

Determining the Various Perspectives of Caregivers of Aging Adults With Q Methodology

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Abstract

According to the National Family Caregivers Association (2009), 59% of the U.S. population will become family or informal caregivers of aging adults. As the population ages, financial resources for support are diminishing. A needs-assessment of these caregivers is necessary to best direct resources and develop efficient, well-serving programs. The purpose of this study is to demonstrate the benefits of using Q methodology within aging research; within this context the authors explain how the Q methodology study enabled the determination of the various views and consensus among groups of caregivers of aging adults. The authors also demonstrate how these views and consensus can then, in turn, provide a needs-assessment for programs and other support that would serve this population. Factor analysis of the sorts resulted in three factors/views: dutiful caregivers new to caregiving, nurturing and prepared caregivers, and loving and fun caregiving relationship.

Keywords

Q methodology, caregiving, caregiver, aging, adult, needs-assessment

The purpose of this study was to demonstrate the benefits of determining the various perspectives and consensus of caregivers of aging adults via Q methodology. The authors will also demonstrate how these views can be used as a needs-assessment for programs and other support services and materials for these caregivers. Performing a needs-assessment is the first stage of the process of program evaluation and development (McNeil, Newman, & Steinhauser, 2005). Needs-assessments for caregivers of aging adults would provide insight for how to best direct resources and develop efficient, well-serving programs for caregivers of aging adults. In this way, program stakeholders can best be served with limited financial resources.

This study explores the views of a specific population of Minnesotan caregivers at a small liberal arts college about their caregiving experiences in order to demonstrate the benefits of exploring views of caregivers about their caregiving experiences and their needs for support services. These caregivers were drawn from faculty, staff, and administrators via a call for participants. Q methodology was used to determine the views of the caregivers about their caregiving experiences because it is unique in its quantification of subjectivity using qualitative data and factor structure. Q allows researchers to determine the various views about a topic as well as the consensus among those views. In addition, Q does not suffer from the loss of meaning common with Likert-scale surveys (McKeown, 2001) or the potentially forced compliance with predetermined researcher views (Hilton, Kopera-Frye, & Krave, 2009). Although Fisher (1991) commends the ability of qualitative

methods to provide considerable detail in aging research, he also reveals the time consuming aspects of collecting life histories related to successful aging.

Q methodology's ability to effectively blend qualitative and quantitative methods is discussed in detail elsewhere (Newman & Ramlo, 2010; Ramlo & Newman, 2011). We summarize the use of Q methodology and the benefits of making subjectivity operant via factor structure within the Method section of this article. Suffice it to say at this point however that when quantitative and qualitative techniques merge into mixed methods research, the ability to address a variety of new research purposes and questions becomes enhanced (Ridenour & Newman, 2008). This enhancement is, in part, what the authors demonstrate within this article as we address issues related to successful caregiving of aging adults.

Description of the Problem

America's population is becoming increasingly older. According to Hilton, Kopera-Frye, and Krave (2009), three major

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demographic trends contribute to this aging of America's population. These are a decline in fertility, an increase in longevity, and the aging of the "baby-boom" generation (Hilton et al., 2009). The increasing aging population has increased the demand for care of aging adults. Fifty-nine percent of the U.S. population will become family or informal caregivers (NFCA, 2009). The various factors that contribute to the aging of the world's population are detailed elsewhere (Hilton et al., 2009; NFCA, 2009). For many aging adults, friends and family are filling the role of caregiver for reasons that are financial or personal or both (NFCA, 2009; Perkins, 2010; Willyard, Miller, Shoemaker, & Addison, 2008). Silverstein, Gans, and Yang (2006) studied the norms of filial responsibility that influence adult children to provide social support to their aging parents. The NFCA (2009) presents demographics related to caregivers and the amount and types of care they provide. These findings, in conjunction with the increasing number of aging adults receiving care from family members, make it increasingly likely that even more Americans will be forced to depend on family, friends, and other potential caregivers. This trend will lead to the need of informal caregiving networks, such as churches and local communities, to offer information, support, and care to those providing care to aging adults. This situation has resulted in an increased need for improved education, research, and advocacy for both the aging and their caregivers (Perkins, 2010; Willyard et al., 2008).

In the meantime, most models of successful caregiving of aging adults are based upon researchers' perceptions. In other words, the views of caregivers and aging adults are not explicitly expressed by the caregivers within the research (Hilton et al., 2009). A review of the literature related to caregiving of aging adults indicates that much of the previous research is dependent upon using the model of successful aging outlined by Rowe and Kahn (1997). Their definition of successful aging included three main components which are related to good health, high cognitive and physical function, and active engagement with life. However, these characteristics are also connected to successful caregiving. Such a position excludes caregivers from describing their perspectives about their experiences and needs. In addition, such prescribed views of aging do not address the increase in the number and diversity of the aging adult population (Hilton et al., 2009).

As this study supports, caregivers have a distinct desire to share their specific experiences with others as well as share their views about those caregiving experiences. These caregivers also exhibited a desire to share the type of support they need to be successful at caregiving for their aging adults. Regardless of the program, needs-assessments are necessary to determine how best to serve the stakeholders including those that the program serves (McNeil et al., 2005).

