What Are the Patterns of Shared Viewpoints, Attitudes, Beliefs, and Opinions of Full-Time Grandparent Caregivers About Their Experiences? A Q Methodological Study

by

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Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

Objective: Millions of grandparents in the United States provide full-time care to grandchildren. Although their actions are largely altruistic, they do not come without sacrifice. Often these sacrifices are associated with major consequences. Little is known about how grandparents prioritize their sacrifices. An improved understanding of how grandparents prioritize their sacrifices could facilitate better awareness, more specialized care, and improved policies for this population. **Method:** I used Q methodology to investigate grandparents' perspectives on the sacrifices that they make to raise their grandchildren. Thirteen participants were recruited using snowball and purposive sampling. To create the Q-set, I used 26 statements related to the sacrifices that grandparents make when raising their grandchildren. I analyzed the data from the Q-sorts using factor analysis. I used data from the written qualitative questionnaires to add richness to the factor interpretation. **Results:** According to the participating grandparents, two of the most sacrificed items are time and personal care, including sleep. The least sacrificed items are household activities and eating and drinking. The highest agreement amongst all participating grandparents was regarding time. There was a high level of agreement that time is a significant sacrifice when raising grandchildren full-time.

Keywords: grandparents, custodial, grandchildren, caregiver

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DEDICATION

I would first like to ackowledge and thank my Nonny for being the inspiration for this dissertation. It is only because of the sacrifices that you made and continue to make that I am able to succeed. This is for you!

Also, I send a heartfelt thank-you to all of the grandparents who participated in this research and shared your stories with me. The sacrifices that you make do not go overlooked. Speaking on behalf of many of the grandchildren raised by grandparents, I would like to say: We love you, we appreciate you, and we thank you for all that you do for us!

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American Time Use Survey (ATUS)

CHAPTER 1

OVERVIEW

Life expectancy has been steadily increasing, reaching an average age of nearly 80 years (Centers for Disease Control and Prevention [CDC], 2017). Given this lengthened life span, more individuals have the opportunity to enter grandparenthood today than in the 1900s, when the life expectancy hovered around 47 years (CDC, 2017). Unlike many other roles and stages in life, grandparenthood is one that a person does not choose but instead involuntarily enters when an adult child enters parenthood (Leopold & Skopek, 2015). Like becoming a grandparent, becoming a full-time grandparent caregiver to a grandchild is often a counter-transition: Caregiving is not typically self-initiated and instead is a result of a situation involving the adult child. Although grandparents may reap benefits in caring for their grandchildren, they also make sacrifices. Many of these sacrifices result in unintended consequences for the grandparent's personal and interpersonal life, economic status, and health (Hayslip & Kaminski, 2005). Due to a lack of empathy or understanding from those around them or their own shame related to their circumstances (Backhouse & Graham, 2013; Doka, 1989), many grandparents experience disenfranchised grief. Disenfranchised grief is "the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (Doka, 1989, p. 4). Approximately seven million grandparents in the United States provide care for grandchildren (U.S. Census Bureau, 2014). The number of grandparents and grandchildren affected by this phenomenon necessitates a more robust understanding of it.

This study examined grandparent caregivers' perspectives of the losses and sacrifices they experience as a result of raising a grandchild. This first chapter provides background information about the subject, as well as the problem, purpose, and significance of this study.

This chapter also defines relevant terms, presents the research questions that guided this study, and gives an overview of the research design and methodology used to answer the research questions.

Background

Religious and cultural backgrounds have long shaped grandparents' role in society (Shwalb & Hossain, 2018). For example, some religions idealize grandfathers as authorities. Yet this grandparent role is continuously shifting due to demographic and social changes in society. As Shwalb and Hossain pointed out, grandparents today are living longer and make up a larger proportion of the overall population than they did before.

Despite these changes in society, grandparents continue to play an important role in the family. In fact, many current grandparents have a greater responsibility for their grandchildren than grandparents in past generations. A large percentage of grandparents in the United States and worldwide provide full-time care for grandchildren, an act that is largely altruistic. However, there is a paradox in this altruistic behavior that requires exploration, given the number of grandparent-headed families (grandfamilies) affected.

Problem Statement

Advancing the understanding of grandparents' experiences raising grandchildren would significantly benefit grandfamilies. While many studies document the challenges grandparent caregivers experience (e.g., depression, high stress levels, and diabetes), little is known about the perceptions that the grandparents themselves have concerning these challenges (Hayslip et al., 2017). Even less is known about how grandparents prioritize the sacrifices that they make in order to care for grandchildren.

An improved understanding of how grandparents perceive and prioritize the challenges associated with caregiving would help not only practitioners but also policymakers. Dolbin-MacNab and Yancura (2018) explained that a country's social policies can either be beneficial or detrimental to the family unit, in particular to grandfamilies. Backhouse and Graham (2013) indicated that advancements are needed regarding the losses that grandparents experience from taking on caregiving responsibilities. While grandparents in their study reported being deeply committed to their role as caregivers for their grandchildren, "it was also permeated by grief as they negotiated changes in their lives that they hadn't envisaged and consequential experiences of loss on so many levels—including in relation to lifestyle, hopes, and dreams" (p. 450).

Purpose Statement

Millions of grandparents serve as full-time caregivers to grandchildren (AARP, 2018). Although research in this field clearly indicates the challenges and losses that result from caring for grandchildren, there remains a dearth of research concerning the actual losses themselves and the opinions that grandparents hold concerning them. The purpose of this study was to explore full-time grandparent caregivers' perspectives on their experiences—specifically, their sacrifices and losses—to assist helping professionals and policymakers in determining which areas merit priority interventions when working with grandfamilies. In the long run, an improved understanding of grandparents' experiences would promote resilience and strengthen this at-risk population. If the needs of grandparents are met, the grandparents can better care for their grandchildren. Participants in this study were grandparents who are currently caring or have at one time cared for grandchildren on a full-time basis. Such research is needed to provide clarity on the losses that grandparent caregivers experience.

Significance of the Study

Decades ago, Doka (1989) described the importance of conducting research in the field of disenfranchised grief, noting:

> It is likely that bereavement counselors will have increased exposure to cases of disenfranchised grief. In fact, the very nature of disenfranchised grief and the unavailability of informal support make it likely that those who experience such losses will seek formal supports. There is a pressing need for research that will describe the particular and unique reactions for each of the different types of losses; compare reactions and problems associated with these losses; describe the important variables affecting disenfranchised friend reactions; assess possible interventions; and discover the atypical grief reactions, such as masked or delayed grief that might be manifested in such cases. Also needed is education sensitizing students to the many kinds of relationships and subsequent losses that people can experience and affirming that where there is loss there is grief. (p. 9)

Since Doka's (1989) assessment, very few advancements have been made concerning the grief that grandparents experience due to the losses that stem from their caregiving obligations to grandchildren. Although research consistently acknowledges that challenges exist, few studies have explored the grandparents' perceptions of them. In a literature review on grandparents raising grandchildren, Hayslip et al. (2017) explained that little attention has been paid to losses that grandparent caregivers experience and the disenfranchising nature of these losses.

Research Questions

The purpose of this study was to explore grandparent caregivers' perspectives of the sacrifices that they make when they assume full-time care of grandchildren. The research questions guiding this study were:

1. How do full-time grandparent caregivers rank the sacrifices that they experience as a result of their caregiving responsibilities?
2. What do full-time grandparent caregivers rank as their most significant sacrifice?
3. What do full-time grandparent caregivers rank as their least significant sacrifice?

Definitions

Grandparent caregiver. A grandparent who provides the majority of care for one or more of their grandchildren with or without court involvement (Soong, 2011).

Custodial grandparent. A court-ordered arrangement that appoints a grandparent to fulfill obligations that would normally be fulfilled by a parent (Saxena & Brotherson, 2013, p. 4).

Disenfranchised grief. "The grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (Doka, 1989, p. 4).

Legal Guardianship. The definition used in this study is "legal guardianship is a formal status under which grandparents assume a limited set of rights and responsibilities for their grandchildren. In some instances, parents voluntarily create guardianship agreements with the grandparents. In other cases, family courts establish guardianship arrangements on behalf of the grandchildren. The conditions and legal scope of guardianships vary by state, but in most instances, the grandparents must care for their grandchildren's daily needs and act in the children's best interests" (Green, n.d.).

Grandfamily or grandparent-headed family. A household consisting of a grandparent and one or more grandchildren with little or no involvement from the child(ren)'s parents; in other words, the grandparent is the sole provider (Pilkauskas & Dunifon, 2016; Smith, Hayslip, Hancock, Strieder, & Montoro-Rodriguez, 2018; Saxena & Brotherson, 2013).

Skipped-generation household. A household in which no biological parent is present and a grandparent is raising one or more of their grandchildren (Hadfield, 2014).

Loss/sacrifice. Unintended consequences for a grandparent caregiver that involve their personal and interpersonal life, economic status, and health (Hayslip & Kaminski, 2005). In this study, the word "sacrifice" is used interchangeably with the word "loss." In using the word "loss," I follow existing literature on grandparents who raise grandchildren. However, based on previous research, I anticipated that grandparents would not relate to the word "loss" because of its negative connotation. I expected that they would better relate to the word "sacrifice."

Overview of Research Methods

Q methodology was used to provide insight into the participating grandparents' subjective opinions of their experiences as full-time caregivers for grandchildren. This method is considered a mixed-methods approach because it combines qualitative and quantitative features (Ramlo, 2016). One of the benefits of using a mixed-methods approach is that it offsets the weaknesses of any single method by allowing for both exploration and analysis (Center for Innovation in Research and Teaching, n.d.). Q methodology is a scientifically based approach to studying participants' viewpoints on a subject. Q methodology is applied in five steps:

1. Concourse communication and the narrowing down of the Q-set
2. Selection of research participants
3. Q-sort

4. Q-sort analysis
5. Interpretation

A thorough discussion of Q methodology is found in Chapter 3.

Summary

The purpose of this study was to explore full-time grandparent caregivers' perspectives on the sacrifices that they make due to caring for grandchildren. Research must be conducted on this topic so that grandfamilies are better served by helping professionals and policymakers. Ultimately, if grandparents receive the care they need with an emphasis on the issues that are important to them, their quality of life will improve, enabling them to better care for their grandchildren.

CHAPTER 2

REVIEW OF THE LITERATURE

It is estimated that seven million grandparents in the United States have at least one grandchild who lives with them, representing an increase of 3% from 1992 (U.S. Census Bureau, 2014). Ten percent of all children live with one of their grandparents; this is about seven million children. Not all of these households are maintained by grandparents; however, over half (67%) are. Minority grandparents, and in particular African-American and Latino grandparents, are disproportionately more likely to serve as the primary caregivers of their grandchildren (Jones & Speakes-Lewis, 2011). About 76% of Americans are White, 18.1% are Hispanic or Latino, 13.4% are Black or African-America, and 5.8% are Asian (U.S. Census Bureau, 2018). Yet 26% of children being cared for by a grandparent are Black and 25% are Hispanic (Mendoza et al., 2018).

This chapter serves as a review of the literature related to grandparents who provide full-time care for grandchildren. The theoretical framework serves as the basis for the current study and provides a thread that is woven throughout the literature presented. Most grandparents report experiencing joy caring for grandchildren. However, at the same time, these grandparents sacrifice aspects of their own lives. There are sacrifices that grandparents make and endure that are a direct result of assuming caregiving responsibility for grandchildren. Additionally, there is an emotional toll that accompanies these significant personal sacrifices.

The theoretical framework supports the study and further explains the emotions that grandparents attach to the sacrifices or losses that they experience as a result of providing full-time care for grandchildren. The chapter begins by describing the role of the grandparent and

defining the various terms used throughout the literature to describe full-time grandparent caregivers. Next, the context and causes that prompt a grandparent to begin providing care for a grandchild are explained. The benefits of grandparents caring for grandchildren as well as the literature identifying each of the sacrifices and losses are presented. While existing literature identifies the sacrifices, it does not attend to the grandparents' perceptions of these sacrifices. Additionally, there is little research, if any, that prioritizes these sacrifices.

Historical Context

Slavery in the United States dates back to the 1600s (Finkelman, 2012). It was in 1865 that the Thirteenth Amendment, which abolished slavery, was ratified (Finkelman, 2012). In the 250 years that African-Americans were enslaved, beaten, abused, and forced to serve, black families suffered. Although it is difficult to know the full effects of slavery on post-Emancipation family structures, examining the experiences of families during slavery provides insight into how slavery shaped the black experience (Miller, 2018). While the Emancipation Proclamation marked the end of the Civil War and freed all persons held as slaves, the aftermath of emancipation is less popular. Instead of fighting for freedom, African-Americans fought to survive because they lacked the funds required to meet their basic needs (University of Richmond, 2008). Additionally, wages for African-Americans fluctuated, rendering them unable to own land and making debt an issue for those who did. This left many freed slaves impoverished.

There is an undeniable link between single parenthood and poverty. First, "studies using modern data have suggested that single parenthood can be transmitted across generations" (Miller, 2018, p. 1593). Secondly, blacks are more likely to live in poverty than whites (Sauter, 2018). Individuals who live in poverty experience higher mortality rates, less access to health

care, greater educational inequalities, neighborhood effects, greater workplace discrimination, limited access to credit, and higher rates of incarceration (Miller, 2018; Madise et al., 2007; Winship et al., 2018). While Winship et al. (2018) focused on black men in their discussion of the inheritance of poverty from slavery, black families also experience this. Racial disparities in wealth accumulation have persisted and in fact have become exacerbated over the past 30 years (McKernan et al., 2013). Less wealth and income make African-American families susceptible to many of the same issues that enslaved families experienced.

Miller (2018) and Goring (2006) explained how slaveholding influenced the family structure. For example, slaves had no rights; they even lacked the right to marry (Goring, 2006). On smaller farms, families were more likely to become separated and less likely to see each other (Miller, 2018). The father of a slave family was also more likely to be sold given the farm owners' need for money (Miller, 2018). Finally, many slaves were unable to find partners on smaller farms (Miller, 2018).

Given the separation of families during this time, the grandmother played a prominent role. Many slaves were taken from West Africa (Library of Congress, n.d.). In West African cultures, grandparents played an important role and were largely regarded as the custodians of customs, norms, and spirituality (Aransiola et al., 2017). They also had a long tradition of rearing their grandchildren (Minkler & Fullter-Thomas, 2005). These values reappeared during slavery when parents increased their reliance on grandparents and again in the 20th century when parents migrated north for employment (Minkler & Fullter-Thomas, 2005).

Though these events took places hundreds of years ago, they set the stage for the modern black family. African-American poverty that began as a direct result of slavery has been transmitted across generations. The lack of marriages and two-parent households has also been

transmitted across generations. Combined with years of relying on grandparents, these factors have made grandparents a natural option for caregiving when crisis strikes the African-American family.

