



Older Workers and Carework

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## INTRODUCTION

By 2015, when baby boomers are in their 50's and 60's, there will be over 31 million workers 55 and older, comprising nearly 20% of the workforce (GAO, 2001). At the same time, the longer life span of Americans has raised concerns about the caregiving needs of the growing numbers of elderly age 65 and older. For a significant portion of older Americans, caregiving demands are potentially in direct conflict with their involvement in the labor force and may affect their health and safety (NRC 2004). The National Institute on Aging *Five-Year Strategic Plan (2001-2005)* called for "More research ... to address the important issues of increased demands faced by the family's caregivers in light of the changing patterns of work and family demographics..." The current study responds to this call, using secondary analysis of data from the National Survey Of Midlife in the United States (MIDUS).

Research on caregiving has documented the frequency and consequences of caregiving. Marks (1998) found that 15% of women and 9% of men had provided personal care in the past year for a family member or non-kin. In this same study, caregivers reported greater psychological distress but also reported more positive relationships and personal growth, in certain contexts. While there is extensive research on caregiving, research on caregiving among older workers is recent and often considers only employment status. Lee and Tang (2013) found that, among caregivers providing 100 or more hours of care per year, women caregivers were less likely to be in the labor force than non-caregivers. A national survey (NAC/AARP, 2004) found that 59% of current caregivers were also employed, and most were employed full-time. Scharlach and colleagues (Scharlach & Boyd, 1989; Scharlach, Sobel & Roberts, 1991; Scharlach, 2004) have found that, while caregivers report that their caregiving sometimes interferes with their employment, this is outweighed by the positive returns to caregiving, including a sense of accomplishment and enhanced interpersonal relationships. Studies by Spitze and colleagues (1994) and Stoller and Pugliesi (1989) found that the negative health effects of caregiving were reduced by employment. Studies of smaller samples have addressed the role of a variety of employment conditions in the lives of caregivers. For example, Stephens, Franks and Atienza (1997) found that caregivers with rewarding full-time jobs experienced less caregiving stress than caregivers with less rewarding jobs or

employed part-time. In a qualitative study of 30 caregivers, Swanberg (2006) found that job demands can affect caregivers' capacity to provide care, and that workplace supports can help employees provide care while meeting workplace responsibilities.

The current study uses *ecological systems theory* to advance our understanding of the contexts of employment and caregiving, and their impact on older workers' health, in a large, nationally representative dataset (MIDUS). Ecological systems theory places individual development in an ecological perspective, nested within interconnected systems (Bronfenbrenner, 1989). Microsystems, such as families and workplaces, are characterized by face-to-face connections. These microsystems are embedded in mesosystems – linkages that connect two or more microsystems – and exosystems of cultural values and government policies. Voydanoff (2002) proposes six characteristics of the microsystem of paid work, *structure, norms and expectations, support* available from co-workers and supervisors, *quality* of the work performed, the individual's *orientation to work* and *social organization* of the work itself (job demands, worker autonomy). Adapting this framework to carework, we can describe the microsystem of carework in terms of *structure* – the availability of different family members and close friends as caregivers; the *social organization of care* – the level of demand or burden experienced by the caregiver; *norms and expectations for care* – e.g., the norms around reciprocity, mutuality and gendered expectations for care; *support* received by the caregiver; *orientation to care* – the level of involvement as indicated by hours of caregiving; and the *quality* of the care experience.

## METHODS

The current study applies this theoretical model to secondary analysis of data from the National Survey of Midlife in the United States (MIDUS) study. MIDUS collected data on 7,108 individuals in 1995/96, and re-surveyed 4,963 of these respondents in 2004/06. The analysis dataset for this paper was limited to individuals who were between 50 and 65 years of age, and employed at least 10 hours a week. This sample was 52% female and 91% white; 39% had a high school diploma or less, 29% had a 4-year degree or more, and the remainder had some college or post high school education (see Table 1). The majority of older workers in MIDUS were employed full-time; 71% were married or living with a partner,

13% had one or more children under the age of 18. Almost half had a mother who was still alive; 22% had a father who was still alive.

