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HOMEMAKER-HOME HEALTH AIDE SUPERVISORS' KNOWLEDGE ABOUT OLDER FAMILIES, ASSESSMENT OF FAMILY SUPPORT AND ORIENTATIONS TOWARD SHARING RESPONSIBILITIES: AN EXPLORATORY STUDY

The Ohio State University Ph.D. 1982

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HOMEMAKER-HOME HEALTH AIDE SUPERVISORS' KNOWLEDGE ABOUT OLDER FAMILIES, ASSESSMENT OF FAMILY SUPPORT AND ORIENTATIONS TOWARD SHARING RESPONSIBILITIES: AN EXPLORATORY STUDY

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of The Ohio State University

By

Eleanor Bartholomew Brubaker, M.A., MSW

* * * * *

The Ohio State University
1982

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ACKNOWLEDGMENTS

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VITA

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Major Field: Social Work
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CHAPTER I: INTRODUCTION

The purpose of this study is to examine the relationships between service providers' knowledge about, assessment of and orientations toward helping patterns between older persons and their families. Social network theory will be the theoretical framework utilized. The specific focus of the study is on: 1) the relationship between service providers' knowledge about older family helping patterns and questions asked about older family helping patterns during the assessment process; and 2) the relationship between questions asked about older family helping patterns during the assessment process and service providers' orientations toward sharing responsibility for service tasks with family members of older clients.

Chapter I presents the general research problem and statement of the problem. The statement of the problem is divided into three areas. In the first area, knowledge of service providers about elderly persons and their relationships with adult family members is discussed. The second area examines the need for service providers to assess existing older family helping patterns. Area three focuses on service providers' orientations toward sharing responsibilities for elderly clients with adult family members. A summary concludes the section.
General Research Problem

The general problem of this dissertation is to examine the relationships between service providers' knowledge about, assessment of and orientations toward helping patterns between older persons and their families. Social network theory will be the paradigm from which the problem will be examined. Service providers' level of knowledge about older family helping was chosen as one aspect of the research problem because it is often assumed that service providers lack knowledge about older families. Both gerontological and social work practice literature suggest that human service workers lack knowledge about and avoid work with older clients' significant others (Blenkner, 1965; Shanas, 1979a; Miller, 1981). Shanas (1979a) states that lack of knowledge about the social resource systems of older clients has resulted in the development of inappropriate programs and services. Do practitioners believe that older clients do not receive help from informal resource systems, as the literature suggests? If so, this belief could have negative results for service delivery to the elderly.

Research examining older families reveals that help patterns exist between elderly persons and their significant others, particularly their extended family (Glasser and Glasser, 1962; Blenkner, 1965; Shanas, 1968; Cantor, 1975; Seelbach and Sauer, 1977; Brody, 1977; Seelbach, 1978). However, a practitioner operating under the assumption that elderly clients are isolated from their families may assess need and arrange services for elderly clients without consulting family members to determine whether they are planning to meet the needs of their aged relatives. This could result in provision of unnecessary services to
older clients. Other results could include families becoming less involved, feeling that their help is not needed and service providers foregoing the opportunity of sharing service tasks with family members. This study questions whether service providers actually lack knowledge about older family helping patterns and whether the service provider's level of knowledge is related to assessment procedures. Second, this study questions whether assessment of older family helping patterns has a relationship to the practitioner's willingness to work with family members in providing services to older clients.

The above questions will be examined from a social network theory orientation. Social network theory allows a view of client-service provider-family relationships and emphasizes the importance of attention to all of the actors involved in a social situation. Social network theory suggests that individuals have relationships with people who do not necessarily have relationships with one another (Bott, 1977). This theory states that as individuals

we are each at the center of a web of social bonds that radiates outward to the people whom we know intimately, those whom we know well and those whom we know casually. . . . Society affects us largely through tugs on the strands of our networks . . . (Fischer et al., 1977:vii).

Consequently, social network theory posits that each individual influences and is influenced by others with whom he/she interacts.

Social network theory also emphasizes the importance of attending to the social systems linked to each individual. A social network approach to examining social relationships "requires the simultaneous consideration of two interlocking systems: one on the individual level and one on the interpersonal level" (Tolsdorf, 1976:416). Any attempt to
examine how an actor functions—in this case, the service provider—is facilitated by looking at that actor as one part of a larger system. This view acknowledges the impact upon the actor's behavior by the various systems with which the actor is linked. Social network theory posits that behavior stems from many sources rather than existing as a function of linear causality. Consequently, by studying the interactions between individuals involved in a social network system, broader information can be gained about the focal actors of the study. As Mitchell (1969:2) suggests, examination of the interactions of individuals in a social network "may be used to interpret the social behavior of the persons involved."

Unger and Powell (1980:566) state that each person in a family has a social network and "collectively these networks comprise the family social network." Similarly, the service provider, client and client's family each have social networks of their own which make up their total social network. For this study, the focal aspect of the client-family-service provider's total network is the service provider and her interactions with the client's extended family. There is a dearth of research concerning service providers' knowledge about older families in relation to the providers' assessment of and orientations toward work with elderly clients' extended families. In addition, "network analysts . . . have given largely incidental attention to the incidence of . . . life cycle transitions on individuals' networks" (Stueve and Gerson, 1977:79). Due to a lack of information in this area, this study utilizes an exploratory design in order to describe service providers' linkages with the extended families of elderly clients. Although the elderly have
social networks which are larger than their extended families, information about service providers' linkages with their extended family can raise questions for future research about this and other aspects of service provision to elderly clients and their social networks. In addition, it is often the extended family which becomes involved with the elderly when problems arise (Shanas, 1979a). As Unger and Powell (1980:570) state, "a person's social network evolves throughout his life and is potentially large. Not all members, of course remain active. . . . With the advent of a stressful situation, however, different members may rally or become mobilized to provide aid." For the elderly, those mobilized members are often extended family.

Statement of the Problem

This study is an exploratory examination of service providers' knowledge about, assessment of and orientations toward helping patterns between older persons and their families, utilizing a social network theory approach. The Statement of the Problem section is divided into three areas: 1) service providers' knowledge about older family helping patterns; 2) service providers' assessment of older family helping patterns; and 3) service providers' orientations toward sharing service tasks with families of elderly clients.

Service Providers' Knowledge about Older Family Helping Patterns

This study questions the level of service providers' knowledge about older family helping patterns and examines the relationship between level of knowledge and questions asked about older family helping patterns during the assessment process.
Gerontological and social work practice literature suggest that practitioners often lack knowledge about the social networks of their elderly clients. Blenkner (1965) states that service providers lack knowledge because the nature of their work is such that they are likely to come into contact with some elderly who are isolated from informal resource systems. If service providers have worked with isolated elderly and generalize that experience to all older clients, the provider is then viewing elderly clients in a stereotypic way. A stereotypic view prohibits acknowledgment of the older persons' social networks and denies individual and family variations when working with older clients. Practitioners who do not deal with the social networks of clients "contribute to a 'closed system' view of their clients" (Unger and Powell, 1980:566). This exploratory study examines practitioners' level of knowledge about the elderly and about the support received from extended family members.

Do practitioners subscribe to the belief that the elderly are isolated and alienated from their families? Gerontological research indicates that a belief of this nature is not substantiated. Both gerontological research literature and theoretical practice literature point to the need for attention to and work with family members when providing services to older clients. Research clearly indicates that the elderly have relationships with family members and that families provide supportive help to elderly relatives when needed (Lowy, 1979). Shanas (1979a) refers to the "myth that elderly are alienated from their families" and states
Evidence to support the belief that the aged are alienated from their families, particularly children, is sparse. . . . Much of it is comprised of illustrative case studies of individuals known to the adherent of the alienation myth. The strongest evidence that can be mustered to support the myth is the fact that many old people in the U.S. live apart from their children. . . . The assumption that old persons who live alone or apart from their children are neglected by their children and relatives is implicit in the alienation myth. . . . In contemporary American society, old people are not rejected by their families nor are they alienated from their children. Further, where old people have no children, a principle of family substitution seems to operate and brothers, sisters, nephews and nieces often fulfill the roles and assume the obligations of children. The truly isolated old person . . . is a rarity in the United States (Shanas, 1979a:3-4).

Bott (1971:260), in her discussion of social networks, emphasizes that "... both in Britain and in the United States middle-class married children keep up relationships with their parents and siblings even when physically separated from them. Kin provide a major (perhaps the major) sense of identity and belonging; they provide mutual help and services. . . ."

It is important to determine whether practitioners do subscribe to the "myth" that the elderly do not receive help from family members. If practitioners lack knowledge, various negative results could occur. One result may be a narrowing of the service provider's ability to assess client needs prior to service provision. Another result of limited assessment might be duplication of services already being provided by family members. Also, failure to enlist support of willing family members may occur. In addition, if practitioners, even indirectly, discourage family members from providing help to elderly clients, the practitioners could contribute to the lessened involvement of those clients with their families. On the other hand, practitioners who are aware of older clients' family relationships may have positive practice
results. Knowledge about a client's social network may enable the practitioner to see the multidimensional causes of problems rather than viewing the client as the sole cause of his/her own problems. Also, knowledge of the client's social networks may facilitate assessment concerning the appropriate systems with which to intervene. Information will be sought about whether a group of practitioners are aware of family linkages and about the relationship between practitioners' level of knowledge and their assessment practices. This information may help sensitize other practitioners to this issue.

Service Providers' Assessment of Older Family Helpings Patterns

It is often assumed that knowledge will be applied directly to practice. Knowledge is often given importance because it is seen as having an impact on the way in which service provision is carried out. This study questions whether service providers' knowledge about the elderly's support systems is used in the assessment process. In other words, is service providers' level of knowledge about older family helping patterns related to questions asked about those patterns during the assessment process?

The literature seldom deals with practitioners' assessment of older family helping patterns. The importance of thorough assessment is stressed in the literature, but research concerning service providers' actual assessment of the social networks of their older clients is lacking. This study questions the extent to which service providers thoroughly assess one aspect of the elderly's social network--the extended family.
To complete a thorough investigation of available resources for the elderly client, the practitioner may need to be aware that many older families are involved in helping relationships. Without complete knowledge, it is possible that the service provider will lack awareness as to appropriate areas to assess, limiting the service providers' information about family members' involvement with older clients. Rein (1970) suggests, in his discussion of research approaches, that orientations which differ from one another ask different questions and receive different responses. A stereotypic approach to service delivery may limit the practitioner's ability to assess the total situation of the older client, while an approach acknowledging the client's unique environment may broaden assessment. This study addresses the question: does knowledge about elderly clients' extended family broaden assessment?

Efforts toward intervention with elderly clients have not always been successful. Looft (1973) criticizes service delivery to older clients and states that, before successful delivery of services to the aged can take place, priorities must be established and practitioners must know what they are doing. This requires adequate and accurate assessment procedures. Thorough assessment of the available resources in an older client's extended family could include gathering information about the availability of family support. As Garrison and Howe (1976) suggest in their discussion of a social network approach to community work with the elderly, some community based elderly are isolated and others are not.

Assessment based on knowledge of clients' social networks can also inform the practitioner as to the type of support which is available to
the client through the client's informal resource system. For instance, the practitioner could assess whether the family is able to provide affective or instrumental support to their elderly relative. In addition, social network theory provides the human service worker with a framework for assessment. Social network theorists have suggested numerous variables which can be utilized to analyze the relationships between network members. For example, a practitioner could assess "kinship linkages" of a client's network, analyzing "the total number of linkages in the network representing family relationships, and the proportion of kinship linkages" in comparison with nonkin linkages (Tolsdorf, 1976:410).

Consequently, thorough assessment may provide the practitioner with an awareness of elderly clients' extended relationships and support systems. Without this awareness, the practitioner may be unprepared to cope with family related issues which arise. Conversely, it may be that practitioners engaged in service provision to the elderly will increase intervention effectiveness with accurate knowledge and assessment of the older client's family support. Rosen (1975:48) reports that hospital group discussion leaders facilitated patient "rehabilitation, assessment and prognosis," when the leaders gained information about families and social background.

Another function of complete assessment of family help to older clients is increased appropriateness of service provision. Bradshaw (1977) suggests that services can be provided without actual client need. Service provision based on faulty assumptions about client need may be inappropriate. Limited assessment may leave the service provider with
the impression that sharing service tasks with families is not possible, potentially resulting in increased family problems and fragmented service provision to older clients, while thorough assessment potentially can increase the effectiveness of work with elderly clients. This study examines the relationship between service providers' assessment of older family helping patterns and their orientation toward working with families in providing services to older clients.

Service Providers' Orientations Toward Sharing Service Tasks with Families of Elderly Clients

As noted, this study questions whether service providers' assessment of older family helping patterns is related to the providers' willingness to share responsibilities for service tasks with families of older clients. Research has not been completed regarding the orientations of service providers toward sharing responsibilities although the literature clearly points to the advantages of sharing service tasks with clients' support systems.

The literature suggests that for adult families who wish to help elderly relatives but find the tasks involved overwhelming, the sharing of responsibilities with professional service providers is an option. Streib (1972) introduced the concept of "shared functions," suggesting that formal societal organizations and families combine their efforts in providing services to the elderly. Streib notes the advantages of this approach: allowing the elderly to have the support of their families without feeling totally dependent on them, and giving the adult families of the aged freedom from feeling totally responsible for their parents.
Blenkner (1969) also suggests the use of kinship and societal responses to the needs of the elderly. Sussman (1977) calls for the older person's family to act as a liason between him/her and informal resource systems. Markson et al. (1973) cite research findings which indicate that many elderly persons are institutionalized because of a lack of community resources to meet their needs. These authors suggest coordinated community services in the medical, social, economic and home-help areas to satisfy those needs. Often community resources alone are not sufficient to prevent institutionalization of the elderly. By the same token, adult families often lack the varied resources required to maintain elderly relatives in the community. The combination of resources available to both family members and professional service providers may provide the answer for the elderly at risk who wish to remain in the community. Research on practice with the elderly indicates that involving the client's social network in the treatment process increases the client's ability to function appropriately (Rueveni, 1975; Tolsdorf, 1976).

Not only do elderly persons and their families benefit from "shared functions," but society as a whole benefits as well. Elderly individuals receiving services within their homes are less costly to taxpayers than those persons who are institutionalized due to the lack of support systems necessary to remain in the community.

If service providers lack information about older family helping patterns, they may, as noted, be limited in their ability to assess family potential for meeting the needs of elderly clients. In turn, this could lessen the possibility that service tasks will be shared.
Family members not consulted about services provided to elderly relatives may disengage from the need meeting tasks in which they are involved, believing those tasks are no longer necessary. This could result in less aged person-adult family interaction, potentially harmful to both parties. In addition, the service provider may have lost a necessary support in the disengaged family member. Information about service providers' orientations toward sharing service tasks with family members and its relationship to assessment may expand practitioners' assessment procedures. Consequently, this exploratory study questions the orientation of service providers' toward sharing responsibilities with families of older clients and examines the relationship between those orientations and the extent to which providers assess older family helping patterns.

**Summary**

The questions discussed within the introductory chapter are:

1) Is service providers' level of knowledge about older family helping patterns related to questions asked about those patterns during the assessment process?
   a) What is service providers' level of knowledge about older family helping patterns?
   b) What is the extent to which service providers thoroughly assess older family helping patterns?

2) Are questions asked about older family helping patterns during the assessment process related to service providers' orientations toward sharing responsibilities for older clients with family members?
a) What are the orientations of service providers toward sharing responsibilities for older clients with family members?

The above questions will be examined in this exploratory study.

If service providers have incomplete knowledge about the elderly, will this affect their attitudes toward elderly clients as well as limit their ability to accurately assess the needs of elderly clients? In turn, will limited assessment prevent service providers and adult family members from joining together in meeting the needs of the elderly client/relative? If the answers to the above questions are yes, one consequence may be the establishment of unnecessary programs and services to some elderly clients and inaccessible services for others. Another result could be diminished access to informal support systems of the elderly if families lessen involvement due to the actions of the service provider.

Information about the relationship between service providers' knowledge concerning older family helping patterns, assessment of older family helping patterns and service providers' orientations toward sharing responsibilities for older clients with family members may help sensitize practitioners working with elderly clients to the problematic aspects of incomplete knowledge about the elderly and their families.

Certainly other factors may interact with those discussed to impact upon knowledge of family helping patterns, assessment and orientation toward service provision and the manner in which services are provided. For example, the range of services available within the community may influence the extent of the assessment process as well as the
practitioners' view of sharing service tasks with family members. Also, agency policy about assessment and service provision and agency client quota may influence service providers' assessment procedures and orientations toward sharing service tasks with families of older clients. Finally, practitioners' age, education and/or experience may impact on knowledge about, assessment of and orientation toward older family helping patterns.

In addition to potentially adding to the area of practice, this study has implications for education and research in the area of service provision to older families. Information about how practitioners' knowledge about clients' social networks is related to the manner in which they assess those networks can facilitate human service educators in developing academic programs as well as inservice training. Exploratory study can also develop questions guiding future research in the areas of service providers' knowledge about, assessment of and intervention with clients' social networks.
CHAPTER II: LITERATURE REVIEW

This literature review focuses primarily on one aspect of elderly individuals' social networks—service providers' and aspects of their linkages with extended families of older clients. Within this chapter, literature is reviewed concerning service providers' knowledge about, assessment of and orientations toward helping patterns between elderly clients and their extended families. Service providers' knowledge about older family helping patterns is examined from two perspectives. First, literature concerning the level of service providers' knowledge of elderly clients' support networks will be reviewed. Second, the literature dealing with research concerning extended families' support to their older relatives will be cited. Information about actual helping patterns between older persons and their extended families is a necessary standard against which to measure service providers' knowledge.

This study examines whether service providers' level of knowledge about older family helping patterns is related to service providers' assessment of those patterns. Literature is investigated concerning the assessment practices of service providers when working with older clients, the advantages of thorough assessment and of an awareness of clients' social networks.

Finally, literature dealing with a possible relationship between service providers' assessment of older family helping patterns and
providers' orientations toward sharing service tasks with extended families of older clients is reviewed. Included in this section of the review is literature regarding service providers and extended families' joint provision of services to elderly clients.

Consequently, the literature is reviewed in terms of several questions:

1) Is service providers' level of knowledge about older family helping patterns related to questions asked about those patterns during the assessment process?
   a) What is the level of knowledge of service providers?
   b) How thoroughly do service providers assess older family helping patterns?

2) Are questions asked about older family helping patterns during the assessment process related to service providers' orientations toward sharing responsibilities for older clients with family members?
   a) What are service providers' orientations toward sharing responsibilities for older clients with family members?

The literature review will be divided into sections on: service providers' knowledge about older family helping patterns, service providers' assessment of older family helping patterns and service providers' orientations toward sharing service tasks with families of elderly clients. A summary concludes the chapter.
This section reviews the literature concerning the level of service providers' knowledge about older family helping patterns and the relationship of service providers' level of knowledge to service providers' assessment of older family helping patterns. A social network theory perspective is utilized to examine the literature.

Social work literature frequently points to the need for practitioners to attend to the social networks of their clients, lest they lose sight of the multiple factors which contribute to their clients' problems. In addition, social work literature suggests that practitioners often ignore the systems with which their clients are involved, choosing to focus primarily on the individual client—particularly when that client is elderly. Gerontological literature affirms this suggestion, stating that not only do service providers focus on one to one interventions but that they actually lack knowledge about the fact that their elderly clients have social networks. As a result, the literature suggests, service providers view the elderly in a stereotypic manner, perceiving all elderly clients to be isolated, alienated and helpless.

Do service providers' actually lack knowledge about older clients' social networks—particularly their extended family—and if so, does this influence the manner in which service providers' assess the needs and resources of their older clients? A review of the literature concerning practitioners' knowledge about the informal support systems of their older clients will provide information about research in this area.
Social work as a profession has long stressed the need for practitioners to be aware of the various systems with which their clients are involved. This includes an awareness of the family's impact upon the client (Hartman, 1981) and an emphasis upon viewing the older person as a member of a family (Kosberg, 1979). Kirschner (1979:216) stresses that "meaningful intervention for an aging family in crisis requires knowledge, skill, and commitment within a total ecological perspective. . . ."

Theoretical literature in the area of practice presents several frameworks within which the practitioner can serve elderly clients. Social work emphasizes the need for the profession to facilitate the matching of individuals and society, facilitating society's adaptation to individuals' needs and the changing of individuals to enhance their functioning within society (Gordon, 1969). In addition to matching individuals and resources from the larger society, this could involve work at the micro level, enhancing relationships between individuals and their families. This orientation calls for attention to the individuals and organizations with whom the client interacts.

Another practice approach which directs the service provider to attend to family and other informal and formal support systems with whom the client interacts is the social systems approach. This approach suggests that an individual's behavior is influenced by the various systems with which he/she interacts. The service provider aware of the social systems approach would realize that professional work with the client is not the only factor impacting upon the client's behavior. The social systems approach, when applied to practice,
requires an awareness of the various systems which can potentially influence the client's behavior.

Social network theory is a paradigm which the practitioner can successfully apply in working with older clients. Social network theory draws attention to the numerous individuals with whom each person is involved, or linked, and suggests that the totality of those individuals combine to influence the central person in the network. This theory not only provides a view of the numerous facets of one individual's relationships, but allows the practitioner to focus on one linkage between the central individual and another within the social network. At the same time, however, the practitioner is obligated to maintain an awareness that the focal linkage is influenced by interactions within the total network. In addition, social network theory provides tools with which the practitioner can analyze the focal linkage. For example, many variables have been suggested which can describe and analyze social networks (Tolsdorf, 1976).