Role of the Grandparent

Each person occupies a distinct role within their family and is expected to fulfill the responsibilities of that role (Peterson & Green, 2009). For example, parents are expected to be providers and children are expected to respect their parents (Peterson & Green, 2009). However, unlike other roles in the family, the role of a grandparent is not particularly clearly defined. This seems to be the case across cultures. One explanation for this is the ambivalence that grandparents experience related to their role (Arber & Timonen, 2012). Another explanation is the structures and policies of the welfare state (Arber & Timonen, 2012). For example, in "Mediterranean countries, grandparental care when needed tends to be very intensive due to the absence of formal childcare options (hence, grandparents as 'mother savers')" (Arber & Timonen, 2012, p. 13). In more recent years, mothers in Spain have been joining the workforce in greater numbers. These mothers rely on intergenerational care for their children (Meil et al., 2018). While the Commission of the European Communities encourages mothers to work, Italy has only modest availability of formal support for children; therefore, mothers tend to rely on grandparent care (Zamberletti et al., 2018). In Greece, the situation mirrors other Mediterranean countries: Grandparents often provide regular childcare or some sort of family assistance (Svensson-Dianellou & Smith, 2010). "The exact contours of the welfare state, including the availability of parental leave and public childcare, powerfully shapes how grandparenting roles are defined and enacted" (Arber & Timonen, 2012, p. 13).

The welfare state in the United States is not very different. There is currently no federal mandate for paid sick leave (U.S. Department of Labor, n.d.). At some companies, if employees qualify, they can take Family and Medical Leave (FMLA), which includes 12 weeks of unpaid leave for certain medical situations (U.S. Department of Labor, n.d.). There is no federal mandate for maternity or paternity leave in the United States, either. When parents do not have paid leave from work, grandparents become an obvious option for childcare. Some American grandparents provide very intensive and custodial care, while some do not see their grandchildren at all "due to such factors as stressful family relationships, complicated family trees, lack of proximity, limited time, insufficient money, poor health, or lack of interest" (Livingston & Parker, 2010; Meyer & Kandic, 2017, p. 1). In a study conducted by the Pew Research Center, 39% of grandparents aged 65 and older reported helping their adult children with childcare sometime in the last 12 months; 50% reported helping financially; and 31% reported helping with errands (Livingston & Parker, 2010). There is great diversity amongst the duties and responsibilities of grandparents, and this adds to the challenge of defining their role.

The role of the grandparent has not always been this ambiguous. In biblical times, grandparents were considered pillars of the family. The Bible speaks to legacy and how future generations will benefit from the work of grandparents. Proverbs 17:6 (*New International Version*) reads, "Children's children are a crown to the aged, and parents are the pride of their children." This verse suggests that grandparents are proud of their grandchildren. Deuteronomy 4:9 (*New International Version*) reads, "Only be careful, and watch yourselves closely so that you do not forget the things your eyes have seen or let them fade from your heart as long as you live. Teach them to your children and to their children after them." This verse explains the need for grandparents to share their histories and experiences so it can be seen through their

grandchildren. Proverbs 13:22 (*New International Version*) reads, “A good person leaves an inheritance for their children's children, but a sinner’s wealth is stored up for the righteous.” This speaks to the need for grandparents to leave an inheritance. This remains true in some cultures today. Every culture has its own set of expectations for grandparents (Shwalb & Hossain, 2017). For example, in Central America and Mexico, grandparents transmit cultural values and are role models for identity (Shwalb & Hossain, 2017). In the United States, race and ethnicity significantly influence the role and level of involvement of a grandparent (Shwalb & Hossain, 2017). It appears that the role many American grandparents assume is also dictated by necessity, given the prevalence of grandparents who raise their grandchildren (Shwalb & Hossain, 2017).

Terms

Throughout the literature, various terms are used to describe grandparents who provide full-time care for grandchildren. These terms include “grandparent caregiver,” “custodial grandparent,” and “guardian grandparent.” Grandparent-headed families are described as “grandfamilies” and “skipped-generation households.” The definition of “grandparent” is contingent upon the amount of care an individual provides to a grandchild and whether there is court involvement dictating the care. “Grandparent caregiver” is best defined as a grandparent who provides the majority of care for one or more of their grandchildren with or without court involvement (Soong, 2011). It is common for a grandparent to assume care of a grandchild without any formal arrangement or court involvement (Cox, 2018). A custodial grandparent is a court-ordered arrangement in which the grandparent is appointed to fulfill the obligations that would normally be fulfilled by a parent (Seventh Judicial Circuit Court, 2002). In a guardianship arrangement, the child’s parents maintain custody of the child, but a grandparent is appointed by the court to care for the child and make decisions on their behalf concerning education, support,

and maintenance (Seventh Judicial Circuit Court, 2002). The major difference between custodial and guardian grandparents are the rights retained by children's parents. Grandfamilies and grandparent-headed families are terms used to identify households consisting of a grandparent and grandchild where there is little or no involvement by the child's parents; in other words, the grandparent is the sole provider for their grandchild (Pilkauskas & Dunifon, 2016; Saxena & Brotherson, 2013; Smith et al., 2018). Skipped-generation households are households in which no biological parent is present and a grandparent is raising a grandchild (Hadfield, 2014).

In this study, "grandparent caregiver" is used to describe a grandparent who provides full-time care for a grandchild. This term is most appropriate because although there are millions of children who are being raised by grandparents, in many instances the relationships are informal, meaning that the grandparents do not have legal custody of their grandchildren (van Etten & Gautam, 2012). I use "custodial grandparent" when necessary to accurately relay findings in the literature.

Theoretical Framework

The role of the grandparent caregiver is best conceptualized as "disenfranchised grief." Doka (1989) provides the best definition for the concept, noting, "Disenfranchised grief can be defined as the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (p. 4). This concept takes into account the "psychological, biological, and sociological perspectives on grief and loss" (p. 5). Societal norms dictate the way grief is expressed and whether the loss is considered significant or insignificant (Mortell, 2015). Such norms also dictate who, when, where, how long, and for whom a person can grieve (Doka, 1989). According to Mortell (2015), "When the ways individuals grieve, or the losses they endure, go beyond accepted social norms, their grief may be

seen as disenfranchised" (p. 52). According to Doka (1989), disenfranchised grief is a growing issue, with millions of Americans experiencing it each year. There are three primary reasons that grief may be disenfranchised: The relationship is not recognized, the loss is not recognized, or the griever is not recognized (Doka, 1989).

The loss of a family member or kin-based relationship is typically recognized. When a person loses their mother, sister, or even an extended family member, society allows them time to grieve; the grieving process is expected. However, if the relationship between the deceased person and the griever is not recognized, the grief is not recognized. Even when the relationship is recognized, there are some instances (e.g., ex-spouses or former romantic partners) in which mourners may not be afforded the opportunity to grieve (Doka, 1989).

Many losses do not fit within societal norms and therefore go unrecognized, causing disenfranchised grief. Doka (2002) argued that every society has norms that dictate expected behaviors, feelings, ways of thinking, and spiritual expression. Examples of losses that typically do not fit into norms include abortion; the death of a pet; and social, emotional, or psychological death (Doka, 1989). When a person is still biologically and physically living but treated like they are dead, this is considered a social, emotional, or psychological death (Doka, 1989). Although one can experience intense grief with this type of loss, it typically goes unrecognized by society (Doka, 1989).

Finally, disenfranchised grief occurs when the griever is not recognized. Very young and very old people are often disenfranchised in their grief because society believes that they are incapable of grieving (Doka, 1989). Society often ignores the grief of individuals with mental disabilities as well, assuming that they do not understand grief and loss, even though research suggests just the opposite (Doka, 1989).

Several issues result when a person is not afforded the right to grieve. According to Doka (1989), “The problem of disenfranchised grief can be expressed in a paradox. The very nature of disenfranchised grief creates additional problems for grief, while removing or minimizing sources of support” (p. 7). For instance, disenfranchised grief exacerbates bereavement by intensifying emotion such as anger, guilt, and powerlessness (Doka, 1989). The second potential issue is that grief is made complicated when it is disenfranchised due to ambivalent relationships and the concurrent crisis. Additionally, social support is precluded when grief is disenfranchised. Finally, the disenfranchised person is not permitted by society to participate in many of the activities that ameliorate grief. Doka (1989) explained that although some of the same issues are shared amongst the disenfranchised, each case and its unique factors should be considered, especially when exploring grief resolution.

Although grief is typically associated with death, other losses that fall outside of social norms can also trigger grief (Doka, 2002). Individuals experience many losses that are unrelated to death but that still evoke grief, including divorce, relocation, the relinquishment of a child for adoption or foster care, the loss of a job, and incarceration (Doka, 2002). These losses run parallel to many of the losses that full-time grandparent caregivers experience. To assume full-time care of a grandchild, a grandparent must make sacrifices. Additionally, the literature indicates that grandparents do experience losses and these losses are oftentimes unrecognized for a variety of reasons. These sacrifices are considered losses and lead to disenfranchised grief.

Causes of Grandparents Assuming Full-Time Care of Grandchildren

A grandparent may assume care of a grandchild for a number of reasons, including incarceration, maltreatment, drug use, disease, and teenage pregnancy (Hadfield, 2014;

Goodman & Rao, 2007). According to Thomas et al. (2000), "Custodial grandparenting nearly always emerges as a response to some sort of crisis in the nuclear family" (p. 13).

Incarceration

The United States has the highest incarceration rate in the world with an estimated 1.5 million people incarcerated and 4.6 million on probation and parole (Damron, n.d.). Nearly two million children under the age of 18 have an incarcerated parent; 52% of state inmates and 63% of federal inmates have children (Arditti & Savla, 2015). The number of incarcerated women in the United States has been steadily increasing over the last 30 years, making women the fastest-growing prison population (Kelsey et al., 2017; Ferszt et al., 2015). In 2016, the number of women sentenced to more than a year in prison increased, while the number of men sentenced to a year in prison decreased (U.S. Department of Justice, 2018). Oftentimes when a mother is imprisoned, the grandmother bears the burden of caring for the mother's children (Poehlmann, 2005). Only 10% of children with an incarcerated mother are placed in traditional foster care; in more cases than not, the grandmother provides the care. In Christian's (2009) study, 68% of incarcerated mothers identified a grandparent or another relative as the caretaker for one or more of their children.

Maltreatment

Child maltreatment is "any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child" (U.S. Department of Health and Human Services, 2008, p. 11). This includes physical abuse, sexual abuse, psychological abuse, and neglect. In the United States, "Child Protective Services agencies received an estimated four million referrals involving approximately 7.2 million children" during federal fiscal year 2015 (Children's Bureau, 2015, p. 9). While not all referrals

were substantiated, nearly 60% moved beyond intake (Children's Bureau, 2015). When a referral is substantiated, it can result in the child being removed from the home.

In fiscal year 2017, an estimated 690,548 children were served by foster care in the United States; the parents of 69,525 of these children had their parental rights terminated (U.S. Department of Health and Human Services, 2018). In these cases, grandparents are frequently called upon to prevent children from entering foster care or from remaining in foster care (Harnett et al., 2014). Policy also favors placing children with family members when they are removed from their home (Winokur et al., 2009; Helton et al., 2017). Many out-of-home placements are with either grandparents or great-grandparents (Helton et al., 2017).

Drug Use

Research lists drug use as one of the reasons that grandparents assume full-time caregiving responsibility for grandchildren. Drug use has been a public health problem for many decades, from the 1980s "crack epidemic" to the current "opioid crisis" (U.S. Government Accountability Office, 1991; U.S. Department of Health and Human Services, 2019). Long-term drug use frequently results in early death. In drug-ravaged families, grandparents often step up to care for grandchildren affected by this (Haglund, 2000; Taylor, Marquis, Coall, & Wilkinson, 2017). Taylor, Coall, Marquis, and Batten (2016) argued that drug use is one of the most common reasons that grandparents assume custodial care of grandchildren.

In their qualitative study, Taylor, Coall, Marquis, and Batten (2016) sought to answer the question, "How does the drug-dependency of the mother influence the custodial grandparents' caregiving experience?" The researchers interviewed 49 custodial grandparents from rural and middle-low suburban areas of Australia. The grandparents ranged in age from 49 to 83 years old. The researchers found that when a mother was drug-dependent, the quality of parenting

decreased and the mother's drug use increased. They also found that as the drug-dependent mother began neglecting her children and providing less nurturing, the grandparent's former nurturing investiture in the mother was transferred to the grandchildren.

According to Ahmad et al. (2019), an estimated 70,652 people in the United States died from a drug overdose in 2018. It is harmful and illegal for parents to use drugs around children even if drug use does not result in a parent's death (Child Welfare Information Gateway, 2015). Prenatal drug exposure and exposure to illegal drug activity at any stage of childhood are harmful, which is why states have implemented child protection statutes (Child Welfare Information Gateway, 2015). When a child is removed from their parents, the preferred placement is with relatives so that the child is able to maintain a family connection (Child Welfare Information Gateway, 2015). In fact, the Social Security Act specifically identifies grandparents as a point of contact when children are removed from their parents, explaining that the state is to exercise due diligence in identifying and providing notice to them (Social Security Administration, n.d.).

Disease

The literature indicates that across the globe, HIV/AIDS is becoming a common reason that grandparents assume full-time care of a grandchild (Boon et al., 2010; Harris et al., 2017). Cowgill et al. (2007) conducted the quantitative HIV Cost and Services Utilization Study in the United States. The sample in the study was comprised of 538 HIV-infected parents who collectively had 1,017 children under the age of 18. The participant demographics were as follows: "mothers (51%), black parents (51%), white/other parents (29%), and Latino parents (19%); living with a spouse/partner (47%), other adults (38%), and without other adults (16%);

and mean age of 35.7 years" (p. 496). The researchers found that more than half of children who have a HIV-infected parent do not live with them.

The U.S. Agency for International Development (2016) estimated that approximately 17 million children worldwide have lost one or both parents due to AIDS. In the United States, an estimated 80,000 children have been left parentless because of AIDS (as cited in Rotheram-Borus et al., 2001) and internationally the number is much larger. Although many of the adults and youth affected by HIV/AIDS are outside of the United States, it is common practice nationally and internationally for children orphaned by the disease to be cared for by grandparents.

Teenage Pregnancy

In 2017, 5% of all births were from adolescent females (U.S. Department of Health and Human Services, 2019). This is approximately 19 births for every 1,000 adolescent females between the ages 15–19 (CDC, 2018). African-American and Latino adolescent females have the highest teen birth rate, followed by white and Asian adolescent females (Martin et al., 2015). A higher number of births to African-American and Latino adolescents could explain why more grandmothers from the African-American and Latino community provide full-time care for grandchildren.