Purpose of the Study

The caregiving situation in the United States requires needs-assessments to best serve the needs of this caregiver population and to best direct resources and develop efficient, well-serving

programs, and support materials. Allowing caregivers to express their views on their caregiving experiences, desires, and needs is important to best serve this population. Hilton et al. (2009) were the first to investigate specifically what caregivers' perceptions are about successful aging. They used both qualitative and quantitative techniques in their study including a theme analysis of caregiver responses to open-ended questions about their caregiving experiences. Their results indicated that caregiver perspectives on successful aging and their needs for support need to be studied further and with more diverse populations. We agree with Hilton et al. that more research is necessary to best provide services and programs that serve the current population of caregivers.

The purpose of this study is twofold. First the researchers will demonstrate that Q methodology is an ideal method to investigate the views of caregivers about their caregiving experiences. Second, the researchers will use the results of the Q methodology study to determine how to proceed with future research as well as address needs for education and advocacy for the caregivers of aging adults. The authors acknowledge that different populations of caregivers may have different views of caregiving for aging adults and, therefore, require different programs and/or services than the results reported here with this specific population. However using convenient populations and small sample sizes is not unusual in this research area (Duay & Bryan, 2006; Hilton et al., 2009). This article provides the complete set of statements that were sorted (Q-sample), derived from an open-response survey, and used in this study along with the sorting grid. This was done so others can perform this type of study with different populations of caregivers. These future studies can potentially replicate the findings reported here.

As McNeil, Newman, and Steinhauser (2005) recommend, stakeholders (caregivers) should take on a primary role in program evaluation. In this study, caregivers participated in an open-response survey that allowed the researchers to develop a concourse (set) of statements about caregiving. From this set, 48 statements were selected for the sorting process (called the *Q-sample*) which allows for the quantification of the qualitative data (statements taken from interviews). By having any population of caregivers participate in a similar Q-sort and analyses as presented here, they too can take on such a primary role in determining what services and programs best suit their particular needs.

Method

William Stephenson specifically developed Q methodology, or Q, as a means of measuring subjectivity (Brown, 1980, 2008, 2010; McKeown & Thomas, 1988; Stephenson, 1953). Q methodology uses an interactive blend of qualitative and quantitative research methods (Newman & Ramlo, 2010; Ramlo & Newman, 2011; Stenner & Stainton-Rogers, 2004). Because of its use of qualitative data and its purpose of determining subjectivity, Q methodology is not subject to statistical considerations such as sample size that are typically important in

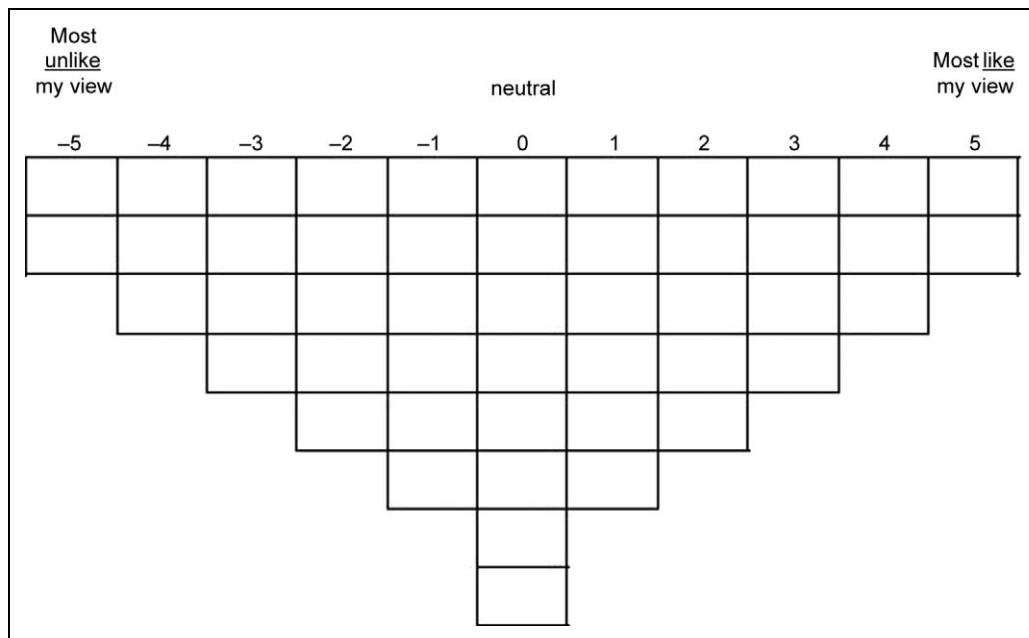


Figure 1. Sorting grid used in this study

quantitative research when analyzing objective data (Brown, 1980; Ramlo & Newman, 2011; Stephenson & Burt, 1939). It can be additionally confusing in that within Q methodology the sample size is not the number of participants but the number of items (typically statements about the topic) used in the study. In fact, Stephenson (1953) completed studies that used only one participant, sorting the same set of statements under multiple conditions.