Characteristic	Percent of Sample
Age (N=1135)	
50-55	51.6%
56-61	37.1%
62-65	11.3%
Gender (% Female) (N=1129)	52.4%
Race (N=1035)	
White	91.3%
Black or African American	5.2%
Native American or Aleutian Islander	0.68%
Asian or Pacific Islander	0.48%
Other	1.6%
Multiracial	0.77%
Education (N=1131)	
Less than high school completed	9.1%
High School or GED	30.0%
Some college, vocational school or associates degree	30.9%
Bachelor's degree or more	29.1%
Hours of involvement in paid work (all jobs combined) (N=1100)	
Part-time (10-29 hours)	12.4%
Full-time (30-50 hours)	69.6%
More than full-time (more than 50 hours/week)	18.1%
Married or living with a partner (% yes)	71.4%
Any children under 18 living at home (% yes)	12.9%
Mother still alive (% yes) (N=980)	45.7%
Father still alive (% yes) (N=942)	22.1%

### Measures

*Paid Work Microsystem.* In this paper, we consider the social organization of work, norms and expectations, and individual orientation to work. The social organization of paid work is operationalized as job demands, measured in MIDUS by a 5-item scale (Earle & Heymann, 2004); sample items include “How often do you have to work very intensively -- that is, you are very busy trying to get things done;” and “How often do you have too many demands made on you.” Items were rated on a scale from 1 to 5 (1 All the time; 2 Most of the time; 3 Sometimes; 4 Rarely; 5 Never). In the MIDUS RDD sample, the alpha for this scale was .74. This scale was constructed by calculating the sum of the reverse-coded values of the items. Norms and expectations in the workplace include measures of workplace culture and

retirement expectations. In this paper, we assessed norms and expectations with a single item that asked whether workers expected to be employed full-time in 10 years (1=yes, 2=no). Individual orientation to work, or the level of involvement in the paid work microsystem, is operationalized as the number of hours of paid work per week. In addition, respondents were asked to rate, on a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your work situation these days?"

*Carework Microsystem.* The structure of carework is operationalized as the structure of care network members, such as spouse/partner, parents/parents-in-law and children. Respondents were asked if they were living with a spouse or parent (1=yes, 0=no), if they had any children under the age of 18 (1=yes, 0=no), or if either of their parents were still living (1=yes, 0=no). The social organization of carework – the characteristics of carework – is operationalized for this paper as the level of demands at home. Respondents were asked, "In the past year, how often has each of the following occurred at home - you have too many demands made on you?" Items were rated on a scale from 1 to 5 (1 All the time; 2 Most of the time; 3 Sometimes; 4 Rarely; 5 Never). This item was reverse-coded for this paper, so that a higher score equals more demands. Norms and expectations for carework includes those related to expectations to provide care, as well as reciprocity expectations. In this paper, we assessed norms and expectations with an 8-item scale that assessed the extent to which the respondent felt obligated to do each of the following: drop your plans when your children seem very troubled; to call, write, or visit your adult children on a regular basis; to raise the child of a close friend if the friend died; to drop your plans when your spouse seems very troubled; to take your divorced or unemployed adult child back into your home; to take a friend into your home who could not afford to live alone; to call your parents on a regular basis; and to give money to a friend in need, even if this made it hard to meet your own needs. Items that were not applicable to a particular individual (for example, an individual whose parents were no longer living) were assigned the mean value of the other items on the scale. Items were rated on a scale from 0 to 10, where 0 equals no obligation felt and 10 equals very great obligation. Individual orientation to carework, or the level of involvement in the carework microsystem, is operationalized as the number of

hours of carework per month.

## RESULTS

Using this data from MIDUS, we conducted a series of analyses to address three research questions: (1) What are the specific carework experiences of older employed Americans? (2) How do older Americans combine paid work and carework? (3) How are paid work and carework systems related to the well-being of older workers?

### *What are the specific carework experiences of older employed Americans?*

The majority (71%) of older workers were married or living with a partner, 13% had a child under 18, 22% had a father who was living and 46% had a mother who was living. Each of these individuals is a potential recipient of carework. Across the sample, 12% of workers were employed 10-29 hours a week, 70% worked 30-50 hours/week, and 18% worked more than 50 hours/week. Older workers spent less time on carework than on paid work. However, 30% spent more than 50 hours/month on carework, or more than 12 hours a week (see Table 2). Most of the carework hours are informal emotional support, such as comforting, listening to problems, or giving advice; 43% provide 30 or more hours a month of emotional support. A smaller proportion of older workers provide instrumental support, such as help around the house, transportation, or childcare; 15% of older workers provide 10 or more hours a month of instrumental support.