The teenage years, also known as adolescence, are a time when several developmental, emotional, and social changes occur (Eccles, 1999). Adolescents are known for being selfish and egocentric, yet parenting requires skills such as "strong emotional connections to others (attachment quality) as well as the ability to organize, plan, and exhibit self-control (aspects of executive functioning)" (Wilson et al., 2017, p. 513). For these reasons, an estimated 52–86% of adolescent mothers receive support from their own mothers (Kumar et al., 2018). Grandmothers

play an important role in providing emotional, psychological, and financial support to both their children and grandchildren (Sriyasak et al., 2018; Oberlander et al., 2009). Their importance is stressed throughout the literature and in resources on teenage pregnancy.

There is a commonality between grandparents' and grandchildren's relationships to the grandchildren's parents. According to Hayslip et al. (2017), the relationship between the grandparent and their adult child is often strained, resulting in the loss of a positive relationship or any relationship at all. The relationship between the grandchild and their parent is also adversely affected. This loss is exacerbated because grandparents often believe that they created the circumstances that resulted in their need to care for the grandchildren.

Benefits

Although much of the literature indicates that grandparenting is linked to poorer health outcomes, some literature finds the opposite to be true. The mixed results highlight the complexity of the grandparent caregiver phenomenon. For example, custodial grandparents rarely describe their caregiving responsibilities as a burden (Taylor, Marquis, Coall, Batten, & Werner, 2017). In fact, many grandparents identify rewards associated with rearing grandchildren (Park, 2018). Hughes et al. (2007) studied the effects that caring for a grandchild has on a grandparent's mental and physical health. Using data collected from 12,872 grandparents between the ages of 50 to 80 who participated in the longitudinal Health and Retirement Study (HRS), the researchers found no evidence of the negative effects of caring for grandchildren and in fact found some benefits associated with babysitting grandchildren. They asserted that a grandparent's health may reflect their health status prior to providing care for a grandchild rather than indicating a consequence of caregiving.

Lee and Blitz (2016) explained that there are “emotional and psychosocial benefits to raising grandchildren that can improve the custodial grandparents’ overall sense of purpose and well-being” (p. 388). Using a social work intervention design and development process to create a pilot program, Lee and Blitz found that most of the grandparents in their study believed that a benefit of caring for grandchildren was the opportunity it presented the grandparents to be parents again. Providing care for grandchildren also allowed grandparents to provide care that they were not able to provide for their own children.

Research also supports the mentoring aspect associated with the custodial grandparent role to be a benefit. In a mixed-methods study using a triangulated three-phase research design, Taylor, Marquis, Coall, and Werner (2018) studied “grandparent enjoyment as a motivating force behind custodial grandparenting caregiving investment” (p. 92). Sampling 88 custodial and noncustodial grandparents, the researchers discovered that both types grandparents found enjoyment from mentoring and teaching their grandchildren. The results also indicated that custodial grandparents’ investment in a grandchild is motivated by three types of enjoyment: “child-centered nurturance of an at-risk grandchild, dyadic engagement in shared activities with their grandchild, and the personal grandparent-centered pleasure benefits to be had from fulfilling a grandcarer role” (p. 92).

Some scholars have argued that the negative effects that grandparents experience as a result of their caregiving responsibilities for grandchildren are largely influenced by the grandparents’ perceptions of their situations. Sands, Goldberg-Glen, and Thornton (2005) interviewed 129 grandparents and found an association between lower perceptions of stress and higher levels of well-being. In a separate study, Peterson (2017) interviewed 15 grandparents who were at least 40 years old and were considered the primary caregivers for grandchildren that

were at least 12 years old. The purpose of the study was to explore the health perceptions that the grandparents held before and after becoming the primary caregivers for their grandchildren. Peterson found that prior to assuming the caregiving role, grandparents reported good physical health reasonably free of health conditions. After assuming caregiving responsibilities, the grandparents reported physical health problems that required medical attention and mental health issues that included anxiety, worry, depression, sadness, and frustration. Regardless of whether grandparents' health is a matter of perception or reality, Di Gessa et al. (2016) found that the demands of caregiving likely counterbalance the benefits.

Another benefit of custody is the relationship that grandparents gain with their grandchildren. Using data from a larger mixed-method study that examined attachment, Dolbin-MacNab and Keiley (2006) studied the emotional closeness that 41 custodial grandparents have with their grandchildren. They found that despite contextual factors (i.e., financial limitations, the generational gap) and problematic grandchild behavior, the grandparents reported emotional bonds with their grandchildren that included sharing, affection, and mutual support.

Goodman and Silverstein (2001) also studied the relationship between grandparent caregivers and their grandchildren. The researchers used data from a survey that Los Angeles County mailed out to relative caregivers. The county had mailed 1,931 surveys; for their study, Goodman and Silverstein identified 149 grandmothers and great-grandmothers to participate. They found that grandmothers described the relationship with their eldest grandchildren as very close to extremely close. Goodman and Silverstein also found greater life satisfaction among grandparents who indicated that they were close to both their grandchildren and their grandchildren's parents. A longitudinal study by Goodman (2012) indicated that "the quality of the grandmother-grandchild relationship is central for the well-being of both; and fostering the

grandmother's mental health early-on could contribute to her grandchild's well-being as a young adult" (p. 648).

A third benefit involves the physical health of custodial grandparents. Although there is a clear indication of grandparents' worsening health, some researchers suggest that grandparents' health might improve. Bates and Taylor (2012) studied the effect of the relationship between grandfather involvement and mental health. They sought to answer two questions: first, whether distinct groups of grandfathers could be identified through their self-reported contact frequency, participation in activities, and commitment; and second, if differences existed in the depressive symptoms and positive effect between the distinct groups of grandfathers. Bates and Taylor found that the relationship between a grandfather and his grandchild influences a man's mental health. While their study did not focus specifically on custodial grandfathers, the researchers found that compared to disengaged grandfathers, involved grandfathers had lower levels of depression and higher scores on positive affect.

Di Gessa et al. (2016) investigated the health of European grandparents who provided childcare to a grandchild. More specifically, Di Gessa et al. studied "the longitudinal associations between grandparental childcare and health, controlling for childhood and adulthood characteristics which may affect both the likelihood of providing childcare and current health" (p. 172). In their study, they adjusted for grandparents' levels of caregiving, either intensive or non-intensive childcare, and engagement in social and leisure activities. Grandmothers who provided either intensive or non-intensive care for grandchildren scored higher on physical health than those who did not. According to the researchers, "Taking into account not only baseline characteristics but also socio-economic experiences and health both in early and adult life, [the] longitudinal results showed a positive association between grandchild care provision

and better physical health among grandmothers" (p. 173). Overall, the literature seems to indicate that myriad factors contribute to grandparent health and that grandparent health is circumstantial.

Sacrifices

Grandparent caregivers make substantial accommodations and sacrifices, both personal and interpersonal, to provide full-time care for their grandchildren. According to Hayslip and Glover (2009), "Although for some the assumption of the custodial role is experienced positively, for others it has been related to a decrease in life satisfaction, limitations on personal relationships, and financial hardship, as well as decreases in the quality of both physical and mental health" (p. 164).

Health

The mental and physical health of grandparents is impacted by caring full-time for grandchildren. The challenges that grandparent caregivers face are well documented in the literature; most research indicates that the caregiver role has a negative impact on the physical and physiological health of grandparents. Both full-time and part-time caregiving are associated with increased levels of stress for grandparents (Lumpkin, 2008). Increased stress is said to be the major contributing factor to depression among custodial grandparents (Doley et al., 2015). The negative impacts related to caring for a grandchild (e.g., loss of sleep, increased expenses, and problematic behaviors among grandchildren) and the circumstances in which grandparents assume care of a grandchild are sources of famly stress (Lee & Blitz, 2016; Doley et al., 2015; Fuller-Thomsom & Minkler, 2000; Park, 2018; Butler & Zakari, 2005). In a study of 70 grandparents, nearly half of them rated their health as poor or fair, and one-third of them reported a risk of clinical depression compared with one-fifth of non-caregivers (Lee, 2017; Fuller-

Thomsom & Minkler, 2000). In addition to stress and depression, grandparent caregivers experience anxiety, worry, sadness, and frustration (Peterson, 2017). Grandparents are already at an age that makes them more prone to health issues; therefore, any additional stressor can trigger a health condition or exacerbate a preexisting condition. The effects of chronic stress can lead to other physical and mental health illnesses (Sheffler & Sachs-Ericsson, 2016).

Role conflict is yet another source of stress identified in the literature. Although family roles are constantly changing and evolving, a grandparent providing full-time care for a grandchild does not fit the traditional model for this stage in life (Landry-Meyer & Newman, 2004). Neither the term "parent" nor the term "grandparent" clearly defines the role of the custodial grandparent (Erbert & Alemán, 2008). In a study of 26 grandparents conducted by Landry-Meyer and Newman (2004), most participants reported a sense of role conflict due to the role they desired (traditional grandparent) versus the role they had (full-time grandparent caregiver). Backhouse and Graham (2012) noted that grandparent caregivers experience role identity issues related to assuming both the parent and grandparent roles. Burnette (1999) listed the most common type of role strain as role overload, which refers to lacking the resources needed to fulfill role expectations. Even worse than role conflict, according to Climo et al. (2002), is the double bind between caring for a grandchild or usurping the role of the biological parents because of the persistent and painful nature of this conflict. Overall, there is conflict associated with the complexity of the situation and the multiple roles placed on grandparent caregivers.

Another source of stress for grandparent caregivers arises from legal issues that they face concerning the custody of grandchildren. Yorker et al. (1998) notes that "legal concerns and lack of legal services pose significant problems for grandparents raising grandchildren" (p. 3).

According to van Etten and Gautam (2012), in the United States, the majority of custodial grandparents are raising grandchildren without having a legal relationship in place. The lack of a legal relationship creates a barrier for grandparents to receive services such as financial assistance and to give medical and educational consent. These are services that are much needed, given that most grandparents who care for grandchildren live in poverty. Baker and Mutchler (2010) examined poverty and material hardship among children living in three-generation, skipped-generation, single-parent, and two-parent households. They found that ethnic minority children were disproportionally more likely to live in three-generation, skipped-generation, and single-parent households. They also found that "children living in grandparent-headed households experience elevated risk of health insecurity (as measured by receipt of public insurance and uninsurance)—a disproportionate risk given rates of poverty within those households" (p. 1). Many grandparents opt out of participating in the child welfare system and public policy does not support grandparents who do so. Grandparent caregivers must navigate legal issues that exacerbate their already stressful situation.

Furthermore, many grandparents experience increased stress due to the behavioral, mental, emotional, or neurological problems that their grandchildren have (Yorgason et al., 2014). Research indicates that "many children raised by grandparents have experienced multiple adverse events that place them at increased risk for emotional and behavioral problems" (Kelley et al., p. 2138). According to Neece et al. (2012), a reciprocal relationship exists between parenting stress and child behavior. The researchers studied 237 children between the ages of 3 and 9 years old to learn about the relationship between parenting stress and child behavior problems. They found that parenting stress is an antecedent and consequence of child behavior

problems and that the same is true for child behavior problems—they are both an antecedent and consequence of parenting stress.

Yorgason et al. (2014) studied 166 court-involved youth being raised by grandparents. Using data from the Global Risk Assessment Device, the researchers found that disrupted family processes led to a significant increase in mental health symptoms for court-involved youth being raised by a grandparent. They also asserted that grandparent-headed households likely experience more disrupted family processes. In another study, Kelley et al. (2011) examined the extent of behavior problems in children being raised by a grandparent. Their study sampled 230 children between the ages of 2 and 16 years. The researchers noted that the "results indicated that 31.3% of child participants scored in the clinically elevated range for total behavior problems, with 21.3% and 32.6% scoring in the elevated range for internalizing and externalizing behaviors, respectively" (p. 2138). A clear connection exists between mental health problems and stress in grandchildren, and this increases the stress on grandparent caregivers.

In addition to psychological stress, full-time grandparent caregivers also experience worsened physical health. Cases of diabetes, hypertension, and insomnia have been found to be higher in the custodial grandparent population than in their peers (Hayslip & Kaminski, 2005). In a study by Minkler and Fuller-Thomson (1999), custodial grandparents were more likely to report limitations with daily activities including mobility, household tasks, and employment. Peterson (2017) compared the health of grandparents before and after assuming care of grandchildren and found that prior to assuming the caregiver role, grandparents reported having good health; afterwards, they reported deteriorating health. Whitley et al. (2015) found that grandparent caregivers reported higher rates of arthritis, chronic obstructive pulmonary disease, diabetes, cancer, heart attack, stroke, heart disease, and asthma, as compared to single parents. In

this same study, 40% of the 925 grandparents caregivers surveyed reported “fair” or “poor” health.

One possible explanation for lower health is due to time constraints. Providing full-time care for a grandchild reduces the amount of time that grandparents have for self-care such as exercising and attending medical appointments (Zhou et al., 2017). Hayslip et al. (2015) identified a lack of social support for the worsening health of grandparent caregivers. Taylor, Marquis, Coall, Batten, and Werner (2017) found that grandparents put their grandchildren’s needs before their own health. Another significant finding is that grandparents who experienced greater disadvantages in their lifetimes were more likely to provide higher levels of care to their grandchildren (as cited in Di Gessa et al., 2016). Researchers have pointed out that “such lifetime histories, however, are themselves associated with a greater likelihood of adverse health outcomes at older ages” (as cited in Di Gessa et al., p. 167).

Another explanation is related to social stigma, which leads to less social support. Grandparent caregivers are heavily stigmatized for the causes of their role assumption. According to Miltenberger et al. (2004), “Stigmatized losses (e.g., incarceration, death, or drug abuse by the adult child) may not elicit the level of social support that is needed for optimal postbereavment adjustment” (p. 248). These losses and grief are often not validated by society and instead go unrecognized because of the role that grandparents have in creating the circumstances that led to their role assumption. Unrecognized grief results in grandparent caregivers lacking adequate services or failing to seek out and make use of such services.

The limited supportive services that grandparent caregivers receive is another possible explanation for their increased stress and worsened health. These limited services are found in the arenas of financial support, health insurance, and legal services, among others. Van Etten and

Gautam (2012) noted that only "29 percent of grandchildren in grandparent care receive foster care or child-only payments" (p. 19). Focus groups with 33 community dwellings revealed that custodial grandparents underutilize services (Crowther et al., 2014). Burnette (1999) conducted research with 74 Latino custodial grandparents and found that "lack of knowledge was the major barrier to service use, and predictors of unmet needs included low education, poor health, high levels of life stress, and lack of reliable help with child rearing" (p. 22). Despite the reasons that grandparent caregivers have limited supportive services, the effects can aggravate a situation that is already complex.