The Q-Sample and The Q-Sort in This Study

Often in Q, surveys and focus groups are used to develop a collection of statements for participants to sort. In this study, 64 statements were taken from the open-ended responses from an online survey completed by faculty, staff, and administrators at a small liberal arts college in the American Midwest. The 64 statements were taken from participants' responses to the following questions: "What are the roles of a caregiver?" "What is the value to you of taking care of an older adult?" "Please tell us what you want to know most about caring for an older adult" "What do you feel least prepared for in giving care to an older adult?" and "What support do you need to help you give care to an older adult?" Of the original 64 statements, 48 were selected for sorting and these are listed in the Appendix A. Participants' demographic information collected with the initial survey and with the Q sort was limited to sex and current caregiving status to protect anonymity.

A grid, like that shown in Figure 1, along with individual strips of article with each statement were given to participants who were asked to sort the statements into the grid such that each corresponding statement number is placed in one of the grid's squares. Participants were also given a prompt called the *condition of instruction*, "Sort these statements based upon

your views of caregiving for an aging adult." Eleven participants met with the researchers and individually placed the 48 statements into the sorting grid. The sorting process is subjective and participants interpret the statements and their resulting positions based upon their view of each statement and the topic.

Analyzing the Q-Sorts

In Q methodology, factor analysis is used to correlate/group similar sorts/sorters. In this way, the subjective becomes operant via factor structure. Each factor that emerges represents a view about the topic (Brown, 1980; McKeown & Thomas, 1988; Stephenson, 1953). Although Statistical Package for the Social Sciences can be used to perform a factor analysis, the factor structure alone is not of particular value for this mixed methodology. Instead, specific software such as PQMethod (Schmolck, 2002) is used in Q methodology in order to produce the descriptive tables that are imperative for interpreting the factors/views (Newman & Ramlo, 2010). In addition to the variety of tables produced from the analyses, postsort interviews, and/or questionnaires are used to interpret the factors/views (Brown, 1980; McKeown & Thomas, 1988; Newman & Ramlo, 2010). Within this study, the researchers listened to the "self-talk" the caregivers used during the sorting process. They also observed the interactions among the participants before, during, and after the sorting. Specifically, however, those performing the sort were asked to respond to the following questions/statements:

- Tell us why you selected the two statements you placed under +5 (most like my view)?
- Tell us why you selected the two statements you placed under -5 (most unlike my view)?

Table 1. Factor Matrix With an X Indicating a Defining Sort

Q sort	Caregiver Status	Factor 1	Factor 2	Factor 3
Male1	Minor role	0.35	-0.43	-0.37
Female1	Past caregiver	0.19	0.11	-0.37 X
Female2	Primary	0.22	-0.24	0.07
Female3	Early stages	0.65 X	0.04	-0.28
Female4	Minor at a distance	0.77 X	-0.19	-0.09
Female5	Primary	0.06	0.52 X	0.06
Female6	Primary	0.45	0.49	0.00
Female7	Primary	0.22	0.44 X	0.16
Female8	Primary, early	0.57 X	-0.28	0.26
Male2	Primary	0.25	0.31	0.57 X
Female9N	In future	0.63 X	-0.21	0.20

- Please describe your decision-making process during the sort. Did you gain insight about your views as you sorted the statements? If so, please describe.

Demographics

Demographic information about the participants can also help in the interpretation of the sorts. In this study, 11 participants completed a sort. Nine of these participants were female and the remaining two were male. Ten participants were Caucasian and one was Asian. Participants indicated that their current caregiver status consisted of either minor role, early stages, past caregiver, primary caregiver, or future caregiver.

The next section demonstrates the types of tables produced and the interpretation of these results.

Results and Discussion

Table 1 contains the factor matrix from these sorts with X's indicating the defining sorts for each of the three factors/views that emerged in this study. In other words, within this population, three perspectives emerged about caring for an aging adult. In addition to the participants' sex, their current caregiving status is also reported in Table 1. These statuses were taken from participants' self-reported caregiving activities and are reported to help with interpretation of the factors/views.

Within the Q methodology analyses, two of the most important tables created are a representative sort for each factor/view and a list of those statements that distinguish a factor/view from the others. These tables are important for the interpretation of each view and are revealed here for each of the three factors found. Instead of reporting the entire representative sort here, only the top five (5) most like and five (5) most unlike statements are reported from a representative sort. Because of their positions at the extreme ends of the grid, these statements have greater importance to the sorters and therefore to each of the factors/views that emerged.

Describing the Factor 1 View on Caregiving—Dutiful Caregivers New to Caregiving

Four (4) sorters are represented by Factor 1. These sorters described themselves as either relatively new to caregiving

(3) or as a future caregiver (1) to an aging adult. The later was certainly sorting based upon her anticipated caregiver experiences based upon her family situation. Table 2 shows the top five (5) most like and top five most unlike my view statements for Factor/View 1. The top five statements indicate that those with this view feel like they are trying to learn how to deal with the day-to-day needs of their aging adult(s) including health-care (Statement 33 at +4 and 41 at +5; Statement 11 at +4 and Statements 48 at -4 and 28 at -5) and communication (Statements 11 and 30 both at +4). These sorters do not feel like they have the time to care for an aging adult (Statement 13 at -5). This view appears to be more driven to be a caregiver as a way to give back to someone who cared for them (Statement 10 at +5) than something that makes them feel like a better person (Statement 7 at -4). It is important to again mention that those represented by this factor are either new to caregiving or consider themselves future caregivers.

