USING AND INTERPRETING

THE MONTGOMERY BORGATTA CAREGIVER BURDEN SCALE

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Background

A large body of literature has emerged that has focused on the burden of caring for an elderly person. There is, however, great variation within this literature of the conceptual definitions and the measurement of burden. Generally burden has been conceptualized in three broad ways. First burden has been defined as the extent of workload and measured in terms of the number and types of care tasks performed (e.g. assistance with household chores, banking tasks or personal care tasks) and or the number of hours spent performing these tasks. Second, burden has been defined as the caregiver’s judgment concerning the distress or difficulty associated with performing the care tasks. Third, burden has been defined as the “perceived” impact of this workload on the caregiver’s life. It is this third conceptualization of burden that is most prevalent in the literature and that has received the most attention.

This conceptualization of burden as the “perceived impact of care tasks” has been further refined by distinguishing between emotional impacts and impacts on resources such as time, physical health, physical space and/or finances. Emotional impact has been variously called subjective burden, stress or strain and has been linked to depression. In addition, several investigators have focused on the impact of care tasks on the dyadic relationship between the caregiver and the care receiver and referred to this unique form of burden as elder-family conflict, relative stress, provocateur, relationship burden and subjective demand burden.

Although the earliest investigations of burden employed global or multi-dimensional measures of burden, which incorporated both the emotional impacts and the impacts on caregiver resources, most recent studies have distinguished amount the type of burden (See Montgomery, 1989). Measures of impact of caregiving on resources have most often included items pertaining to restrictions on social and work activities financial costs, and/or health costs.

Three Burden Scores

Our own study of caregiving burden was initiated almost two decades ago and, of course is only a small part of the many studies and research on caregiving by family members. Our approach to measurement has led to a set of concepts that are simple and easily understood. Three relatively independent main variables (drawn from exploratory factor analytic studies) appear to cover most of the variance of the concept.

Objective burden: Is defined as perceived infringement or disruption of tangible aspects of a caregiver’s life. It is measured by six items: amount of time one has for one’s self; amount of personal privacy one retains; time available for recreational activities; restrictions on vacations and trips; amount of time available to do one’s own work and daily chores; and amount of time for friends
and relatives. In our recent studies the internal consistency (Cronbach Alpha) for this measure has ranged from .87 to .90. Scores on this measure have range from 6 to 30. Previous research indicates that mean scores for large samples of caregivers range between 19.3 (standard deviation = 3.8) and 19.5 (standard deviation = 3.15). Based on this information scores above 23 could be viewed as quite high.

Subjective demand burden is defined as the extent to which the caregiver perceives care responsibilities to be overly demanding. Subjective demand burden is measured with four items that include the following content; attempts by the dependent relative to manipulate the caregiver; unreasonable requests of the caregiver; feelings by the caregiver of being taken advantage of by the dependent elder; and demands made by the dependent relative that are over and above what is needed. Scores on this measure can range from 4 to 20. The reliability (Cronbach Alpha) of this measure has ranged from .68 to .82. Previous research indicates that mean scores for a large sample of caregivers range between 12.6 (standard deviation = 2.4) and 12.7(standard deviation = 2.0). Based on this information scores above 15 could be viewed as quite high.

Subjective stress burden is the emotional impact of caregiving responsibilities on the caregiver. It is measured with four items that include: stress in the relationship with the dependent relative; tension in the caregiver’s life; nervousness and depression related to the relationship with the dependent relative and anxiety about things. The internal consistency of this measure has ranged between .81 and .88. Scores on this dimension have ranged from 4 to 20. Previous research indicates that mean scores for a wide range of caregiver samples range between 13.2 (standard deviation = 3.3) and 13.6 (standard deviation = 2.9). Based on this information scores above 13.5 could be viewed as quite high.

Norms for Caregivers

Research to establish a normative range of burden scores is currently being undertaken. At this point in time, however, clear norms for the three measures have not been established nor have we identified a threshold point that definitively identifies a high score. In the absence of such norms it may be useful for providers to compare an individual’s score to the mean scores that have been calculated for a number of samples of caregivers who have participated in a wide range of studies. In this way a provider may determine whether a caregiver is at the high or low end of the each type of burden when compared to a wide range of other informal caregivers. Individuals with high scores on the burden measures are likely to be in need of supportive interventions.

Implications for Supportive Interventions

The establishment of statistical and conceptual independence of the three measures of burden means that many persons who have objectively defined burdens of care do not subjectively feel they are burdened. The opposite, of course is also a true, namely that
many persons who assist a dependent relative may not have many objectively defined burdens but may still subjectively feel they are burdened. Therefore it is important to distinguish the workload from the impact of that workload on caregivers.

It is also useful to distinguish among the different types of burden because the interventions that are most appropriate to address one type of burden may not be useful to address a different type of burden. When working with family caregivers it is important for providers to know exactly which type of burden or stress is most salient at a given point in time. This knowledge should help providers identify support strategies that are appropriately matched to the source of stress. For example an individual who is stressed or burdened because of the infringement of care responsibilities on other life activities of the caregiver (objective burden) is likely to benefit from help that will alleviate tasks or care responsibilities, such as in-home services. In contrast, a caregiver who is most stressed because he or she believes the demands made by the care recipient are inappropriate or excessive, may best be helped by an opportunity to learn more about the disease process, a care recipients true level of dependency and appropriate levels of support. Similarly, a caregiver who is emotionally stressed (subjective stress burden) may benefit from a support group or individual counseling.

Calculating Burden Scores

The exact wording to be used to ask caregivers about caregiver burden is provided in Appendix A along with the response set. Summary scores for each of the three measures of burden are constructed by summing the individual items included for each dimension.

The six items included in the measure of objective burden should be scored as follows:

5 = A lot less
4 = A little less
3 = The same
2 = A little more
1 = A lot more

The four items included in the measure of subjective stress burden should be scored as follow:

1 = A lot less
4 = A little less
3 = The same
4 = A little more
5 = A lot more

The four items included in the measure of subjective demand burden should be scored as follow:

1 = A lot less
4 = A little less
3 = The same
4 = A little more
5 = A lot more
**Missing Data Protocol:** If a caregiver fails to respond to one or two of the items in a subscale the summary score should be adjusted by calculating a mean score for the valid items and multiplying that mean score by the number of adding the valid items. If more than two items in a subscale are missing, a score cannot be calculated.

Calculating score for Objective Burden when data for one or two items are missing:

\[ \frac{\text{Sum of valid items}}{\text{number of valid items}} \times 6 \]

Calculating score for Stress Burden or Demand Burden when data for one or two items are missing:

\[ \frac{\text{Sum of valid items}}{\text{number of valid items}} \times 4 \]

**References**