Social network theory has been suggested as being particularly valuable to practitioners. Tolsdorf (1976:416) states that "... with very disturbed families it is possible, and in some cases necessary, to meet and intervene with an entire social network in order to effect change." While Bott (1971) questions the practicality of involving an individual's total social network in the intervention process, it is agreed that awareness of the total social network and intervention with aspects of the network can be functional to the goal attainment of clients. For older clients, Garrison and Howe (1976) point to the advantages of a social network "approach."
Although social work and other professions stress the importance of including clients' significant others in the assessment process, the literature often condemns the service provider for lacking knowledge about and/or not dealing with those significant to older clients. Shanas (1979a) suggests that programs and services for the elderly are based on a lack of information about the informal support systems which elderly clients have. Blenkner (1965) indicates that professionals do not have knowledge about those who help their older clients. Both Blenkner (1965) and Kosberg and Harris (1978) state that if professionals believe that older family helping patterns are nonexistent, this is not based on fact but may rest on the experience of coming into contact with elderly who do lack social supports. Hartman (1981) discusses service provision to all groups of clients and posits that even when practitioners are aware of the client's family involvement, they often opt for an approach which does not include the family.

Do service providers actually lack knowledge about the existence of their clients' social networks—specifically about elderly clients' linkages with extended family? Little research has been completed about service providers' knowledge of the social networks of their elderly clients. Palmore (1977) has investigated various groups' (undergraduates, graduates and faculty) general knowledge about the elderly and has found that "undergraduates averaged 65% correct, graduates averaged 80% and faculty averaged 90%." Consequently, education may be related to level of knowledge about the elderly. However, Palmore's quiz does not deal with knowledge about
the helping patterns between the elderly and their extended families as much as with knowledge about the elderly in general. The literature does not deal with a relationship between service providers' level of knowledge about older families and age, education, courses in gerontology or employment experience. These are all factors which have the potential to influence knowledge. Agency related factors such as other personnel's level of knowledge may also influence a service providers' level of knowledge about the elderly. However, the literature does not deal with this issue either. Consequently, little is known concerning service providers' level of knowledge about older family helping patterns.

Much research has been completed in the area of service providers' attitudes toward older clients. Practitioners have been found to hold negative stereotypic attitudes toward their elderly clients (Keith, 1977) and it is often assumed that these stereotypes are based on incomplete information. Secord and Backman (1974) state that lack of knowledge about individuals or a group of individual can result in labeling. Labeling often results in stigmatization of the labeled individuals (Goffman, 1963). In terms of the elderly, stereotyping of older persons, or ageism, "allows the younger generations to see older people as different from themselves; thus they cease to identify with their elders as human beings" (Butler and Lewis, 1973:ix). The generalization that all older persons are "frail elderly" (Wylie and Austin, 1978) or at risk produces stereotypic thinking on the part of practitioners.
The manner of service provision has been found to be related to practitioners' beliefs about clients (Keith and Castles, 1975), affecting practitioners' willingness to provide service to elderly clients (Kastenbaum, 1964; Kosberg and Harris, 1978). Kosberg and Harris (1978) report that the elderly are often less preferred as clients than are other age groups.

Various groups of professionals hold stereotypic beliefs about the old. In one study, several types of practitioners were investigated and all groups studied were found to lack objectivity in the way they viewed the elderly (Troll and Schlossberg, 1970). Other research has discovered that psychiatrists (Cyrus-Lutz and Gaitz, 1972), social workers, health care providers (Kosberg and Harris, 1978), homemaker-home health aides (Thorson, Watley and Hancock, 1974) and medical and social work students (Janzen and Harris, 1980) hold negative attitudes toward elderly clients.

The negative attitudes can encompass various areas. Some professionals view the elderly as boring (Cyrus-Lutz and Gaitz, 1972), while others may believe "that the effects of professional intervention with such a client [elderly] may be short-lived and that work with the elderly is an inefficient use of professional talents and personnel" (Kosberg and Harris, 1978). In addition, some professionals feel that the old are unlikely to benefit from certain types of services. For example, Ginsburg and Goldstein (1974) found that physicians seldom refer older patients to psychotherapy because they feel the elderly would not gain from these services due to their age. This may be to the benefit of the elderly, since psychotherapists have also
been found to resist work with older clients. A recent survey of psychotherapists from different professional backgrounds revealed that the therapists examined generally believe that older individuals "usually don't talk much'' (Garfinkle, 1974). Garfinkle (1975:137) states, "Here we see what may be a new, insidious stereotype insulating the 'reluctant therapists.'... By denying the older patient's need to communicate, the therapist excludes him from any sort of meaningful relationship."

Negative attitudes influence the manner in which the elderly are dealt with by service providers. The most obvious way practitioners can deal with their negative feelings regarding the elderly is to avoid working with them. In fact, professionals have been found to prefer work with other age groups (Kosberg and Harris, 1978). The result of this preference can impact on older clients in several ways. First, those assigned to work with the aged by their agencies may resent the assignment and their lack of enthusiasm could evidence itself to the client. Second, those with the least power in the social service agency are most likely to be assigned to the elderly and those who lack power may have less training and experience than others in the agency. Consequently, the elderly client may be served by a practitioner not as capable of dealing with the various needs he/she may experience.

Monk (1981) states that society's negative view of the aged cannot help but influence the attitudes of professionals, causing "anxiety" which the professionals do not admit to. Rather than deal with this anxiety, Monk states that the professionals blame the old, seeing the
elderly as having no future and hoping that services can be provided for them elsewhere.

Practitioners who lack knowledge about the old, their abilities and their relationships with others and who view their clients in a stereotypic manner may be unable to see their clients as individuals. Rather, clients are thought to have certain characteristics and needs. Clients are then related to on the basis of practitioners' suppositions instead of according to their individual needs. Services may or may not be necessary and needs are met in a haphazard and possibly damaging manner. Successful intervention with any client requires attention to the individual concerns that client has. Mead (1977) suggests techniques for physicians to utilize when dealing with older patients. These techniques can be practiced by other professionals as well. Emphasized is the need for physicians to hear what their older clients are saying and to attend to their individual needs.

Although research indicates that practitioners hold stereotypic attitudes toward their older clients, it has not shown whether practitioners lack knowledge about their clients' linkages with extended family members. Consequently, exploratory research investigating service providers' knowledge about older family helping patterns is indicated. Also, research concerning factors related to service providers' level of knowledge, such as demographic characteristics of service providers and characteristics of the agencies in which the service providers are employed, would provide additional information.

If service providers do lack information about the elderly, they may be confused when seeking accurate information within the practice
literature. Cormican (1980), in a review of social work literature on the elderly between the years 1970 and 1974, reports that in 1970, social work literature viewed older clients as isolated and as the cause of problems in their interactions with family members. By 1974, Cormican (1980:251) states, the social work literature held a less stereotypic perspective, recognizing "the diversity of the aging process" and "the elderly person's relationship to his family."

Miller (1981:421), however, finds that current "literature of the helping professions seems to reflect a preoccupation on the part of most social agencies with the elderly who do not have families or have become isolated through dissolution of their family."

A review of practice literature shows a continuing ambivalent approach to viewing elderly clients and their extended families. Although, as noted, practice literature has stressed the need for the service provider to be aware of family interactions, in the area of the elderly, it is sometimes assumed that older clients lack family and others to help them. For example, Karson and Karson (1978), discussing counseling married couples in their sixties, suggest that the elderly in America generally live great physical distances from their children, without acknowledging the help that children often give, even from a great distance. Little (1978) describes Swedish programs for elderly residing within the community. She discusses coordination of various helping systems established for the older client, but does not refer to the family as a potential helping system. Pratt (1976) in The Gray Lobby, a likely sourcebook for practitioners interested in the development of social policy, supports the myth that elderly
receive little support from family members.

In a text written for service providers working with the elderly, Weiner, Brok and Snadowsky (1978) state that they utilize a psychosocial approach, however they do not view the elderly client's family as being involved in meeting the needs of their older relative. Rather, the service provider is instructed to make sure that the family is allowed to see their aged member, but not allowed to undo work completed by the professional. Berger (1979) in prescribing treatment for the institutionalized elderly also stresses the need for professionals to employ a psychosocial perspective. However, his only mention of family involvement indicates his belief that the institutionalized elderly have no relationship with their kin: "Some of the role changes to which the aged person must adapt include . . . change from a family member to a resident within a relatively anonymous institutional atmosphere" (Berger, 1979:420). For the service provider seeking information about his/her elderly client, some of the practice literature related to actual delivery of services may be a barrier to gaining factual knowledge.

Other practice literature, however, supports the notion of family involvement with elderly clients. For example, Miller (1981) clearly states the need for work with adult children of the elderly. Liebowitz (1978) and Friedman and Kaye (1980) point to the advantages of including the extended family in the intervention process. Although little work has been completed dealing with service provision and the social networks of extended families, Garrison and Howe (1976) emphasize the
need for a social network orientation when working with community based elderly.

Gerontological literature explicitly deals with helping relationships between older individuals and their families. Gerontological theory suggests that individuals, upon reaching old age, do not abruptly change relationships nor do they become isolated from informal support systems. Rather, the literature reveals that the old are likely to continue relationship patterns established and carried out throughout their lifetimes. This would include family relationships. Neugarten's (1964) continuity theory proposes that individuals, throughout their lifetimes, develop patterns of responses to various situations and that these patterns continue into and throughout old age. Therefore, behavior in old age is viewed as being due to a person's life experiences and developed patterns of responses to those experiences. Individuals may meet with new situations in old age, but their responses are not unlike those to previous, similar situations.

Research supports theory in this area. For example, Oliver (1971) found that leisure activities in retirement correspond to activities enjoyed earlier in life. Other research substantiates this finding and would suggest that old age does not alter leisure patterns significantly (Desroches and Kalman, 1964; Morgan and Godbey, 1973). In addition, Reichard, Livson and Peterson (1962) report that as a person ages, the self-concept does not significantly alter. Hess and Waring (1978) state that the importance of children to an individual in old age is likely to be similar to their importance in earlier years. In terms of the family's view of their aging member, it has
been suggested that within the family, all of one's segmented social roles are consolidated to form a total person and that each family member is viewed by other members in terms of this consolidation of roles (Shanas, 1979a). It might be assumed that change in one area--age--would not significantly alter the family's view of and relationship with the older member. Consequently, it is thought that the aging person continues a relationship with the family similar to relationships with them in earlier years.

As has been noted, gerontological research literature indicates that older persons maintain relationships with their adult children throughout the lifespan (Hess and Waring, 1978; Stehouwer, 1965; Cantor, 1975; Shanas, 1979b), that both parents and adult family members expect the adult family to perform tasks which will contribute to the welfare of the elderly parents (Shanas, 1968; Simos, 1975; Seelbach and Sauer, 1977; Shanas, 1979b) and that helping relationships exist between older individuals and their families (Kaufman, 1980; Brody et al., 1978; Shanas, 1979a).

The majority of research dealing with the aging and family support systems has focused on help patterns between older parents and their adult children with attention to: social class of parents and children; health of parents; parents' vulnerability; family size, structure and living arrangements; expectations of parents and children; affective aspects of parent-child relationships; and conflict in parent-child relationships.

Shanas (1968), in a cross-cultural study of help patterns in three countries, found that in Britain and the United States adult children
in white collar families tend to live apart from their parents to a greater extent than do lower class children and their aged parents. Little class difference was noted in Denmark. Shanas (1968) reported, however, that although the amount of help adult children give their aged parents is influenced by social class, in all three countries and at all social levels, aged parents receive help from their adult children. Cantor (1975) approached filial responsibility by investigating cross-cultural support patterns of New York's inner city elderly and reported that familial relationships are strong between elderly parents and their adult children. A positive relationship was discovered between the amount of help aged parents receive from their children and the vulnerability (operationally defined by age and income) of the parents. Further, the findings of the Cantor (1975) research indirectly support the Shanas (1968) study. The former found that lower socioeconomic status aged parents tend to live more often with their children while the latter concluded that the greater the vulnerability of the aged parents, the more help from the adult children will be forthcoming.

Glasser and Glasser's (1962) research confirms the finding that children of all social classes provide help to their aged parents. In addition, it is suggested that adult children of all social classes frequently live near their elderly parents (Cantor, 1975; Glasser and Glasser, 1962). In their study of Jewish, first generation American parents, Glasser and Glasser (1962) report that cultural differences do not influence living arrangements of parents and their adult children.
A study which examined help patterns of urban, lower class families attempted to ascertain associations between aged parents' morale and help received from children (Seelbach and Sauer, 1977). It was concluded that elderly parents have expectations about the responsibility their adult children will take for them. Numerous studies indicate that when elderly parents are in need, their adult children respond in an attempt to meet those needs (Blenkner, 1965). For example, Simos (1975) explored aged parent-child relationships among Jewish families and reports that when older parents' physical and psychological problems require intensive care, adult children become involved. In addition, Shanas (1979b) states that the older individual who is ill finds that both immediate and extended family members are supportive.

Although community services are often available for the elderly, families have been shown to continue to provide those same services for their relatives (Shanas, 1979a). The services provided by family members include provision for physical, emotional and social needs (Bild and Havinghurst, 1976). In fact, the elderly individual's informal resources are generally utilized before formal resources are called upon (O'Brien and Wagner, 1980). The older individual's preference for family as opposed to agency service provision is one reason for this phenomenon (Riley and Forner, 1968). In addition, family members expect to perform services to meet the needs of their older relatives (Shanas, 1979a; Seelbach and Sauer, 1977; Blenkner, 1965). When services from formal organizations are required, family members act as a liason between their aged relative and the community.
organization (Shanas, 1979b), carrying out tasks, such as referral and follow-up, which the elderly person is unable to perform. Community service provision follows and adds to informal service delivery.

The gerontological research literature reveals that for some elderly individuals, family members live in close physical proximity. For others, family live at some distance, although supportive patterns are maintained. A recent investigation of elderly persons residing in inner New York City discovered that those individuals have children living close to them. In addition, there was "evidence of a mutual assistance system between generations" (Cantor and Mayer, 1978:49). An investigation of older people in Cleveland, Ohio, found 90 percent of the sample received some type of service from family or friends and 87 percent of the respondents indicated that they had someone to help if they became ill or disabled (Lebowitz, 1978:112).

Although the majority of older persons and their families prefer to live in separate households (Hess and Markson, 1980; Streib and Hilker, 1980; Shanas, 1979a; Wake and Sporakowski, 1972), most elderly persons reside near their relatives, as noted. Eighty percent of elderly people in the United States have living children and 75 percent of those children live within thirty minutes of their parents (Blazer, 1978). Stehouwer (1965) studied older families and found that of the elderly who had living children, 80 percent of the elderly sample had seen an adult child in the week prior to the interview. For elderly with families in close proximity, the majority of needed help is provided by family members (Gross-Andrew and Zimmer, 1978). In fact,
80 percent of the home health care required by older persons in the United States is provided by family members (Brody et al., 1978).

The adult family's response to helping their elderly relative varies. For some, the shifting of responsibilities of family members is not difficult (Kirschner, 1979). Other families have problems due to the needs of the elderly relative. For example, adult children may feel that their lifestyle has changed in unacceptable ways while their elderly parents feel guilt for the burden placed on their offspring (McGreehan and Warburton, 1978).

The literature does not deny that aged individuals and their informal support systems can experience stressful relationships. Some adult children have difficulty accepting their parents' dependence on them (Lowy, 1979). The fact that parents are becoming older may be difficult for adult children who do not understand the aging process (Johnson, 1978). Often adult children have their own families and the pressure to care for the old and the young for whom they are responsible becomes an excessive burden (Lowy, 1979). Families with problems in their earlier relationships are likely to experience similar problems upon aging, as continuity theory would suggest. Also, the adult child's fear of aging may influence the relationship (Robinson and Thurnher, 1979). At times, changes in established relationships pose problems for older families (Kirschner, 1979). However, the literature reveals that in most cases, despite younger family members' conflicts with other responsibilities, resentment at their parents' dependence on them or lack of understanding of the aging process, family members do provide help and support to their aged
relatives. In spite of problems, expectations that help should be given are held by both older relatives and younger family members.

Unless practitioners have knowledge of family involvement with their clients, services may miss their mark. The older client may suffer and family members, too, may not benefit. Lack of knowledge can contribute to a stereotypic approach which could leave the worker powerless to deal with stresses experienced by older clients and families. This is problematic because both adult children (Miller, 1981) and their parents require services so that the aged can remain in the community.

Provision of services based on faulty information may itself undermine existing family relationships. As noted previously, adult children expect to help their elderly parents and older parents expect to receive help from their children. The practitioner who begins service delivery on the assumption of no family involvement may be taking over duties performed by family members, violating expectations held by both children and parents. Exchange theory postulates that within a relationship, unfulfilled expectations will cause disappointed individuals to seek other available relationships perceived as more rewarding (Thibault and Kelly, 1959), become angry (Homans, 1961) or provide destructive feedback to other persons involved in the disappointing transaction (Blau, 1964). Unger and Powell (1980:571) note that social networks "are characterized by reciprocity" and that reciprocal relationships aid the functioning of social networks. "If the process of exchanging aid with network members becomes aversive ...
a person may forfeit the use of the network" (Unger and Powell, 1980:571).

The practitioner instrumental in causing expectations to be violated may be damaging rather than facilitating the establishment of family relationships. Such action is costly both to the elderly client and society. For example, supportive family relationships have been found to be closely tied to maintaining the elderly in the community, while lack of family supports has been related to institutionalization of the aged (Brody et al., 1978). Unless practitioners are aware of the facts concerning the elderly, they may be limited in their ability to assess the needs of their clients. The service provider who believes all older people are isolated from their families is unlikely to question the older client about family involvement. Knowledge, then, may influence questions asked and information gained. Although this is suggested, the literature does not speak directly to the issue of whether a relationship exists between knowledge of older family helping patterns and assessment of those patterns.

To briefly summarize the review of literature concerning service providers' knowledge about their elderly clients and the support they receive from extended family, the literature suggests that service providers lack knowledge about their elderly clients' linkages with informal support systems—specifically with extended family. Although research has not been completed in this area, it has been found that practitioners hold stereotypic attitudes toward older clients and it is often assumed that the stereotypic attitudes are related to a lack of knowledge about the elderly and their environments. Exploratory
research concerning service providers' level of knowledge about older family helping patterns and factors related to knowledge (such as service providers' demographic characteristics and agency characteristics), is suggested as a result of the literature review. The fact that elderly clients do receive help from family members is clearly presented in the research literature, although practice literature may sometimes confound the service worker seeking information about older families. The possible relationship between service providers' level of knowledge about older family helping patterns and the manner in which they assess elderly clients' needs and available resources was discussed. However, literature is lacking in this area. Exploratory research to investigate the relationship between service providers' knowledge of older family helping patterns and the assessment of those patterns would give information about the importance of knowledge as well as about factors which influence thoroughness of assessment.

**Service Providers' Assessment of Older Family Helping Patterns**

This section examines the literature related to service providers' assessment of elderly clients' support systems. As noted in the previous section, information regarding the relationship between service providers' level of knowledge about older family helping patterns and their assessment of families' help to older clients is important to practice, but not available in the literature. Consequently, exploratory study is needed on this topic. In order to gain this information, it is necessary to learn about the thoroughness with
which service providers assess family help to their elderly clients. The advantages of thorough assessment of clients' informal resources are many.

The practitioner seeking to provide appropriate services to clients cannot do so without information regarding specific services needed. In order to obtain this information, the practitioner must assess the situation in which the client is involved. For example, knowledge about a client's social networks provides information about factors contributing to the client's problems as well as about potential resources to deal with those problems. If practitioners lack information about the client's social environment, their assessment of the needs of clients may be limited to the confines of their knowledge. In the case of the elderly, if the service provider believes that the old do not have informal resource systems, questions concerning supports from family are unlikely to be asked. Therefore, knowledge and beliefs held by practitioners may have an influence on the manner in which needs of clients are assessed.

The extent to which service providers assess older family relationships may also be influenced by factors other than knowledge. Although the literature does not deal with this issue, characteristics of the supervisor such as age, educational level, courses taken on gerontology or employment experience may influence the manner in which a practitioner assesses. In addition, agency related factors, including number of other agency employees and their level of education may be related to a practitioner's assessment procedures. The literature does not deal with the influence of agency related factors on service
providers' assessment procedures.

The way in which needs are assessed will likely influence the provision of services. To return to the previous example, if support systems in operation are not acknowledged by the practitioner, services provided may conflict with, duplicate or leave gaps in services already given.

Bradshaw (1977:290-291) states that within social services, researchers and administrators utilize several "definitions" of social need and often have difficulty agreeing upon "real need." Concepts of social need include:

1. **Normative need**. . . . A desirable standard is laid down and is compared with the standard that actually exists—if an individual or group fall short of the desirable standard then they are identified as being in need. . . .
2. **Felt need**. Here need is equated with want. When assessing need for a service, people are asked whether they feel they need it. . . .
3. **Expressed need or demand** is felt need turned into action. . . . total need is defined as those who demand a service. . . .
4. **Comparative need**. . . . a measure of need is found by studying the characteristics of those in receipt of service. If people with similar characteristics are not in receipt of a service, then they are in need (Bradshaw, 1977:290-291).