These findings are further supported by the statements in Table 3 which distinguish the perspective of those on Factor 1 from the perspectives represented by Factors 2 and 3. From this table we can also see that Factor 1 feels neutral (Position 0) about their caregiving experience feeling loving (Statement 46). This view, as well as the Factor 3 view, indicated that they do not like to get information about caregiving from the Internet (Statement 16 at Position -1 compared to +2 for Factor 2 and -3 for Factor 3). However, whereas Factor 3 feels prepared to be a caregiver (Statements 19 and 28), as will be discussed shortly, Factor 1 appears to be feel unprepared (Statement 28 at -5) and in need of receiving information/help about caregiving (Statement 44 at -1). Apparently they prefer to receive this information via a method other than the Internet (Statement 16 at -1).

In summary, those represented by Factor 1 appear to feel unprepared and unsatisfied about their caregiving experience; these are the dutiful caregivers and they appear more focused on the details of the day-to-day care of the aging adult. This position could be a result, at least in part, of their relatively new position as caregivers. Thus, this view was named *Dutiful Caregivers New to Caregiving*.

Describing the Factor 2 View on Caregiving—Nurturing and Prepared Caregivers

Two (2) sorters are represented by Factor 2. These sorters described themselves as the primary caregiver to an aging adult(s). Table 4 includes the top most like (+5 and +4 grid positions) and most unlike (-5 and -4 grid positions) statements that describe this factor. Unlike the Factor 1 view, the Factor 2 view finds medical professionals helpful and responsive (Statement 24 at position +4). One of these sorters commented on her wonderful dealings with the VA [Please provide the expansion for "VA" if appropriate.] and how this led to her placement of this statement at +5 (see Appendix B for sorters' responses about their sorting and caregiving experiences). One of the distinguishing statements for this factor is a -3 position for Statement 36, "I need help dealing with/navigating Medicare." Only this view

Table 2. Factor 1 Top Five (5) Most Like/Most Unlike Statements

No.	Statement	Grid Position
10	Being a caregiver for an aging adult makes me feel like I am giving back to someone who cared for me	5
41	I feel unprepared to deal with medical issues associated with caregiving	5
33	I still need to find out how to better manage care of an aging adult	4
11	I need help dealing with the aging adult's emotional issues	4
30	I need to learn how to better discuss important issues with an aging adult	4
18	I wish I was getting more help from family/friends to care for an older adult	-4
7	I feel like a better person because I provide care for an aging adult	-4
48	As a caregiver, I find insurance/Medicare professionals helpful and responsive	-4
13	I feel like I now have the time to care for an aging adult	-5
28	I feel like I am well prepared when it comes to caring for an aging adult	-5

Table 3. Those Statements That Distinguish Factor 1 From the Other Factors

No.	Statement	Factor 1 Grid Position	Factor 2 Grid Position	Factor 3 Grid Position
41	I feel unprepared to deal with medical issues associated with caregiving	5	-2	-2
11	I need help dealing with the aging adult's emotional issues	4	-2	0
43	Sometimes I feel like I am unsure about my role as a caregiver of an aging adult	3	-1	0
19	I feel unprepared to provide care for an older adult	2	-4	-2
37	I need to better understand issues related to prescription drugs for aging adult(s)	2	-3	0
40	I feel unprepared to deal with financial issues associated with caregiving	2	-3	-4
35	I need to learn how to manage financial issues including insurance	0	4	3
47	I feel that my family and/or friends are very supportive of my caregiving situation	0	4	3
46	My caregiving experience feels very loving	0	2	5
44	I feel unprepared when it comes to finding resources for caregiving	-1	-5	1
16	I like to get information about caregiving from the Internet	-1	2	-3
17	I enjoy being a caregiver	-1	1	1
24	As a caregiver, I find medical professionals helpful and responsive	-1	4	3
27	I need to know how to get others to do their share caring for an aging adult	-3	0	1
21	I am satisfied with my caregiving situation	-3	-1	0
18	I wish I was getting more help from family/friends to care for an older adult	-4	1	1
7	I feel like a better person because I provide care for an aging adult	-4	2	2
48	As a caregiver, I find insurance/Medicare professionals helpful and responsive	-4	0	2
13	I feel like I now have the time to care for an aging adult	-5	3	0
28	I feel like I am well prepared when it comes to caring for an aging adult	-5	-2	0

disagrees with this statement. This view also has a distinguishing statement at Position 0 (Statement 48) related to the helpfulness and responsiveness of insurance/Medicare professionals. However, as already mentioned, one of the sorters represented by this view is using the VA for medical and therefore Medicare is not a major factor for her aging adult's care.

