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ABSTRACT

A recently published national profile of caregivers of the frail elderly suggests potentially negative consequences of caregiving for work and employment for as many as one-third of the employed caregivers in a large 1983 sample. The study was undertaken to explore a comprehensive set of issues on informal caregiving and to determine the extent to which caregiving by employees has consequences for work and job. A survey instrument adapted from The Travelers Employee Caregiver Survey was completed by 583 employees, 159 of whom identified themselves as caregivers for at least one person age 60 or older. Women are not more likely to be caregivers than men. Of all women in the sample, 28.71% were caregivers and of all men, 27.27%. The findings revealed that only 10% of men surveyed experienced caregiving related problems on the job, compared to 52% of the women. The difference was accounted for in part by men's greater freedom to rearrange their job schedules and reduce work time to render care. Men are more likely than women to give personal care and medication care. Men are almost as likely as women to offer companionship. (NB)

CAREGIVING, MARRIAGE AND WORK RELATED ISSUES AS DIFFERENTIATED BY GENDER

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Introduction

A recently published national profile of caregivers of the frail elderly (Stone,et al.,1987) suggests potentially negative consequences of caregiving for work and employment for up to one third of the employed caregivers in a large 1983 sample: Cited are pressures to leave work in order to provide better care, to cut back on hours, to take time off from work, or to rearrange work schedules. Studies of smaller scope list similar trends (e.g., Soldo and Myllyuoma, 1982). The potentially negative consequences of caregiving have also been noted for the family lives of employed caregivers, in terms of family stress, personal well-being and aggravated family/career conflicts (Brody,1985; Rakowski and Clark, 1985; Pratt,et al., 1987). Industry has begun to respond. For example, in an effort to deal with potential declines in productivity and morale, Southwestern Bell is attempting to develop and implement a program to help meet the needs of caregiving employees (American Association of Retired Persons, 1987).

Those who coordinate formal services to the elderly are increasingly aware of work and family problems related to caregiving and, along with industry, have an important role to play in supporting the caregiver. Research has begun to identify the problems of caregivers and their families who do not know of, have access to or make use of formal community resources in their care of the elderly (Hooyman, et al., 1985). To the extent that formal care services to supplement or compliment family caregiving are not explored by the employed caregiver, negative consequences may result for the care recipient as well. For example, a federally sponsored report notes recently that to the extent families are not aware of formal supports for caregiving, pressures to institutionalize the care recipient increase (Select Committee on Aging, 1987). Even when there is family commitment to keeping the older person in his or her home, ignorance of formal support resources on the part of the caregiver can create gaps in the quality of informal care provided (Brody and Schooner, 1986). Useful information is becoming available to the caregiver on efficient and effective methods of caregiving (Cantor,1985; Frankfather,1981) and on how to negotiate the formal support system in the rendering of informal care (Kay, 1985).

Over five years ago, The New York State Office for the Aging (1983) recommended that local research be done to determine the joint demands of caregiving and labor force participation as it affects both the quality of family life and the job performance of the caregiver. Clearly, the time for systematic research to inform local industry on caregiving issues has come. Recently, The Wall Street Journal (1987) stated that "elder care may be the employee benefit issue of the 1990's." Local research is needed to inform local businesses in order to allow them to be more responsive to employees and their unique characteristics.

Differential patterns of caregiving by gender have been noted in the general literature (Seelbach, 1977; Horowitz, 1985). The special burden placed on employed female caregivers has been duly reported (Seelbach and Sauer, 1977). Are local patterns of caregiving differentiated by gender in the same ways and to the same extent? How are local patterns of caregiving differentiated by the relatively unexplored variables of race, socio-economic status, age of caretaker and marital status? The chief rationale of the pilot project described in this report has been to explore a comprehensive set of issues on informal caregiving in order to provide local industry and planning bodies the information needed for responsive decision making as the 1990's approach. A comprehensive report has been presented to the Syracuse Metropolitan Commission on Aging and to the MONY (Mutual of New York) Corporation. The focus of this report to The Gerontological Society of America is the gender differential relative to family caregiving, formal support resources and consequences of caregiving for family and work.

Research Objectives

A. To conduct a questionnaire survey of employees of a major local financial institution (MONY), as a pilot project basis for a community-wide study of employees within Central New York in 1989

B. To generate from survey data analysis a set of descriptive findings and recommendations for planning, dissemination of information and continued research

C. To provide specific factual information from a local sample on the topics of

- incidence of caregiving among employees
- profile of the caregiver
- profile of the elderly care recipient
- types and extent of care provided
- reasons for caregiving
- consequences for work and family
- resource information needs of caregivers
- caregiving patterns by gender, age, marital status and socio-economic status

D. To encourage comparable research in other localities, nationally and internationally, in order to inform occupational social work from a gerontological perspective and broad empirical base.

Methodology

Sample

In the fall of 1987, the Metropolitan Commission on Aging[1] identified and won the support of Mutual of New York (MONY), a major Syracuse financial institution willing to participate in a questionnaire survey of its employees. With the active cooperation of the institution's personnel department, 1650 questionnaires were sent to all employees with instructions to return them within two weeks. Names of employees were not requested. This effort, which took place in January of 1987, constituted an exhaustive survey of all employees at all levels of the firm. By the specified deadline, 583 usable questionnaires were returned, for a return rate of 35.3%. All socio-economic groups of the firm's employees were represented in the sample.

Questionnaire

The survey instrument used was one adapted from The Travelers Employee Caregiver Survey. Permission to adapt and use the questionnaire was granted on December 9, 1987[2].

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[1] Roslyn Bilford, Director; Cathy Nock, Planning Committee Staff

[2] Permission granted by letter from Lenora Keel, Older Americans Program, The Travelers Company, Hartford Connecticut, 06183.