None of the above concepts alone necessarily define "real need," but most agreement about actual need is likely to occur when all of the concepts interface each other (Bradshaw, 1977). For the practitioner attempting to ascertain elderly clients' needs using any of the above concepts as a definition of client need, with the exception of "expressed need," knowledge about the elderly is required. The concept of "expressed need" does not require knowledge of a group of clients, however, it alone is not sufficient to establish the existence of "real need."
Although assessment is an ongoing aspect of service provision (Pincus and Minahan, 1973), assessment prior to intervention should guide determination as to what services will be provided and how they will be carried out. Since the goal of assessment is "to facilitate intervention, it seems logical that the bulk of the assessment efforts fit in toward the beginning of the interventive process . . ." (Fischer, 1978:249). Because of its impact on subsequent service provision, assessment discussed in this section will refer to investigation as it takes place prior to the plan for and delivery of services.

Lowy (1979) states that the purpose of assessment is to determine what "goals" need to be set and what "action" taken by the practitioner. In gathering information prior to providing services to the client, the practitioner hopefully will examine the situation to determine what unmet needs or problems exist, what causes those needs and how those needs can be met or prevented. In order to examine the causes of problems, the professional must investigate the client's situation, including relationships to significant others. To assume that a complete assessment can take place without utilizing an ecological approach is to assume that the client exists without being influenced by his/her environment. This, unfortunately, is the approach of some professionals. For example, Hartman (1981) laments the lack of a sociological perspective on the part of social workers even after a thorough assessment has taken place.

The importance of examining client's difficulties within an "environmental context" cannot be denied (Fischer, 1978:250). If
workers, as Hartman suggests, ignore others significant to the client following a thorough investigation, they are certainly likely to do so if attention was not directed to those individuals during the assessment process.

Because the elderly client is influenced by informal relationships and because the majority of older persons do have informal support systems (usually extended family), assessment of family relationships and helping patterns is important. Without developing knowledge of the client within the context of his/her situation, the practitioner will likely be unable to deal with problems as they arise. Consequently, the practitioner requires knowledge concerning those with whom the client relates. For example, the service provider may question the client about help received from children but not discover that the older client's siblings are involved in meeting the client's needs. Research indicates that siblings of the elderly do meet needs (Shanas et al., 1968; Lopata, 1973). Without this knowledge, an existing resource system may be interfered with or a potential resource system may not be activated. Garrison and Howe (1976:330) suggest several questions which the practitioner should ask "when deciding on the appropriateness of a social network intervention. . . ." Included in the inquiry is the following question: "are there resources in the client's environment that could be beneficial?"

In addition to an awareness that older clients often do interact with family members, the practitioner must gain information about what those relationships involve. Social network theory provides a frame of reference for the practitioner seeking to assess older clients' needs.
and resources. Snow and Gordon (1980) emphasize that the transactions between clients' social networks are important and if examined, can reveal a good deal of information about the individuals involved in those transactions. For the service provider seeking to gain a complete picture of a client and his/her environment, the fact that older individuals have family relationships is not enough information. The client must be viewed as an individual with unique relationships and idiosyncratic ways of handling those relationships. The practitioner attempting to intervene with older clients lacking this perspective may be unable to provide services appropriately.

Attempts at change—must be approached with the recognition that networks, as well as individuals, are set in a complex structure, and that not to address this complexity may seriously limit our interventions or render them harmful or ineffective. . . . In addition, network manipulations carry with them risks as well as benefits, for naive intrusions into the social world can unwittingly cause more harm than good, especially if we do not take the individuals' view and experiences into account (Gordon and Snow, 1980:465-466).

It would also be useful for the practitioner to be aware of the various types of support which social networks can provide. Lee (1979), in investigating how social networks influence the family, suggests that social networks can provide instrumental and affective support and finds that these types of support exist within the family. Unger and Powell (1980) describe three types of support which they state are provided by social networks. These include "instrumental" support, "emotional or social" support and "referral and information support" (Unger and Powell, 1980:569). Tolsdorf (1976:410) utilizes the concept of "support" to include both instrumental and affective help giving while his use of the term "advice" coincides with Unger
and Powell's information and referral help. Awareness of the various types of support a social network can provide can help to prevent "naive intrusions" into a client's social network.

The service provider can also gain helpful information by examining how frequently network members within a social network interact with one another. Unger and Powell (1980:570) report that "Wellman (1979) and Unger (1979) both found a high positive correlation between the frequency of contact with network members and the extent of help given." Consequently, a practitioner's assessment of the client's relationship to members in his/her social network may provide information about the type and extent of existing or potential help.

Not only is information about current resources and relationships helpful but knowledge about the historical content of those relationships will provide the practitioner with necessary information about the client and his/her support network. This information, gathered during the assessment process, can help the service provider to avoid repeating "past interventive mistakes and to better assess the client's capabilities and motivation to work on the problem" (Fischer, 1978: 250). Also, the service provider may be called upon to act as a mediator between family and client if a difference in opinion occurs as to the best way to deal with the client's needs (Wylie and Austin, 1978). Lack of information as to the possibility of conflict could leave the practitioner unprepared to deal with this situation.

What specific question areas are useful to the service provider assessing network supports in the form of extended family help? Certainly the general assessment areas described above are a guide.
Assessment specific to older clients fit within those general assessment areas and provide the practitioner with information necessary to service provision to older clients.

First, the service provider needs information as to what services the client requires. The older clients may have needs "over and above those cared for by the informal support system and yet for various health and psychological reasons cannot bring themselves to agencies for help. Others do not know where to go to match their needs with the appropriate services provider" (Cantor and Mayer, 1978:57). Following a determination of existing needs, an assessment of causes of needs should be examined. Assessment of causes would involve an investigation of changes in the situation of the older person. For example, did support systems recently utilized withdraw help or change in any way?

Specific historical information helpful to the practitioner would include information about the impact of previous helping relationships (Hartman, 1981). Did the relationships themselves bring about the presenting problem and were problems present in earlier helping transactions? Information about elderly clients and their family situation is important at this point (Kirschner, 1979). As a part of viewing the client as a unique individual, the practitioner is required to take an ecological perspective. The client's needs generally have been influenced by and influence others within their social network. Kelly et al. (1977a:101) emphasize that "probably the most frequently encountered problem of the elderly is their environmental or social situation." The informal networks which the elderly have formed cannot
help but be related to their functioning in some way. It is benefi-
cial for professionals to view the elderly person as someone "who has lived through the process of life in a family unit" (Kelly et al., 1977a).

Blazer calls for the physician to be aware of and capable of evaluating family strengths and weaknesses when working with the elderly. Family problems can be more successfully dealt with, and services more accurately planned when specific information is gained. With the aging family some difficulties are similar to those experienced by any family, while some differ. Problems older families experience which are different from those of younger families could include historical problems with which the family has never successfully dealt. For example, a problem may have occurred years earlier in the family with resentments increasing over the years. The worker who deals with the family unaware of the potential for this situation may exacerbate the problem without realizing it. Other problems different than those younger families might face would include dealing with situations elderly alone face, for example: fixed income; adult children still struggling to achieve separation and independence from their parents (Lowy, 1979; Schmidt, 1980); decreased ability to care for oneself physically (McGreehan and Warburton, 1978); poor health (Johnson and Bursk, 1977); or an older person involved in an "unhappy second marriage" (Simos, 1975:3). Also, the adult children may feel guilt if they were not the ones to seek help when the aged parent experienced problems.
Under such pressure [guilt], family members, upon the decision to call in professionals, may exhibit signs of psycho-social dissociation whereby a type of social death is declared to occur for the aged relative. While helping relax the anxiety of family members, this type of dissociation may make it nearly impossible to reengage the elderly person into a family support system once aid from the formal agency is no longer needed (O'Brien and Wagner, 1980:79).

On the other hand, if the family does refer the elderly member for services, the aged person may feel that their relatives have been disloyal (O'Brien and Wagner, 1980). Johnson (1978:30) suggests that "identification of factors which influence the affective quality of the older parent-adult child relationship" helps open up more areas for the practitioner to deal with.

In order to gain the information necessary to guide service provision, both older clients and their family members can be contacted. Rosen (1975) describes how information gained from elderly clients concerning their relationships with their families facilitated services provided to those clients. In addition to questioning older clients about their support systems, it is also possible for the practitioner to request the client for permission to contact the family. It may be that the older person has overstated or understated the amount of help received from informal support systems. For example, the older client could report that the family is providing help when in fact little help is forthcoming (Brody et al., 1978). This may occur out of loyalty to the family so that the practitioner will not realize that the family has not provided the help hoped for. The elderly client may state that the family is not helping when in fact they are providing support. This could happen if the support is
less than expected by the elder person or if the elderly person misunderstands the service provider's questions. The older client may have family who are willing to provide help to their elderly relative, but are unaware that help is needed. The aged relative may dislike the thought of becoming more dependent or have difficulty asking family members to provide help. However, if help is needed, the older individual may prefer that family members provide it as opposed to professionals. In addition, gathering information from the family allows them to express their concerns. Blazer (1978) refers to the importance of facilitating family members in handling their reactions to the aging process. Family members can benefit from the chance to express their feelings within a professional-client relationship. Roozman-Weignesberg and Fox (1980) report successful groups for adult children who were allowed to deal with feelings regarding aged parents.

The importance of involving the older client in the assessment process should not be underestimated, however. Leonard and Kelly (1975:115) describe a mental health program which, when dealing with community based elderly clients, involves family and professionals whom the older client knows in the assessment process. They report that this practice has two functions: "(1) it is helpful for the patient to have people whom he knows and trusts involved in what may turn out to be the plan for the rest of his life; (2) it extends the responsibility and ultimate solution to those most able to assist the patient." Consequently, attention to the family and client during the assessment phase of service provision has numerous benefits to both of those parties as well as to the practitioner in providing services. As
Looft (1973) stresses in his critique of services provided to the aged, in order for delivery of services to be effective, the service provider must know what he/she is doing. Knowledge concerning the client's environment provides this for the practitioner.

Perhaps the most important aspect of assessment involves a determination of potential informal resource systems to provide for the needs of elderly clients. Without this information, the practitioner cannot plan for service delivery with the assurance that formal services are necessary. The provider may be duplicating services planned by the family, possibly increasing costs to taxpayers as well as violating the expectations of older families. Lack of information in this area also interferes with the ability of service providers and family members to plan services jointly, thus hampering service delivery tailored to the individual needs of the older clients and their families.

To summarize this section, literature was reviewed in the area of service providers' assessment of older family helping patterns. Research has not been completed concerning the thoroughness of practitioners' inquiries into older clients' resource systems nor on the influence of service providers' demographic characteristics or their agencies' characteristics on the service providers' assessment of older family helping patterns and service providers' level of knowledge about older family helping patterns. Exploratory research is needed in these areas. The literature related to these areas was examined. In addition, literature containing information about what thorough assessment of older clients informal resources should involve was reviewed,
as this information is necessary if the thoroughness of assessment in this area is to be investigated.

The literature reviewed suggests that the questions asked during assessment may be related to knowledge of aging and of relationships of the elderly as well as to the service providers' and agencies' characteristics, however, research is needed to confirm this. The assessor must be able to view each client as an individual involved in a social network and be aware that each client may differ somewhat from the majority of elderly persons. Assessment involves seeking information regarding appropriate services required by the elderly as well as the older person's and helping system's perceptions of and potential to meet those needs. Therefore, assessment may directly influence the manner in which services are planned, the coordination of services and the meeting of older clients' needs. Without thorough assessment, families may become overburdened by the total responsibility for care of their elderly relatives or find themselves relieved of responsibilities they wished to undertake.

Service providers lacking information about how families help specific clients may not view those families as resources to utilize when providing services. Consequently, limited assessment may be related to practitioners' negative orientations about sharing service tasks with family members of elderly clients. The following section examines the literature concerning the relationship between assessment and practitioners' orientations toward working with families of older clients.
This section reviews the literature in the area of service providers' orientations toward sharing service tasks with families of older clients and questions whether service providers are willing to work with older clients' extended families. The literature is also examined to determine whether there is a relationship between service providers' orientations toward becoming involved in older family helping patterns and their assessment of those patterns. In other words, are service providers who gain information about the informal resource systems of their clients more likely to be oriented toward working with those systems than are providers who do not assess older family helping patterns?

The practitioner who provides services to the elderly client may or may not have knowledge about the family helping patterns of that older person. If the practitioner has knowledge that older individuals often receive help from family members, he/she may have investigated whether a particular client receives help from family during the assessment phase of the service delivery process. If the practitioner does not have this knowledge, discovery of family help would most likely depend on the elderly client having volunteered the information that family was providing help. If the elderly client does not believe that the practitioner is interested in this information or feels that volunteering such information would be inappropriate, the practitioner may not be aware that family members are providing support to the client.
Information gained in the assessment process may influence the practitioner's orientation toward working with the family of older clients. Should the practitioner fail to determine whether family help is being given to the client, he/she will most likely deliver services on the assumption that it is not being provided. As noted, service delivery, then, may duplicate services already being given to the elderly client. This could influence the family's continuation of the services which they are providing, causing the elderly client to interact less often with the family as well as increasing the work load of the professional. Even if the family continues to provide help, the older client may be confused if similar services begin to come from several sources. In any case, service provided on assumption rather than assessed client need is likely to be problematic.

In addition to assessment, the service provider's orientation toward sharing responsibility for service tasks with families of older clients may be influenced by the provider's age, educational level, gerontology courses taken or experience. Agency factors such as the number of other service providers in the agency and their level of education may also influence the service provider's orientation toward sharing responsibilities, however this is not known as the literature does not deal with this.

One of the greatest difficulties of the service provider lacking information about family helping patterns is that service providers and family members may not come together to most successfully provide services to older individuals in the community (Blenkner, 1969). Both gerontological and social network theory literature point to the
advantages of service providers sharing responsibilities for service tasks with clients' informal support systems. Strieb (1972) recommends that practitioners and family members join together to "share functions" of service delivery. Tiejen (1980) points to the benefits of service providers working with clients' social networks. Services jointly provided allow the practitioner and adult family members to meet together, determine the needs of the elderly client and his/her relatives and to distribute tasks based on resources and ability to meet the older person's needs. This approach has benefits for the older client, the family and the service provider.

It has been suggested that "social network intervention seems particularly well suited for use with elderly clients . . ." (Garrison and Howe, 1976:333). Others describe how service providers can join with extended families to carry out service tasks for older clients. For example, Hayslip et al. (1980:177) suggest that when home care needs occur, social service "agencies, rather than attempting to displace the family, might provide in-home counseling for individuals and/or for families, thus integrating the agency into this informal network." Stafford (1980) describes a program where families were provided information about their elderly relatives, with the outcome of some shared responsibilities between family and practitioners. Lebowitz (1979:117) suggests that "incentives" be provided (i.e., financial help, "respite care") to families of older persons in order to help them take responsibility for their older members in need. Litwak (1965) indicates that families can fulfill affective needs while agencies complete instrumental tasks. Johnson and Bursk (1977)
state that help to families will increase involvement between older parents and their children.

Sharing responsibilities for the older person involves both agency and family members determining what services are required by the older individual in need, as well as a delegation of responsibility, depending on the resources of each party. For example, a family may have few financial resources with which to support its elderly member in need, but have time to help that member with shopping or cleaning. In this case, the service provider might investigate resources which would meet the financial needs of the client. Fischer (1978:17-25) suggests various roles which the social worker can enact: "clinical/behavior change role"; "consultant/educator role"; and "broker/advocate role." Fischer notes that these roles are not mutually exclusive for the social worker. Although not dealt with in the literature, it is possible that in addition to the social worker enacting several roles with a client, the practitioner could also share roles with other formal or informal resource systems. Consequently, the service provider could enact the instrumental role or "broker/advocate" role to insure that the client receives necessary resources while the client's family could enact the more affective "clinical/behavior change" role. Research on division of labor between service providers and informal support systems is limited, particularly in the area of the roles enacted by each.

Services provided by an agency without help from an informal support system may be lacking. Stephens et al. (1978:40) report that "the picture of a withdrawn and alienated oldster--not unlike our
stereotypical view of the aged—is due more to the declining availability of informal support systems than to the aging process itself."

It has been suggested that families and other informal social systems have the ability to provide stimulation for older individuals with senile dementia as well as help to continue mental health in the older person (Kelly et al., 1977; Stephens et al., 1978). In addition, Unger and Powell (1980) indicate that informal support systems can provide a client with information about formal supports. The family can act as a "link between the older person and formal community supports. No matter how many community services and supports are provided for older persons, these services only supplement the emotional ties and support from the families" (Silverman and Brahce, 1979:77).

Informal supports in the form of family help, joined with formal services, also help elderly individuals remain in the community with the advantage of less financial burden on society. Service provided in the community help maintain older individuals in that setting (Bradshaw et al., 1980) and are less expensive than institutionalization of the elderly (Otkay and Sheppard, 1979). Stephens et al. (1978:44) argue that unless informal support networks of the old are sustained, "the elderly population will become an economic burden on society." By the same token, informal service provision alone may be inadequate, with the elderly client missing needed services (Hayslip et al., 1980). Also, the elderly individual can benefit from shared services because dependency on one source of help is lessened. Johnson (1978) suggests that the elderly individual has more control in family
relationships if he/she has resources other than those given by family members. A formal support system provides this.

McKinley (1973) found that individuals who did not receive formal social services to the fullest extent possible used informal help from individuals within their social networks. McKinley (1973) suggests that this is negative, indicating that these individuals are controlled by their informal support systems. However, individuals who rely heavily on formal social services could be viewed as being controlled by that aspect of their social network. What is needed is a blend of informal and formal help to service recipients, giving those individuals more control in each area.

In addition to older clients, families can benefit from sharing responsibilities for older relatives with professionals. Bradshaw et al. (1980) state that both the elderly client and their families prefer shared responsibilities. Families often feel overwhelmed by being the sole provider of services to their older relative. Pressures may come from lack of resources (Maddox, 1975), emotional conflicts, and needs of other family members (Kirschner, 1979; McGreehan and Warburton, 1978). Sharing responsibilities with a social service agency may alleviate some of the pressures (Zarit et al., 1980) while at the same time allowing family to give to the older member. As a result, relationships can be strengthened rather than damaged from the pressures which total responsibilities for an older family member can bring. For those needs which family members cannot meet due to pressures or lack of resources, shared tasks are a necessity (Cantor and Mayer, 1978). Also, it has been suggested that the addition of
formal supports to family help facilitates the adult child in forming an independent adult rather than a dependent child orientation toward his/her parents (Hess and Markson, 1980).

Practitioners, too, can benefit from working with families in providing services to the elderly in need. Family help can fill gaps in client services caused by large caseloads and limited resources. Information from an informal service provider, close to the practitioner's client may be far more meaningful than information gained from other sources.

If practitioners and families are to work together successfully in providing services to the elderly in need, their work must be coordinated. The fact that community based services to the elderly are often disorganized and require coordination has been noted in the literature (Friedman and Kaye, 1980; Gaitz, 1970; Bradshaw et al., 1980). Lack of attention to the strengths and weaknesses of each helping party prohibits maximization of the benefits of sharing service tasks. Friedman and Kaye (1980:119) discuss a study of elderly receiving home care from professionals as well as from family. They report

That families remain involved with their elderly is clear; nonetheless, in none of the cases monitored did the provider agency evidence any commitment to prepare the family for their role in the homecare relationship, or to draw upon strengths in the maintenance of the plan. In 19% of the cases mentioned, this resulted in disruptive family influences upon the homecare plan.

The disruptions referred to above came from many sources, including the family becoming overly directive due to guilt feelings that someone else was providing services. Families also demonstrated inappropriate
expectations as to what the homecare worker would do (Friedman and Kaye, 1980).

Once established and organized, case coordination could be less involved than providing all of the direct services for the client. This might reduce the practitioner's immediate workload as well as help clients and families learn to deal with problems on their own so that families would remain involved when future problems occurred.

It must be noted that the practitioner's orientation toward sharing responsibilities with family members may be dependent on more than knowledge of older family helping patterns, assessment procedures, family and client willingness, and service providers' and agency characteristics. Agency policy has an impact on the extent to which practitioners involve families in service provision. For example, Wylie and Austin (1978:15) state that practitioners "employed by provider agencies run the risk of being co-opted by their agency's requirements to create service demand." This phenomenon could find professionals geared toward providing services which family members could handle due to an agency need to expand clientele. Such an orientation may not be based on knowledge or assessment of client and family need. Other services available in the community may also influence practitioners' orientations toward working with family members. If the service provider is aware that other agencies can meet client needs, he/she may be less likely to see a need for involving family.

Although the literature deals explicitly with the advantages of sharing responsibilities with members of clients' social networks,
the literature does not provide information about the extent to which service providers share service tasks nor about their orientations toward sharing service tasks. Neither does the literature examine whether assessment of service tasks influences orientation toward sharing. Other possible influences on orientation, such as providers or agencies characteristics are not dealt with in the literature either. This study explores the orientations of service providers toward sharing responsibilities for service tasks with extended families of older clients. The relationship between the service providers' orientations and the extent to which service providers assess family involvement with their older clients will also be examined. In addition, information is sought about factors, such as service providers' demographic and agency characteristics, which may impact on providers' orientations toward working jointly with families of older clients.