In addition, Factor 2 appears to represent those participants who are more connected to the emotional support of the aging adult(s) they care for (Statement 1 at +4). They feel prepared for caregiving (distinguishing Statements 22 and 44 at -5; Statement 19 at -4) and do not feel overwhelmed by their role as caregiver (Statement 20 at -4). Instead, they feel their role is to make sure their aging adult is safe and well cared for (Statement 5 at +5), to act as an advocate for their aging adult (Statement 24 at +4), and to provide them with emotional support (Statement 1 at position +4). Thus, this Factor 2 view appears to be both nurturing and well supported by the medical community as well as friends and family. Those on this factor also

appear to be more seasoned caregivers. The researcher therefore decided to name this factor: *Nurturing and Prepared Caregivers*.

Describing the Factor 3 View on Caregiving—Loving and Fun Caregiving Relationship

Two sorters are represented by the Factor 3 view. However, this is a bipolar factor in that there is one positive loader (Male2) and one negative loader (Female1), as is shown in Table 1. Negative loaders have the mirror image representative sort as those who loaded positively on a factor. In other words, Female1 would have Statements 46 and 9 at -5 instead of at +5, where Male2 placed them. The written comments about her sorting experience support these statement placements in the grid. Table 5 includes the top most like (+5 and +4 grid positions) and most unlike (-5 and -4 grid positions) statements that help to describe this factor.

Table 4. Factor 2 Top Five (5) Most Like/Most Unlike Statements

No.	Statement	Grid Position
5	I feel I need to make sure an aging adult is safe and well cared for	5
3	I feel my role as a caregiver is to be an advocate for an aging adult	5
1	I feel my role as a caregiver is to provide emotional support to that aging adult	4
24	As a caregiver, I find medical professionals helpful and responsive	4
47	I feel that my family and/or friends are very supportive of my caregiving situation	4
20	I feel overwhelmed in my role as a caregiver to an older adult	-4
19	I feel unprepared to provide care for an older adult	-4
15	I feel like I need to be a better caregiver	-4
22	I feel like I should be able to do everything associated with caregiving an older adult	-5
44	I feel unprepared when it comes to finding resources for caregiving	-5

Table 5. Factor 3 top five (5) most like / most unlike statements

No.	Statement	Grid Position
46	My caregiving experience feels very loving.	5
9	I like being a caregiver for an aging adult because it lets me get to know that person in a new ways.	5
10	Being a caregiver for an aging adult makes me feel like I am giving back to someone who cared for me.	4
30	I need to learn how to better discuss important issues with an aging adult.	4
1	I feel my role as a caregiver is to provide emotional support to that aging adult.	4
40	I feel unprepared to deal with financial issues associated with caregiving.	-4
29	I need to know how to better interact / communicate with my aging adult.	-4
35	I need to learn how to manage financial issues including insurance.	-4
42	I feel like I need to be more relaxed and have more fun with my aging adult.	-5
45	I need help picking up the slack at home - meals, cleaning, etc - while I am tending to the needs of an aging adult.	-5

The focus of this Factor 3 view is on a loving relationship with the aging adult(s) (Statement 46 at +5) that provides the caregiver the ability to get to know the aging adult(s) in new ways (Statement 9 at +5). They appear emotionally connected and caring when it comes to the aging adult, similar to Factor 2 (Statements 10, 30, and 1 at +4) but also appear to be having more fun with their aging adult (Statement 42 at -5) than the other views (same Statement at 0 and 1, respectively, for Factors 1 and 2; this is a distinguishing statement for Factor 3). They feel prepared to care for the aging adult's finances (Statements 35 and 40 at -4).

Male2's description of his relationship with his aging adult, who still lives independently, supports these findings. In addition, Male2 described his profession as preparing him for his role as caregiver. Conversely, Female1's sorting of the statements helped her reflect on her caregiving experience, now over, and helped her realize that she feels polarized about her experience. She stated that she did not feel she did the caregiving in a loving way. Thus, based upon the analyses of the Q sorts and the sorters' comments, the Factor 3 view was named: *Loving and Fun Caregiving Relationship*. If the view of Female1 was considered separately, the view would be more about the lack of fun and love in her caregiving experience.

Consensus Among the Factors

The analyses of the Q sorts also include determining those statements that represent consensus among any pair of factors

that have emerged. Table 6 contains the 15 statements that represent consensus among any pair of the three factors from this study. The grid positions for each factor for these statements are also given in this table along with a general description of those positions (Like, Neutral, Unlike) for each statement.

Each of the three factors agree that their caregiving roles include providing emotional support (+2, +4, +4) and helping the aging adult feel wanted and useful (+1, +3, +2). They provide care to their aging adult(s) because it makes them feel like they are giving back to someone who cared for them (+5, +3, +4) and because it is the right thing to do (+1, +3, +2). They agree that they do not feel overwhelmed with their role as caregiver (-2, -4, -2) or that it is a struggle (-2, -1, 0). They also agree that they do not need help "picking up the slack at home" (-3, -3, -5). The three factors/views feel neutral about finding their caregiving situation stressful.