Table 2  
Hours per month of carework

	Informal emotional support	Instrumental support	Total
0-9 hrs/month	21.6%	85.1%	19.4%
10-29 hrs/month	35.7%	12.0%	33.4%
30-50 hrs/month	16.1%	1.4%	17.1%
> 50 hrs/month	26.7%	1.4%	30.1%
N reporting	1035	1041	1045

### *How do older Americans combine paid work and carework?*

We developed profiles of the ways in which older workers combine work and family roles. The largest single profile is full-time workers who were married or living with a partner, and did not have a child under 18 living at home (profile 3; see Table 3). The second largest profile is full-time workers who

were single, and did not have a child under 18 living at home (profile 5). Full-time workers ages 50-55 were more likely than older full-time workers to have a child under 18 in the home (profiles 4 and 6). Women were more likely than men to be in the *part-time worker* profiles (1 and 2), and in the *full-time, single, no children* profile (5). Men were more likely than women to be in the *full-time, partnered, with child under 18* profile (6).

Table 3  
Work-Family Profiles

	Profile 1	Profile 2	Profile 3	Profile 4	Profile 5	Profile 6	Chi-Square
Employed	Part-time	Part-time	Full-time	Full-time	Full-time	Full-time	
Partnered	Partnered	Single	Partnered	Partnered	Single	Single	
Children at home			No	Yes	No	Yes	
N	99	37	592	96	245	31	
Characteristics							
Female	73%	81%	43%	22%	72%	52%	120.08 ***
Less than HS	8%	3%	9%	11%	9%	6%	27.23 *
HS	43%	49%	32%	21%	27%	23%	
Some college	28%	30%	30%	29%	34%	45%	
College	20%	19%	29%	39%	30%	26%	
White	95%	79%	94%	86%	90%	74%	23.73 ***
Mother alive	36%	26%	47%	46%	48%	59%	10.73
Father alive	23%	8%	24%	29%	17%	21%	8.62
Age:							66.71 ***
50-55	39%	27%	52%	76%	48%	81%	
56-61	39%	43%	38%	21%	41%	19%	
62-65	21%	30%	10%	3%	11%	0	

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

We then compared the six work-family profiles on the paid work and carework microsystem variables (see Table 4). Part-time workers (profiles 1 and 2) reported fewer hours worked, and fewer job demands than did full-time workers (profiles 3, 4, 5 and 6). Full-time workers who were single and did not have children at home reported putting significantly more thought and effort into their work than did other workers. Single full-time workers without children, and part-time single workers, reported lower demands at home than other older workers. Full-time workers with children (profiles 4 and 6) reported working more hours than did full-time workers without children. The differences among profiles in hours

of carework was only marginally significant, at  $p < .10$ . However, full-time workers who were married or partnered, with no children at home (profile 3), provided significantly more hours of carework than did full-time workers who were single, with no children at home (profile 5); the differences between profile 4 and profile 5 were marginally significant. There were no differences in feelings of obligation to provide care.

Table 4  
Profile differences on microsystem variables.

	Profile 1	Profile 2	Profile 3	Profile 4	Profile 5	Profile 6	
Profile descriptors	Part-time, partnered	Part-time, single	Full-time, partnered, no children	Full-time, partnered, children	Full-time, single, no children	Full-time, single, children	F
Job demands	2.99 <sup>a,b,c,d</sup>	2.82 <sup>e,f,g,h</sup>	3.25 <sup>a,e</sup>	3.21 <sup>b,f</sup>	3.24 <sup>c,g</sup>	3.21 <sup>d,h</sup>	9.58 ***
Work hours	22.27 <sup>a,b,c,d</sup>	22.08 <sup>e,f,g,h</sup>	46.47 <sup>a,e,i,j</sup>	48.88 <sup>b,f,i,k</sup>	44.40 <sup>c,g,j,k,l</sup>	49.10 <sup>d,h,l</sup>	148.31***
Thought & effort	8.35 <sup>a</sup>	8.84 <sup>b</sup>	8.54 <sup>c</sup>	8.46 <sup>d</sup>	8.63 <sup>e</sup>	7.39 <sup>a,b,c,d,e</sup>	2.86 *
Paid work expectations	1.93 <sup>a,b,c,d</sup>	1.86 <sup>e,f,g</sup>	1.70 <sup>a,h,i,j</sup>	1.41 <sup>b,e,h,k</sup>	1.58 <sup>c,f,i,k</sup>	1.29 <sup>d,g,j</sup>	17.85 ***
Home demands	2.60 <sup>a,b</sup>	1.91 <sup>a,c,d,e,f</sup>	2.47 <sup>c,g</sup>	2.60 <sup>d,h</sup>	2.26 <sup>b,e,g,h,i</sup>	2.67 <sup>f,i</sup>	5.89 ***
Carework hours	59.27	28.54	66.58 <sup>a</sup>	68.38	39.30 <sup>a</sup>	45.46	1.93 +
Obligation expectations	7.73	7.42	7.47	7.55	7.56	7.30	0.55 NS