Summary

Literature was reviewed concerning practitioners' knowledge about, assessment of and orientations toward helping patterns which exist within older clients' social networks, focusing on elderly clients' extended family. The literature often assumes that practitioners are unaware of factual information about older families, subscribing to the myth that families do not provide help to their older members. Assessment may be limited by lack of knowledge, as the practitioner is unlikely to assess those areas of which he/she is unaware. Thorough assessment of older client's needs requires information about family
relationships, helping patterns and specific members involved in
helping patterns. If existing and potential helping relationships
have not been assessed, this study questions whether the service
provider will be oriented toward working with family members to share
responsibilities for an older client or be aware of the advantages of
such an arrangement. Service providers' agency characteristics may
also impact on the service providers' level of knowledge about and
assessment of older family helping patterns as well as on their orien­
tation toward sharing responsibilities with the family members of
elderly clients.

The literature review emphasizes critical questions related to
practice with the elderly:

1. Is service providers' level of knowledge about older family
   helping patterns related to questions asked about those
   patterns during the assessment process?
   a. What is service providers' level of knowledge about older
      family helping patterns?
   b. What is the extent to which service providers thoroughly
      assess older family helping patterns?
   c. Do demographic characteristics of service providers (age,
      education, gerontology courses or workshops taken,
      current experience and/or previous experience) influence
      knowledge or assessment?
   d. Do demographic characteristics of service providers
      influence the relationship between knowledge and assess­
      ment?
e. Does the agency related factor of staff's level of education influence knowledge or assessment?

f. Does the agency related factor of staff's level of education influence the relationship between knowledge and assessment?

2. Are questions asked about older family helping patterns during the assessment process related to service providers' orientations toward sharing responsibilities for older clients with family members?

a. What are the orientations of service providers toward sharing responsibilities for older clients with family members?

b. Do demographic characteristics of service providers influence assessment or orientations toward sharing responsibilities?

c. Do demographic characteristics of service providers influence the relationship between assessment and orientations toward sharing responsibilities?

d. Do agency related factors (level of staff education, number of other service providers in the agency) influence assessment or orientations toward sharing responsibilities?

e. Do agency related factors influence the relationship between assessment and orientations toward sharing responsibilities?
Information concerning relationships between practitioners' knowledge about, assessment of and orientations toward the helping patterns of older families and providers' personal and agencies' characteristics may help sensitize service providers to the importance of accurate knowledge, thorough assessment procedures and a positive orientation toward sharing service tasks with families of older clients.
CHAPTER III: METHODOLOGY

The literature has been reviewed concerning service providers' knowledge about, assessment of and orientations toward helping patterns of older families. The review reveals that research has minimally dealt with service providers' linkages with the social networks of the elderly, especially the extended family. As a result of the literature review, the following questions were developed for exploratory research:

1. Is service providers' level of knowledge about older family helping patterns related to questions asked about those patterns during the assessment process?
   a. What is service providers' level of knowledge about older family helping patterns?
   b. What is the extent to which service providers thoroughly assess older family helping patterns?
   c. Do demographic characteristics of service providers (age, education, gerontology courses or workshops taken, current experience and/or previous experience) influence knowledge or assessment?
   d. Do demographic characteristics of service providers influence the relationship between knowledge and assessment?
   e. Does the agency related factor of staff's level of
education influence knowledge or assessment?

f. Does the agency related factor of staff's level of education influence the relationship between knowledge and assessment?

2. Are questions asked about older family helping patterns during the assessment process related to service providers' orientations toward sharing responsibilities for older clients with family members?

a. What are the orientations of service providers toward sharing responsibilities for older clients with family members?

b. Do demographic characteristics of service providers influence assessment or orientation toward sharing responsibilities?

c. Do demographic characteristics of service providers influence the relationship between assessment and orientations toward sharing responsibilities?

d. Do agency related factors (level of staff education, number of other service providers in the agency) influence assessment or orientations toward sharing responsibilities?

e. Do agency related factors influence the relationship between assessment and orientations toward sharing responsibilities?

This chapter presents information about how the above questions will be investigated. The chapter is divided into six sections. The
first section explains the research design. The second section discusses method of data collection. The third section provides information about the sample. The fourth section defines the measures which are used. The last section details data analysis procedures. Section six provides a brief summary of the chapter.

**Research Design**

This study utilizes an exploratory research design. Little research has been completed in the area of service provision and the extended family of the elderly. Social network theory research has primarily focused on nuclear rather than on extended families. As Stueve and Gerson (1977:79) point out, social network research has seldom attended to the impact of "life-cycle transitions on individuals." In addition, social network research has only marginally dealt with the elderly and service providers' interactions with their extended family. Gerontological and social work practice research have investigated service provision to the elderly but have not focused on service providers' knowledge about the extended family's help to older clients. Research has not explored practitioners' assessment of older family helping patterns nor service providers' willingness to work with the extended family of the elderly. Consequently, the relationships between knowledge, assessment and orientations toward sharing responsibilities have not been examined either. In addition, little is known about other factors which could impact on service providers' linkages with extended family--such as demographic characteristics or agency factors. As a result, exploratory study of these issues is called for.
The exploratory design is utilized in this study as this type of design is directed toward describing what occurs rather than explaining the causes of what occurs (Bailey, 1978:50). In an area where little is known, as in the area being studied, description is necessary before explanation can begin. Kerlinger (1973:406) states that "exploratory studies have three purposes: to discover significant variables . . . , to discover relations among variables, and to lay the groundwork for later, more systematic and rigorous testing of hypotheses." These purposes are in consonance with the purposes of this study. Information is sought as to what variables are significantly related to service providers' knowledge about, assessment of, and orientations toward older family helping patterns. For example, this study questions whether service providers' age is significantly related to their level of knowledge. Another purpose of this study is to discover whether relationships exist between variables. For instance, this study questions whether a relationship exists between service providers' knowledge about older family helping patterns and their assessment of those patterns. Finally, because little social network research has been completed in the area of service providers and extended family of the elderly, this study seeks to develop questions for future research.

**Method of Data Collection**

The data were collected by telephone interviews. Telephone interviews were chosen as opposed to mailed questionnaires, in an attempt to increase response rate. Telephone interviews have been found to have
low refusal rates, with a response rate similar to personal interviews, which have a higher response rate than mailed questionnaires (Bailey, 1978). Telephone interviews allow the interviewer to call the respondent until she is located (Dillman, 1978), an advantage over mailed questionnaires and personal interviews (Downs et al., 1980). In addition, a telephone interview may be perceived by the respondent as requiring less investment of time and energy than an interview which she must complete alone and mail back to the interviewer.

A week prior to the interview, a letter (see Appendix A) was mailed to each respondent notifying her that she would be contacted the following week to be interviewed. The letter preceding the telephone interview supplied the respondent with information concerning the purpose of the interview and the manner in which the information resulting from the interview would be utilized. A letter sent prior to a telephone interview is believed to facilitate interviewee response (Bradburn et al., 1979).

The interview schedule (see Appendix B) gathered information concerning the respondents, including age, sex, years of homemaker experience, education, professional training, position within the agency, number of supervisees and the supervisees' educations. Also included were questions determining knowledge level about helping relationships in older families. In addition, questions relative to the respondents' actual practice in assessing family relationships were asked. Questions concerning the respondents' orientation toward
and willingness to share responsibilities with family members were asked as well.

Sample

The population examined in this dissertation includes all homemaker-home health aide agency supervisors in Ohio whose agencies are funded through Title III and Aid to Independent Living funds. Supervisors were chosen because it is generally the agency supervisor who administers policy for actual practice within an agency. As a member of "middle-management," the supervisor belongs to "both management and the work group" and "acts as a bridge between them. He is the member of the agency administrative staff in personal contact with the direct service worker, the operating staff" (Kadushin, 1976:21). As a link between management and direct service, the supervisor is responsible for the communication and enforcement of agency policy (Austin, 1981). Consequently, supervisory personnel are aware of agency policy as well as aware of direct service workers' activities in carrying out that policy. The supervisor, then, has an overview of agency intent and practice not shared by other personnel. In addition, the supervisor's perspective concerning elderly clients will likely directly influence the perspectives and practices of the homemaker-health aides employed by the agency. Homemaker-home health agencies funded by Title III and Aid to Independent Living funds were chosen because these agencies provide services to the elderly. There are 45 homemaker-home health agencies in Ohio funded by Title III or Aid to Independent Living funds.
Measures

Within this exploratory study, several measures are utilized to gain information about service to the elderly. The measures discussed within this section are divided into several areas: knowledge about older family helping patterns; assessment of older family helping patterns; orientation toward sharing responsibilities; service providers' demographic characteristics; and agency factors.

In order to assure reliability and validity of the measures, certain steps were taken. Kerlinger (1973) emphasizes the importance of reliability of measurement so that measurement can be repeated with similar outcome. To achieve reliability of the interview, the same letter was sent to each respondent prior to the interview. Each interview began with same wording. Each respondent was then asked questions in the same way and same order. Goode and Hatt (1962) stress the need for interviews to adhere strictly to a format if reliability is to be maintained.

In order for the interviews to measure what they were designed to measure, logical validation was utilized. Jury validation was also employed, with individuals having homemaker backgrounds being asked whether the questions measure what they were intended to measure. Finally, a pretest was completed with respondents being interviewed in the same manner as the respondents in the study would be interviewed.
Knowledge about Older Family Helping Patterns

Instruments questioning respondents' knowledge of aging are rare. Most frequently, instruments examine respondents' knowledge about and attitudes toward older people. Although attitudes can certainly be linked to the way individuals view factual material, the purpose of this study is to investigate the knowledge of respondents concerning elderly individuals and their helping relationships with family members.

One test of knowledge which has been frequently employed (Palmore, 1980) is Palmore's Facts on Aging Quiz (Palmore, 1977). Palmore's Quiz presents respondents with twenty-five true/false questions concerning factual material on general aspects of aging. For example, respondents are asked whether "the majority of old people are socially isolated and lonely" (false) (Palmore, 1977). Palmore (1980) states that respondents with gerontological education achieve higher scores on the Quiz than respondents without that educational background.

Although Palmore's Quiz measures general knowledge about the elderly, it does not specifically question knowledge about older family helping patterns. Since this study is seeking to examine respondents' knowledge about a specific area--older family helping patterns--questions were devised to measure this area, with two of Palmore's questions from the Facts on Aging Quiz being utilized. In the study, the following seven items were used to measure the level of knowledge about older family helping patterns:

1) "The majority of older people 60 years old and over are socially isolated and lonely." (Palmore, 1977) (false)
2) Over 50% of older people live more than 200 miles from family members. (false)

3) The majority of older persons have not maintained a relationship with family members. (false)

4) The majority of older people talk with family members on a weekly basis. (true)

5) Most families help older relatives with problems that they experience. (true)

6) Without social service programs, the needs of the majority of older persons in the United States would not be met. (false)

7) "In general, most old people are pretty much alike." (Palmore, 1977) (false)

The possible responses for each of the above are true or false. Items 1, 2, 3, 6, and 7 are coded "1" for false responses and "0" for true responses. Items 4 and 5 are coded "1" for true responses and "0" for false responses. The theoretical range of values is "0" to "7." The higher the score, the higher the level of knowledge about older family helping patterns. Conversely, the lower the score, the lower the level of knowledge about older family helping patterns. A high level of knowledge is defined as a score between 5 and 7. A low level of knowledge would be revealed by a score within the range of 0 to 4.

In terms of Item 1, the literature reviewed in Chapter II indicates that the majority of older people are not socially isolated and lonely (Shanas, 1979a; Brody et al., 1978; Kosberg, 1979). The practitioner who views the typical older person as lonely is unlikely to be aware of potential family involvement with the older client.

Item 2, "Over 50% of older people live more than 200 miles from family members," is also false. Seventy-five percent of the elderly
people in the United States have family living not more than 30 minutes from them (Shanas et al., 1967; Blazer, 1978). Again, a response of "true" on this item indicates faulty knowledge about older people. In addition, the service provider who believes that most older people live a great distance from family is unlikely to assess for family interaction or try to work with family in meeting the older client's needs.

Item 3, "The majority of older persons have not maintained a relationship with family members," is false. The gerontological literature reports that upon becoming older, persons do not end relationships with family members (Brown, 1974).

Item 4, "The majority of older people talk with family members on a weekly basis," is true. Numerous studies report that the majority of elderly respondents had seen their children during the week prior to being surveyed (Aldous and Hill, 1965; Hill et al., 1970; Shanas et al., 1968; Shanas, 1973).

Item 5, "Most families help older relatives with problems that they experience," is true. This has been thoroughly substantiated by the gerontological literature (Shanas et al., 1968; Shanas, 1979a). Even if practitioners know that families remain involved with their older clients, they may erroneously believe families are unable or unwilling to help their elderly relative and consequently not take the family into account when assessing need or providing services.

Item 6, "Without social service programs, the needs of the majority of older persons in the United States would not be met," is false. Research findings report that the majority of the elderly's needs are met by informal resource systems (Gross-Zimmer, 1978; Brody
et al., 1978). The practitioner who feels that the elderly client lacks informal resources is unlikely to call upon those resources in the process of serving the client.

Item 7, "In general, most old people are pretty much alike," is false. This item is related to the belief that services need not be differentiated and that all older families are similar to those the practitioner has previously dealt with. This view is stereotypic and unlikely to allow the professional to view her client as a unique individual with unique relationships to significant others. Research clearly reveals that older persons are not all like each other, but behave in varied ways, as does any age group (Palmore, 1977; Maddox and Douglas, 1974).

Each of the above items test the respondent's knowledge concerning older family helping patterns. Responses of these items would reveal whether the respondent's knowledge about older family helping patterns is accurate or whether the respondent's perspective is stereotypic.

Assessment of Older Family Helping Patterns

Much has been written concerning assessment of client's needs. Assessment of elderly clients' needs has been undertaken (O'Brien and Wagner, 1977). However, investigation of service providers' assessment of older clients needs is rare. This study attempts to determine the areas which homemaker-home health aide supervisors assess prior to providing services. Do supervisors gain information adequate to assess what services, if any, family is providing and what do the
family and older client desire in terms of service provision? The following items were used to ascertain the respondents' assessment procedures:

1. When investigating a referral, do you routinely contact the client's spouse (if the client is married)? the client's children (if the client has children)? other relatives of the client?

2. Before you work with older clients, do you routinely assess spouses' reports of older clients' needs? children's reports of older clients' needs? other relatives' reports of older clients' needs?

3. As part of your agency's intake process, do you routinely ask for information such as names, addresses or telephone numbers of spouses of older clients? children of older clients? other relatives of older clients?

4. During assessment of older clients' needs, do you routinely question spouses of older clients? children of older clients? other relatives of older clients?

5. If family is providing homemaking help to an older client who is referred to your agency, do you ask the family if they want you to help them?

6. Prior to providing services to an older client referred to your agency, do you attempt to assess how well the client relates to his/her family members?

The possible responses to items 1 through 6 are "yes" or "no." Items 2, 3 and 4 are coded "1" for an answer of "yes" on each sub-item and "0" for a response of "no" on each sub-item. Items 5 and 6 are coded "1" for a response of "yes" and "0" for a response of "no." The theoretical range of values is 1 through 14. The higher the score, the more the respondent attends to information about the family in the assessment process. Conversely, the lower the score, the less the family is attended to in the assessment process. A low score is defined as 0 through 9. A high score would fall between 10 and 14.
Answers to the above questions provide a measure of the extent to which homemaker-home health aide supervisors assess family members' involvement with aged clients during the assessment phase of service provision. For example, the supervisor who does not get either the telephone number or address of family members is unlikely to involve those individuals in developing a program to meet the needs of older clients. Specific questions about various family members (spouse, children) provides information about the supervisors' definition of family and about whom they deal with prior to service delivery.

Service providers who do not contact family or who only contact spouses and children are unlikely to be able to work with supportive others significant to the older client. For example, a sibling may be providing care and wish to continue that, but find help being taken over by a formal agency. Without contacting that sibling, the chance for sharing responsibilities may be lost.

In addition to the above index, respondents were asked an open-ended question: "When an older person has been referred to your agency for services, what areas do you assess prior to delivering services?" Responses to this question were categorized by the following areas: basic background information; physical/medical; psycho-social; and assessment of family and/or clients' perception of need.

Orientation toward Sharing Responsibilities

Gerontological literature calls for the sharing of functions between informal and formal systems providing services to the elderly (Blenkner, 1969; Streib, 1972). As has been noted, the literature does
not provide many specific directions as to how practitioners can carry out these functions. In addition, neither the gerontological nor the practice literature report research examining service providers' willingness to share responsibilities with families of older clients.

The following true/false items were developed for use in this study to measure the orientation of homemaker-home health aide supervisors toward sharing responsibilities for service tasks with families of older clients:

1) It is difficult to work with family members of older people.
2) Often, more is accomplished by the homemaker if she does not have assistance from family members.
3) Homemaker-home health aides should work together with family members to meet the needs of older clients.
4) It costs taxpayers less when families work with homemakers to meet the needs of older clients.
5) Family members providing help to elderly clients are relieved when a professional can take over all of their duties.
6) When we work with the family of older clients, I believe someone in our agency should be responsible to coordinate tasks carried out by the family and our agency.

The possible responses to items 1 through 6, above, are "yes" or "no." Items 1, 2, 4 and 5 were coded "1" for a response of "no" and "0" for a response of "yes." For items 3, 4 and 6, a response of "yes" is coded "1" and a response of "no" is coded "0." The theoretical range of values is 0 to 6. A low score indicated that a respondent is not highly oriented toward sharing responsibilities for elderly clients with families. A high score is defined as being between 5 and 6. A low score falls between 0 and 4.
Items 1, 2, 4 and 5 measure the service provider's beliefs about the value of sharing responsibility with family members. Item 3 provides an indication of the respondent's orientation toward dealing with families regarding joint service provision. Item 6 deals with coordination of shared service provision. If service provision is not coordinated by agency personnel, it is probably not shared and instead provided when practitioners and family independently decide it is needed.

In addition to the index described above, respondents were asked: "When homemaker-home health aides in your agency have worked with families of older clients to provide services, what have been the advantages and disadvantages of working together?" Responses were categorized according to whether supervisors saw advantages or disadvantages in working with families.

Service Providers' Demographic Characteristics

Demographic characteristics of respondents were measured in order to explore relationships between those characteristics and service providers' knowledge about, assessment of and orientations toward older family helping patterns.

Age. Respondents' ages were determined by asking their year of birth. The year given was subtracted from 1982 to determine the age of each respondent.

Education. Respondents were questioned as to how much formal education they have completed. They were asked what was their highest level of education. The level of education was categorized as follows:
high school diploma, R.N. degree, B.A./B.S. degree and graduate degree.

**Gerontology Courses and/or Workshops.** Respondents were asked if they had taken any courses or workshops in the area of the elderly.

**Years Experience as a Homemaker-Home Health Aide Supervisor.** Information about the respondents' experience was gained by asking how long they had been a homemaker-home health aide supervisor.

**Prior Experience as an Aide.** Respondents were asked if they had been homemaker-home health aides prior to becoming supervisors and if so, for how long.

**Agency Factors**

Agency factors were measured for the purpose of determining their relationship to service providers' knowledge about, assessment of and orientations toward older family helping patterns.

**Number of Supervisees.** It was questioned how many supervisees were employed under the responsibility of the supervisor.

**Number of Aides in the Agency.** Size of agency was determined by asking how many homemaker-home health aides were in each respondent's agency. Respondents were also asked the number of supervisors in each agency.

**Level of Staff Education.** The level of education of the majority of homemaker-home health aides in the respondent's agency was determined. Staff education was categorized as follows: high school diploma, R.N. degree or B.A./B.S. degree.
Data Analysis Procedures

Within this study, data are analyzed using several different techniques which include: chi-square, Yates' correction, phi, the Pearson correlation coefficient and partial correlation.

Chi-square. Chi square is a "nonparametric test of significance" (Levin, 1977:166) which examines relationships between variables (Nie et al., 1975). In this study, chi-square is used to explore the existence of a relationship between the respondents' scores on each index and their demographic characteristics and agency factors.

To categorize the data for crosstabulations, the median was used on all variables except education of supervisors and aides. Level of education was divided between graduation from high school and any education beyond high school, as many of the supervisors had some education beyond high school, but not a bachelors' degree. The majority of aides had no education beyond high school. Supervisors' scores on the knowledge index are categorized as low and high. A low score is defined as having 0 through 4 correct responses on the index. Scoring between 5 and 7 would be a high score. Supervisors' scores on the assessment index are categorized as low (0 through 9 correct responses) and high (10 through 14 correct responses). The shared responsibility index scores are categorized as 0 through 4 correct responses being low and 5 through 6 correct responses being high.

Supervisors' age is categorized as young (24 through 44 years old) and older (45 through 64 years old). The education of the supervisors is divided between high school diploma and education beyond high school, as noted above. Supervisors are categorized as either having
taken courses or workshops on the elderly (yes) or not having taken any gerontology courses or workshops (no). The years of supervisory experience are divided between one through five years (few) and six through 28 years (many). The number of aides each supervisor is responsible for is categorized as few (one through five aides) and many (six through 60 aides). The number of aides employed by the agency is divided between one through four aides (few) and five through 61 aides (many).

Yates' Correction. Yates' correction is used to deal with chi-square values which may be inflated due to few expected frequencies. Expected frequencies of less than ten in a cell may contribute to "an inflated chi-square value" (Levin, 1977:174). The Statistical Package for the Social Sciences (1975) applies Yates' correction to all 2 x 2 tables using over 21 cases. Because of the sample size in this study, Yates' correction is applied.