Family Relationships

In research conducted by the Pew Research Center, Americans aged 65 years and older reported that spending time with family and grandchildren was the best part of aging (Krogstad, 2015). However, as previously mentioned, grandparents often assume care of grandchildren in response to a family crisis. Such a crisis often creates strained family relationships (e.g., when a parent is incarcerated or addicted to drugs). As a result, grandparents often isolate themselves from their adult children, extended family, and friends, only to realize that there are negative consequences of self-isolation (Taylor, Coall, Marquis, & Batten, 2016). Additionally, when grandparents assume care of grandchildren, they have less time to spend with other family members due to the time that their grandchildren consume.

Leisure Activities

According to the 2018 American Time Use Survey (Bureau of Labor Statistics [BLS], 2019), 96% of Americans aged 15 years and older participate in some sort of leisure activity daily. Leisure activities include watching television, socializing, exercising, playing games, and sports (BLS, 2019). Statistics show that "on average, adults age 75 and over spent 7.8 hours

engaged in leisure activities per day—more than any other age group; 25- to 44-year-olds spent a little over 4.0 hours engaged in leisure and sports activities per day—less than other age groups" (BLS, 2019, p. 2). People aged 55–64 spend approximately 6.8 hours per day on leisure activities (BLS, 2019). The average age that a person becomes a grandparent is 50 years old (Legacy Project, n.d.). When a person provides full-time care for a grandchild, they have less time to participate in leisure activities than they otherwise would. Chang et al. (2014) studied the link among social relationships, leisure activities, and the health of older adults. They used data from 2,965 participants in the 2006 and 2010 waves of the nationally representative U.S. Health and Retirement Study. They found that "leisure activities mediate the link between social relationships and health in these age groups. Perceptions of positive social relationships were associated with greater involvement in leisure activities, and greater involvement in leisure activities was associated with better health in older age" (p. 1).

Work Opportunities and Jobs

One of the first major sacrifices that grandparents make is employment and income. Due to the demands of parenting, many grandparents are unable to maintain employment outside of the home and therefore have to quit their jobs (as cited in Hayslip & Kaminski, 2005). Lumsdaine and Vermeer (2014) found that having a new grandchild increased an individual's probability of retirement by 8%. For grandparents who cannot retire, "caring for grandchildren increases labor force attachment, with grandfathers more likely to work and grandmothers working longer, if another adult is available to supervise the grandchildren" (Wang & Marcotte, 2007, p. 1238). Custodial grandparents are more likely to be employed than unemployed. This can be explained by their age, as many custodial grandparents are not old enough to collect Social Security benefits. According to Hillman and Anderson (2019), "More than 60 percent of

custodial grandparents are employed, 67 percent are under the age of 60, and 25 percent live below the poverty line" (p. 261). The increased attachment to the labor force may stem from expenses associated with providing care for a grandchild.

Money/Finances

Grandparents' financial situations are not necessarily well suited for caring for children. Retirement savings and Social Security are intended to help an individual maintain the lifestyle they had prior to retirement and many times a reduced lifestyle. Social Security reforms have made each individual responsible for their own retirement by reducing benefits and increasing the retirement age (AARP, 2015). However, many people in the United States are at risk of having inadequate funds to maintain their existing lifestyles in retirement (Benartzi & Thaler, 2013). Bailey et al. (2013) noted, "Financially, most are at a stage in life where they are looking toward retirement and reduced family spending and are unprepared for their new economic reality as second-time-around caregivers" (p. 671). There are many expenses, both expected and unexpected, associated with raising grandchildren; these expenses can create a financial strain (Bailey et al., 2013). According to Cox (2010), "Often grandparents were managing on their pensions and savings or were employed prior to assuming responsibility for their grandchildren. The financial demands associated with raising a grandchild can easily overwhelm their resources and push those, who were previously managing within their budgets, into poverty" (p. 283).

Time

Another sacrifice made by grandparent caregivers is their time. When time is affected, well-being is affected (Krantz-Kent & Stewart, 2007). With much of their time devoted to caregiving responsibilities, grandparents have less time for other areas of their life such as traveling, enjoying hobbies, and pursuing education; it is also more challenging for grandparents

to live slow-paced lives. Grandparents also experience less self-care, privacy, and sleep (Pruchno, 1999). Additionally, grandparents are unable to spend as much time with other noncustodial grandchildren (Hayslip & Glover, 2009).

Friendships

Social relationships are a major sacrifice that grandparent caregivers make, and this sacrifice is one that affects them emotionally. Researchers have defined social isolation as "the objective absence of social contacts and social connectedness" (as cited by Shapiro, 2017, p. 121). Hayslip and Kaminski (2005) reported that social isolation and social support are significant issues facing grandparent caregivers, noting that grandparents might feel lonely, different from their peers, invisible, and unable to relate their peers. These factors contribute to grandparents' experiences of social isolation and social support. In a study conducted with over 700 grandparents, 25% of the participants said they felt isolated, felt they had lost control of their life, felt trapped, and felt that caring for their grandchildren negatively affected their family relationships (Pruchno, 1999). Musil et al. (2009) found that lower levels of social support were associated with higher depressive symptoms for grandmothers. Bullock (2004) interviewed grandparents aged 65–84 who provided primary care for at least one grandchild. Grandmothers reported difficulty maintaining their own friendships and relating to younger parents. These factors all contribute to the social isolation felt by grandparent caregivers.

For most custodial grandparents, sacrifices and losses go unnoticed and therefore the grief associated with them is not recognized, either. Doka's (2002) concept of disenfranchised grief suggests that these losses fall outside of societal norms and therefore do not garner empathetic support. According to Doka, "Without empathy, others do not understand the meaning and the experience of the loss" (p. 91). It is necessary to understand the perceptions that

others hold regarding grandparent caregivers because these perceptions can help to explain the feelings and grief that the grandparent caregivers experience.

Perceptions

In general, the perceptions of custodial grandparents that others have are situational. Hayslip and Glover (2009) studied the perceptions of loss experienced by noncustodial grandparents and found that noncustodial grandparents are sensitive in varying degrees to the losses that custodial grandparents experience. For example, noncustodial grandparents perceive a greater loss for grandparents raising female children or children with problems. Miltenberger et al. (2004) conducted research on the perceptions of loss that 1,200 young adults hold about custodial grandparents. Similar to Hayslip and Glover, Miltenberger et al. found that perceptions varied depending on ethnicity, the reason for role assumption, and whether the grandchild in question had emotional or behavioral problems. These results highlight the need for greater awareness of custodial grandparents' role, which would help to create equal sensitivity toward all custodial grandparents. Miltenberger et al. noted, "If people are sensitive to the losses that custodial grandparents face, both social support and social policy will, hopefully, follow suit" (p. 254).

Grandchildren raised by their grandparents generally have positive perceptions of them. Sands et al. (2009) studied the grandchildren of grandparent caregivers and found that grandchildren expressed appreciation and enthusiasm about living with their grandparents. They also greatly valued the support of their grandparents and felt safe, cared for, and loved. In a study conducted by Cole (2017), which sampled six children aged 6–11 who belong to grandparent-headed families, all of the participants reported positive feelings toward their grandparents and viewed them as the primary providers in their lives. Dolbin-MacNab and Keiley (2009)

conducted qualitative, semi-structured interviews with 41 adolescents raised solely by their grandparents. The researchers found the adolescents had strong emotional bonds with their grandparents and "emphasized deep gratitude and respect for their grandparents' efforts in raising them" (p. 172). Overall, the literature suggests that grandchildren of all ages have positive perceptions of their grandparent caregivers.

Research on the perceptions that the parents of custodial grandchildren hold is limited. A study conducted by Raikes (2016) investigated the perceptions of incarcerated mothers. Raikes found that imprisoned mothers expressed their appreciation for the care that their own mothers provided to their children and realized that without that care, social services would be involved.

Grandparents placed in the caregiver role undoubtedly experience an array of emotions related to the role. In a study conducted on grandmothers' perceptions of parenting the second time around, 56% of grandmothers indicated that they found parenting their grandchildren to be more difficult than parenting their own children (Dolbin-MacNab, 2006). Others perceived their role to be more enjoyable than parenting their own children and found a sense of relaxation, enjoyment, and satisfaction. Taylor, Marquis, Coall, and Werner (2018) studied 88 custodial grandparents and found that their enjoyment in the role comes from the security that they can provide their grandchildren and the opportunity to mentor the grandchildren and share activities, as well as reciprocal affection, revitalization, maturational growth, and achievement gratification. In another study, grandparents indicated that they considered their role to be important because they could keep their families together and teach their familial and cultural values to their grandchildren (Dennis & Brewer, 2017).

Understanding the perceptions that grandparents have of themselves, as well as the perceptions of grandparents that outsiders hold, is necessary to better understand what it means

to be a custodial grandparent. Recognizing such perceptions "can minimize the negative psychosocial impact of their newly defined role on such caregivers and their grandchildren" (Miltenberger et al., p. 248). Understanding perceptions can also lead to a better understanding of disenfranchised grief (Hayslip & Glover, 2008, 2009). According to Hayslip and Glover, "This sense of 'disenfranchised grief' can result when others fail to appropriately acknowledge one's sense of loss and, consequently, fail to provide appropriate empathy and support" (2009, p. 165). Finally, an improved understanding of perceptions can lead to greater sensitivity, which can increase social support, improve access to services, and decrease social isolation (Hayslip & Glover, 2008, 2009).

Marital Relationships

There is scant research on the marital relationships of grandparents who are caregivers. The research that does exist is inconsistent, making it unclear whether marriage is a benefit or stressor to the grandparents. Some research indicates that marriage benefits the grandparents in their caregiving responsibilities, and other research finds marriage to be a source of distress. For example, Bachman and Chase-Landsdale (2005) examined the physical, mental, and economic well-being of custodial grandmothers and primary caregivers. They found significantly higher rates of psychological distress among single grandmothers.

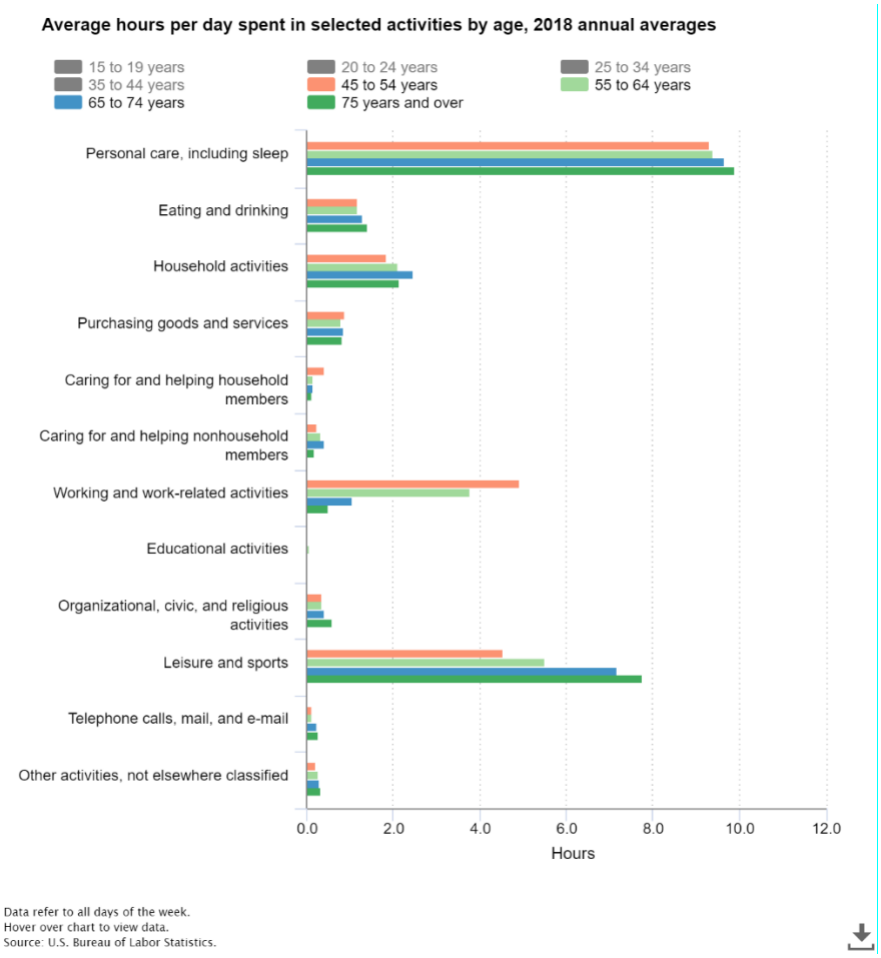
Other Losses

The Bureau of Labor Statistics (BLS) is a part of the Department of Labor and serves as an independent statistical agency. The BLS conducts studies such as the American Time Use Survey (ATUS). This is a survey that "measures the amount of time people spend doing various activities, such as paid work, childcare, volunteering, and socializing" (BLS, n.d.). Many of the loses that grandparent caregivers experience are listed on the ATUS. Figure 1 displays the

average number of hours per day in 2018 that Americans of various age groups spent engaging in different activities. While this figure does not represent only grandparent caregivers, it helps to explain some of the losses that grandparent caregivers feel because they are unable to spend their time like other individuals their age due to their responsibilities to their grandchildren.

Figure 1

Screenshot of ATUS



Although dated, Jendrek's (1993) study is one of the few that examines the effects that childrearing has on a grandparent's life. Jendrek interviewed 114 custodial grandparents, grandparents who had grandchildren living with them, and grandparents who provided daytime care. The researcher asked about events and feelings in 20 lifestyle areas that may have changed

due to caring for grandchildren. The areas were as follows: doing things for fun and recreation; having money; the need to alter routines and plans; having contact with relatives; having contact with friends; having contact with neighbors; enjoyment of daily activities; privacy; believing that parenting is fun; having time for self; feeling edgy or upset; having time to get everything done; having a purpose for living; feeling physically tired; feeling emotionally drained; worrying about things; having time for spouse; spousal relationship satisfaction; giving attention to spouse; and having things in common with spouse. Reproduced in Figure 2, Jendrek's findings show the percentage of grandparents who reported having less, more, or no change in each lifestyle area.

Summary

Grandparents across the globe have long served as primary caregivers to their grandchildren. The grandparents experience pleasures such as building bonds with their grandchildren, mentoring their grandchildren, and experiencing parenthood a second time. However, they also experience many challenges and hardships that are arguably due to the responsibilities associated with caring for their grandchildren. These challenges include physical health concerns such as diabetes, hypertension, cancer, heart attack, stroke, heart disease, and asthma, as well as mental health concerns such as anxiety, worry, depression, sadness, and frustration. Several of these challenges may be aggravated by the low socioeconomic position of a large majority of grandparent-headed families. Grandparents' tendency to isolate themselves from family because of traumatic events and from friends because of the stigma related to grandparent caregiving and feelings of being different exacerbate the situation. Ultimately, these factors equate to various losses that cause grief for many grandparent caregivers. This grief is disenfranchised due to the lack of understanding and empathy that society has for this population.

