
options are included	properties and utility on	validity - GAIN significantly	
in the journal article.	other settings.	correlated:	
		 Strongly with Positive 	
		Aspects of Caregiving, r	
		= .68	
		 Moderately with 	
		Dementia Management	
		Strategies Scale (DMSS,	
		encouragement), $r = .35$	
		 Moderately with DMSS 	
		(active management), r	
		= .42	
		 Modestly with DMSS 	
		(criticism), $r =14$	
		 Modestly Zarit Burden 	
		Interview, $r =15$	
		 Evidence of factor validity: 	
		Principal component	
		analysis revealed a single	
		component with an Eigen	
		value >1 at 5.28, accounting	
		for 52.8% of the variance.	



Tool & Developer(s)	Items	Domains Measured	Strengths & Limitations	Psychometric Properties	Permission to Use
Tool & Developer(s) Short Form Zarit Burden Interview ²⁴ (ZBI-12) Click <u>here</u> for the journal article.	Items 12	Domains Measured Perceived impact of providing care on caregiver's: • Health; • Personal and social life; • Financial situation; • Emotional well-being; and • Interpersonal relationships.	 Strengths & Limitations Strengths Shorter and faster to administer; Widely used around the world; Translated into different languages (Spanish, Japanese, Chinese); and Sensitive to detect changes. Weakness Though ZB-12 is a generic caregiving instrument, its psychometric properties are not well established in other populations besides older adults. 	 Psychometric Properties Reliability Multiple studies have reported good to excellent internal consistency, with: Overall Cronbach's α at baseline ranging from .83 to .91 Cronbach's α for sub-scale <i>Personal Strain Factor</i> ranged from .80 to .89 Cronbach's α for sub-scale <i>Role Strain Factor</i> ranged from .77 to .81 Validity: Evidence of convergent validity: Correlations between the ZBI-12 and the full version (ZBI-22) 	Permission to Use Credit and cite the developers to use the tool. No other permissions are required.



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- 4. Nolan, M., Grant, G., & Keady, J. (1996). Understanding family care: A multi-dimensional model of caring and coping. Open University Press.
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