Summary of Results Relative to Needs-Assessment

This study provides insight about the views of caregivers relative to their caregiving experiences of aging adults. Aspects of caregiving preparedness and preferences were revealed within this study and, as such, provide a needs-assessment such that the programs that serve this population could develop specific programs that best serve each of the three types of caregivers based upon their differing preferences and needs. For instance,

Table 6. Those statements that represent consensus among any pair of factors

No.	Statement	Factor 1 Grid Position	Factor 2 Grid Position	Factor 3 Grid Position	General description of position
1	I feel my role as a caregiver is to provide emotional support to that aging adult.	2	4	4	Like
2	I feel my role as a caregiver is to find resources for an aging adult's care.	0	2	0	Neutral
4	I feel like I need to help an aging adult feel wanted and useful.	1	3	2	Like
6	I feel my role is to take responsibility for overseeing the day to day care of the aging adult.	0	-2	-3	Neutral/ Unlike
10	Being a caregiver for an aging adult makes me feel like I am giving back to someone who cared for me.	5	3	4	Like
14	I find caregiving stressful.	0	0	0	Neutral
17	I enjoy being a caregiver.	-1	1	1	Neutral
25	I am a caregiver for an aging adult because it is the right thing to do.	1	3	2	Like
26	I need to know how to set appropriate boundaries between me and the aging adult I care for.	-2	0	-2	Neutral/Unlike
31	I need to know what services and advice are out there for caring for an aging adult.	1	0	3	Neutral/Like
32	I feel like finding resources for caregiving for aging adults is a struggle.	-2	-1	0	Neutral/Unlike
34	I need to know how to better balance my life (work & family) with being a caregiver to an aging adult.	-1	0	-2	Neutral/Unlike
39	I do not feel prepared for helping my aging adult engage in activities that help them pass the time.	0	0	-1	Neutral
45	I need help picking up the slack at home - meals, cleaning, etc - while I am tending to the needs of an aging adult.	-3	-3	-5	Unlike

those represented by the *Dutiful Caregivers New to Caregiving* perspective (Factor 1) were still trying to figure out the details of day-to-day operations such as medical and financial issues. Although they seek help and information, they do not prefer receiving this through the Internet. Thus, this study revealed a need to provide specific assistance to improve caregiving and caregiver experiences with implications about mode of delivery (online vs. face to face).

The perspective of *Nurturing and Prepared Caregiver* (Factor 2) represents those who appear more comfortable about their caregiving experience as far as day-to-day operations like medical issues and finances of the aging adult. This is probably because they have been performing their caregiver duties longer than the Factor 1 view. These caregivers are more focused on nurturing their aging adult than those on Factor 1. However, they do not appear to be in the loving and fun stage of caregiving represented by Factor 3 (positive loader). The person who loaded negatively on Factor 3 regrets that her caregiving experience was not more loving and it is unfortunate that support programs were not in place for her during her stressful caregiving experience. But her situation provides an important portrait for those providing support services for caregivers of aging adults.

Limitations of the Study

This study explored the views of a small group of caregivers about their caregiving of aging adults. The authors acknowledge that different populations of caregivers may have different views of caregiving for aging adults and, therefore, require different programs and/or services that the results reported here

with this specific population. However using convenient populations and small sample sizes is not unusual in this research area of aging adults (Duay & Bryan, 2006; Hilton et al., 2009). There is no recommended minimum or maximum number of participants in a Q study. Instead, the selection of persons is typically based upon their ability to have something relevant to say about the problem (Brown, 1980). However, future research will, hopefully, include larger and varied populations including those with specific aging issues such as dementia or those living in poverty.

Conclusions and Future Research

The purpose of this study was to demonstrate the usefulness of Q methodology in determining the various views about caregiving of aging adults and consensus among these views. These results can be used as a needs-assessment for this population and similar studies can be performed with other populations to determine how best to serve their needs including providing specific programs or resources. Although future studies could develop a different Q-sample for the participants to sort, we suggest that the sample developed here be used in order to attempt to replicate the findings from this study. Like Hilton et al. (2009), we encourage expanding this work with other and more diverse populations, some of which would potentially face other challenges such as aging adults with dementia or poverty.

Certainly this study revealed considerable detail about this particular group of 11 participants. First, three factors/views emerged within the population each of which describes a

unique view about caregiving for an aging adult. These views provide information for programs and other services and materials that could serve this population. The Q methodology results provided a rich description of each of the factors/views that would not be provided by more typical Likert-scale surveys since Likert-scale surveys are often accompanied by a loss of meaning (McKeown, 2001). And although we could have performed a theme analysis of the initial survey responses, using Q methodology allowed the views to be operant via factor structure such that three distinct views (*Dutiful Caregivers New to Caregiving*, *Nurturing and Prepared Caregivers*, and *Loving and Fun Caregiving Relationship*) were discovered along with consensus about caregiving.

The results suggest a need to find ways to help those *Dutiful Caregivers New to Caregiving* so that they can become less focused on the “nitty gritty” of caregiving and enter into a more nurturing role with their aging adult. In addition, further investigation into how to transform caregivers into relationships that are more loving and fun with their aging adult is needed. Issues such as Alzheimer’s and dementia may impede such transformations as there are additional stressors in those types of situations (Márquez-González, Losada, Izal, Pérez-Rojo, & Montorio, 2007).