Figure 2

Screenshot of Jendek's (1993) "Percentage of Total Sample Indicating a Change Since Beginning to Provide Care to Grandchildren"

TABLE 1. PERCENTAGE OF TOTAL SAMPLE INDICATING A CHANGE SINCE BEGINNING TO PROVIDE CARE TO GRANDCHILDREN

	Direction of Change				
	Less	More	Direction Not Given	No Change	Total
Doing things for fun and recreation*	43.4	5.3	8.0	43.4	100.1
Having money*	26.5	1.8	0.0	71.7	100.0
The need to alter routines and plans	.9	79.5	0.0	19.6	100.0
Having contact with relatives	13.3	11.5	1.8	73.5	100.1
Having contact with friends*	37.2	0.0	1.8	61.1	100.1
Having contact with neighbors*	3.6	22.3	1.8	72.3	100.0
Enjoyment of your daily activities*	25.2	18.9	6.3	49.5	99.9
Having your own privacy*	58.6	0.0	0.0	41.4	100.0
Believing that grandparenting is fun*	20.0	15.2	3.8	61.0	100.0
Having time for yourself*	58.0	1.8	1.8	38.4	100.0
Feeling edgy or upset	3.6	36.6	1.8	58.0	100.0
Having time to get everything done	53.6	1.8	.9	43.8	100.1
Having a purpose for living	0.0	55.4	1.8	42.9	100.1
Feeling physically tired	2.7	55.0	.9	41.4	100.0
Feeling emotionally drained*	2.8	41.3	0.0	56.0	100.1
Worring about things	9.1	40.9	0.0	50.0	100.0
Having time for your spouse[a]	35.7	2.4	2.4	59.5	100.0
Satisfaction with your relationship with spouse*	12.2	15.9	2.4	69.5	100.0
Giving attention to your spouse*[a]	29.3	2.4	2.4	65.9	100.0
Having things in common with your spouse [a]	1.2	25.0	2.4	71.4	100.0

* Statistically significant difference by type of care provided, $p < .05$.
[a] Percentages refer to married grandparents only.

While this is not a new phenomenon, little has been done in the policymaking arena to better assist this population. Research, awareness, and a better understanding of the challenges that grandparent caregivers experience would facilitate policy changes. Clinicians and helping professionals can also adjust how that they care for and assist grandparent-headed families. In order for these changes to occur, however, it is necessary to understand grandparents' perceptions and prioritization of their losses. Once grandparents' perceptions of their largest losses are known, certain supportive services can be prioritized.

CHAPTER 3

METHODOLOGY

Topic and Research Question

According to Watts and Stenner (2012), the research question guiding a study dictates whether Q methodology is an appropriate research design. Q methodology is best suited for studies in which the participants' viewpoints are relevant to the topic and will make a difference because this methodology allows the researcher to explore the participants' perspectives. The research question in a Q study must be relatively simple to help ensure that participants are able to understand and respond to it. Additionally, to maintain clarity and integrity in a Q study, it is necessary that the research question is focused. A focused research question is a question that is a representation or understanding of the subject matter being studied. Watts and Stenner noted, "Research questions of this type invite participants to tell us what a topic means to them, but most importantly what it means to them in this situation" (p. 55). The research question guiding the current study focused on examining the sacrifices that grandparent caregivers experience as a result of their caregiving responsibilities to their grandchildren. The research question was intended to uncover the subjective opinions that grandparents hold regarding their sacrifices; that is, what Hayslip et al. (2017) refers to as losses. According to Watts and Stenner (2012), "Expressing subjectivity simply describes an activity in which the Q-sorter performs a series of operations on a series of items. This process is described as subjective only insofar as it is me (and not you) engaging in the activity and only because the operations must inevitably be conducted from my (and not your) first-person viewpoint" (p. 26).

RQ1: How do full-time grandparent caregivers rank the sacrifices that they experience as a result of their caregiving responsibilities?

RQ2: What do full-time grandparent caregivers rank as their most significant sacrifice?

RQ3: What do full-time grandparent caregivers rank as their least significant sacrifice?

Q methodology emerged in a 1935 letter written by William Stephenson. It is an adaptation of the factor analysis methodology developed by Charles Spearman (Watts & Stenner, 2012). Factor analysis is used to determine whether correlations between observed variables can be attributed to latent variables, which are variables that cannot be measured directly (Field, 2013). One of the primary differences between Q methodology and factor analysis involves the variables. Q methodology emphasizes patterns of subjective perspectives among individuals, whereas factor analysis requires that individuals are passively subjected to measurements (Steelman & Maguire, 1999; Watts & Simon, 2012). According to McKeown and Thomas (2014), "The primary purpose of undertaking a Q study is to discern people's perceptions of their world from the vantage point of self-reference" (p. 1). This is accomplished through both qualitative and quantitative methods. Q methodology's use of factor analysis makes it quantitative; however, because Q methodology "shares many of the focuses of qualitative research studies," it can be considered a mixed-methods approach (Ramlo, 2015, p. 73).

Q methodology has two design types: single-participant design and multiple-participant design (Watts & Simon, 2012). In the single-participant design, a single individual uses the Q-set either once or numerous times, under varying conditions of instructions, to sort data (Watts & Stenner, 2012). A multiple-participant design involves having multiple participants complete a Q-sort from the same perspective or primed viewpoint. Whether using the single-participant design or the multiple-participant design, a Q methodology study can be performed in five steps, as displayed in Figure 3 (McKeown & Thomas, 2014).

Figure 3

Steps in a Q Methodology Study

Concourse Communication

In Q methodology, the term "concourse" refers to opinion statements on a specific topic that the participants in the study sort (Paige & Morin, 2016). The Q sample is created from the concourse (Paige & Morin, 2016; Watts & Simon, 2012). According to Watts and Simon (2012), "Communicability represents an overall field of shared knowledge and meaning from which it is possible to extract an identifiable universe of statements for, and about, any situation or context. Each identifiable universe is called a concourse" (p. 45). A concourse is not limited to written statements; rather, it captures all aspects of human life whether they be paintings, pieces of art, photographs, musical selections, newspaper clippings, aromas, cartoons, posters, or typefaces (Brown, 1993; McKeown & Thomas, 2014). The possibilities for Q samples are unlimited; however, taken together, the statements should be comprehensive in their representation of the subjective phenomenon under consideration (McKeown & Thomas, 2014).

The concourse used in the current study was derived from the literature review on the topic, which can be found in Chapter 2. Additional concourse communication was taken from research on how retirees spend their time and the American Time Use Survey (ATUS). These two sources were used as part of the concourse communication because they identify how individuals who are retired typically spend their time and how Americans of all ages typically spend their time (Kalenkoski & Oumtrakool, 2014; BLS, n.d.). In the United States, retirement-

based Social Security benefits are payable as early as age 62, and grandparenthood typically occurs in middle age (45–65 years old; Szinovacz, 1998; Social Security Administration, n.d.). Since the retirement age and the onset age of grandparenthood overlap, it is assumed that many of the grandparents who participated in this study would have a retired lifestyle were it not for their caregiving responsibilities. Therefore, using the ATUS is appropriate.

The Q-set was narrowed down by grouping like items from the ATUS and the related literature on this topic. For example, the ATUS includes golfing and reading in its list of leisure activities. Instead of listing every leisure activity on the survey, however, these activities were grouped under leisure and sports. The Q-set was reviewed by the dissertation chair to ensure comprehensiveness. A former full-time grandparent caregiver also reviewed the Q-set and provided feedback.

Narrowing of the Q-Set

The Q-set is the sample of items that participants sort. It is formed based on the concourse. Stimuli that result from concourse communication are known as the Q sample. After the Q sample is developed, the Q-set is created. McKeown and Thomas (2014) emphasized the importance of using a naturalistic Q sample to create the Q-set. According to Saebjornsen et al. (2016), “Naturalistic Q sampling refers to processes of finding and gathering potential Q-set items, such as statements, from naturally occurring subjective viewpoints about the topic of interest expressed in newspapers, everyday conversations, interviews, or the like” (p. 16). The Q sample used in this study contained objective content because the statements were not derived from opinions but from research. However, subjectivity was expressed in the assignment of positive and negative values (McKeown & Thomas, 2014).

A structured or unstructured approach can be used to select the Q-set. In the structured approach, theories relevant to the topic are used to select Q-set items (Paige & Morin, 2016). In the unstructured approach, the researcher assesses the concourse and randomly selects items for the Q-set (Barbosa et al., 1998). In this study, a structured approach was used to create the Q-set. Although Q-set items are generally statements, this is not mandatory (Watts & Stenner, 2012). The most effective Q-set items are the ones that best answer the research question, no matter what their form. Twenty-six statements were identified based on the literature, all of which were used in the Q-set. The resulting Q-set is displayed in Table 1.

Table 1

Q Sample List

No.	Item	Reference
1	Personal care, including sleep	Bureau of Labor Statistics, n.d.
2	Eating and drinking	Bureau of Labor Statistics, n.d.
3	Household activities	Bureau of Labor Statistics, n.d.
4	Purchasing goods and services	Bureau of Labor Statistics, n.d.
5	Caring for non-household members	Bureau of Labor Statistics, n.d.
6	Educational activities	Bureau of Labor Statistics, n.d.
7	Organization, civic, and religious activities	Bureau of Labor Statistics, n.d.
8	Leisure and sports	Bureau of Labor Statistics, n.d.
9	Money	Kelley, Whitley, & Campos, 2011
10	Telephone calls, mail, and email	Bureau of Labor Statistics, n.d.
11	Other activities not classified elsewhere	
12	Ability to work	Musil, Schrader, & Mutikani, 2000
13	Ability to retire	Lumsdaine & Vermeer, 2015
14	Social relationships	Hayslip, Shore, Henderson, & Lambert, 1998
15	The need to alter routines and plans	Jendrek, 1993

16	Intimate relationships	Jendrek, 1993
17	Privacy	Jendrek, 1993
18	Mental health	Peterson, 2017
19	Physical health	Hayslip & Kaminiski, 2005
20	Contact with neighbors, friends	Jendrek, 1993
21	Enjoyment of daily activities	Jendrek, 1993
22	Believing that grandparenting is fun	Jendrek, 1993
23	Social support	Jendrek, 1993
24	Time	Krantz-Kent & Stewart, 2007
25	Relationship with other family members	Taylor, Coall, Marquis, & Baten, 2016
26	Having the traditional grandparent role	Backhouse & Graham, 2012

Research Participants

In Q methodology, a P-sample or P-set refers to the person sample; that is, the research participants (McKeown & Thomas, 2014). It is important to select the correct participants and avoid opportunity sampling when conducting a Q study (Watts & Simon, 2012). Adopting a methodical approach to participant selection increases the likelihood of obtaining well-defined views and information relative to the subject being studied. A small number of participants is common when using Q methodology because generalizability is of little significance in this type of study (McKeown & Thomas, 2014; Watts & Simon, 2012). Very few or even a single participant can "sustain a good Q methodological study" (Watts & Simon, 2012, p. 72).

The current study included eight full-time grandparent caregivers and five former full-time grandparent caregivers from the East Coast, primarily the Washington, D.C., metropolitan area. Watts and Simon (2012) recommended a 2:1 ratio of Q-set items to participants in a Q study. The goal is to have more participants than items in the Q-set. Q methodology embraces small numbers of participants. Small numbers of participants make analyses simpler. Based on these criteria, a 2:1 ratio was used for participant selection.

In a Q methodology study, participants should be selected with care and consideration to ensure that they have a "defined viewpoint to express and, even more importantly, [that their] viewpoint matters in relation to the subject at hand" (Watts & Simon, 2012, pp. 70–71). Quality participants should be selected using strategic sampling and a coherent rationale (Watts & Simon, 2012). Two methods were used to solicit participants in this study: snowball sampling and purposive sampling. Snowball sampling is the process of asking an initial participant to provide the names of other possible participants (Lewis-Beck et al., 2004). Purposive sampling is the process of selecting participants who are knowledgeable about a specific phenomenon (Palinkas et al., 2015). Starting with purposive sampling, one participant was identified. Snowball sampling was then used to select the remaining participants.

With the help of the inclusion criteria, a total of 13 participants were identified to participate in the study. To be eligible to participate, an individual was required to be a grandparent providing full-time care to one or more of their grandchildren for at least one year or a former full-time grandparent caregiver of at least one year.

While all participants were ultimately identified via purposive and snowball sampling, a back-up recruitment strategy was also prepared. "Grandparents Raising Grandchildren" is a private Facebook group created to support grandparents who are raising their grandchildren. I

requested permission to join the group. After I received permission, I posted the recruitment template to the group. The post did not receive any responses or result in any new participants.

Q-Sort Takes Place

After the P-sample is selected, the Q-sort is performed using the Q-set created at the beginning of the study. McKeown and Thomas (2014) defined Q-sorting as "an operation by which a person models self-reference by distributing Q sample stimuli along a continuum defined by a condition of instruction" (p. 25). In other words, Q-sorting is an activity that requires participants to rank-order a set of items following the conditions of instructions provided by the researcher. The term "conditions of instruction" refers to the sorting rules or instructions that the participants follow while sorting stimuli (Valenta & Wigger, 1997; Goldstein & Goldstein, 2005).

Data Collection Procedure

Ethical Considerations

The approval of Liberty University's Institutional Review Board was obtained prior to beginning this study. Next, potential participants who had been identified via purposive and snowball sampling were contacted via telephone. The recruitment template was read to each potential participant, and if they agreed to participate, an in-person meeting was scheduled at the location of the participant's choosing. At the in-person meeting, the participant was provided with an invitation to participate in the study, an explanation of the study, and participation consent forms. Additionally, they received my contact information, which they were instructed to use in the case of questions.

Demographic Questionnaire and Pre-sort Questions

After completing the consent form, participants were given the pre-sort questionnaire containing the demographic questions. Many of the participants requested that I read the questions to them and annotate their answers. The purpose of this questionnaire was to gain as much information as possible about each participant. During the collection of the demographic information, a pseudonym was assigned to each participant to protect their identity. Table 2 displays the pseudonym assigned to each participant.

Table 2

Pseudonyms

Participant	Pseudonym
1	Purple
2	Lilac
3	Teal
4	Yellow
5	Silver
6	Coral
7	Pink
8	Black
9	Amber
10	Maroon
11	Fuchsia
12	Lime
13	Rose

At the beginning of the data collection process, participants received the following instructions:

Please answer the questions below. All information will be kept confidential. Any questions can be communicated to Korrin Kim in person or via email at kkim43@liberty.edu.

