

BARRIERS TO LEISURE TRAVEL OF FAMILY CAREGIVERS: A PRELIMINARY EXAMINATION

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Travel and Older Adults

According to the World Tourism Organization (2002), tourism is the world's largest industry. The Travel Industry Association of America (TIA) (2003) reported just under 1.14 billion domestic person-trips in the United States for the year 2003. Approximately 750 million of these trips were for pleasure, which indicates a strong market in leisure travel. One of the fastest growing market segments of the travel industry is made up of consumers 55 years of age and older (Cook, Yale, & Marqua 2002). In 2000, the baby boomers produced the highest travel volume in the United States (TIA, 2001). This baby boomer market generated 245 million trips, which accounted for more than any other age group. According to the Administration on Aging (2002), by the year 2030, adults over the age of 65 will number 70 million; twice the number of older adults living in 2000. These statistics have strong implications for the travel industry's ability to meet the needs of this market.

Caregivers and Leisure

As the baby boomer generation ages, however, they will begin to experience limitations to their activity due to chronic health conditions. A number of these individuals will require personal care that, for many reasons, will not be provided by a professional caregiver. According to the National Family Caregivers Association (NFCA) (2000), 54 million individuals in the United States provide some sort of caregiving. Of significant concern, caregiving responsibilities have been proven to cause physical (King et al., 2000; O'Rourke & Tuokko, 2000), and psychological consequences (National Family Caregivers Association, 1998; Yates, Tennstedt, & Chang, 1999). In addition, Schulz and Beach (1999) found that stressed family caregivers are more likely to die at an earlier age than non-caregivers or those not stressed.

Leisure loss, in particular, is another significant consequence to family caregiving. According to NFCA (1998), loss of leisure was identified as one of the top three negative consequences to caregiving in a national survey of family caregivers in the United States. In addition, research shows that caregivers have difficulty retaining leisure in their lives (e.g., Dunn & Strain, 2001; Mannell, Salmoni, & Martin, 2002; Seltzer & Li, 2000). More significantly, caregivers have identified leisure travel as a particular loss within their leisure pursuits reporting that caregiving interfered with vacation plans and other leisure travel (e.g., Kleban, Brody, Schoonover, & Hoffman, 1989; Ory, Hoffman, Yee, Tennstedt, & Schulz, R., 1999). As a result, family caregivers (as well as their care-recipients) will likely find their leisure travel severely restricted or eliminated having to redirect their free (leisure) time and discretionary money away from pleasure travel toward the care of an ill or disabled loved one. This loss and disruption in leisure travel can cause additional consequences for family caregivers such as resentment (Bedini & Guinan, 1996), strain (Robinson, 1983) and sorrow (Lindgren, 1996).

Conceptual Framework and Purpose

The conceptual frameworks for this study included the constraints model by Crawford, Jackson, and Godbey (1991), as well as results from an interpretive study on the barriers to leisure travel of family caregivers (Gladwell & Bedini, 2004) that found a reverse correlation with the components of Crawford et al.'s model. The purpose of this preliminary study was to explore the impacts (physical, emotional, and social) of caregiving on the leisure travel attitudes and behavior of family caregivers.

Methods

Respondents consisted of 105 informal family caregivers in North Carolina. The instrument was designed using literature and results from a qualitative study on the same topic to solicit family caregivers' perceptions of physical, emotional, and social barriers that impact their leisure travel opportunities. The instrument comprised a total of 82 items (56 items on barriers and leisure travel and 26 demographic items). The barriers items used a 4-point Likert scale. The questionnaire was sent to 870 informal family caregivers identified through AARP's Family Caregiving in North Carolina (2002) directory. The researchers disseminated questionnaires through four liaisons each of whom worked in a regional caregiver agency in the state. Data were analyzed using SPSS 12.0 with descriptive, as well as factor analysis, independent t-tests and ANOVAs.