Analysis Procedures

Five Master's Degree students[1], working in fulfillment of their research project degree requirements under the supervision of faculty of the Syracuse University School of Social Work and Gerontology Center[2], participated in all aspects of the research project. SAS (Statistical Analysis System) and Syracuse University's IBM 3090 Mainframe Computer were used to run frequency distributions from the questionnaire collected data.

Findings

Caregiver Profile

Of the 583 employees who returned questionnaires, 159 (or 27.3%) identified themselves as caregivers for at least one person age 60 or older. The 159 caregivers do not differ from the total sample by gender; almost equal proportions are women: 79.73% vs. 78.9%, respectively. Women are not clearly more likely to be caregivers than men. Of all women in the sample, 28.71% are caregivers and of all men, 27.27%. Caregivers do not differ from non-caregivers by the number of people living at home (most have 2 or 3),

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by marital status or spouse living at home, by the presence of children at home, nor by income level.

Who Is The Care Recipient?

The care recipient is usually female (77.4%) and is most often the mother of the employee (46.3%). Secondarily, the employee's grandmother is the care recipient (18.3%).

Who is The Care Provider?

The employees who returned questionnaires most frequently cite themselves as the person who provides the greatest amount of care (39.3%), but the spouse is cited next most often as the person at home who gives the greatest amount of care (38.1%).

What Type of Care is Given?

Caregivers most often provide companionship (76.8%), help with household chores (68.7%) and transportation (66.3%). In addition, 23.9% give direct financial assistance and 28.3%, financial management. Only 7.3% of care recipients need or get help with their medications.

What are the Consequences of Caregiving for Family Life?

Thirty three percent of caregivers report caregiving related stress within their families. Also reported are reduced time with family (25%) and personal stress (20%).

However, only 5% perceive a lack of family support for caregiving and 15% actually describe caregiving as a force for family cohesion and mutual support.

What Are The Consequences of Caregiving for Work?

Most caregivers (60%) report no problems on the job related to caregiving. Nevertheless, 15% do cite job interruptions and 12.5% describe exhaustion on the job related to caregiving. However, most caregivers have made work place accommodations: 55.4% have rearranged their work schedules and and 55.2% have used vacation or personal time to give care.

All caregivers have taken some time off for caregiving, one, two or three or more times in roughly equal proportions. Time off has amounted to one day for 33.3% of the caregivers, 2 or 3 days for 28.6%, and 4 or more days for 38.1%. Only 8.3% are planning to reduce their total work time to give care. Many will not reduce work time because of the financial loss involved (29.3%).

What Are The Resource and Information Needs of Caregivers?

A majority of caregivers (52.9%) are unable to identify helpful sources of care information (p.19). Physicians are the primary source of care information, cited 14.7% of the time

How Are Caregiving Patterns Differentiated *By Gender?*

Almost 20% of female caregivers, but only 9% of male caregivers offer financial assistance to their care recipients. Men, on the other hand, are more likely to give financial management advice.

Men do provide household chore help as well as women, and at a higher rate (72.73% vs. 65.67%) ! Overwhelmingly, men are more likely than women to give personal care (95.45% vs. 19.40%). and medication care (36.36% vs. 2.99%). And men are almost as likely as women to provide companionship (72.73% vs. 76.12%).

Women, however, furnish transportation to a greater degree than men (68.66% vs. 54.65%) and are the only ones to provide any coordination of formal care (17.91% vs. 0%). When the spouse of the responding caregiver is an active caregiver, it is usually the wife. All female spouses extend some co-care, with 57.15% providing more than a day's work. Fifty five percent of the male spouses offer no care and only 9% give more than one day's care. Nevertheless, men are more reliant on outside help than women (74.43% vs. 40.63%). For example, 25% of men, but only 11% of women use outside nursing help.

Not surprisingly, given their multiple supports, men get more vacation time from caregiving than women. All men reported vacation time from caregiving in the past year, only 72.22% of the women did so. Men, perhaps not unexpectedly, feel more able to continue care than women (66.67% vs. 51.36%).

Men are more likely to request information than women on caregiving (27.27% vs. 18.64%). This is especially true for the topic of access to community services (45.45% vs. 23.73%). Women, however, are more likely to attend a workshop for caregivers (20.39% vs. 9,09%). Despite the help they do get, men are more interested in information on support groups (27.27% vs. 23.73%). This is true in spite of the fact only women report personal stress related to caregiving (23.33% vs. 0%). (Men are more likely to see the family as stressed -- 57.14% vs. 30%.) Women want more information than men on insurance (40.68% vs. 27.27%) and finances (59.32% vs. 36.31%).

Only 10% of men experience caregiving related problems on the job, but 52% of women do. Perhaps this is so because men demonstrate greater freedom or willingness to rearrange their job schedules (83.33% vs. 52.24%). Nevertheless, the proportion of men planning to reduce work to give care is greater than women (25% vs. 6%).

Conclusion and Summary

Detailed information on many aspects of caregiving were provided to planning bodies in Syracuse. In this report we have chosen to emphasize facts relative to gender differentials. Some facts reinforce findings from earlier studies Other facts define an empirical pattern not reported before in the literature: Men play a greater role in caregiving --even its "feminine " aspects -- than has been described previously. Men are as likely to be caregivers as are women. Male caregivers do provide help with household chores, and in greater proportion than do women. Surprisingly, men are more likely than women to give personal care and medication care. Men are almost as likely as women to offer companionship. These findings are related to men's greater tendency than women to rearrange their job schedules and reduce work time to render care. Research is presently underway to verify these empirical patterns in a broader sample, and to suggest fundamental causal patterns.

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