Phi. Phi is used to measure the association, or "strength of relationship," between variables (Nie et al., 1975). "Phi" (\( \Phi \)) makes a correction for the fact that the value of chi square is directly proportional to the number of cases \( N \) by adjusting the value. Phi is used, in this study, to determine the strength of association between respondents' scores on the indexes and their demographic characteristics and agency factors.

Pearson's \( r \). The Pearson correlation coefficient is used to determine "strength of relation" of "intervally measured" variables (Bailey, 1978). The level of significance used is \( \leq .05 \). This study uses Pearson's \( r \) to explore the relationships between supervisors'
scores on the knowledge, assessment and shared responsibility indexes and also to explore the influence of supervisors' demographic characteristics and agency related factors on supervisors' knowledge, assessment and orientations toward sharing responsibility. Pearson's \( r \) is viewed as an appropriate measure for this purpose. Much of the data is interval level and where ordinal level data exist, Kerlinger (1973:441) states, "The best procedure would seem to be to treat ordinal measurements as though they were interval measurements, but to be constantly alert to the possibility of gross inequality of intervals . . . we need to be particularly careful with the interpretation of ordinal data to which statistical analysis suitable for interval measure has been applied. Much useful information has been obtained by this approach, with resulting scientific advances in psychology, sociology, and education." Particularly in an exploratory study, the information gained from the use of Pearson's \( r \) could be valuable, providing material for further research.

Partial Correlation. Partial correlation is utilized for the purpose of examining "the relationship between two variables under different conditions of a third variable" (Malec, 1977:189). This study utilizes partial correlation to examine the influence of demographic characteristics and agency factors on the relationship between respondents' index scores.

Summary

This chapter describes the methodology utilized to examine the following questions:
1. Is supervisors' level of knowledge about older family helping patterns related to questions asked about those patterns during the assessment process?
   a. What is supervisors' level of knowledge about older family helping patterns?
   b. What is the extent to which supervisors thoroughly assess older family helping patterns?
   c. Do demographic characteristics of supervisors (age, education, gerontology courses or workshops taken, current experience and/or previous experience) influence knowledge or assessment?
   d. Do demographic characteristics of supervisors influence the relationship between knowledge and assessment?
   e. Does the agency related factor of staff's level of education influence knowledge or assessment?
   f. Does the agency related factor of staff's level of education influence the relationship between knowledge and assessment?

2. Are questions asked about older family helping patterns during the assessment process related to supervisors' orientations toward sharing responsibilities for older clients with family members?
   a. What are the orientations of supervisors toward sharing responsibilities for older clients with family members?
   b. Do demographic characteristics of supervisors influence assessment or orientations toward sharing responsibilities?
c. Do demographic characteristics of supervisors influence the relationship between assessment and orientations toward sharing responsibilities?

d. Do agency related factors (level of staff education, number of aides within the agency) influence assessment or orientations toward sharing responsibilities?

e. Do agency related factors influence the relationship between assessment and orientations toward sharing responsibilities?

This study has an exploratory design due to a lack of research in the areas being examined. Data were gathered by the use of telephone interviews with supervisors of homemaker-home health aides in Ohio agencies funded by Title III and Aid to Independent Living monies. The interview included gathering demographic and agency related information as well as information about the supervisors' knowledge about and assessment of older family helping patterns and orientations toward sharing service tasks with families of older clients. Data analysis employs chi-square, Yates' correction, phi, the Pearson correlation coefficient and partial correlation for the purpose of discovering relationships between variables as well as developing questions for future research.
CHAPTER IV: FINDINGS

This chapter presents findings concerning supervisors' knowledge about, assessment of and orientations toward the social networks of older clients, focusing on members of older persons' social networks who are also the elderly's extended family.

The findings of this study are presented in seven sections. The first section discusses demographic characteristics of the homemaker-home health aide supervisors, including: age, education, gerontology courses taken, years of experience as a homemaker-home health aide supervisor and prior experience as a homemaker-home health aide. The second section reviews agency related items, including: number of homemaker-home health aides supervised by the respondent, number of homemaker-home health aides employed by the supervisor's agency and level of education of aides in the agency. The third section presents findings related to supervisors' level of knowledge about older family helping patterns. This section deals with the research questions: What is supervisors' level of knowledge about older family helping patterns? Do demographic characteristics of supervisors influence knowledge? and Does the agency related factor of staff's level of education influence knowledge? Section four discusses the findings concerning supervisors' assessment of older family helping patterns. This section relates to the following research questions: What is the
extent to which supervisors thoroughly assess older family helping patterns? Do demographic characteristics of supervisors influence assessment? and Do agency related factors influence assessment? The fifth section describes the area of supervisors' orientations toward sharing responsibilities for service tasks with family members of elderly clients. This section considers the research questions: What are the orientations of supervisors toward sharing responsibilities for older clients with family members? Do demographic characteristics of supervisors influence orientations toward sharing responsibilities? and Do agency related factors influence orientations toward sharing responsibilities? The sixth section reports the findings concerning the relationship between supervisors' knowledge about older families, assessment of older family helping patterns and orientations toward working with families of older clients. Section six deals with the research questions: Is supervisors' level of knowledge about older family helping patterns related to questions asked about those patterns during the assessment process? Do demographic characteristics of supervisors influence the relationship between knowledge and assessment? Does the agency related factor of staff's level of education influence the relationship between knowledge and assessment? Are questions asked about older family helping patterns during the assessment process related to supervisors' orientations toward sharing responsibilities for older clients with family members? Do demographic characteristics of supervisors influence the relationship between assessment and orientations toward sharing responsibilities? and Do agency related factors influence the relationship between assessment and orientations
toward sharing responsibilities? A summary concludes the chapter.

**Demographic Characteristics**

This section presents descriptive information about the supervisors' demographic characteristics. The sample will be briefly described and the following demographic characteristics of the supervisors will be presented: age, education, gerontology courses or workshops taken and years of supervisory experience. Tables will be presented concerning these characteristics with the characteristics divided into categories and described by number and percent.

Information about the demographic characteristics of the sample is important to this study. Demographic characteristics provide information about the generalizability of the findings. In addition, information is needed about the respondents in order to determine whether the respondents' demographic characteristics are related to other variables.

The sample interviewed for this study was drawn from homemaker-home health aide agencies in Ohio receiving Title III or Aid to Independent Living funding. Supervisors from these agencies were interviewed for reasons outlined in Chapter III. The Ohio Commission on Aging, the state agency which administers Title III and Aid to Independent Living monies, had indicated that 58 homemaker-home health agencies in Ohio receive those funds. However, in contacting the agencies, it was discovered that 13 of those 58 agencies no longer receive funding from those sources. An attempt was made to contact supervisors at each of the 45 agencies. One supervisor refused to be
interviewed and supervisors at twelve other agencies were not accessible for an interview. However, some agencies had more than one homemaker-home health aide supervisor and 47 supervisors were interviewed.

Age. Age is a demographic characteristic of respondents which was examined in this study. The homemaker-home health aide supervisors interviewed range in age from 24 to 64 years. The mean age is 43.24 years and the median age is 45.67 years. Consequently, there is a wide range in ages, with the average supervisor interviewed being in her forties. Supervisors' age will be investigated in following sections of this study to determine whether it has an influence on supervisors' knowledge, assessment and orientations toward older families. Table 1 summarizes the supervisors' age by number and percent when divided into categories.

Table 1
Homemaker-Home Health Supervisors' Age by Number and Percent

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Adjusted Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-44 years</td>
<td>21</td>
<td>46%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>25</td>
<td>54%</td>
</tr>
<tr>
<td>46</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Missing Case:</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Education. Information about the respondents' education is particularly important in this study. The respondents' level of
education must be known before it can be determined whether or not it has an influence on supervisors' level of knowledge, thoroughness of assessment or orientations toward working with older families. Seventy-nine percent of the respondents have education beyond high school, with the majority of those supervisors (43%) being registered nurses. Consequently, many of the supervisors have a medical background. Twenty-one percent of the supervisors have a bachelor of arts or bachelor of science degree and six percent have graduate degrees. Table 2 presents the supervisors' level of education by number and percent when broken into categories.

Table 2
Homemaker-Home Health Supervisors' Level of Education

<table>
<thead>
<tr>
<th>Education</th>
<th>Number</th>
<th>Adjusted Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school diploma</td>
<td>10</td>
<td>21%</td>
</tr>
<tr>
<td>Associate Arts degree</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>R.N.</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Bachelor of Arts/Science</td>
<td>10</td>
<td>21%</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Missing Case: 0

Gerontology courses or workshops taken. The supervisors interviewed were questioned as to whether they had taken gerontology courses or workshops. The majority of respondents (78%) have taken courses or
workshops on the elderly. Respondents reported that such courses are regularly offered as inservices. Table 3 provides information about the number and percent of supervisors who have participated in gerontological courses and workshops. Other sections of this chapter examine whether enrollment in gerontology courses or workshops is related to the supervisors' knowledge about, assessment of or orientations toward the helping patterns of older families.

Table 3
Supervisors' Participation in Gerontology Courses or Workshops

<table>
<thead>
<tr>
<th>Gerontology Courses or Workshops Taken</th>
<th>Number</th>
<th>Adjusted Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No courses taken</td>
<td>10</td>
<td>22%</td>
</tr>
<tr>
<td>One or more course taken</td>
<td>36</td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td>46</td>
<td>100%</td>
</tr>
</tbody>
</table>

Missing Case: 1

Supervisory experience. The respondents' supervisory experience is a variable which may influence their knowledge, assessment or orientations. Information about this variable is helpful in an exploratory study. It was found that the supervisors range in years of experience as homemaker-home health aide supervisors from one to 28 years. The mean number of years experience is 6.02 years and the median is 4.4 years. Table 4 describes supervisors' years of experience by number and percent when separated into categories.
Table 4
Homemaker-Home Health Supervisors' Years of Supervisory Experience by Number and Percent

<table>
<thead>
<tr>
<th>Years of Supervisory Experience</th>
<th>Number</th>
<th>Adjusted Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 years</td>
<td>27</td>
<td>57%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>12</td>
<td>26%</td>
</tr>
<tr>
<td>11-28 years</td>
<td>8</td>
<td>17%</td>
</tr>
</tbody>
</table>

47  100%

Missing Case: 0

Experience as an aide. Supervisors were also questioned concerning their experience as homemaker-home health aides. The majority of supervisors have not previously been aides. Five supervisors have had prior experience as homemaker-home health aides. Three of the five were employed as an aide for one year, another had worked as an aide for four years and another for nine years. Therefore, for most of the respondents, their enactment of the supervisory role is not related to previous experiences as an aide.

Age by education. To gain more information about the respondents, supervisors' age was crosstabulated by their education (see Table 5). A significant relationship does not exist between age and education. Therefore, supervisors' level of education is not influenced by their age.
Table 5
Supervisors' Age by Education

<table>
<thead>
<tr>
<th>Education</th>
<th>.24-44</th>
<th>45-64</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>14.3</td>
<td>28.0</td>
<td>21.7</td>
</tr>
<tr>
<td>Beyond High School</td>
<td>18</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>85.7</td>
<td>72.0</td>
<td>78.3</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>25</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>45.7</td>
<td>54.3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Corrected Chi Square = .58  
Significance = .25

**Education by experience.** The respondents' years of supervisory experience were crosstabulated by their level of education in order to develop a broader picture of the sample. However, a significant relationship does not exist between experience and education (see Table 6). Therefore, the supervisors' education and years of supervisory experience do not influence each other.

**Summary of supervisors' demographic characteristics.** The average supervisor interviewed is in her forties, has an academic degree beyond the high school diploma, has also taken courses or workshops on the elderly and has six years of experience as a homemaker-home health aide supervisor. The majority of the supervisors have not worked as homemaker-home health aides prior to becoming supervisors. Supervisors' level of education is not significantly related to their age or their experience.
Table 6
Supervisors' Education by Experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>High School</th>
<th>Beyond High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Few Years</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>80.0</td>
<td>51.4</td>
</tr>
<tr>
<td></td>
<td>21.3</td>
<td>78.7</td>
</tr>
<tr>
<td>Many Years</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>20.0</td>
<td>48.6</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>21.3</td>
<td>78.7</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>21.3</td>
<td>78.7</td>
</tr>
</tbody>
</table>

Corrected Chi Square = 1.60
Significance = 0.21

Agency Related Factors

Supervisors were questioned as to factors existing in the agencies where they work. They were asked about the number of aides they supervise, the number of aides employed in their agencies and the educational level of the aides in their agencies. Research relating agency factors to service providers' knowledge about, assessment of and orientations toward work with older families is not reported in the literature and is necessary information for an exploratory study of this nature. Within this section, agency related factors are discussed, with each factor categorized and presented in a table by number and percent.

Number of aides supervised. Table 7 presents a summary of the number and percent of aides supervised by the respondents. The mean number of aides supervised is 5.06 aides and the median is 3.44 aides.
There is a range of one to 22 aides supervised by the respondents, with 66 percent of the supervisors having authority over five or less aides. For most of the supervisors, then, the number of aides with whom they work is small enough to allow for close communication between the aides and the supervisors.

Table 7

<table>
<thead>
<tr>
<th>Aides Supervised</th>
<th>Number</th>
<th>Adjusted Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 aides</td>
<td>3</td>
<td>66%</td>
</tr>
<tr>
<td>6-22 aides</td>
<td>16</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>100%</td>
</tr>
</tbody>
</table>

Missing Case: 0

Number of aides employed by the agency. The supervisors work in agencies of varied size, with the largest agency employing 61 aides and the smallest having one aide. The mean number of aides employed within an agency is 6.40 while the median is 3.3. (Table 8 gives information about the number of aides within the supervisors' agencies.) It appears that the average agency is not large and supervisors are likely to be aware of practice throughout the agency.

Education of aides. The level of education of aides within the supervisors' agencies ranges from aides having a bachelor of arts or science degree to aides not having completed high school. The majority of aides have completed high school without acquiring a further degree.
Table 9 depicts the aides' level of education by number and percent.

Table 8
Number of Aides Employed by Number and Percent

<table>
<thead>
<tr>
<th>Aides Employed by the Agency</th>
<th>Number</th>
<th>Adjusted Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10 aides</td>
<td>40</td>
<td>89%</td>
</tr>
<tr>
<td>11-61 aides</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>100%</td>
</tr>
</tbody>
</table>

Missing Cases: 2

Table 9
Level of Aides' Education by Number and Percent

<table>
<thead>
<tr>
<th>Education of Aides in Each Agency</th>
<th>Number</th>
<th>Adjusted Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No high school diploma</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>High school diploma</td>
<td>32</td>
<td>71%</td>
</tr>
<tr>
<td>R.N.</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>Bachelor of Arts/Science</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>100%</td>
</tr>
</tbody>
</table>

Missing Cases: 2
Aides' education by supervisors' education. In order to determine whether supervisors who have more education have a staff with a higher level of education, these two variables were crosstabulated. However, a significant relationship was not found to exist between aides' education and supervisors' education (see Table 10). This gives information about the sample, showing that the supervisors' level of education does not significantly influence nor is influenced by the education of their aides.

Table 10
Aides' Education by Supervisors' Education

<table>
<thead>
<tr>
<th>Aides' Education</th>
<th>Supervisors' Education</th>
<th>Beyond High School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>8</td>
<td>30</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>88.9</td>
<td>83.3</td>
<td>84.4</td>
</tr>
<tr>
<td>Beyond High School</td>
<td>1</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>11.1</td>
<td>16.7</td>
<td>15.6</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>36</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>20.0</td>
<td>80.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Corrected Chi Square = 0.0
Significance = 1.00

Summary of agency related factors. The average respondent supervised between one and five aides, although the range of aides supervised is one to 22. The agencies in which the respondents are located have, for the most part, less than ten aides performing homemaker-home health aide services, although the number of aides range from one to 64. The majority of aides have a high school education. It was found
that supervisors' educational level is not significantly related to the education of their aides. The findings presented within this section will be utilized in other sections to determine whether they are related to supervisors' knowledge about, assessment of or orientations toward older family helping patterns.

Findings Related to Supervisors' Level of Knowledge

This chapter presents information about supervisors' scores on the knowledge index (see Appendix B) in response to the research question: What is supervisors' level of knowledge about older family helping patterns? In addition, findings are discussed concerning the influence of supervisors' demographic characteristics and agency related factors on their level of knowledge. Supervisors' level of knowledge is correlated with their demographic characteristics (age, education and years of supervisory experience) and with the agency related factor level of education of aides. Also, supervisors' level of knowledge is crosstabulated by gerontology courses or workshops taken.

Supervisors' scores on the knowledge index. Supervisors were questioned concerning their level of knowledge about older family helping patterns (see questionnaire, Appendix B) in an attempt to gain information concerning the question: What is service providers' level of knowledge?

Supervisors' scores on the knowledge index range from 0 to 7. The mean score is 4.28 and the median is 4.54. A low score is categorized as 0 to 4 correct responses. A high level of knowledge is designated
as 5 to 7 correct responses. The average supervisor's score falls between the high and low categories, with 59 percent of the supervisors being in the high knowledge category. Table 11 depicts supervisors' scores on the knowledge index. The scores are slightly skewed toward a high level of knowledge.

Table 11

<table>
<thead>
<tr>
<th>Score</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>11</td>
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<tr>
<td>4</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>5</td>
<td>13</td>
<td>28</td>
</tr>
<tr>
<td>6</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>100</td>
</tr>
</tbody>
</table>

Missing Case: 0

Knowledge correlated with age. When supervisors' level of knowledge is correlated with their age, a significant relationship does not exist ($r = .035$; see Table 12). Consequently, supervisors' level of knowledge about older family helping patterns is not influenced by the age of the supervisor. This indicates that older supervisors are not necessarily more knowledgeable about family help to the aged than are younger supervisors.
Table 12
Correlation Coefficients of Knowledge, Shared Responsibility and Assessment with Supervisors' Age, Education, Experience, Number of Aides Supervised, Number of Aides in the Agency and Education of Aides

<table>
<thead>
<tr>
<th></th>
<th>Supervisors' Age</th>
<th>Supervisors' Education</th>
<th>Years of Supervisory Experience</th>
<th>Number of Aides Supervised</th>
<th>Number of Aides in the Agency</th>
<th>Aides' Level of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>-.0353</td>
<td>.3303*</td>
<td>-.0493</td>
<td>-.1968</td>
<td>-.2194</td>
<td>.0417</td>
</tr>
<tr>
<td>Assessment</td>
<td>-.2818*</td>
<td>.0568</td>
<td>-.0853</td>
<td>-.2982*</td>
<td>-.2581*</td>
<td>.0510</td>
</tr>
<tr>
<td>Shared Responsibility</td>
<td>-.3535*</td>
<td>.1461</td>
<td>-.1009</td>
<td>-.2965*</td>
<td>-.2506*</td>
<td>.0484</td>
</tr>
</tbody>
</table>

*Significance < .05.
Knowledge correlated with education. In order to examine the findings in terms of a relationship between supervisors' education and their level of knowledge, supervisors' scores on the knowledge index were correlated with their level of education. Knowledge is found to be significantly related to the supervisors' level of education ($r = .330$; see Table 12). Therefore, the higher the supervisors' level of education, the higher her level of knowledge about older family helping patterns. Knowledge about older family helping patterns, then, is significantly influenced by the supervisors' level of education.

Knowledge by gerontology courses or workshops taken. Supervisors were questioned as to whether or not they have taken workshops or courses in the area of gerontology. Their responses were categorized as "yes" or "no" and crosstabulated by supervisors' level of knowledge. No significant relationship is indicated by the corrected chi-square when these two variables are crosstabulated. The phi coefficient (.02) suggests little association between these two variables. This finding indicates that supervisors' level of knowledge about older families is not influenced by the gerontology courses or workshops that they have participated in. This raises some interesting questions, as it is generally assumed that training in a specific area would contribute to knowledge in that area (see Table 13).

Knowledge correlated with years of supervisory experience. Is supervisors' level of knowledge related to their years of supervisory experience? When Pearson's $r$ is applied to these two variables, the findings indicate that no relationship exists ($r = .049$; see Table 12). It would appear that the number of years the respondents have spent
Table 13
Knowledge by Gerontology Courses

<table>
<thead>
<tr>
<th>Gerontology Courses</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Low (0-4)</td>
<td>5</td>
<td>50.0</td>
</tr>
<tr>
<td>High (5-7)</td>
<td>5</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>21.7</td>
</tr>
</tbody>
</table>

Corrected chi square = 0.0
Phi = .02
Significance = 1.00

supervising homemaker-home health aides in their work with the elderly does not significantly influence their knowledge about the help the elderly receive from their extended families.

Knowledge correlated with aides' level of education. Supervisors' level of knowledge was correlated with the educational level of the aides they supervise to determine whether aides' education influences knowledge. A significant relationship does not exist between supervisors' level of knowledge about the help older clients receive from extended family and the level of education of the aides they supervise ($r = .401$; see Table 12). Consequently, supervisors who work with more highly educated aides are not necessarily more knowledgeable about older families than are supervisors who work with less educated aides.

Summary. The findings concerning homemaker-home health aide supervisors' level of knowledge about older family helping patterns indicate that the average supervisor is moderately knowledgeable about
older family helping patterns and that the majority of supervisors (59%) have a high level of knowledge about older families and their help to elderly relatives. Supervisors' scores on the knowledge index were correlated with their age, education, years of supervisory experience and the level of education of the aides within their agencies. Level of knowledge about older family helping patterns is not significantly related to age, gerontology workshops or courses taken or level of aides' education. A significant relationship does exist between level of knowledge and educational level of supervisors. Because of the lack of research in this area, these findings provide new information relevant to human service education and research, as will be discussed in Chapter IV.