1. Age
2. Gender
3. Race/ethnicity
4. Relationship status
5. City, State
6. How many of your grandchildren are you providing full-time care for and how many years have you been providing care for them? If not currently raising a grandchild, in the past how many grandchildren did you provide care for and for how many years?
7. What is/was the age of your grandchildren during the time you provided care to them?
8. What is/are the gender(s) of your grandchild(ren)?
9. Were you employed when you provided care for a grandchild?
10. How was your overall experience raising a grandchild (positive, negative, neutral)?

After completing the pre-sort questionnaire, participants were provided with the Q-sort and asked to physically place cards in an inverted pyramid to express the level to which they felt they had sacrificed that particular item. 4 represented the most sacrificed item and -4 represented the least sacrificed item. There were no time restraints on this task, and participants could ask for assistance completing it at any point. Most participants required assistance for a variety of reasons, including an inability to understand the statements, a vision impairment that prevented them from seeing the statements, or a preference for interacting with me while completing the task.

Q-Sort

In a traditional Q-study, the Q-sort involves rank-ordering a set of statements from agree to disagree using slips of paper and a Q-sort distribution grid (Brown, 1996; McKeown & Thomas, 2014). Figure 3 displays the distribution grid that was used for this study. A typical distribution has ranking values that range from +6, +5, or +4, to -4, -5, or -6 (Watts & Stenner, 2012). McKeown and Thomas (2014) asserted that "Q samples smaller than N = 40 can safely utilize a range of +4 to -4; from 40 to 60, a range of +5 to -5 is generally employed" (p. 28).

Figure 4

Q-Sort Distribution Grid

-4	-3	-2	-1	0	1	2	3	4

The subject of the study dictates the number of items placed under each marker (McKeown & Thomas, 2014). Controversial issues that evoke strong beliefs and emotions are well suited for a flatter distribution, while less controversial issues benefit from a distribution like that in Figure 4. A steeper distribution allows participants to place more items in the center, while a flatter distribution provides participants with the "opportunity to make fine-grained

discriminations at the extremes of the distribution" (Watts & Stenner, 2012, p. 80). Figure 4 is known as a prearranged distribution or forced-choice normal distribution (Watts & Stenner, 2012). It is considered forced-choice because participants must assign a specific number of items to each ranking value. It is the most practical method of completing the ranking process.

Post-sort Written Interview

A post-sort written questionnaire was administered following the Q-sort. The purpose of the post-sort written questionnaire was to identify each participant's motivation for their rankings of the items. It was also necessary to ask the participants if there was an item that they felt had been left out of the study to determine whether the rankings may have been different had there been different items.

The post-sort questions were:

1. Is there a sacrifice that you made that was not an option on in this study?
    a. If so, what?
    b. How would you rank this item on the Q-sort?
2. Would you change any of the items that you sorted? If so, to what would you change?
3. Why did you rank the TOP category the HIGHEST? What is MOST important about these statements?
4. Why did you rank the BOTTOM category the LOWEST? What is LEAST important about these statements?
5. Is there anything you would like to add?

Statistical Analysis

The PQMethod software program was used to conduct statistical analysis. Designed specifically for Q studies, this program allows users to compute intercorrelations among Q-sorts

and conduct factor analysis or principal components analysis (Schmolck, 2014). I began by calculating the correlation matrix. The purpose of a correlation matrix is to identify patterns of similarity and difference between all Q-sorts completed in a single study (Watts & Stenner, 2012). Watts and Stenner (2012) noted, "The correlation matrix – which includes all the Q-sorts we have gathered and hence all the viewpoints our participants have produced – evidently comes to represent or encapsulate 100% of the meaning and variability present in the study" (p. 98).

Next, I performed factor analysis. According to Watts and Stenner (2012), "The basic function of a factor analysis is to account for as much of this study variance as is possible – i.e. to explain as much as we can about the relationships that hold between the many Q-sorts in the group – through the identification of, and by reference to, any sizeable portions of common or shared meaning that are present in the data" (p. 98). A factor analysis is considered a data reduction technique because it reduces the correlation matrix into a smaller set of data, producing fewer factors than there are Q-sorts (Watts & Stenner, 2012). Participants who share similar views are represented by the same factor. Brown (1980) observed, "Eigenvalues are the sum of squared factor loading for each factor" and determine the significance of a factor (p. 40). Generally speaking, eigenvalues greater than 1.00 are considered significant, while values lower than 1.00 are considered non-significant (McKeown & Thomas, 2014; Brown, 1980).

Factor extraction and rotation allows for an enhanced interpretation of the factors. Extraction is the process of removing items with common variance from the correlation matrix (Watts & Stenner, 2012). If three factors are extracted, the space becomes three-dimensional; if more than three factors are extracted, the space becomes multidimensional (Watts & Simon, 2012, p. 115). Rotating the factors provides a unique viewpoint or perspective and can be achieved using one of two common methods (Watts & Simon, 2012). The first is by-hand and

the second is Varimax rotation. According to Allen (2017), “Varimax rotation is a statistical technique used at one level of factor analysis as an attempt to clarify the relationship among factors” (p. 531). Factor loadings are the relationship between each variable and the underlying factor. Field (2005) suggested a factor should be considered reliable if it has four or more loadings, each with a value of at least 0.6, while Stevens (1992) suggested 0.4 should be the cut-off. For this study, a value of 0.4 was used to determine if factor loadings were meaningful.

Factor analysis is a process that simplifies data by reducing many items into a small number of factors; however, this does not mean that other factors should not be considered due to having an eigenvalue less than 1.00. It is a fallacy that size is equated with importance in statistics, particularly in a Q study (Brown, 1980). Social, theoretical, and contextual elements should also be considered when determining the importance of a factor (McKeown & Thomas, 2014; Brown, 1980). The significance of a factor should not be dismissed due to its “strength measured by its eigenvalue” (Brown, 1980, p. 40).

Factor Interpretation

There is no one strategy for factor interpretation; rather, it depends on the goals of the researcher (Watts & Stenner, 2012; Brown, 1980). Absolute rules should be avoided when conducting factor interpretation using Q methodology; nevertheless, the use of a strategy should be evident in the interpretation (Watts & Stenner, 2012). Given the holistic nature of Q methodology, I used the pre-sort and post-sort questionnaires for factor interpretation in order to determine the connections and linkages that exist. I also used a crib sheet. Crib sheets constitute a systematic approach to factor interpretation that help to ensure that nothing is overlooked. They also help to deliver holistic interpretations, which is the primary goal of Q methodology (Watts & Stenner, 2012).

Limitations

A Q study does not require a large number of participants because it aims to establish, understand, explicate, and compare viewpoints (Watts & Stenner, 2012). In fact, completing a Q study with a small sample size is common and generally accepted among researchers (McKeown & Thomas, 2014). Some researchers, however, question the value of a small sample size in producing generalizable results (Watts & Stenner, 2012). While the results of a Q study can be generalized, they require a different type of generalization that includes concepts or categories, theoretical propositions, and models of practice; that is, conceptual generalization (Watts & Stenner, 2012).

Bias related to the creation of the concourse and selection of Q statements is a possible limitation of this study. Potential bias was addressed by selecting all concourse items from the literature. After the items were selected from the literature, they were sent to the dissertation chair and to a former full-time grandparent caregiver to determine if any topics should be added; no additional statements were identified. Despite the possibility of bias, the concourse developed for this research could be used to repeat this study with full-time grandfather caregivers or full-time grandparent caregivers outside of the United States.

Assumptions

This study was conducted based on the assumption that participants would answer truthfully and provide their subjective opinions regarding their experience assuming full-time care of one or more of their grandchildren. It was also assumed that Q methodology is the most effective way of gathering this information because “a well-delivered Q study reveals the key viewpoints extant among a group of participants and allows those viewpoints to be understood holistically and to a high level of qualitative detail” (Watts & Stenner, 2012, p. 4). Additionally,

the conceptual framework was assumed to be relevant to the experiences of full-time grandparent caregivers. A final assumption concerns researcher bias when creating the concourse. This was circumvented utilizing the literature to support each item selected for the concourse.

Summary

In this chapter, the purpose of Q methodology was explained and the steps to completing a Q study were provided. These steps include creating a concourse, selecting research participants, selecting a research question, and building the Q-set. This chapter also outlined the procedure for data collection and analysis. The results of the study are presented and discussed in Chapter 4.

CHAPTER 4

RESULTS

Description of Sample

The population sampled in this study consisted of grandparents who raised or have been raising grandchildren for at least one year. Participants were recruited using purposive and snowball sampling beginning with my own biological grandmother. This participant referred Participants 2, 3, and 4. Participant 4 referred Participants 5 and 6. This method was used until all 13 participants had been recruited. All participants referred were eligible to participate in the research.

Facebook was used as a back-up means of recruiting participants. First, access was requested to join private Facebook groups specifically created for grandparents raising grandchildren. When requesting access to these groups, I explained my purpose for requesting access. I was granted access to one group, "Grandparents Raising Grandparents." After I was accepted to the group, I posted my recruitment template to the page. Fifty-five group members viewed the recruitment template; however, no one expressed interested in participating.

General Sample Demographic Information

The demographic information for the general sample is presented in this section. Demographic information was obtained using the pre-sort questionnaire. Table 3 contains the demographics for the 13 participants who completed the pre-sort questionnaire, Q-sort, and qualitative post-sort questionnaire.

The participant population consisted of 12 (92%) female participants and 1 (8%) male participant. Figure 5 displays the breakdown of grandparent caregivers. Nine (69%) participants

indicated that they are currently providing care for their grandchildren, and four (31%) participants reported that they had provided care in the past. Twelve (92%) participants identified as African-American or Black, and one (8%) participant identified as biracial (Black or African American and American Indian or Alaska Native). Participants ranged from 50 to 83 years old, with the average age being 67.5 years. The average age of participants who indicated that they are currently providing care for a grandchild was 65 years old, while the average age of participants who reported that they had provided care in the past was 72.5 years old. The participants provided care for an average of two grandchildren. The age of these grandchildren ranged from newborn to 18+ years old. Four (31%) participants identified as married; five (38%) participants identified as single; one identified as widowed; two (15%) participants identified as divorced; and one (8%) participant identified their relationship status as complicated.

Table 3

Demographics

Variable	Frequency	%(N=13)
Age		
50–59	3	23%
60–69	4	31%
70–79	4	31%
80–90	2	15%
Gender		
Male	1	8%
Female	12	92%
Race/Ethnicity		
Black or African American	12	92%
Two or more	1	8%
Relationship Status		
Married	4	31%
Single	5	38%
Widowed	1	8%
Divorced	2	15%
Complicated	1	8%
# of Grandchildren Care Provided For		
1	4	31%
2	5	38%
3	4	31%

Figure 5

Current or Past Caregiver

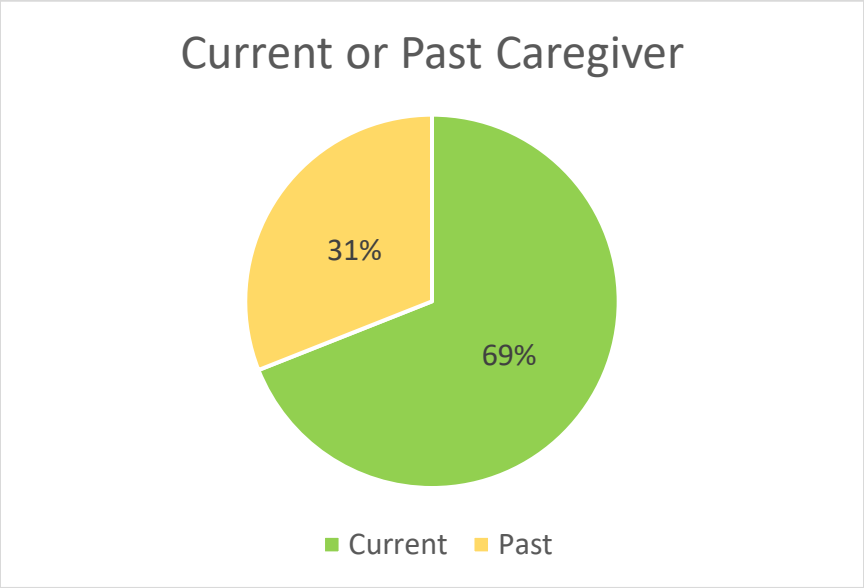
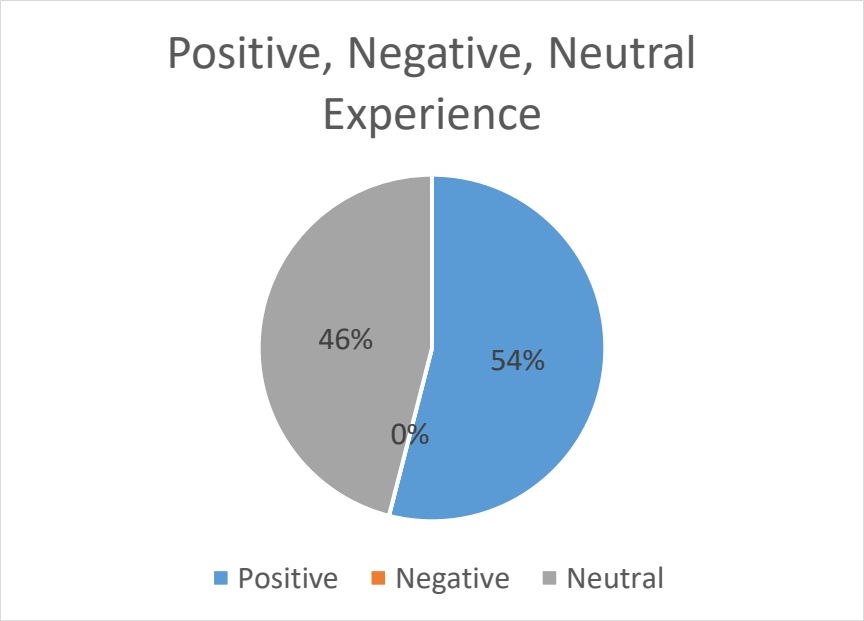


Figure 6

Positive, Negative, Neutral Experience



Positive, Negative, Neutral

The qualitative pre-sort questionnaire asked participants if they would describe their overall experience raising their grandchildren as “positive,” “negative,” or “neutral.” Out of the

13 participants, not a single participant rated their overall experience as “negative.” Seven (54%) participants said their experience was “positive,” and six (46%) participants said their experience was “neutral.” These results align with findings from previous research that indicate that grandparents rarely consider their caregiving responsibilities to be a burden. Research also indicates that there are benefits for grandparents who raise grandchildren, and these benefits may have influenced how grandparents perceive their overall experience.