Results

Descriptive statistics indicated that the average respondent was female (83%), white (79%), and an average of 61 years old. The respondents have cared for a loved one an average of 7.4 years. The majority defined leisure as "unobligated time to do with as I please," (58%) and almost half (47.4%) stated they completely gave up leisure travel as a result of caregiving responsibilities. Over half (52.4%) lived with their care-recipient with 44% caring for someone with Alzheimer's disease. Forty-two percent of the care-recipients required constant assistance. Finally, 44% of the respondents provided care more than 40 hours per week while 48% provided care less than 10 hours per week. Factor analysis yielded five factors representing barriers to leisure travel with fairly strong Cronbach alpha reliabilities. These factors were Environment ($\alpha = .80$), Experience ($\alpha = .82$), Service Provision ($\alpha = .82$), Financial ($\alpha = .89$), and Shared Leisure ($\alpha = .69$). The Environment factor reflects items that involved the context of travel such as feeling safe or comfortable in new environments. For example, items that addressed weather, crowding, medical assistance, and crime fell into this factor. The Experience factor represents the impact of caregiving on the actual travel experience. For example, guilt for traveling without the care-recipient, resentment, lack of spontaneity, lack of family support, or sense of loss for the travel fell into this factor. The Service Provision factor involves the accessibility of facilities/accommodations and the quality of service delivered by employees of travel related businesses. For example, caregivers do not travel with their care-recipient because of lack of accessible transportation. The Financial factor comprises items related to economic difficulties related to medical care of care-recipient or travel expenses. The Shared Leisure factor entails the relationship between the caregiver and care-recipient with regard to their mutual (or shared) leisure travel experiences. For example, the caregiver and care-recipient travel to destinations in which they are both interested or the preference of each other as travel companions.

Independent t-tests and ANOVAs were run to determine if there were statistically significant differences between each of the five factors and the various demographic profile variables. Comparison of means found that statistically significant differences existed for Experience factor with the variables relationship to care-recipient (i.e., spouse, parent, other) ($p=.037$), level of disability ($p=.025$), and financial hardship ($p=.018$). As may be expected, the higher level of disability and greater perception of financial hardship posed more barriers to the actual leisure travel experiences of these caregivers. In addition, those caregivers that were caring for a parent found more barriers to their leisure travel experiences than did those caregiving for non-spousal “other” family members. Results indicated that significant differences were also found for the Service Provision factor with the variables level of disability ($p=.001$) and income ($p=.017$). These results suggest that issues related to service provision were a greater barrier to caregivers 56 years or older, as well as those who had a household income of \$25,000 or less. As expected, a significant difference was also found for the Financial factor with the income of the caregivers ($p=.000$) whereby caregivers with household incomes of \$25,000 or less found financial issues to be a greater obstacle to their leisure travel than did those with higher income levels. Finally, a statistically significant difference was found for the factor, Shared Leisure, and the relationship of the caregiver to the care-recipient ($p=.000$). Spouses found loss of shared leisure with their care-recipient to be a greater obstacle to leisure travel than those caregivers who were caring for parents.

Results from individual item mean scores suggested that these caregivers greatly missed their travel, felt stressed and worried when they traveled with or without their care-recipients, tended to travel closer to home when traveling with their care-recipient, and experienced guilt when traveling without their care-recipient. Interestingly, individual variables indicated that “lack of knowledge of opportunities for leisure travel” as well as “fear of crime” were not major barriers to leisure travel for these respondents.

Discussion

In this preliminary study, five factors were generated from a questionnaire that addressed barriers to leisure travel for family caregivers. These factors partially align with Crawford et al.’s constraints model, supporting the presence of interpersonal barriers (Service Provision factor) and intrapersonal constraints (Experience factor). Structural barriers as defined by Crawford et al.’s model, however, crossed over three factors from this study (Environmental, Service Provision, Financial factors). The weakest factor, Shared Leisure, was not represented per se in the constraints model. The concept of shared leisure, however, has particular relevance for family caregivers who are providing care to their spouses. These respondents found loss of shared leisure to be a greater obstacle to leisure travel than those caregivers who were caring for parents. Research indicates that shared leisure is a predictor of marital satisfaction (e.g., Smith, Snyder, Trull, & Monsma, 1988) and contributes to reduced anxiety, depression, and resentment (e.g., Guerin & Dattilo, 2001). Further examination of the nature of the factors in relation to the constraints model, as well as family caregiving and shared leisure will be conducted in the next phase of this work, a randomized national study.

Potential Applications

This was a preliminary study to the examination of barriers to leisure travel for family caregivers. The reliabilities of the five identified factors suggest that this tool has

potential to satisfy this purpose. Additionally, results from analyses give insight into the perceived need of family caregivers to pursue their leisure travel. These data give direction to practitioners and researchers alike regarding the importance of not only accessible but also sensitive service provision, as well as safe and comfortable environments, reduction of financial barriers, reduction of worry by the caregiver, and addressing inclusion of shared leisure for spouses in community travel opportunities.

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ABSTRACTS
of Papers Presented at the
Eleventh Canadian Congress on Leisure Research
May 17 – 20, 2005
Hosted by
Department of Recreation and Tourism Management
Malaspina University-College
Nanaimo, B.C.
Abstracts compiled and edited by
Tom Delamere, Carleigh Randall, David Robinson
CCLR-11 Programme Committee
Tom Delamere
Dan McDonald
Carleigh Randall
Rick Rollins
and
David Robinson



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ISBN 1-896886-01-9



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