In order to examine relationships between these variables in more detail, knowledge was crosstabulated with supervisors' demographic characteristics and agency related factors. Appendix C details the findings concerning this analysis.

Findings Related to Supervisors' Assessment of Older Family Helping Patterns

Supervisors' assessment of older family helping patterns is discussed within this section. Supervisors were questioned as to how thoroughly they assess older family helping patterns (see questionnaire, Appendix B). Supervisors were assigned scores based on their responses to the assessment index, as described in Chapter III. Scores ranging from 0 to 9 are designated as low scores, while scores from 10 to 14 are categorized as high scores. The following explication and tables relate to the research questions: 1) To what extent do
supervisors thoroughly assess older family helping patterns? 2) Do demographic characteristics of supervisors influence assessment? and 3) Do agency related factors influence assessment?

Supervisors' scores on the assessment index. In order to answer the question concerning the extent to which supervisors thoroughly assess older family helping patterns, supervisors were questioned about their assessment of extended family as a helping resource during the assessment process. The range of responses indicating assessment of family helping patterns is 2 through 14. The mean score is 8.83 and the median is 9.00. Forty-three percent of the supervisors scored in the high category on the assessment index. It appears that the majority of the supervisors' assessment of older family helping patterns is not thorough. The supervisors' scores are slightly skewed toward less thorough assessment.

Assessment correlated with age. When supervisors' assessment of older family helping patterns is correlated with their age, a significant, negative relationship between these two variables is indicated \( r = -0.28 \); see Table 12). This finding reveals that younger supervisors assess for the existence of older family helping patterns more thoroughly than do older supervisors. The extent to which the supervisors assess, then, is influenced by the age of the supervisors.

Assessment correlated with education. Does the supervisors' level of education influence the extent to which they assess family resources available to their elderly clients? When supervisors' scores on the assessment index are correlated with their level of education, no significant relationship is found \( r = 0.057 \); see Table 12). This
Table 14

Frequency of Assessment Scores

<table>
<thead>
<tr>
<th>Score</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
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<tr>
<td>4</td>
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<td>12</td>
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<td>13</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>14</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

46 100

Missing Case: 1

finding raises interesting questions about the application of education to actual practice.

Assessment by gerontology courses or workshops taken. Supervisors' scores on the assessment index were crosstabulated with courses or workshops taken in the area of gerontology. A chi square analysis shows that supervisors' scores on the assessment index and their participation in gerontology courses or workshops are not significantly related when Yates' correction is applied (see Table 15). The phi coefficient (.05) indicates a weak association between assessment scores and courses or workshops taken. Again, this finding raises interesting questions. If gerontology courses stress the need to
attend to the extended family of the elderly, why is there no significant relationship between gerontology courses or workshops taken and assessment of the elderly's extended family?

Table 15
Assessment by Gerontology Courses

<table>
<thead>
<tr>
<th>Assessment</th>
<th>No</th>
<th>%</th>
<th>Yes</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-9)</td>
<td>6</td>
<td>60.0</td>
<td>19</td>
<td>54.3</td>
<td>25</td>
<td>55.6</td>
</tr>
<tr>
<td>High (10-14)</td>
<td>4</td>
<td>40.0</td>
<td>16</td>
<td>45.7</td>
<td>20</td>
<td>44.4</td>
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<td>10</td>
<td>22.2</td>
<td>35</td>
<td>77.8</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Corrected chi square = 0.0
Phi = .05
Significance = 1.0

Assessment correlated with years of supervisory experience. Pearson's \( r \) was applied to supervisors' scores on the assessment index and their years of supervisory experience in order to determine whether a relationship exists between these two variables. A significant relationship does not exist (\( r = -.085 \); see Table 12). Therefore, individuals with more years of supervisory experience assess no more thoroughly than do individuals with fewer years of supervisory experience. Length of experience, then, has no significant influence on the extent to which supervisors assess older family helping patterns.

Assessment correlated with number of aides supervised. Supervisors' scores on the assessment index were correlated with the number of homemaker-home health aides supervised (see Table 12). A significant relationship exists between assessment and number of aides
supervised. This relationship is inverse ($r = -0.298$). The findings indicate that the fewer the aides the supervisor is responsible for, the more thoroughly she assesses the help extended families give their older relatives. Number of aides supervised does influence the supervisors' assessment.

**Assessment correlated with number of aides within the agency.** Does the number of aides employed by the supervisors' agency influence the thoroughness of her assessment of older family helping patterns? The total number of aides employed by the agency was correlated with supervisors' scores on the assessment index. There is a significant relationship between assessment and the number of aides within the employing agency ($r = -0.258$; see Table 12). This is a negative relationship. Therefore, the fewer aides within the agency, the more thoroughly the supervisor assesses older family helping patterns.

**Assessment correlated with aides level of education.** Assessment is not significantly related to the level of education of the aides employed by the supervisors' agency when these two variables are correlated ($r = -0.051$; see Table 12). Therefore, a supervisor who directs highly educated aides is no more likely to assess older family helping patterns thoroughly than is a supervisor who is responsible for less educated aides.

**Supervisors' responses on an open-ended assessment question.** Supervisors were asked the following open-ended question: When an older person has been referred to your agency, what areas do you assess prior to delivering services? This question was asked to gain more information about the thoroughness of supervisors' assessment.
The supervisors' responses on the open-ended question dealing with areas assessed were categorized as follows: basic background information, physical/medical information, psycho-social information and assessment of family's and/or client's perception of need. Thirteen supervisors stated that they ask the client basic background information (for example, financial status). Forty-one of the supervisors indicated that they question the client about physical/medical information. Twenty-eight supervisors responded that their assessment process involves a psycho-social evaluation. Nine of the supervisors question family and/or older clients to determine their perception of need. It appears, then, that supervisors' focus on physical/medical information to a greater extent than they do on the client's social networks during the assessment process.

Summary. Findings were reported concerning the following research questions: 1) What is the extent to which supervisors thoroughly assess older family helping patterns? 2) Do demographic characteristics of supervisors influence assessment? and 3) Do agency related factors influence assessment? The above findings indicate that homemaker-home health aide supervisors assess older family helping patterns in a less than thorough manner. Three variables are found to influence the thoroughness of the supervisors' assessment. These include supervisors' age, the number of aides supervised and the number of aides employed by the supervisor's agency. The relationships between assessment and age and number of aides supervised and between assessment and number of aides within the agency are all inverse. The findings within this section have implications for human service
practice, education and research, as will be discussed in Chapter V. Other analysis (chi square) of the relationships between the variables discussed in this section is presented in Appendix D.

Findings Related to Supervisors' Orientations Toward Sharing Responsibilities for Service Tasks

Within this section, findings concerning supervisors' orientations toward sharing responsibility for service tasks with older families will be presented. Findings related to the influence of supervisors' demographic characteristics and agency related factors on their orientations toward working with older families will also be discussed.

Supervisors' scores on the shared responsibility index. Supervisors were questioned concerning their orientations toward sharing responsibilities for service tasks with families of older clients in order to determine their willingness to work with older families (see questionnaire, Appendix B). A score of 0 to 4 on the shared responsibility index was categorized as a low score, while a score of 5 to 6 was designated as a high score. Supervisors' scores range between scores of 2 to 6 on the shared responsibility index. The mean score is 4.79. The median score is 4.92. Sixty-six percent of the supervisors scored within the high category. It appears that the average supervisor is at the midpoint between having a positive orientation toward working with older families (high category) and having a negative orientation (low category). However, as a group, the majority of supervisors are oriented toward sharing service tasks with families of older clients. The supervisors' scores are slightly skewed toward the high category (see Table 16).
Table 16

Frequency of Shared Responsibility Scores

<table>
<thead>
<tr>
<th>Score</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>5</td>
<td>18</td>
<td>38</td>
</tr>
<tr>
<td>6</td>
<td>13</td>
<td>28</td>
</tr>
</tbody>
</table>

Missing Case: 0

100

Shared responsibility correlated with age. To discover whether the supervisors' age is related to her willingness to share service tasks with families of older clients, supervisors' scores on the shared responsibility index were correlated with their age. A significant relationship exists between shared responsibility and the age of the supervisor (r = -.354; see Table 12). The relationship is negative and suggests that the younger the supervisor, the more likely she is to be oriented toward sharing service tasks with the relatives of elderly clients. This finding has implications for human service practice and research.

Shared responsibility correlated with supervisors' education. When supervisors' education is correlated with their scores on the shared responsibility index, a significant relationship is not found (r = .163; see Table 12). Consequently, supervisors' education does not influence the willingness of supervisors to share responsibilities.
for service tasks with families of older clients. This finding raises interesting questions for human service education.

**Shared responsibility by gerontology courses or workshops taken.**

To answer the question concerning the influence of gerontology courses on workshops taken on the supervisors' orientations toward working with older families, these two variables were crosstabulated. The supervisors' scores on the shared responsibility index are not significantly related to their participation in gerontology courses or workshops, as the corrected chi square reveals (see Table 17). A weak association exists between shared responsibility scores and gerontology courses or workshops participated in (phi = .20). Future study is needed to look at these two variables, since it would be expected that gerontology courses would emphasize the advantages of working with families of the elderly.

Table 17

<table>
<thead>
<tr>
<th>Gerontology Courses</th>
<th>Yes</th>
<th>No</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shared Responsibility</strong></td>
<td><strong>N</strong></td>
<td><strong>%</strong></td>
<td><strong>N</strong></td>
<td><strong>%</strong></td>
</tr>
<tr>
<td>Low (0-4)</td>
<td>5</td>
<td>50.0</td>
<td>10</td>
<td>27.8</td>
</tr>
<tr>
<td>High (5-6)</td>
<td>5</td>
<td>50.0</td>
<td>26</td>
<td>72.2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>21.7</td>
<td>36</td>
<td>78.3</td>
</tr>
</tbody>
</table>

Corrected chi square = .89  
Phi = .20  
Significance = .34
Shared responsibility correlated with years of supervisory experience. Do years of experience as a homemaker-home health aide supervisor influence the supervisors' willingness to work with extended families of older clients? The findings indicate that they do not. Correlation of scores on the shared responsibility index with years of supervisory experience reveals that a significant relationship does not exist between the two ($r = -.101$; see Table 12). This finding suggests implications for research, as will be discussed in Chapter V.

Shared responsibility correlated with number of aides supervised. The supervisors' orientation toward sharing responsibility with families of older clients is influenced by the number of aides she supervises. A significant, inverse relationship exists between shared responsibility and number of aides supervised ($r = -.297$; see Table 12). Therefore, the fewer aides supervised, the more positive the supervisors' orientations toward sharing service tasks with families of older clients. This finding has implications for practice, as will be discussed in the following chapter.

Shared responsibility correlated with number of aides within the agency. An inverse, but significant relationship exists between shared responsibility and number of aides employed by the supervisors' agency when these two variables are correlated ($r = -.251$; see Table 12). Again, the fewer aides employed by the agency, the more positive the orientation of the supervisor toward sharing responsibilities for service tasks with the families of older clients. Number of aides employed within the agency, then, does influence the supervisors' willingness to work with older families in serving elderly clients.
Shared responsibility correlated with level of aides' education. Does the educational level of aides within the supervisors' agency influence orientations toward sharing responsibilities with families of older clients? No significant relationship is found when Pearson's \( r \) is applied to supervisors' scores on the shared responsibility index and the educational level of the aides within the supervisors' agencies (\( r = .048 \); see Table 12).

Supervisors' responses on the open-ended shared responsibility question. The respondents were asked the open-ended question: When homemaker-home health aides in your agency have worked with the families of older clients to provide services, what have been the advantages and the disadvantages of working together? Supervisors' responses on the open-ended question concerning their view of the advantages and/or disadvantages of sharing responsibilities with families of older clients were categorized according to whether the supervisors saw advantages or disadvantages to working with extended families.

Two supervisors stated that they seldom work with the families of older clients. Forty-four supervisors said that they view working with family members as advantageous. The advantages cited included: client gets more thorough care (13 supervisors); teaching the family members eventually allows for lessened agency involvement (19 supervisors); aides can frequently get older clients to follow their advice when family members have been unsuccessful (one supervisor); family pressures are relieved (14 supervisors); families can help aides to communicate with older clients, acting as a liaison between client and
agency (five supervisors); joint provision of services provides the client with more independence (five supervisors).

Twenty-eight supervisors did not list any disadvantages to working with the families of older clients. Fifteen supervisors did see some disadvantages to working with family members. The disadvantages mentioned include: families not always cooperating (eight supervisors); sometimes families quit helping their older relatives when formal services become involved (five supervisors); problems occur when there is a lack of communication between clients and family members as to what the clients' needs are (one supervisor); and some families agree to do things but don't follow through (one supervisor).

**Summary.** In terms of the research questions, it appears that the majority of supervisors are oriented toward working with the families of older clients. The supervisors, for the most part, are very much aware of the advantages of working together with extended families of older clients. Supervisors' orientations toward working with the relatives of older clients are inversely influenced by the supervisors' age, number of aides they supervise and the number of aides within their agencies, but are not influenced by other demographic characteristics or agency related factors. These findings have implications for practice and research as will be discussed in Chapter V. Appendix E provides other analysis of these variables.
Findings Concerning the Relationships Between Knowledge, Assessment and Shared Responsibility

This section reports on findings concerning the relationships between supervisors' level of knowledge about older family helping patterns, questions asked about those patterns during the assessment process and willingness to share responsibility for service tasks with families of older clients. In order to determine whether relationships exist between these variables the Pearson correlation coefficient was utilized. The following variables were correlated: supervisors' scores on the knowledge index were correlated with their scores on the assessment index; scores on the assessment index were correlated with scores on the shared responsibility index; and scores on the shared responsibility index were correlated with scores on the knowledge index. Findings are also presented concerning the influence of supervisors' demographic characteristics and agency related factors on the relationships between knowledge, assessment and shared responsibility, utilizing partial correlation.

Relationship between knowledge and assessment. The Pearson correlation coefficient was used to examine the relationship between supervisors' scores on the knowledge and assessment indexes. An empirical question of this study is: Is supervisors' knowledge about older family helping patterns related to questions asked about those patterns during the assessment process? When supervisors' scores on the knowledge index were correlated with their scores on the assessment index, it was discovered that level of knowledge about older family helping patterns is not significantly related to thoroughness of
assessment concerning those patterns \( r = -0.072; \) see Table 18. Consequently, the knowledge held by supervisors does not significantly influence their behavior in the assessment process. The lack of relationship between level of knowledge about older family helping patterns and assessment of those patterns indicates that, for the supervisors interviewed, knowledge about the help extended families give their older members does not influence practice (assessment). This finding raises issues for practice, education and research.

Table 18

<table>
<thead>
<tr>
<th></th>
<th>Knowledge</th>
<th>Assessment</th>
<th>Shared Responsibility</th>
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<tr>
<td>Shared Responsibility</td>
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</table>

*Significance level < .05.

**Relationship between assessment and shared responsibility.** Are questions asked about older family helping patterns during the assessment process related to service providers' orientations toward sharing responsibilities for older clients with family members? Correlation of supervisors' scores on the assessment index with their scores on the shared responsibility index reveals that a significant relationship exists between assessment and shared responsibility \( r = 0.247; \) see
Table 18). Consequently, the supervisor who thoroughly assesses family helping patterns is more likely to be oriented toward sharing responsibility for service tasks with families of older clients.

Because supervisors' assessment practices and orientations toward sharing responsibilities are related, it is important to determine whether this relationship is influenced by the variables which are significantly related to assessment and shared responsibility. These variables include supervisors' age, number of aides supervised and number of aides within the agency. An examination will take place concerning findings related to the research question, do demographic characteristics or agency related factors influence the relationship between assessment and orientations toward sharing responsibilities? Partial correlation was used to investigate this.

Controlling for age. Does the supervisors' age influence the relationship between her assessment of older family helping patterns and her willingness to work with older families? Assessment and shared responsibility were correlated, partialing out supervisors' age. The coefficient shows some shrinkage (from .247 to .125) when age is controlled, indicating that age may have an influence on the relationship between assessment and shared responsibility. However, when the test for level of significance is applied, the relationship is not significant (p = .22); therefore, the effect of age on the relationship between assessment and shared responsibility may be due to chance. Because the findings do not clearly indicate whether age influences the relationship between assessment and shared responsibility, further research could provide more information on this issue.
Controlling for number of aides supervised. The number of aides supervised was controlled to examine its influence on the relationship between assessment and shared responsibility. When assessment and shared responsibility are correlated, the coefficient equals .247. The coefficient shrinks to .048 when partial correlation is used. This would indicate that the number of aides for whom a supervisor is responsible has an influence on the relationship between the supervisors' assessment and orientations toward shared responsibilities. However, the level of significance is .38, indicating that number of aides supervised does not influence the relationship between assessment and shared responsibility. Consequently, the effect of the number of aides supervised on the relationship between assessment and shared responsibility may be due to sampling error. This finding suggests further research to address the question of whether the number of aides supervised influences the relationship between assessment and orientations toward shared responsibility.

Controlling for number of aides within the agency. In order to determine whether the number of aides employed by the supervisors' agency has an influence on the relationship between supervisors' assessment of older family helping patterns and the supervisors' orientations toward sharing service tasks with the extended families of older clients, assessment and shared responsibility were correlated, controlling for the number of aides within the agency. The coefficient shows shrinkage (from .247 to .094) when number of aides within the agency is controlled. This shrinkage suggests that the number of aides within the agency does have an influence on the relationship between
assessment and shared responsibility. However, the test for level of significance indicates that the apparent influence of number of aides within the agency on the relationship between assessment and shared responsibility may be due to chance. As a result, the influence of number of aides within the agency on the relationship between assessment and shared responsibility cannot be determined without more research in this area.

**Summary.** Analysis of the data indicates that a relationship exists between assessment and shared responsibility. In order to determine the influence of demographic and/or agency related variables on that relationship, partial correlation was utilized. The findings suggest that supervisors' age, the number of aides they supervise and the number of aides within their agencies may have an influence on the relationship between assessment and shared responsibility. However, further analysis indicates that these apparent influences may be due to sampling error. More research is needed to determine whether supervisors' demographic characteristics and/or agency related factors influence the relationship between knowledge and shared responsibility.

**Relationship between shared responsibility and knowledge.** This study has not questioned whether supervisors' level of knowledge about older family helping patterns is related to their orientations toward sharing responsibilities with families of older clients. It was expected that unless level of knowledge was related to assessment and assessment to shared responsibility, knowledge would have no relationship with orientation toward shared responsibility. However, correlation of supervisors' scores on the knowledge index and their scores on
the shared responsibility index show that these two variables are related \( (r = .283; \text{ see Table 18}) \). Therefore, although level of knowledge is not related to assessment, it is related to a willingness to work with older families. This is an interesting finding as it raises questions about how a supervisor who knows about the informal resources of older individuals and who is willing to work with those resource systems can do so without thorough assessment. Chapter V will deal with this issue in greater detail.

In order to determine whether supervisors' level of education has an influence on the relationship between knowledge and shared responsibility, these two variables were correlated, controlling for level of supervisors' education.

**Controlling for supervisors' level of education.** Does supervisors' level of education influence the relationship between their knowledge about older family helping patterns and their willingness to work with the extended family of the elderly? Supervisors' scores on the knowledge index were correlated with their scores on the shared responsibility index, partialing out educational level of supervisors. When knowledge and shared responsibility are correlated, \( r \) equals .283. The correlation of knowledge and shared responsibility controlling for education reveals a coefficient of .254. Minimal shrinkage of the coefficient occurs, indicating that supervisors' level of education has little influence on the relationship between knowledge and shared responsibility. The test for level of significance (.05), however, indicates that level of education does significantly influence the relationship between knowledge and shared responsibility.
Consequently, supervisors' level of education appears to have some effect on the relationship between knowledge and shared responsibility, but study is needed to examine this further.

**Summary.** An unexpected finding of this study is the relationship between knowledge about older family helping patterns and orientation toward shared responsibility. Supervisors' level of education appears to influence this relationship, but further study is needed concerning this.

**Summary**

This chapter presented the findings of this study. The demographic characteristics indicate that the average supervisor is in her forties. Most of the supervisors are registered nurses and/or college graduates with at least one course or workshop completed in the area of gerontology. The majority of supervisors have between one and five years of experience as a homemaker-home health aide supervisor with five supervisors having previous experience as aides. Findings in the area of agency related items reveal that the average supervisor who was interviewed supervises five homemaker-home health care aides. The average agency employs six aides to carry out homemaker-home health aide tasks. Most of the aides have a high school education.

The section describing supervisors' scores on the knowledge, assessment and shared responsibility index demonstrates that the majority of supervisors have a high level of knowledge. Most supervisors do not assess thoroughly for family helping patterns. The majority of supervisors have a positive orientation toward sharing
responsibilities with family members of older clients.

The statistical findings section presented information gained from the application of various statistical tests on the data. The tests include chi square (see Appendices C, D and E), Yates' correction (see Appendices C, D, and E), phi (see Appendices C, D and E), the Pearson correlation coefficient and partial correlation.