However, these results need to be examined further, possibly using a similar Q study, with a larger number of sorters/caregivers. Although future studies could also involve the development of a new concourse and Q-sample, this is no doubt unnecessary. This Q-sample was selected with theoretical considerations and as such can be used to investigate the views of any population of caregivers. As Stephenson (1953) states, any sample of statements that is assembled theoretically is acceptable and can be used in other studies. Similarly, the same theory can be investigated with different Q-samples just as the same theory can be investigated with two different case studies or two different surveys.

The findings from this study support national calls for improved education, research, and advocacy for both the aging and their caregivers. Specifically, the differing views indicate that such services and programs need to be tailored to the varied needs of the caregiver population. This study demonstrates that Q methodology provides a means of determining those differing needs in addition to consensus. In other words, this Q methodology study has provided insight regarding national concerns related to caregiving for aging adults which are not well documented in the research currently. Based upon these preliminary results, further similar investigations with other populations should be conducted in order to better serve the needs of caregivers of aging adults.

Appendix A—Q-sample

1. I feel my role as a caregiver is to provide emotional support to that aging adult.
2. I feel my role as a caregiver is to find resources for an aging adult’s care.
3. I feel my role as a caregiver is to be an advocate for an aging adult.
4. I feel like I need to help an aging adult feel wanted and useful.
5. I feel I need to make sure an aging adult is safe and well cared for.
6. I feel my role is to take responsibility for overseeing the day-to-day care of the aging adult.
7. I feel like a better person because I provide care for an aging adult.
8. I am a caregiver for an aging adult because it is a family function/responsibility.
9. I like being a caregiver for an aging adult because it lets me get to know that person in a new ways.
10. Being a caregiver for an aging adult makes me feel like I am giving back to someone who cared for me.
11. I need help dealing with the aging adult’s emotional issues.
12. I need help dealing with my emotional issues associated with caring for an aging adult.
13. I feel like I now have the time to care for an aging adult.
14. I find caregiving stressful.
15. I feel like I need to be a better caregiver.
16. I like to get information about caregiving from the Internet.
17. I enjoy being a caregiver.
18. I wish I was getting more help from family/friends to care for an older adult.
19. I feel unprepared to provide care for an older adult.
20. I feel overwhelmed in my role as a caregiver to an older adult.
21. I am satisfied with my caregiving situation.
22. I feel like I should be able to do everything associated with caregiving an older adult.
23. I often feel overwhelmed by the amount of time required for me to provide caregiving.
24. As a caregiver, I find medical professionals helpful and responsive.
25. I am a caregiver for an aging adult because it is the right thing to do.
26. I need to know how to set appropriate boundaries between me and the aging adult I care for.
27. I need to know how to get others to do their share caring for an aging adult.
28. I feel like I am well prepared when it comes to caring for an aging adult.
29. I need to know how to better interact/communicate with my aging adult.
30. I need to learn how to better discuss important issues with an aging adult.
31. I need to know what services and advice are out there for caring for an aging adult.
32. I feel like finding resources for caregiving for aging adults is a struggle.
33. I still need to find out how to better manage care of an aging adult.

34. I need to know how to better balance my life (work and family) with being a caregiver to an aging adult.
35. I need to learn how to manage financial issues including insurance.
36. I need help dealing with/navigating Medicare.
37. I need to better understand issues related to prescription drugs for aging adult(s).
38. I have not felt prepared for the roller coaster associated with caring for an aging adult.
39. I do not feel prepared for helping my aging adult engage in activities that help them pass the time.
40. I feel unprepared to deal with financial issues associated with caregiving.
41. I feel unprepared to deal with medical issues associated with caregiving.
42. I feel like I need to be more relaxed and have more fun with my aging adult.
43. Sometimes I feel like I am unsure about my role as a caregiver of an aging adult.
44. I feel unprepared when it comes to finding resources for caregiving.
45. I need help picking up the slack at home—meals, cleaning, and so on—while I am tending to the needs of an aging adult.
46. My caregiving experience feels very loving.
47. I feel that my family and/or friends are very supportive of my caregiving situation.
48. As a caregiver, I find insurance/Medicare professionals helpful and responsive.

Appendix B – Detailed responses from sorters about caregiving and sorting

Table 7. First five sorters' information including Factor representation and written comments