Statistical Analysis

After obtaining data from all 13 participants, I began the statistical analysis. First, I entered the statements from the Q-set into the PQMethod software program, version 2.35 (Schmolk, 2014). After entering all 26 statements, I entered the 13 participants’ completed Q-sorts into PQMethod using the assigned pseudonyms. I then performed centroid factor analysis. According to Watts and Stenner (2012), centroid factor analysis is Q methodologists’ preferred analytical method because it allows researchers to fully explore the data. PQMethod gives the user the option to use run centroid factor analysis using Horst 5.5, which provides interactive solutions for communalities (Schmolk, 2014). Two factors were extracted from the data set based on the correlation matrix. The data are described in the subsequent subsections.

Correlation Matrix

The first step in the statistical analysis process in a Q methodological study is to create a correlation matrix. A correlation matrix is a table that displays the intercorrelation of all measured variables (Watts & Stenner, 2012). It allows the researcher to make a holistic comparison by calculating the degree of agreement and disagreement between any two participants (Watts & Stenner, 2012). PQMethod automatically generates a correlation matrix

after all Q-sorts are entered. To determine if a Q-sort has a statistically significant correlation ($p < 0.01$), the following equation is used (Watts & Stenner, 2012):

$$2.58 \times (1/\sqrt{\text{No. of items in the Q-set}}) =$$

$$2.58 \times (1/\sqrt{26}) = .51$$

Based on this calculation, a value of 0.51 represents a statistically significant Q-sort. A score of 1.00 represents a perfect agreement with itself; -1.00 represents a perfect disagreement; and 0 represents no correlation. Each statistically significant Q-sort is shown in Table 4.

Table 4

Correlation Matrix

Sort	1	2	3	4	5	6	7	8	9	10	11	12	13
1	1.00												
2	.14	1.00											
3	-.27	.27	1.00										
4	.16	**.51**	.31	1.00									
5	.27	**.51**	.20	.38	1.00								
6	.23	.23	.06	.24	.45	1.00							
7	.24	.23	.08	.45	.42	.05	1.00						
8	.33	.48	.23	.39	.52	.18	.35	1.00					
9	.25	**.56**	.19	.10	**.51**	.37	-.21	.25	1.00				
10	.08	.07	-.07	.23	.28	**.54**	.31	-.12	.17	1.00			
11	.15	.41	.36	.36	.16	.06	-.04	.14	.47	-.04	1.00		
12	-.07	.03	.11	-.41	.20	.13	-.08	.24	.36	-.04	.23	1.00	
13	.30	.02	.03	.33	.48	.49	.27	.12	.13	**.55**	-.08	-.24	1.00

This correlation matrix shows high correlations between several pairs of Q-sorts. Sort 4 was significantly correlated with Sort 2 (.51); Sort 5 was significantly correlated with Sort 2 (.51); Sort 9 was significantly correlated with Sort 2 (.56) and with Sort 5 (.51); Sort 10 was significantly correlated with Sort 6 (.54); and Sort 13 was significantly correlated with Sort 10 (.55). Although the correlation matrix shows pairs of Q-sorts with various levels of

disagreement, the levels of disagreement are not significant. Sort 12 and Sort 4 had the highest level of disagreement (-.41). Other sorts with moderate levels of disagreement are Sort 3 and Sort 1 (-.27); Sort 13 and Sort 12 (-.24); and Sort 9 and Sort 7 (-.21).

Factor Analysis

After the correlation matrix is created, factor analysis is performed. Using PQMethod, I performed a Horst 5.5 centroid factor analysis. I initially performed it using eight factors, with the objective of determining which factors to eliminate. After examining the eight-factor correlation matrix with Dr. Dominique Avery, a Q methodologist, I performed a new Horst 5.5 centroid factor analysis using three factors. Watts and Stenner (2012) recommended extracting one or two factors to start if the study includes fewer than 12 Q-sorts and three factors to start if the study includes 13–18 Q-sorts. Extracting one factor for every six Q-sorts in the study is also acceptable. When three factors were extracted, two Q-sorts did not load significantly on any factor; for this reason, two factors were then extracted. The unrotated factor matrix using two factors is shown in Table 6. Factor 1 had an eigenvalue of 3.29 and accounted for 25% of the variance in this study. Factor 2 had an eigenvalue of 1.66 and accounted for 13% of the variance of this study.

Table 5

Eight-Factor Unrotated Factor Matrix

	Factor							
Sort	1	2	3	4	5	6	7	8
1	.42	-.20	.11	.60	-.48	.13	.30	.01
2	.70	.35	-.21	-.21	-.15	-.10	-.47	-.01
3	.32	.41	-.32	-.50	.34	-.12	.38	-.04
4	.66	-.17	-.56	-.24	-.19	.02	-.03	.17
5	.82	-.02	.11	.15	.24	-.15	-.06	-.30
6	.60	-.25	.50	-.19	.04	-.14	.03	.46
7	.46	-.38	-.46	.26	.36	.41	-.08	-.09
8	.62	.23	-.25	.49	.25	-.23	.09	.23
9	.60	.47	.46	-.07	-.25	-.10	-.12	-.22
10	.42	-.55	.37	-.34	.11	.34	-.19	.03
11	.42	.56	-.07	-.25	-.36	.44	.23	.01
12	.10	.57	.51	.23	.49	.28	.07	.07
13	.53	-.62	.18	-.14	.01	-.18	.32	-.24
Eigenvalue	3.83	2.17	1.66	1.29	1.10	.74	.68	.50
% expl. var.	29%	17%	13%	10%	8%	6%	5%	4%
Cum % expl. var.	29%	46%	59%	69%	77%	83%	88%	92%

Table 6

Two-Factor Unrotated Factor Matrix

	Factor	
Sort	1	2
1	.31	-.15
2	.66	.28
3	.27	.31
4	.55	-.09
5	.81	-.02
6	.55	-.21
7	.38	-.31
8	.56	.10
9	.60	.40
10	.39	-.52
11	.42	.45
12	.11	.45
13	.51	-.68
Eigenvalue	3.29	1.66
% expl. var.	25%	13%
Cum % expl. var.	25%	38%

Factor Rotation

After I had determined that two factors would be extracted, I completed a Varimax rotation using PQMethod. Since this research is concerned with majority viewpoints, Varimax is the preferred method for factor rotation (Watts & Stenner, 2012). Rotating factors alters the vantage point of the factors and improves interpretation (McKeown & Thomas, 2014). Although the factor loadings change when the factors are rotated, the underlying relationships shown in the correlation matrix remain unchanged (McKeown & Thomas, 2014). Once the factors are rotated, they are flagged with an X to represent Q-sorts with a high correlation on a factor.

Table 7

Rotated Factor Matrix

	Factor	
Sort	1	2
1	**.33X**	.10
2	.29	**.64X**
3	-.01	**.41X**
4	**.46X**	.31
5	**.63X**	.54
6	**.54X**	.22
7	**.50X**	.01
8	.34	**.45X**
9	.17	**.70X**
10	**.64X**	-.12
11	.00	**.62X**
12	-.22	**.41X**
13	**.83X**	-.16

Table 7 shows that Sorts 1, 4, 5, 6, 7, 10, and 13 loaded on Factor 1, with factor loadings of .33, .46, . 63, .54, .50, .64, and .83. Sorts 2, 3, 8, 9, 11, and 12 loaded on Factor 2, with factor loadings of .64, .41, .45, .70, .62, and .41. These two factors were not significantly correlated, as

shown in Table 8. This implies that they hold different viewpoints. After rotation, Factor 1 accounted for 25% of the variance and Factor 2 accounted for 13% of the variance.

Table 8

Correlations Between Factors

Factor	1	2
1	1.00	
2	.24	1.00

Consensus and Disagreement Statements

Table 9 displays the consensus statements; that is, those statements on which there was agreement across all factors. These statements were ranked similarly by all of the participants. Conversely, disagreement statements are the statements that the participants ranked significantly differently compared to all other factors. Consensus and disagreement statements are a holistic representation of participants' viewpoints and therefore should be considered when discussing their views; in this case, the grandparent participants' views concerning their sacrifices. As the consensus table indicates, the participants agreed on the following statements:

- Eating and drinking
- Purchasing goods and services
- Caring for non-household members
- Money
- Telephone calls, mail, and email
- Other activities not classified elsewhere
- Ability to retire
- The need to alter routines and plans

- Intimate relationships
- Privacy
- Mental health
- Enjoyment of daily activities
- Social support
- Time
- Relationship with other family members

Table 10 contains statements with varying viewpoints. These statements are discussed along with each factor's interpretation.

Table 9

Consensus Statements

	Q-Sort Scores (Z Scores)	
Statement	Factor 1	Factor 2
Eating and drinking	-3 (-1.78)	-4 (-1.61)
Purchasing goods and services	-2 (-1.29)	-2 (-0.77)
Caring for non-household members	-1 (-0.29)	-2 (-0.88)
Money	2 (0.87)	1 (0.29)
Telephone calls, mail, and email	-2 (-0.87)	-1 (-0.68)
Other activities not classified elsewhere	3 (1.37)	3 (1.82)
Ability to retire	-2 (-0.69)	-2 (-0.84)
The need to alter routines and plans	1 (0.62)	2 (0.53)
Intimate relationships	0 (0.10)	0 (-0.46)
Privacy	0 (0.08)	1 (0.25)
Mental health	0 (0.21)	1 (0.39)
Enjoyment of daily activities	1 (0.70)	2 (0.75)
Social support	0 (0.12)	0 (0.14)
Time	4 (1.63)	3 (1.96)
Relationship with other family members	1 (0.55)	1 (0.14)

Table 10

Disagreement Statements

	Q-Sort Scores (Z Scores)	
Statement	Factor 1	Factor 2
Social relationships	3 (.95)	-2 (-.84)
Ability to work	2 (.93)	-1 (-0.60)
Contact with neighbors, friends	2 (0.88)	-1 (-0.69)
Money	2 (0.87)	1 (0.29)
Physical health	2 (0.75)	0 (-0.04)
Leisure and sports	1 (.70)	-3 (-1.26)
Intimate relationships	0 (0.10)	0 (-0.46)
Having the traditional grandparent role	-1 (0.00)	2 (0.75)
Organization, civic, and religious activities	-1 (-0.02)	-3 (-1.06)
Caring for non-household members	-1 (0.29)	-2 (-0.88)
Believing that grandparenting is fun	-1 (0.47)	2 (1.07)
Enjoyment of daily activities	1 (0.70)	2 (0.75)
Educational activities	-2 (-1.40)	-1 (-0.50)
Personal care, including sleep	-3 (-1.73)	4 (2.26)
Household activities	-4 (-1.90)	0 (-0.13)

Factor 1 (Table 11) is comprised of Sorts 1, 4, 5, 6, 7, 10, and 13. “Time” and “money” ranked higher on Factor 1 than on Factor 2. These items are related to external factors associated with raising grandchildren. Time and money are required by any person who is raising a child, not just grandparents. These items do not have an emotional tie. The statement “time” was ranked by Participant 13 as the most sacrifice with a score of 4. Participant 4 gave “time” a score of 3; Participants 1 and 7 gave “time” a score of 2; and Participants 5, 6, and 10 gave it a score of 1. Both time and money were consensus statements for all factors.

Table 11

Factor Interpretation for Factor 1

Item Ranked at 4

- Time (4)

Item Ranked Higher in Factor 1 Array Than in Factor 2

- Time (4) (consensus statement)
- Money (2) (consensus statement)

Items Ranked Lower in Factor 1 Array Than in Factor 2

- Enjoyment of daily activities (1)
- The need to alter routines and plans (1)
- Privacy (0)
- Telephone calls, mail, and email (-2)
- Believing that grandparenting is fun (-1)
- Household activities (-4)
- Personal care, including sleep (-3)

Item Ranked at -4

- Household activities (-4)

The participants were asked to provide a holistic rationale for why they had ranked the top column the highest. It is noteworthy that most participants had very little to say when asked why they ranked an item in the highest category; however, when the participants were asked if they would like to add any information to the overall study, they nearly always commented. Some of the participants' responses were as follows:

> Participant 1: It takes money to do a lot.
>
> Participant 4: Money was needed to assist with living and other activities for the family such as food/ clothing etc.
>
> Participant 5: Don't get attached. Let the government take them. Maybe it will force the parents to get themselves together.

> Participant 6: We don't have any problems with these things because we are a team. Grandparenting keeps you here longer because you have something to live for. It keeps you active. We are happy.
>
> Participant 10: I love my grandchildren and would do anything for them.
>
> Participant 13: All I sacrificed was my time. Overall, raising my two grandchildren is a great experience. Once you connect with the grandchildren it's always fun and you are always learning. Grandchildren keep you young. I like to expose them to as much as I can. You can't think of your grandchildren as sacrifices. You want to say you helped to give then social skills and education.

Factor 2 (Table 12) is comprised of Sorts 2, 3, 8, 9, 11, and 12. The statement that ranked the highest on Factor 2 is "personal care, including sleep." Ten other statements ranked higher on Factor 2 than on Factor 1. The common theme found in these statements is that they are related to internal qualities needed to raise children and are highly relative to the person. For example, the amount of sleep that one grandparent requires may be very different form the amount of sleep that another grandparent requires. Participant 2 and Participant 11 scored "personal care, including sleep" at 4. Participants 8, 9, and 12 scored "personal care, including sleep" at 3, and Participant 3 gave it a score of 1. Similar to Factor 1, when participants were asked to provide a rational for their top ranking, very few had a response. However, most added comments related to the overall study. Some of their responses were as follows:

> Participant 2: Sleep was sacrificed because I needed to take care of those children. Positive, negative, and neutral are not good options to describe my overall experience. Neutral does not describe my experience. My experience was positive

and negative. You will make any sacrifice for your grandchildren. You sacrifice what you have to take care of those children.

Participant 3: 24 years my biggest priority has been them. Most of my time was spent being a caregiver. I wanted to continue education but could not find the time or money because of my grandchildren. Being a grandparent was 25+ years of regular parenting. I would consider my life to have been lived to its fullest.

Participant 11: I wake up at 3am to get my grandchildren to school and I wake up every 2-3 hours due to physical health issues.

Participant 12: I love my granddaughter to death.

Table 12

Factor Interpretation for Factor 2

Item Ranked at 4

- Personal care, including sleep (4)

Item Ranked Higher in Factor 2 Array Than in Factor 1

- Personal care, including sleep (4)
- Enjoyment of daily activities (2)
- The need to alter routines and plans (2)
- Having the traditional grandparent role (2)
- Believing that grandparenting is fun (2)
- Mental health (1)
- Privacy (1)
- Telephone calls, mail, and email (-1)
- Educational activities (-1)
- Household activities (0)

Items Ranked Lower in Factor 2 Array Than in Factor 1

- Time (3)
- Money (1)
- Physical health (0)
- Contact with neighbors, friends (-1)
- Caring for non-household member (-2)
- Social relationships (-2)

- Organization, civic, and religious activities (-3)
- Leisure and sports (-3)
- Eating and drinking (-4)

Item Ranked at -4

- Eating and drinking (-4)

Summary

The data analysis show that seven of the 13 participants loaded on Factor 1 and six of the 13 participants loaded on Factor 2. Factor 1 accounted for 25% of the variance in the sorts, and Factor 2 accounted for 13% of the variance. These factors are described in more detail in Chapter 5. The implications, limitations, and recommendations are also discussed.