The findings indicate that:

1. Knowledge about older family helping patterns is not significantly related to questions asked about those patterns during the assessment process. However, knowledge is significantly related to orientation toward sharing responsibility for service tasks with families of older clients (to be discussed under number 2).
   a. The majority of supervisors have a high level of knowledge about older family helping patterns.
   b. The majority of supervisors do not assess thoroughly for older family helping patterns.
   c. A significant relationship exists between the supervisors' level of knowledge about older family helping patterns and supervisors' level of education. Other demographic characteristics and agency related factors do not influence the supervisors' level of knowledge.
   d. The thoroughness of the supervisors' assessment of older family helping patterns is related, inversely, to number of aides supervised as well as to number of aides within the supervisors' agency. Supervisors' age is also
inversely related to assessment. Other demographic characteristics and agency related factors are not related to assessment.

2. Questioning about older family helping patterns during the assessment process is related to the supervisors' orientations toward sharing responsibilities for older clients with family members. Knowledge is also related to orientations toward shared responsibility.

   a. The majority of supervisors are oriented toward sharing responsibilities with the extended family of older clients.

   b. Significant relationships exist between orientation toward shared responsibility and supervisors' age, number of aides supervised and number of aides within the agency. Other demographic characteristics and agency related factors are not related to orientation toward shared responsibility.

   c. Age, number of aides supervised and number of aides within the agency may influence the relationship between assessment and shared responsibility, however the findings are not clear concerning this.

   d. Level of supervisors' education may influence the relationship between knowledge and shared responsibility, although the findings leave some question concerning this influence.
The findings have implications for the human services in the areas of service delivery, education and research. For example, the possible influence of education on the relationship between service providers' knowledge about older family helping patterns and their orientations toward working with older families has implications for human service research, education and practice. If future research substantiates this finding, agencies may benefit from requiring their practitioners to have a certain level of education. Findings which reveal the lack of a significant relationship also have implications for service provision. For instance, the lack of a relationship between level of knowledge and assessment of older families might cause human service educators to question how academic learning can be translated into practice. Chapter V details the implications of the findings for human service practice, education and research.
CHAPTER V: IMPLICATIONS AND CONCLUSIONS

The purpose of this chapter is to discuss the implications of the findings and draw conclusions from them. This study has examined the relationships between human service supervisors' knowledge about, assessment of and orientations toward helping patterns of older families. The influence of supervisors' demographic characteristics and agency related factors on knowledge, assessment and orientations toward sharing responsibility has also been investigated. The focus of the study has been on service providers and aspects of their linkages with the extended family of the elderly, utilizing a social network theory perspective. Because of a dearth of research in the area being investigated, this study has used an exploratory design.

This chapter is organized into six sections: nature of findings, limitations of the findings, implications for service delivery, implications for human service education, implications for future study and summary.

Nature of the Findings

The main focus of this dissertation has been on the relationships between service providers' knowledge about older family helping patterns, assessment of those patterns and orientations toward sharing responsibilities for service tasks with families of older clients. In
addition, the association of knowledge, assessment and orientation toward shared responsibility with respondents' characteristics and agency characteristics was examined.

Literature was reviewed in the areas of knowledge, assessment and shared responsibility, using a social network theory frame of reference. The literature suggests that practitioners are often unaware of older family helping relationships, although information concerning those relationships is available. Research has not substantiated this assertion. The literature review indicates the importance of thorough assessment prior to service provision. It is suggested that the lack of a complete assessment may contribute to service providers having negative orientations toward sharing service tasks with family members of older clients. The literature review reveals that social network research has dealt only minimally with extended families and that research has not investigated service providers' knowledge about older family helping patterns, assessment of extended family resources and orientations toward working with extended families to provide services to older clients. Consequently, this study adopted an exploratory design.

Telephone interviews were conducted with supervisors of service providers working with the elderly. Supervisors of Ohio homemaker-home health aide agencies, funded by Title III or Aid to Independent Living, were interviewed by telephone. They were questioned concerning their knowledge and assessment of older family helping patterns as well as their orientations toward working with families of older clients. In addition, questions about demographic and agency
characteristics were asked. Prior to the telephone interviews, a letter was sent to each supervisor explaining the purpose of the interview. Forty-seven supervisors were interviewed.

It was found that the average supervisor is in her forties. Most of the supervisors are registered nurses and/or college graduates who have taken one or more workshops or courses in aging. The majority of supervisors have between one and five years of experience as a home-maker-home health aide supervisor. The average supervisor is responsible for five aides. The range of aides employed by the supervisors' agencies is one to 64. Most of the aides within the supervisors' agencies have a high school education.

Statistical analysis of the data involved the use of chi square, Yates' correction, phi, the Pearson correlation coefficient and partial correlation. In terms of supervisors' scores on the knowledge, assessment and shared responsibility indexes, the majority of supervisors have a high level of knowledge, do not assess thoroughly for older family helping patterns and have a positive orientation toward sharing responsibility for service tasks with families of older clients.

Supervisors' level of knowledge was found to be significantly related to their level of education. Both assessment and orientation toward shared responsibility are significantly, and negatively, related to supervisors' age, number of aides supervised and number of aides within the agency.

Knowledge was not found to be significantly related to assessment, although assessment and shared responsibility are related. It was
indicated that supervisors' age, number of aides supervised and number of aides within the agency influence the relationship between assessment and shared responsibility. However, this apparent influence could be caused by sampling error. Further investigation of the influence of age, number of aides supervised and number of aides within the agency is indicated.

In addition to the above findings, a relationship was discovered between the supervisors' knowledge about older family helping patterns and orientations toward shared responsibility. The supervisors' level of education was found to have some influence on the relationship between knowledge and sharing orientation. Expanded research in this area could provide information about the extent of influence of education on the relationship between knowledge and orientation.

These findings have implications for human service practice, education and research. In addition, the findings have limitations associated with them. The limitations and implications will be discussed in the following sections of this chapter.

**Limitations**

Limitations of this study place constraints upon the use of the findings. There are three major areas of limitation: 1) the exploratory design of the study; 2) uncontrolled variables may have influenced relationships between the variables studied; and 3) nature of the sample. These limitations will be discussed within this section.

As an exploratory study, the findings describe situations rather than explain them (Bailey, 1978). For example, description is given
about the fact that the majority of supervisors interviewed have a high level of knowledge about older family helping patterns. Although the findings point to a relationship between knowledge and orientation toward sharing service tasks with families of older clients, the findings do not give information about the causes and effects of that relationship. The findings discover the existence of other relationships as well but, due to the design, those relationships are described rather than explained. Because little social network research has been completed in the area of extended families and because previous research has not dealt with service providers' knowledge about, assessment of and orientations toward older family helping patterns, this study has an exploratory design and is limited in that it does not explain the relationships which are found to exist between variables.

Another limitation is the possibility that variables not examined in this study may have influenced the findings. Knowledge, assessment and sharing orientation all may be influenced by untested variables. This potential influence limits the use of the findings, as it cannot be assumed that the relationships found in this study are the only influences affecting the variables examined. For example, various uncontrolled variables may have a relationship to supervisors' level of knowledge other than their level of education. Supervisors' own social networks may influence what they know about informal resources for elderly individuals. Supervisors' experiences with clients may also influence their knowledge about older clients' informal resources. When asked questions on the knowledge index, a number of supervisors
stated, "I can only tell you about the older people who live in this area."

Another factor possibly influencing the level of knowledge of the supervisors is their responsibility for the provision of instrumental, as opposed to affective, services to older clients. Provision of instrumental services may require a more specific background about the elderly than provision of affective services. Without research concerning the influence on the knowledge level of supervisors, it cannot be assumed that education alone will increase the knowledge of practitioners. Consequently, in terms of knowledge, limitations for use of the findings exist and further research is called for.

The findings concerning assessment of older family helping patterns may also be limited by uncontrolled variables. One potential influencing factor not examined in this study is the lack of uniformity of assessment within agencies. For instance, the open-ended question dealing with the assessment practices of service providers indicates that practitioners may not always have formal procedures for assessing client need. When asked what areas they do assess, some of the supervisors stated that their assessment is based on their referral source. In other words, the type of referral source directs the areas dealt with in the assessment process and may influence thoroughness of assessment. Some supervisors suggested that if a physician referred a client, their assessment would focus more strongly on medical aspects, while if the family was the referral source, assessment might focus on social aspects.
Also, the supervisors' definition of need, a variable not directly examined in this study, could have an impact on assessment of older family help. Many of the supervisors appear to define need in a limited manner, possibly missing "real need" as defined by Bradshaw (1977). The flexibility in assessment procedures may cause some supervisors to ignore existing areas of need in the assessment process. It could be, then, that the lack of uniform assessment procedures interacts with the supervisors' definition of client need, influencing assessment. This is not known, however, and this lack of information places limitations on the findings concerning assessment of the extended family of older clients.

Findings about supervisors' willingness to share responsibility with extended families of elderly clients may also be limited, due to possible influences of uncontrolled variables. For instance, supervisors' willingness to work with members of the clients' social networks may be related to agency policy, agency client quota, the number of clients waiting to be served by the agency or other services available in the community. Consequently, untested variables may influence the relationships found within this study and as a result, limit the utilization of the findings. Another possible influence on the findings is the type of clients served by the supervisors' agencies. Information was not gathered concerning the clients' demographic characteristics.

Another limitation of this study is the nature of the sample. The supervisors interviewed are all employed by agencies serving the elderly. The findings cannot be generalized to supervisors or service
providers in agencies which do not have large numbers of aged clients.

Another factor limiting ability to generalize the findings to other practitioners is the type of agency in which the supervisors work. Homemaker-home health agencies provide services of an instrumental nature, as noted. Consequently, practitioners housed in agencies primarily providing affective services may differ in knowledge, assessment or orientations toward older families. Along these lines, many of the supervisors interviewed have medical backgrounds, possibly orienting their assessment toward medical areas.

Finally, the fact that the sample consists of supervisors as opposed to direct service providers limits generalization of the findings to direct service providers. Supervisors' scores on all three indexes may be related to their positions as supervisors. Additional study is suggested to examine whether differences exist between supervisors and their supervisees in the area of knowledge, assessment and orientation toward sharing responsibilities.

In summary, the findings of this study have limitations which affect their application to practice and also raise questions for further study.

**Implications of Findings for Service Delivery**

The findings of this study have implications for service delivery. The implications will be discussed in terms of findings about supervisors' knowledge, assessment and sharing orientations.

It has been suggested that service providers lack knowledge about older family relationships due to their contact with elderly who
experience family problems (Blenkner, 1965). However, research has not confirmed this. This dissertation examined the knowledge level of supervisors of service providers concerning older family helping patterns. Of the supervisors interviewed, 72 percent scored within the high level of knowledge category. Therefore, the findings provide information which contrasts with suggestions made in the literature about practitioners' knowledge. The discrepancy may be related to the fact that supervisors, rather than the individuals who provide direct services, were interviewed. The literature does not deal with supervisors' knowledge or beliefs about the old. It may be that supervisors are more knowledgeable about older family helping patterns than are their supervisees. If this is the case, it would be important to transmit that knowledge to the practice level. If that is not done, untapped resources may exist in many agencies. In addition, it would be important to ensure communication between supervisors and their supervisees in social service organizations so that knowledge would be shared throughout the organization.

The findings concerning the extent to which supervisors' assess for older family helping patterns prior to service delivery also have implications for practice. As noted earlier, many of the supervisors indicated that they do not have an assessment format which they follow regularly with all clients. Also, needs of older clients do not appear to be assessed uniformly across agencies. For example, only 28 of the supervisors questioned indicated that they request psycho-social information from clients. Older clients' needs in this area may or may not be met, depending on the agency's awareness of those needs.
As a result, equality of service provision in this area does not exist across the state of Ohio. For instance, agency A may question clients for psycho-social information and agency B may not. Therefore, the older client being served by agency A may have family problems which the service provider deals with or refers to an appropriate agency. The older client served by agency B may also have family problems, but if these problems are not assessed, help for them is unlikely to be given. The client served by agency B, then, is receiving fewer services than is the client served by agency A. The lack of uniform assessment can result in unequal service provision, with duplication of services to some clients and gaps in service to others.

The findings regarding supervisors' orientations toward sharing responsibility for service tasks with extended families of older clients can be utilized by practitioners. Sixty-six percent of the supervisors scored within a range that would indicate a positive orientation toward sharing responsibilities with families of older clients. More information concerning this area comes from an open-ended question which asks, "When homemaker-home health aides in your agency have worked with families of older clients to provide services, what have been the advantages and disadvantages of working together?" Supervisors consistently reported the belief that sharing responsibilities with families of older clients is advantageous to their agencies, the client and the client's family. The majority of supervisors are aware of the disadvantages to their agency when service provision is not shared.
Most supervisors responded to the open-ended question, cited above, by indicating that disadvantages of working with families are few, as long as the agency is in charge. They said their experience has been that families who are difficult to work with are the exception. Some supervisors reported that in addition to actual services, families add a dimension to service provision not available elsewhere. Specifically, the family acts as a liason between the service provider and the client, helping the client to express needs more effectively and enabling service providers to more effectively target services. This is congruent with Silverman and Brahce's (1979:77) suggestion that the family can function as a "link" between the client and formal helping agencies.

By linking the agency and the older client, the family fulfills some aspects of the "broker/advocate" role described by Fischer (1978: 21), as they ensure that their relative, the older client, receives services appropriate to needs experienced. As the family undertakes the "broker/advocate" role, the service provider can enact the "consultant/educator role" teaching families how better to meet the instrumental needs of older clients. In addition, as members of the client's social network join together to meet the client's needs, the client has more control over his/her relationships with those members, as discussed by Johnson (1978). This is relevant information for the practitioner. Although advantages of sharing responsibilities are stressed in the literature, it is helpful to gain the view of supervisors, based on their experiences, about this subject.
To summarize, in terms of implications for service providers, it appears that the supervisors interviewed have knowledge about older family helping patterns. However, it would be important that this knowledge is shared with the service providers for whom they are responsible. If it is not, finding ways of improving communication is suggested. It is also indicated that lack of intra and inter agency uniformity exists when assessing for older clients' needs. This contributes to inequality of service delivery to older clients.

Supervisors in agencies with a standardized assessment format indicated that all of their service providers follow the format when assessing for client need. Standardization of assessment format across agencies would increase equality of services for clients. The value of a social network approach when working with older clients and their extended families is substantiated by the findings.

**Implications of Findings for Human Service Education**

Several implications for human service education emerge from the findings on supervisors' level of knowledge and its relationship to other variables. The finding that supervisors' level of education is related to their knowledge about the help older families give their relatives is to be expected. However, the lack of a relationship between gerontology courses and workshops taken and level of knowledge was not expected. It is assumed that instructors of gerontology courses and workshops provide information about the informal help available within the social networks of older adults. If this information is presented, why is it not incorporated into the knowledge base.
of workshop participants? It is possible that human service education does not prepare students to deal with information about a specific area of service once they are in practice. If this is the case, it would be important that educators prepare students to learn from the inservice training and workshops which they will attend once the formal educational process is completed.

If information concerning older family helping patterns is not presented in gerontology courses or workshops, this may influence the fact that gerontology courses and workshops are not related to the supervisors' level of knowledge. The help that extended families give their older members is clearly presented in the literature (Shanas, 1979a). Educators in the field of gerontology have a responsibility to ensure that current information is disseminated to practitioners for use.

The fact that supervisors' level of knowledge is not related to their assessment of older family helping patterns is an extremely interesting finding. Knowledge about clients would hopefully be utilized in practice. However, with the supervisors' interviewed, this does not seem to occur in the area of assessment. Although knowledge is related to willingness to work with older clients' families, it does not influence the assessment of those families. This finding suggests the importance of human service educators directing their instruction toward knowledge for use. If the service provider does not apply knowledge to practice, it has little benefit for the clients served.
Findings in the area of supervisors' orientations toward sharing service tasks with families of older clients also have implications for education. Many supervisors indicated that their experiences with older families have increased their willingness to work with extended families of older clients. It may be that experiences, as well as knowledge, influence supervisors' sharing orientations. If this is the case, the incorporation of experience into the educational process might strengthen the relationship between knowledge and orientation as well as establish a relationship between knowledge and practice.

In addition, the findings indicate that level of education and gerontology courses and workshops taken are not related to assessment or orientation. Again, use of experience with academic training may make education more applicable to practice. Certainly, more study is suggested concerning these issues.

It is also possible, as noted previously, that education and knowledge do not influence practice or orientations to the extent that other organizational factors, such as agency client quota, do. If this is the case, education of human service providers as well as courses and workshops for practitioners need to give information as to how the service provider can deal with agency policy when it conflicts with the best interests of the client.

More research is called for in several areas discussed in this section. As an exploratory study, one goal is to raise questions for future research. The following section discusses issues unanswered within this study.
Implications of the Findings for Future Study

The findings of this exploratory study raise questions for future research. Findings related to the supervisors' level of knowledge indicate that the majority of supervisors have a high level of knowledge about older family helping patterns. This finding contrasts with suggestions in the literature that practitioners lack knowledge about older families, as discussed previously in this chapter. As noted, it is possible that supervisors have a higher level of knowledge than do direct service workers. Investigation of the knowledge of service workers in various practice fields would provide information about service providers' level of knowledge concerning older family helping patterns.

The lack of relationship between knowledge and gerontology courses or workshops taken also raises questions concerning the content of gerontology courses as well as the ability of formal education to prepare students to use training provided in practice. This issue was discussed in detail in the previous section.

The fact that the majority of supervisors did not score within the high category on the assessment index may be related to various factors. Supervisors' assessment was shown to be related inversely to their age, the number of aides they supervise and the number of aides within their agencies. The relationship between number of aides supervised and number of aides within the agency and assessment may point to the fact that an agency with fewer resources is going to look for resources for their clients outside of the agency. In this case, those
resources would be the family members of the older clients. This suggestion is based on the assumption that the demand for services exceeds the resources of agencies with few aides. However, more research is suggested to determine whether agencies with few staff do have strained resources. If the agency has a small staff and also little client demand, then the relationship between assessment and number of aides within the agency is likely to be influenced by other factors.

The findings also indicate that the majority of supervisors are willing to work with the extended family of the elderly. Orientation toward sharing responsibilities is inversely related to the age of supervisors, the number of aides they supervise and the number of aides within their agencies. Again, it would be helpful to determine whether client demand influences a supervisors' willingness to work with the families of older clients. It would be interesting to investigate further whether agencies with fewer clients encourage their employees to seek out family help for those clients or if they discourage service sharing which would further lessen their own caseload.

Other findings of this study suggest additional research as well. The correlation of knowledge with assessment reveals that no significant relationship exists. This finding is contrary to assumptions in the literature review, which suggest that assessment is related to the level of knowledge. These findings suggest that factors other than knowledge influence the assessment procedures of the supervisors interviewed. For example, in response to the open-ended question, "When an older person has been referred to your agency for services, what areas
do you assess prior to delivering services?" several supervisors indicated that their agency only assessed areas which correspond with their services. They related that if the client presented needs in other areas, those needs were referred to another agency. Consequently, services offered within the agency may influence the assessment process for some. Investigation of the services an agency and other area agencies provide would allow for investigation of relationships between that and assessment procedures.

Correlation of assessment and shared responsibility reveals a significant relationship. It would appear that the supervisors who assess older family helping patterns are positively oriented toward sharing responsibilities for service tasks with families of older clients. However, whether the orientation toward sharing responsibilities is the cause of thorough assessment, translating itself into behavior, is unknown. As noted in Chapter II, Hartman (1981:11) suggests that even when service providers assess for relationships with others significant to the client, "they tend to see individuals one at a time, moving to work with salient others only as special cases.

The relationship between assessment and shared responsibility may be influenced by the supervisors' definition of need. In response to the open-ended question on assessment, most supervisors indirectly indicated that they view need primarily in terms of Bradshaw's (1977) definition of comparative need. In other words, the supervisors define an older person as being in need when no one--particularly no informal support system--is available to meet his/her need. It was frequently stated, "If the family can help someone, we let them be as
involved as much as possible and we help another person who does not have a family to help." Consequently, the supervisors who assess for family help are planning to use it whenever possible in order to serve other clients whom they have defined as needy.

Along these lines is the supervisors' acknowledgement of limited resources. Each agency has only so many units of service which they can provide and those units are directed toward those individuals without support systems. Therefore, the relationship between assessment and orientation toward sharing responsibilities may be based on the manner in which the supervisors define need as well as the resources available to them. Expanded research concerning these factors could supply information about how definition of need contributes to practitioners' use of informal resource systems.

When assessment and shared responsibility were correlated, controlling for age, number of aides supervised and number of aides within the agency, the results were inconclusive. It appears that each of these variables has an influence on the relationship between assessment and shared responsibility, but when the test for level of significance was applied, the relationships were not significant. Therefore, the apparent influence may be due to sampling error. More research on the influence of these variables would provide information for practice.

Finally, supervisors' level of knowledge and their orientations toward working with extended families of older clients are significantly related. As noted previously within this chapter, it is important to determine why supervisors who know about the social networks of their clients and who are willing to work with the social networks of their
clients do not assess for information about those networks when they provide services. Research in this area could contribute to the body of knowledge in the area of social network theory as well as to practice with older clients and their extended families.

**Summary**

Within this chapter, the nature of the findings was discussed. Limitations of the study were also described. It was suggested that there are three areas of limitation: 1) the exploratory design of the study; 2) uncontrolled variables and their possible influence on the relationships found; and 3) nature of the sample. These limit the ability to generalize the findings of the study.