Q sort	Status	Represented by Factor	+5 Comments / Summary	-5 Comments / Summary	Comments about sorting experience
Male1	Minor role	Mixed	No comment	No comment	No comment
Female1	Past caregiver (aging adult now deceased)	Factor 3 (negative loader)	<i>They (8 & 25) reflect the real reasons I took care of mom. I needed to do it - she took care of my father until his death . . .</i>	<i>I did not feel (and still don't) that I did the caregiving in a loving way.</i>	<i>It clarified my "sense of duty" - gave me an awareness of how polarized I really feel about the experience of caregiving</i>
Female2	Primary c.g. (multiple family members with dementia / Alzheimer's)	None	<i>#37 - worrisome use of drugs as panacea for behavior/ mood changes may cause more problems than they potentially solve; #18 - conflicted about making all decisions, issues with sister.</i>	<i>#13 - constant conflicts with my time-work-husband-children.. Limited vacation, dr appts - esp hospitalizations. #24 - physicians seem disinterested and illprepared to deal with dementia . . . just old person who is going to die anyway.</i>	<i>My biggest insight was how differently I would have answered these questions two years ago as compared to today. We have learned a lot in the last 2 years + the needs + frustrations are totally different today.</i>
Female3	Early stages (parents independent, family near by)	Factor 1	<i>Need to better prepare to care for aging parents . . . want to give back to them.</i>	<i>No clue about medicare . . . anticipating larger role</i>	<i>I worry that I will have the time. Still caring for young adult children . . . sees siblings as team with her.</i>
Female4	Minor at a distance - looking toward future of caregiving	Factor 1	<i>I feel strongly about the role of the family in talking responsibility for the care of its aging parents. I believe that we are setting an example for our children so that they can understand how family roles changes over time.</i>	<i>At some point I know it will be difficult to be the caregiver with siblings living far away + not able to contribute as they would like. Because I don't live near my parents I now can't really imagine my life with them needing me nearly every day. But I will adjust . . .</i>	<i>Many issues were "nut + bolts" concerns - insurance, money etc + other questions were emotional + I'm not sure which concern me most. The "nuts + bolts" concern me because there is much to learn however the emotional issues I know will be the most difficult.</i>

Note: Comments in italics are verbatim from written comments. However, some information was eliminated or changed to protect the anonymity of the sorters. Some written comments were summarized because of length or revealing of personal information; summarized comments are not italicized.

Table 8. Next six sorters' information including Factor representation and written comments

Q sort	Status	Represented by Factor	+5 Comments / Summary	-5 Comments / Summary	Comments about sorting experience
Female5	Primary c.g. for aging non-relative	Factor 2	#24 - Loves the VA ex-FIL uses incl doctors, nurses, staff; #25 - sees this aging adult as vulnerable and her care for him essential to his quality of life; demonstrating to her kids this is what you do for elders.	#15 - done a lot . . . and aging adult would probably be dead if she hadn't intervened. #44 - I'm a resourceful person and know how to do research. I'm an excellent communicator and ask lots of questions. So I've been able to learn what I've needed to learn.	I'm positive I wasn't always consistent in sorting and I think that reflects some ambivalence both about my role and about the people involved. My elder is a complicated person so it's been an up and down ride . . . his own sons represent additional challenges but can count on her husband to support her and the care of the elder.
Female6	Primary c.g.	Mix of 1 & 2	Older people need younger people to look out for them and make sure they are being treated humanely + fairly . . . I was lucky + have a mother who loved me unconditionally + fully. I want to be the same way for her!	I <u>HATE</u> dealing with Medicare! Terrible customer service! I don't know how anyone over the age of 80 could deal with them without an advocate! . . . Married, school aged children, working so feel very stretched + spread thin.. In the sandwich and often feel guilty about all I'm not doing.	It was easy to determine "most like" + "most unlike." The sort clarified what I already know - that I love my mom + want to do my best for her but that I'm also very busy so my time is limited! . . . grateful that my mom lives in a nice assisted living residence where a caring staff manage her medications + sees to her day to day.
Female7	Primary c.g.	Factor 2	My parents have always been so very good to my family + me. They have always been very loving, + it is an honor for me to help them.	I don't feel like I have to do it all. There are lots of resources that can be tapped. And my wonderful husband is excellent support at home + with helping me with my dad - I am blessed!	The sorting process helped reinforce how fortunate I am in my caregiving situation. My dad is safe + physically well cared for at his assisted living facility - and with his family + living situation, he is comfortable + reasonably happy.
Female8	Primary c.g., early w/ mother living independently	Factor 1	I choose these because I <u>do</u> feel unprepared to be my mother's caregiver. So I am looking for guidance, help, resources, etc. to make me a better caregiver.	I have found dealing with Medicare issues extremely confusing (healthcare reform is also needed. I do not feel well prepared.	. . . Insight about views did not really change.
Male2	Primary c.g. for a parent still living independently	Factor 3 (positive loader)	For me, caregiving is a moral issue. As a Christian, as a family member, as a child - it is the right thing to do. It is a value instilled in me by watching my parents provide care.	As an empty nested, my wife and I have found ways to share our household responsibilities. My profession . . . provides the knowledge to deal with finances and insurance.	On the positive side, which statements resonated within me when I read them. On the negative side, I chose the things that do not reflect my thinking or my feelings.
Female9N	In future - parents living independently with few health issues to date	Factor 1	I have not yet had to provide care for my parents but know that I will have to eventually. At present, I feel very underprepared to be a caregiver.	I am not prepared to be a caregiver but know that I need to start the resource process so I am prepared when the time comes for my parents to need care.	No real insight as I have not yet experienced caregiving. [Note - sort did not follow pattern provided].

Note: Comments in italics are verbatim from written comments. However, some information was eliminated or changed to protect the anonymity of the sorters. Some written comments were summarized because of length or revealing of personal information; summarized comments are not italicized.

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