Note. Pairs with the same superscripts<sup>a,b,c</sup> are significantly different from each other.  
+  $p < .10$ , \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

#### *How are paid work and carework systems related to the well-being of older workers?*

To examine possible contributions to well-being, we examined the correlations of indicators of Voydonoff's characteristics of microsystems with depressive symptoms and anxiety symptoms (see Table 5). We found that the social organization of paid work (greater job demands) and of carework (greater demands at home) were associated with greater depressive symptoms; more home demands were also associated with greater anxiety symptoms (job demands and home demands are reverse-scored). In addition, the amount of thought and effort put into work was associated with anxiety symptoms, and expectations for future full-time employment were associated with depression symptoms. The actual hours of paid work and carework were not associated with either indicator.



Table 5  
Correlations of microsystem variables with depressive symptoms and anxiety symptoms

Microsystem	Characteristic	Key Construct	Depressive symptoms	Anxiety symptoms
Paid Work	Social organization	Job demands	0.073 *	0.033
	Orientation (level of involvement)	Hours of paid work/week	-0.008	0.003
		Thought and effort put into work	-0.045	-0.076 *
	Norms/expectations	Expect to continue to work full-time 10 years from now? (1=yes, 2=no)	-0.078 *	-0.023
Carework	Social organization	Demands at home	0.100 **	0.070 *
	Orientation (level of involvement)	Hours of carework/month	0.030	0.017
	Norms/expectations	Sense of obligation	0.056	0.005

We next regressed these microsystem characteristics on depressive and anxiety symptoms for the total sample of older workers (see Table 6). Model 1 included only the controls for gender, race and education. Model 2 adds the paid work variables to Model 1. Considering only the paid work microsystem, net of the control variables, we found that greater job demands and expecting to continue to work full-time in 10 years were both associated with greater depressive symptoms. Model 3 adds the carework variables to Model 1. Greater home demands, and being single, were associated with greater depressive symptoms. A greater sense of obligation was marginally associated with depressive symptoms.

Model 4 tests the full ecological model, which considers paid work and carework in the same model, by adding the carework variables to the paid work variables in Model 2, as well as variables for potential care recipients or supports – partners, children, living parents. In this model, job demands are only marginally significant, as are carework hours and the sense of obligation. However, home demands, being single, and expecting to continue to work full-time in 10 years are all statistically significantly associated with greater depressive symptoms.

In the models for anxiety symptoms, the three education variables are all inversely associated with anxiety symptoms, indicating that the (not shown) reference group – less than a high school education – is significantly associated with greater anxiety symptoms. While the paid work variables were

not significantly associated with anxiety symptoms, the model for the carework variables was similar to the models for depressive symptoms, but were only marginally significant in most cases, at best.

Table 6  
Regression results (standardized betas)