The implications of the study for service delivery, education and future research were considered. The findings raise questions for research which could contribute to social network theory and to service delivery to the elderly and their families.
APPENDIX A: LETTER TO RESPONDENTS

I am writing to invite you to participate in a research project, "Homemaker Services to the Elderly." The project involves interviewing supervisors of homemaker services throughout Ohio in order to gain information about services to the elderly.

Ms. Ellie Brubaker will be telephoning homemaker supervisors to ask them about services in their agencies. The telephone conversation will take approximately ten minutes. Homemaker supervisors will be called during the weeks of March 15 to April 2, 1982.

Confidentiality concerning your response is assured. If you would like a summary of the results at the completion of the project, I will be happy to send them to you. If you have any questions, please call Ms. Brubaker at 513-529-3880 or 513-523-2988. We hope you will choose to participate in this project.

Sincerely,

Thomas Meenaghan, Ph.D.
APPENDIX B: QUESTIONNAIRE

I. Professional and other information

1. Does your agency receive
   Title III funding? __________
   Aid to Independent Living funding? ______________

2. What is your highest level of education
   high school diploma? __________
   R.N.? __________________________
   A.A. degree? ____________________
   B.A./B.S. degree? ________________
   graduate degree? ________________ If yes, area of study
   in graduate school? ______________

3. Have you taken any courses or workshops on the elderly?
   ________________

4. What is your title in your agency? __________________________

5. How long have you been a homemaker-home health aide
   supervisor? ______________________

6. Were you a homemaker or home health aide prior to
   becoming a supervisor? __________ If yes, for how many years?
   ______________

7. Sex
   Female? ______________
   Male? ______________

8. Year of birth? ______________

9. How many homemakers or home health aides are there in
   your agency? ______________________

10. Do the majority of homemaker-home health aides in your
    agency have
    high school diplomas? ______________
    A.A. degrees? ______________
    R.N. degrees? ______________
    B.A./B.S. degree? ______________

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11. How many homemaker-home health aides do you supervise? ______________

12. Are there other homemaker-home health aide supervisors in your agency? _______ If yes, how many? ______________

II. Please answer "true" or "false" to the following questions:

T  F  1. The majority of older people (60 years and over) are socially isolated and lonely.
0  1

T  F  2. Over 50% of older people live more than 200 miles from family members.
0  1

T  F  3. The majority of older persons have not maintained a relationship with family members.
0  1

T  F  4. The majority of older people talk with family members on a weekly basis.
1  0

T  F  5. Most families help older relatives with problems that they experience.
1  0

T  F  6. Without social service programs, the needs of the majority of older persons in the United States would not be met.
0  1

T  F  7. In general, old people are pretty much alike.
0  1

III. Please answer "yes" or "no" to the following questions:

1. When investigating a referral, do you routinely contact the client's spouse (if the client is married)?
   1 Yes  No  0

1. When investigating a referral, do you routinely contact the client's children (if the client has children)?
   1 Yes  No  0

1. When investigating a referral, do you routinely contact other relatives of the client?
   1 Yes  No  0

2. Before you work with older clients, do you routinely assess spouses' reports of older clients' needs?
   1 Yes  No  0

2. Before you work with older clients, do you routinely assess children's reports of older clients' needs?
   1 Yes  No  0

2. Before you work with older clients, do you routinely assess other relatives' reports of older clients' needs?
3. As part of your agency's intake process, do you routinely ask for information such as names, addresses or telephone numbers of
   - spouses of older clients?
   - children of older clients?
   - other relatives of older clients?

4. During assessment of older clients' needs, do you routinely question what needs are already being provided for by
   - spouses of older clients?
   - children of older clients?
   - other relatives of older clients?

5. If family is providing homemaking help to an older client who is referred to your agency, do you ask the family if they want you to help them?

6. Prior to providing services to an older client referred to your agency, do you attempt to assess how well the client relates to his/her family members?

IV. Please answer "yes" or "no" to the following questions:

   1. It is difficult to work with family members of older people.

   2. Often, more is accomplished by the homemaker-home health aide if she does not have assistance from family members.

   3. Homemaker-home health aides should work together with family members to meet the needs of older clients.

   4. It costs taxpayers less when families work with homemaker-home health aides to meet the needs of older clients.

   5. Family members providing help to elderly clients are relieved when a professional can take over all of their duties.

   6. When we work with the family of older clients, I believe someone in our agency should be responsible to coordinate tasks carried out by the family and our agency.
V. Open-ended questions:

1. When an older person has been referred to your agency for services, what areas do you assess prior to delivering services?

2. When homemaker-home health aides in your agency have worked with families of older clients to provide services, what have been the advantages and disadvantages of working together?

VI. Would you like to be sent a copy of the findings of this project?
APPENDIX C: ANALYSIS OF DATA RELATED TO KNOWLEDGE

To determine whether relationships exist between knowledge and supervisors' demographic characteristics, and between knowledge and aides' level of education, the data were categorized and crosstabulated. Yates' correction was used to deal with chi square values which may be inflated due to few expected frequencies. Phi was used to measure association between variables. This appendix examines the research questions: 1) Is supervisors' level of knowledge influenced by supervisors' demographic characteristics? and 2) Is supervisors' level of knowledge influenced by the agency related factor of aides' level of education?

Knowledge by age. Supervisors' level of knowledge was crosstabulated by supervisors' age to determine if a relationship exists between the two. A chi square analysis of supervisors' scores on the knowledge index and their age reveals no significant relationship when Yates' correction is applied (see Table 19). No association is indicated between these two variables by the phi coefficient (.00). Therefore, it appears that supervisors' level of knowledge is not influenced by their age.

Knowledge by supervisors' education. Is supervisors' level of knowledge influenced by their level of education? When chi square is applied to supervisors' scores on the knowledge index and supervisors'
Table 19
Knowledge by Age

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Young (24-44)</th>
<th>Older (45-64)</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-4)</td>
<td></td>
<td></td>
<td>10</td>
<td>47.6</td>
<td>12</td>
<td>48.0</td>
</tr>
<tr>
<td>High (5-7)</td>
<td></td>
<td></td>
<td>11</td>
<td>52.4</td>
<td>13</td>
<td>52.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>21</td>
<td>45.7</td>
<td>25</td>
<td>54.3</td>
</tr>
</tbody>
</table>

Corrected chi-square = 0.0
Phi = .00
Significance = 1.00

level of education (see Table 20), the corrected chi square reveals that a significant relationship does not exist between supervisors' knowledge about older family helping patterns and their level of education. The phi coefficient (.32) indicates that the association between these variables is weak. It appears, then, that the supervisors' knowledge is not influenced by their education. This finding is not supportive of Palmore's findings which indicate that the higher the level of knowledge about older persons, the more educated the respondents.

Knowledge by years of supervisory experience. Knowledge about older families is not influenced by years of experience in working with older clients. When chi square is applied to the supervisors' number of years of supervisory experience and their scores on the knowledge index, the corrected chi square evidences that these two variables are not significantly related (see Table 21). The phi coefficient (.07) indicates that the association between these variables is weak. This
finding provides material for future study.

Table 20
Knowledge by Level of Supervisors' Education

<table>
<thead>
<tr>
<th>Education</th>
<th>High School</th>
<th>Beyond High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Low (0-4)</td>
<td>8</td>
<td>80.0</td>
</tr>
<tr>
<td>High (5-7)</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>21.3</td>
</tr>
</tbody>
</table>

Corrected chi square = 3.45  
Phi = .32  
Significance = .06

Table 21
Knowledge by Years of Supervisory Experience

<table>
<thead>
<tr>
<th>Years of Supervisory Experience</th>
<th>Few (1-5)</th>
<th>Many (6-28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Low (0-4)</td>
<td>14</td>
<td>51.9</td>
</tr>
<tr>
<td>High (5-7)</td>
<td>13</td>
<td>48.1</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>57.4</td>
</tr>
</tbody>
</table>

Corrected chi square = .03  
Phi = .07  
Significance = .87

Knowledge by aides' level of education. Is supervisors' level of knowledge influenced by the agency related factor of staff education? The findings indicate that it is not. The education of aides within
the supervisors' agency is not significantly related to the supervisors' scores on the knowledge index when chi square is applied, using Yates' correction (see Table 22). The phi coefficient (.05) indicates a weak association between these two variables. Consequently, aides who are highly educated do not necessarily have more knowledgeable supervisors than aides who are not.

Table 22
Knowledge by Aides' Education

<table>
<thead>
<tr>
<th>Aides' Education</th>
<th>Knowledge</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beyond High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (0-4)</td>
<td></td>
<td>19</td>
<td>50.0</td>
<td>3</td>
<td>42.9</td>
</tr>
<tr>
<td>High (5-7)</td>
<td></td>
<td>19</td>
<td>50.0</td>
<td>4</td>
<td>57.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38</td>
<td>84.4</td>
<td>7</td>
<td>15.6</td>
</tr>
</tbody>
</table>

Corrected chi square = 0.0
Phi = .05
Significance = 1.00

Summary. The findings related to supervisors' level of knowledge indicate that level of knowledge is not related to the supervisors' demographic characteristics nor to the agency related factor of level of aides' education. Chapter IV analyzes these variables with a higher level statistic, the Pearson correlation coefficient, and reaches the same conclusion, except in the area of the relationship between level of knowledge and supervisors' education. When correlated, knowledge and education are found to influence each other.
APPENDIX D: ANALYSIS OF DATA RELATED TO ASSESSMENT

This appendix presents information about supervisors' scores on the assessment index when those scores are crosstabulated by demographic characteristics and agency related factors. The research questions dealt with in Appendix D are: 1) Is the extent to which supervisors thoroughly assess older family helping patterns influenced by the supervisors' demographic characteristics? and 2) Is the extent to which supervisors thoroughly assess older family helping patterns influenced by agency related factors?

Assessment by age. Supervisors' scores on the assessment index were crosstabulated with supervisors' age to determine whether that demographic characteristic has an influence on thoroughness of assessment of older family helping patterns. Application of chi square to supervisors' scores on the assessment index by their age evidences no significant relationship between these two variables when Yates' correction is applied (see Table 23). In addition, a weak association between age and assessment scores is indicated by the phi coefficient (.15). Therefore, supervisors' age does not influence their assessment of older family helping patterns.

Assessment by supervisors' education. Does supervisors' level of education influence their assessment procedures when working with older families? The findings indicate that it does not. Supervisors' scores
Table 23
Assessment by Age

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Young (24-44)</th>
<th>Older (45-64)</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-9)</td>
<td>10</td>
<td>15</td>
<td>25</td>
<td>55.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>9</td>
<td>20</td>
<td>44.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>24</td>
<td>45</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Corrected chi square = .49
Phi = .15
Significance = .48

on the assessment index are not found to be significantly related to their level of education when chi square is used, applying Yates' correction (see Table 24). The phi coefficient (.04) reveals little association between these two variables. This finding is interesting since it might be expected that education would contribute to more thorough questioning of the clients' support systems.

Assessment by years of supervisory experience. The relationship between supervisors' number of years of supervisory experience and their scores on the assessment index was analyzed using chi square. The corrected chi square evidences no significant relationship between the two (see Table 25). The phi coefficient (.03) indicates a weak association between these two variables. Consequently, it appears that years of supervisory experience of homemaker-home health aide supervisors does not influence the manner in which they assess for older family help. This lack of relationship is an informative finding providing information on what experiences do not provide for the
Table 24

Assessment by Supervisors' Level of Education

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Low (0-9)</th>
<th>High (10-14)</th>
<th>High School</th>
<th>N</th>
<th>%</th>
<th>Beyond</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-9)</td>
<td>6</td>
<td>4</td>
<td>60.0</td>
<td>20</td>
<td>55.6</td>
<td>26</td>
<td>56.5</td>
<td></td>
</tr>
<tr>
<td>High (10-14)</td>
<td>4</td>
<td>16</td>
<td>40.0</td>
<td>16</td>
<td>44.4</td>
<td>20</td>
<td>43.5</td>
<td></td>
</tr>
</tbody>
</table>

Corrected chi square = 0.0
Phi = .04
Significance = 1.0

Table 25

Assessment by Years of Supervisory Experience

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Few (1-5)</th>
<th>Many (6-28)</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-9)</td>
<td>15</td>
<td>1</td>
<td>57.7</td>
<td>11</td>
<td>55.0</td>
<td>26</td>
<td>56.5</td>
<td></td>
</tr>
<tr>
<td>High (10-14)</td>
<td>11</td>
<td>9</td>
<td>42.3</td>
<td>45.0</td>
<td>20</td>
<td>43.5</td>
<td>46</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Corrected chi square = 0.0
Phi = .03
Significance = 1.0
supervisors interviewed—they do not facilitate thorough assessment.

**Assessment by number of aides supervised.** Chi square, using Yates' correction, was applied to supervisors' scores on the assessment index and the number of aides supervised. It was found that these two variables are not significantly related (see Table 26). The association between assessment scores and number of aides supervised is weak ($\phi = .27$). It appears that the number of aides supervised does not influence the thoroughness of the supervisors' assessment.

Table 26

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Few (1-5)</th>
<th>Many (6-60)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Low (0-9)</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>High (10-14)</td>
<td>16</td>
<td>53.3</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>65.2</td>
</tr>
</tbody>
</table>

Corrected chi square = 2.35  
Phi = .27  
Significance = .13

**Assessment by number of aides within the agency.** Do the number of aides within the agency influence the supervisors' assessment of older family helping patterns? The findings indicate a negative answer. Supervisors' scores on the assessment index were crosstabulated with the number of aides employed by their agencies (see Table 27). The corrected chi square shows no significant relationship between the two variables. In addition, little association exists between assessment
and number of aides in the agency \( (\text{phi} = .28) \).

**Table 27**

<table>
<thead>
<tr>
<th>Number of Aides</th>
<th>Few (1-4)</th>
<th>Many (5-61)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (0-9)</td>
<td>13</td>
<td>48.1</td>
</tr>
<tr>
<td>High (10-14)</td>
<td>14</td>
<td>51.9</td>
</tr>
<tr>
<td>Corrected chi square</td>
<td>2.39</td>
<td></td>
</tr>
<tr>
<td>Phi</td>
<td>.28</td>
<td></td>
</tr>
<tr>
<td>Significance</td>
<td>.12</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment by aides' level of education.** Does the level of education of the respondents' supervisees influence the respondents' assessment of older family helping patterns? Chi square analysis was applied to the supervisors' scores on the assessment index and the education of the aides in their agencies (see Table 28). Corrected chi square indicates that no significant relationship exists between the supervisors' assessment scores and the aides' level of education. The phi coefficient (.02) shows little association. Consequently, the education of aides within the agency does not influence their supervisors' thoroughness of assessment.

**Summary.** The findings reveal that neither demographic characteristics of the supervisors nor agency related factors are related to thoroughness of assessment of older family helping patterns when these variables are crosstabulated. The variables analyzed in this appendix
Table 28
Assessment by Aides' Education

<table>
<thead>
<tr>
<th>Assessment</th>
<th>High School</th>
<th>High School</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-9)</td>
<td>20</td>
<td>4</td>
<td>24</td>
<td>54.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High (10-14)</td>
<td>17</td>
<td>3</td>
<td>20</td>
<td>45.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>7</td>
<td>44</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Corrected chi square = 0.0
Phi = .02
Significance = 1.00

are also analyzed in Chapter IV using Pearson's r, a higher level statistic. When these variables are correlated, it is discovered that assessment has a significant, inverse relationship to supervisors' age, number of aides supervised and number of aides within the agency.
APPENDIX E: ANALYSIS OF DATA RELATED TO SHARED RESPONSIBILITY

This appendix examines the research questions concerning the relationship of supervisors' scores on the shared responsibility index to their demographic characteristics and their shared responsibility scores to agency related factors. Corrected chi square (Yates' correction) is used to determine relationships between variables. Phi is utilized to determine the association between variables.

Shared responsibility by age. The relationship between supervisors' scores on the shared responsibility index and their age was examined using chi square (see Table 29). The corrected chi square reveals that no significant relationship exists between these two variables. The phi coefficient (.12) indicates little association between the two. This finding demonstrates that supervisors' orientations toward sharing responsibilities with older clients are not influenced by their age.

Shared responsibility by education. Does the supervisors' level of education influence their orientations toward sharing responsibilities for service tasks with the extended families of older clients? Chi square analysis indicates no association between supervisors' scores on the shared responsibility index and their level of education when Yates' correction is applied (see Table 30). Weak association is
Table 29

Shared Responsibility by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Young (24-44)</th>
<th>Older (45-64)</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-4)</td>
<td>6</td>
<td>10</td>
<td>16</td>
<td>34.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High (5-6)</td>
<td>15</td>
<td>15</td>
<td>30</td>
<td>65.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Corrected chi square = .25  
Phi = .12  
Significance = .61

Table 30

Shared Responsibility by Supervisors' Level of Education

<table>
<thead>
<tr>
<th>Education</th>
<th>High School</th>
<th>Beyond High School</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-4)</td>
<td>6</td>
<td>10</td>
<td>16</td>
<td>34.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High (5-6)</td>
<td>4</td>
<td>27</td>
<td>31</td>
<td>66.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Corrected chi square = 2.48  
Phi = .28  
Significance = .12
revealed between the two variables when phi is utilized (phi = .28). The finding that education is not related to shared responsibility raises interesting questions for future research.

**Shared responsibility by years of supervisory experience.** Chi square was applied to examine the relationship between supervisors' scores on the shared responsibility index and their years of supervisory experience (see Table 31). The corrected chi square indicates that no significant relationship exists between these two variables. The phi coefficient (.02) shows little association between shared responsibility scores and years of supervisory experience. Consequently, the respondents' years of experience as supervisors does not influence orientations toward sharing responsibilities with families of older clients.

**Table 31**

<table>
<thead>
<tr>
<th>Years of Supervisory Experience</th>
<th>Shared Responsibility</th>
<th>Few (1-5)</th>
<th>Many (6-28)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N  %</td>
<td>N  %</td>
</tr>
<tr>
<td>Low (0-4)</td>
<td>9  33.3</td>
<td>7  35.0</td>
<td>16  34.0</td>
</tr>
<tr>
<td>High (5-6)</td>
<td>18  66.7</td>
<td>13  65.0</td>
<td>31  66.0</td>
</tr>
<tr>
<td></td>
<td>27  57.4</td>
<td>20  42.6</td>
<td>47 100.0</td>
</tr>
</tbody>
</table>

Corrected chi square = 0.0
Phi = .02
Significance = 1.00
Shared responsibility by number of aides supervised. Does the number of aides a supervisor is responsible for influence the supervisors' orientation toward sharing responsibility for service tasks with older clients' extended families? Apparently it does not. The supervisors' scores on the shared responsibility index were related to the number of aides they supervise using chi square (see Table 32). Yates' correction was used and indicates that no significant relationship exists between shared responsibility and number of aides supervised. The phi coefficient (.24) evidences a weak association between the two variables.

Table 32

| Number of Aides Supervised | | | | |
|---------------------------|-----------------|----------------|----------------|
|                             | Few (1-5)     | Many (6-28)   | |
| Shared Responsibility      | N       | %       | N       | %       |
| Low (1-4)                  | 8       | 25.8    | 8       | 50.0    |
| High (5-6)                 | 23      | 74.2    | 8       | 50.0    |
|                            | 31       | 66.0    | 16      | 34.0    |
|                            | 47       | 100.0   |

Corrected chi square = 1.78
Phi = .24
Significance = .18

Shared responsibility by number of aides within the agency. Chi square was utilized to analyze the relationship between supervisors' scores on the shared responsibility index and the number of aides in their agencies (see Table 33). Corrected chi square reveals that these two variables are not significantly related. The phi coefficient (.19)
shows little association between shared responsibility scores and number of aides in the agency. Therefore, the number of aides employed by the supervisors' agency does not influence the supervisors' orientations toward working with the families of older clients.

Table 33

<table>
<thead>
<tr>
<th>Shared Responsibility by Number of Aides in Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Aides</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Few (1-4)</td>
</tr>
<tr>
<td>Low (1-4)</td>
</tr>
<tr>
<td>N</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>High (5-6)</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>28</td>
</tr>
</tbody>
</table>

Corrected chi square = .87
Phi = .19
Significance = .35

Shared responsibility by aides' level of education. Does the level of aides' education influence the supervisors' orientation toward working with older families? The supervisors' scores on the shared responsibility index and corrected chi square evidences no significant relationship between the two (see Table 34). Use of phi (.04) indicates little association between the two.

Summary. It was found that neither supervisors' demographic characteristics nor agency related variables influence the supervisors' orientations toward working with families of older clients when chi square is applied to these variables. These findings are similar to the findings which result from the use of Pearson's r on these
Table 34
Shared Responsibility by Aides' Education

<table>
<thead>
<tr>
<th>Aides' Education Beyond</th>
<th>High School N</th>
<th>High School %</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-4)</td>
<td>13</td>
<td>34.2</td>
<td>15</td>
<td>33.3</td>
</tr>
<tr>
<td>High (5-6)</td>
<td>25</td>
<td>65.8</td>
<td>30</td>
<td>66.7</td>
</tr>
</tbody>
</table>

Corrected chi square = 0.0
Phi = .04
Significance = 1.00

variables with the following exceptions. Shared responsibility is found to be inversely related to age, number of aides supervised and number of aides within the agency when the Pearson correlation coefficient is applied. (For discussion of this analysis, see Chapter IV.)
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