CHAPTER 5

DISCUSSION

This chapter provides an overview of the study along with a brief review of its purpose and results. The relevance of the results is discussed and compared to previous studies. Additionally, the implications and limitations are discussed. Finally, recommendations for future research are made.

Summary of the Study

The purpose of this study was to explore the shared viewpoints, attitudes, beliefs, and opinions that full-time grandparent caregivers hold concerning their experiences of caregiving. Although millions of grandparents provide full-time care for one or more of their grandchildren, there is limited research from the grandparents' perspectives on the sacrifices they must make related to the caregiving responsibilities. There is even less research on how grandparents rank these sacrifices. These sacrifices include money (Bailey et al., 2013), health (Hayslip & Glover, 2009), and self-care (Zhou, Mao, Lee, & Chi, 2017). The goal of this study was to learn what grandparents deem their most significant and insignificant sacrifices. To achieve this goal, a Q methodological design was implemented. Q methodology was selected because its allows participants to provide their perceptions of their world from the vantage point of self-reference. Q methodology also provides a unique blend of quantitative and qualitative approaches, which results in a better understanding of the question under consideration.

Summary of Demographics

To complete this research, I recruited grandparents who are currently providing full-time care for one or more of their grandchildren and have been doing so for one or more years. I also recruited grandparents who had provided care for one or more of their grandchildren in the past

and had done so for one or more years. Thirteen individuals who met the eligibility requirements completed the qualitative pre-sort questionnaire, Q-sort, and qualitative post-sort questionnaire. Most of the participants (n=9) were currently providing care for one or more of their grandchildren. There were 12 female participants in this study and 1 male participant. All participants identified as Black or African American. However, one participant also identified American Indian or Alaska Native. The average age of the participants was 67.5 years old, with a range from 50 to 83 years old. The participants provided care for an average of two children whose ages range from newborn to 18+ years old. The 13 participants in this study provided care for a total of 28 children (17 girls and 9 boys). Of the 13 participants, four identified their relationship status as married, five as single, one as widowed, two as divorced, and one as complicated.

Discussion of Major Findings

The purpose of this study was to identify grandparent caregivers' perspectives of the sacrifices that they have had to make to care for their grandchildren and to learn which sacrifices they viewed to be the most significant and those they viewed as least significant. The goal of this research was to better understand the experiences of grandparents who raise grandchildren so that ultimately they can be better served by helping professionals and policymakers.

Research Questions

The questions guiding this research were:

1. How do full-time grandparent caregivers rank the sacrifices that they experience as a result of their caregiving responsibilities?
2. What do full-time grandparent caregivers rank as their most significant sacrifice?
3. What do full-time grandparent caregivers rank as their least significant sacrifice?

The purpose of this research was explained to potential participants in the consent form that they were given prior to starting the study. Those who elected to participate were then given the pre-sort questionnaire where they provided their demographic information. After completing the pre-sort questionnaire, participants were given the Q-sort. Each participant completed one Q-sort containing 26 statements related to the sacrifices that grandparents make to provide full-time care for grandchildren. After completing the Q-sort, the participants provided additional data through a post-sort questionnaire. The post-sort questionnaire contained five questions. I used the PQMethod software program (Schmolk, 2014) to perform centroid factor analysis, Varimax factor rotation, and correlational analysis. I used the qualitative data from the post-sort questionnaire to provide a more in-depth description of the resulting factors.

Research Question One: How do full-time grandparent caregivers rank the sacrifices that they experience as a result of their caregiving responsibilities?

Two factors emerged from 13 Q-sorts. Factor 1 accounted for 25% of variance in the sorts, and Factor 2 accounted for 13% of the variance. The factors were translated into two themes, and the qualitative post-sort questionnaire was used to better understand the grandparent caregivers' perceptions of the sacrifices that they make when providing full-time care for their grandchildren. The two themes that emerged were external qualities and internal qualities. Grandparents who participated in this study fell in to one of these two groups. The participants who fell in to the external qualities group tended to agree that their biggest sacrifice was time, followed by money, enjoyment of daily activities, the need to alter routines and plans, and privacy. The participants who fell in to the internal qualities group tended to agree that personal care, including sleep, was their biggest sacrifice followed by enjoyment of daily activities; the need to alter routines and plans; having the traditional grandparent role; believing that

grandparenting is fun; mental health; privacy; telephone calls, mail, and email; educational activities; and household activities. Most grandparents seemed to prioritize their sacrifices based on internal and external factors.

Research Question Two: What do full-time grandparent caregivers rank as their most significant sacrifice?

No single sacrifice emerged as the most significant sacrifice for all participants. While participants did have similarities in their sorting that made it possible for me to place them in two groups based on the themes, the participants did not have identical +4 scores that would have indicated consensus regarding the most significant sacrifice.

Research Question Three: What do full-time grandparent caregivers rank as their least significant sacrifice?

No single sacrifice emerged as the least significant sacrifice for all participants. Although some participants did have identical answers for their least significant sacrifice, there was little consensus overall. There was not a single statement that even half of the participants agreed reflected their least significant sacrifice.

Factor Interpretation

The factors discussed in this section reflect participants' viewpoints on the statements related to sacrifices that grandparents make to provide full-time care for their grandchildren. Many participants added statements to the post-sort questionnaire, emphasizing that their responsibilities to their grandchildren outweigh any sacrifices they have to make. Of course, the objective of this study was not to assign particular value to any one sacrifice that grandparents make. Instead, the objective was to learn which sacrifices grandparents deem to be their most significant and what they consider the most insignificant.

Consensus Statements

The statements on which participants agree are known as consensus statements. These statements are shown in Table 9. The participants in this study agreed that time was a major sacrifice, with a score of 4 for Factor 1 and a score of 3 for Factor 2. The participants also agreed with the statement, "Other activities not classified elsewhere"; it received a score of 3 for Factor 1 and Factor 2. Other statements that elicited agreement include:

- Money, with a score of 2 for Factor 1 and a score of 1 for Factor 1
- The need to alter routines and plans, with a score of 1 for Factor 1 and a score of 2 for Factor 2
- Enjoyment of daily activities, with a score of 1 for Factor 1 and a score of 2 for Factor 2
- Relationship with other family members, with a score of 1 for both Factor 1 and Factor 2

The participants agreed that these items were amongst their most significant sacrifices. Therefore, when interventions are implemented to assist grandparents, the sacrifices represented by these items should be considered first.

The lowest-scored item among the consensus statements was eating and drinking, which received a score of -3 for Factor 1 and -4 for Factor 2. The participants agreed that this item was amongst the least significant sacrifices that they made to raise their grandchildren. Other items that participants agreed were less sacrificed and not sacrificed at all include:

- Purchasing goods and services, with a score of -2 for both Factor 1 and Factor 2
- Caring for non-household members, with a score of -1 for Factor 1 and -2 for Factor 2
- Telephone calls, mail, and email, with a score of -2 for Factor 1 and -1 for Factor 2
- Ability to retire, with a score of -2 for both Factor 1 and Factor2

Participants were asked why they ranked particular items as -4 in the qualitative post-sort questionnaire. Many reiterated that they sorted the items in that manner because they did not sacrifice those items at all due to their caregiving responsibilities. Although participants provided insight into their reasoning, this information does not capture extenuating circumstances that may have contributed to the score. For example, perhaps participants do not sacrifice eating and drinking at all because they receive Supplemental Nutrition Assistance Program benefits.

Factor 1. This factor accounted for 25% of the variance in the study. I used the Q-sorts from Participants 1, 4, 5, 6, 7, 10, and 13 to construct this factor. The shared perspective of Factor 1 is related to the participants' external needs when raising grandchildren: time, followed by money. Compared to other statements, the following statements were ranked as less sacrificed or not sacrificed at all:

- Privacy
- Telephone calls, mail, and email
- Believing that grandparenting is fun
- Household activities
- Self- care, including sleep

Time was ranked the highest for this group and received a score of 4. The participants also prioritized money, which received a score of 2 and was a consensus statement. This indicates that the grandparents in this group shared the viewpoint that time and money are very significant sacrifices that are made care when caring for grandchildren full-time. In contrast, participants in this group scored household activities the lowest at -4, indicating that this item was not a sacrifice for them at all.

This group's emphasis on time and money aligns with much of the existing research. When considering the importance that participants placed on time, two considerations must be kept in mind: first, the time that goes into raising grandchildren, and second, the timing of the grandparents' new role. For many grandparents, assuming the parenting responsibilities for grandchildren is unanticipated and does not follow social norms. Grandparents typically do not have time to prepare for their role, leaving many grandparents feeling "off-time" or incongruent (Landry-Meyer & Newman, 2004). In other words, the importance that the participants in this study placed on time can have two meanings. The responses to the qualitative post-sort questionnaire did not provide additional information on this. In considering money, research shows that many "older grandparent caregivers face significant economic vulnerability as a result of their reliance on fixed income sources since they may not be prepared to foot the costs of children" (Jang & Tang, 2015, p. 663).

Factor 2. This factor accounted for 13% of the variance in the study. I used the Q-sorts from Participants 2, 3, 8, 9, 11, and 12 to construct this factor. The shared perspective of Factor 2 is related to the participants' internal needs when raising grandchildren: personal care, including sleep. This group also prioritized the following statements relative to the other statements:

- Enjoyment of daily activities
- The need to alter routines and plans
- Having the traditional grandparent role
- Believing that grandparenting is fun
- Mental health
- Privacy

Statements that this group did not prioritize relative to the other statements are:

- Contact with neighbors, friends
- Caring for non-household members
- Social relationships
- Organization, civic, and religious activities
- Leisure and sports
- Eating and drinking

Personal care, including sleep, was ranked the highest amongst participants in Factor 2, with a score of 4. This aligns with previous research findings indicating that providing full-time care for grandchildren reduces the amount of time that grandparents have for self-care activities such as exercising and attending medical appointments (Zhou et al., 2017). This finding may be linked to Factor 1 (time), because if grandparents sacrifice time, they will inevitably have less of it to spend on self-care.

Implications, Limitations, and Recommendations

Communities that seek to assist grandparents who are raising their grandchildren may draw on the findings of this study to develop interventions that go beyond providing financial assistance. The two factors that emerged from this study indicate that the participants considered their most significant sacrifices to be time and self-care, including sleep. Time was a consensus statement, suggesting that this was a significant sacrifice for all participants. When exploring interventions for this population, consideration should be given to how to help grandparents with their feelings concerning time. This could mean providing grandparents with time management assistance or helping them process the “off-time” feelings that they have related to their role parenting grandchildren. Interventions related to personal care, including sleep, are similarly necessary because if grandparents consistently sacrifice their self-care, they may experience

diminished health, as demonstrated by previous research. This undertaking could be challenging because grandparents seem to sacrifice their own self-care for the care of their grandchildren.

The differences between the two factors are also important data. The differences represent the variability among the participants, highlighting that although they have similar experiences caring for their grandchildren, they experience different circumstances and have unique needs. It is critical, therefore, that interventions avoid taking a one-size-fits-all approach. Rather, interventions must take into account the diverse needs of grandparents and their families. To support grandparent-headed households, policies should be put in place that provide interventions including individual therapy, family therapy, support groups, financial assistance, child care cost assistance, and family health care. Follow-up services should also be implemented to ensure the successful adjustment of the grandparent and the grandchild.

There is also a need to assist grandparents who have assumed care of a grandchild without court involvement. Current policies generally allow for some level of assistance to be provided to grandparents whose grandchildren have been formally placed with them; however, these policies exclude the many grandparents who are informally raising grandchildren. This population of grandparents should not be excluded from consideration when policies and interventions are being created.

Theoretical Implications

According to the theory of disenfranchised grief, when a person experiences a loss that is not or cannot be acknowledged, mourned, or socially accepted, their grief is considered disenfranchised (Doka, 1989). One component of this theory is self-disenfranchising grief whereby the person experiencing the grief fails to acknowledge or recognize it. According to Doka, “In self- disenfranchised grief one is disenfranchised by one’s own shame” (p. 26). This

study affirms that grandparents who raise grandchildren disenfranchise their own grief related to the sacrifices that they make. For example, although many participants voiced their frustrations related to caring for their grandchildren during the interview portion of the study, none of the participants rated their experience as negative during the Q-sort portion of the study. One of the questions on the qualitative post-sort questionnaire was, “Is there a sacrifice that you made that was not an option on the Q-set in this study?” Participant 5 responded, “Yes. My life,” and said that the ranking they would have given this item is +4, indicating that this is their most significant sacrifice. However, this participant indicated that their overall experience was “neutral.” Likewise, although participants explained their greatest sacrifices to me while completing their Q-sorts, many of them did not provide substantial feedback on the post-sort questionnaire when asked why they ranked an item the highest. This suggests that participants feel a level of shame or denial concerning their sacrifices and as a result do not feel comfortable discussing them.

Limitations

The first limitation of this study is related to the methodology. Q methodology seeks to explore perspectives and therefore is not concerned with large sample sizes and generalizability. This study includes the perspectives of 13 participants; therefore, it is not representative of all grandparents who are raising grandchildren. Additionally, all participants identified as African-American or Black and all but one identified as female. This lack of demographic diversity further limits the study’s generalizability. In terms of the procedure, the Q-sort activity was not very easily understood by participants, which may have affected how the participants sorted the items. Likewise, some qualitative post-sort questions were left unanswered by participants or answered with very brief responses that did not add much information to the overall study.

Recommendations for Future Research

The following list provides recommendations for future research:

(a) First, this research was conducted in a limited geographic area. Out of the 13 participants, 12 were residents of the District of Columbia or Maryland. A study that includes grandparents living in other geographic areas may yield new results because different living conditions may lead grandparents to make different scarifies.

(b) The demographics of participants in this study were similar. Future research should expand the sample of participants to include individuals with more demographically diverse backgrounds so their perspectives can be considered when examining the sacrifices grandparents make when raising grandchildren. For example, very little data exist on grandfathers who are full-time caregivers for their grandchildren.

Conclusion

The purpose of this study was to examine grandparents' perspectives of the sacrifices they make to provide full-time care for their grandchildren. It was found that some of the major sacrifices that grandparents make to raise grandchildren, including sleep and time, are related to self-care. However, the grandparents' verbal narratives were inconsistent with the grandparents' written responses, which indicates the presence of disenfranchised grief. For interventions and policies to be effective, it is important for grandparents to recognize the sacrifices that they make.

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