Outcome	Model 1: controls	Model 2: paid work	Model 3: carework	Model 4: combined
<b>Depressive symptoms</b>				
Sex	0.076 *	0.091 *	0.008	0.030
Race (1=white)	0.005	0.009	0.021	0.029
High school diploma	-0.068	-0.100	-0.079	-0.115 +
Some college	0.007	-0.018	-0.011	-0.033
College or more	-0.009	-0.047	-0.034	-0.061
Job demands		0.078 *		0.058 +
Total hours worked/week (all jobs)		-0.018		-0.017
Thought & effort put into work		-0.044		-0.046
Expect to work full-time in 10 years (1=yes, 2=no)		-0.093 **		-0.072 *
Married/partnered (0=single, 1=partnered)			-0.172 ***	-0.153 ***
Any children under 18			0.018	0.017
Either parent still alive			-0.039	-0.044
Too many home demands			0.114 ***	0.113 **
Total carework hours/month			0.045	0.059 +
Sense of obligation to social network			0.053+	0.059 +
R2	0.010	0.029 **	0.048 ***	0.064 ***
N	1031	926	1017	916
<b>Anxiety symptoms</b>				
Sex	0.039	0.047	0.007	0.026
Race (1=white)	0.003	0.004	0.008	0.017
High school diploma	-0.202 ***	-0.237 ***	-0.201 ***	-0.217 ***
Some college	-0.193 ***	-0.232 ***	-0.201 ***	-0.217 ***
College or more	-0.201 ***	-0.271 ***	-0.234 ***	-0.259 ***
Job demands		0.041		0.032
Work hours (all jobs)		0.016		0.014
Thought & effort put into work		-0.055		-0.045
Expect to work full-time in 10 years (1=yes, 2=no)		-0.020		-0.010
Married/partnered (0=single, 1=partnered)			- 0.062 +	-0.059
Any children under 18			0.055 +	0.058 +
Either parent still alive			-0.022	-0.029
Too many home demands			0.073 *	-0.065 +
Total carework hours/month			0.004	0.004
Sense of obligation to social network			-0.011	-0.002
R2	0.016 **	0.029 **	0.028 **	0.036 **
N	1031	926	1017	916

+  $p < .10$ , \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

Given prior research on the different patterns of work-family responsibilities for women and men, we ran our final model (Model 4) separately for women and men. We found that having a child under 18 was more strongly associated with anxiety symptoms for women than for men, such that women with children under 18 reported significantly greater anxiety than did women without children under 18; the association was non-significant among men (analyses not shown). When we tested whether the models for women and men were significantly different from each other, by adding the interaction term of gender by whether or not there was a child under 18, we found that the  $R^2$  of Model 4 increased from 0.036 to 0.062; the standardized beta for the interaction term was 0.387 ( $p < .001$ ). While the separate models for men and women suggested that, for men but not for women, being single was associated with greater anxiety, and for women but not for men, having greater demands was associated with greater anxiety, these models were not significantly different from each other in the full sample analyses with interaction terms added. However, with the interaction term, gender by children under 18 in the model, the association of too-many-demands-at-home with anxiety reached statistical significance (standardized beta = 0.071,  $p < .05$ ). There were no significant gender differences in the models for depressive symptoms.

## DISCUSSION

The majority (81%) of older workers provide 10 or more hours per month of carework to one or more members of their social networks. This carework is most often in the form of emotional support. However, 15% of older workers provide 10 or more hours per month of instrumental support, such as help around the house, transportation, or childcare. The total hours of carework is marginally associated with greater depressive symptoms, after considering other aspects of the paid work and carework microsystems.

Other research has suggested that the type of carework is important to consider, or that workers providing more hours of care are particularly at risk (Lee and Tang, 2013). When we entered hours of emotional support and hours of instrumental support as two separate variables in Model 4, we found that more hours of emotional support was significantly related to greater depressive symptoms, but hours of instrumental support was not related to either well-being indicator (analyses not shown). When we

considered only the 120 older workers who were providing 10 or more hours per month of instrumental support, we found that being employed more hours was actually associated with fewer depressive symptoms (analyses not shown). This may be because employment is protective of well-being for caregivers, or it may be that those older workers providing instrumental support while remaining employed are involved in circumstances of carework that are more compatible with employment. Following older workers over time and examining changes in their carework and well-being would be useful in exploring these alternative explanations.

Of even greater import than hours of carework was the experience of greater demands in the home, as well as being single, rather than married or living with a partner. These social network variables, combined with greater job demands and expecting to continue to work full-time in 10 years, were associated with greater depressive symptoms. Greater demands at home, and, for women, having a child under 18 was also associated with greater anxiety. This study, using quantitative analyses of a large sample of older Americans, suggests that it is the social organization of carework – the demands of the home, in this study – more so than the total hours of carework that is associated with the well-being of older workers. In addition, understanding the role of carework for older workers also requires a consideration of the paid work context, particularly of job demands, and of the expectations for future employment. Older workers who were in more demanding jobs and who expected to continue to work full-time in 10 years reported greater depressive symptoms. However, for workers providing more hours of instrumental support, being employed more hours was actually associated with fewer depressive symptoms. Continuing research on older workers and carework is important to provide a more nuanced picture of the structures and processes that endanger, or support, older workers' health as they meet the carework demands of their social networks.

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