

**Dimensionality of Caregiver Burden in Hong Kong Chinese:
Confirmatory Factor Analysis and Correlates of the Zarit Burden Interview**

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Objectives: To investigate dimensions of caregiver burden through factor analysis of the Zarit Burden Interview (ZBI), and to examine predictors of different dimensions of burden.

Methods: Confirmatory factor analyses were performed on 395 Hong Kong Chinese Alzheimer caregivers to examine whether several proposed factor structures fit the data well. Subsequently, participants were split into two roughly equal subsamples, for the purpose of identifying the most optimal factor structure through exploratory factor analysis in Sample A ($n=183$) and an independent verification through confirmatory factor analysis in Sample B ($n=212$). ZBI subscales representing the established factors were correlated with caregiver and care-recipient variables known to be associated with burden.

Results: Confirmatory factor analyses showed that factor models reported elsewhere did not fit the data well. Subsequently, exploratory factor analysis in Sample A suggested a 4-factor structure. After dropping three items due to poor factor loadings, the 4-factor structure was found to fit the data moderately well in Sample B. The four factors tapped personal strain, captivity, self-criticism, and loss of control. However, self-criticism was basically unrelated to the other three factors and showed a rather different pattern of correlations with caregiver and care-recipient variables. Self-criticism was more common among child caregivers and those who did not live with the care-recipient and was less involved in day-to-day care, yet feeling obligated and close to the care-recipient.

Conclusions: The ZBI measures several distinguishable dimensions of caregiver burden. While personal strain, captivity, and loss of control are related to each other, self-criticism appears to be an independent dimension and needs to be studied on its own. More research is needed to examine cultural considerations in measuring caregiver burden. Such issues may need to be specifically addressed in clinical interventions.