

Being Sandwiched: Working Adults Caring for Children and Aging Family Members

Margaret B. Neal, Ph.D.

Portland State University
Institute on Aging

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Presentation Overview

- Trends affecting the care of elders in the U.S.
- Research results
 - Stresses/challenges and rewards/benefits of caregiving for an aging parent
 - Effective coping strategies for working, “sandwiched” caregivers
- Implications: What respite providers and others can do to help working caregivers
- Tips for reaching out to working caregivers through employers



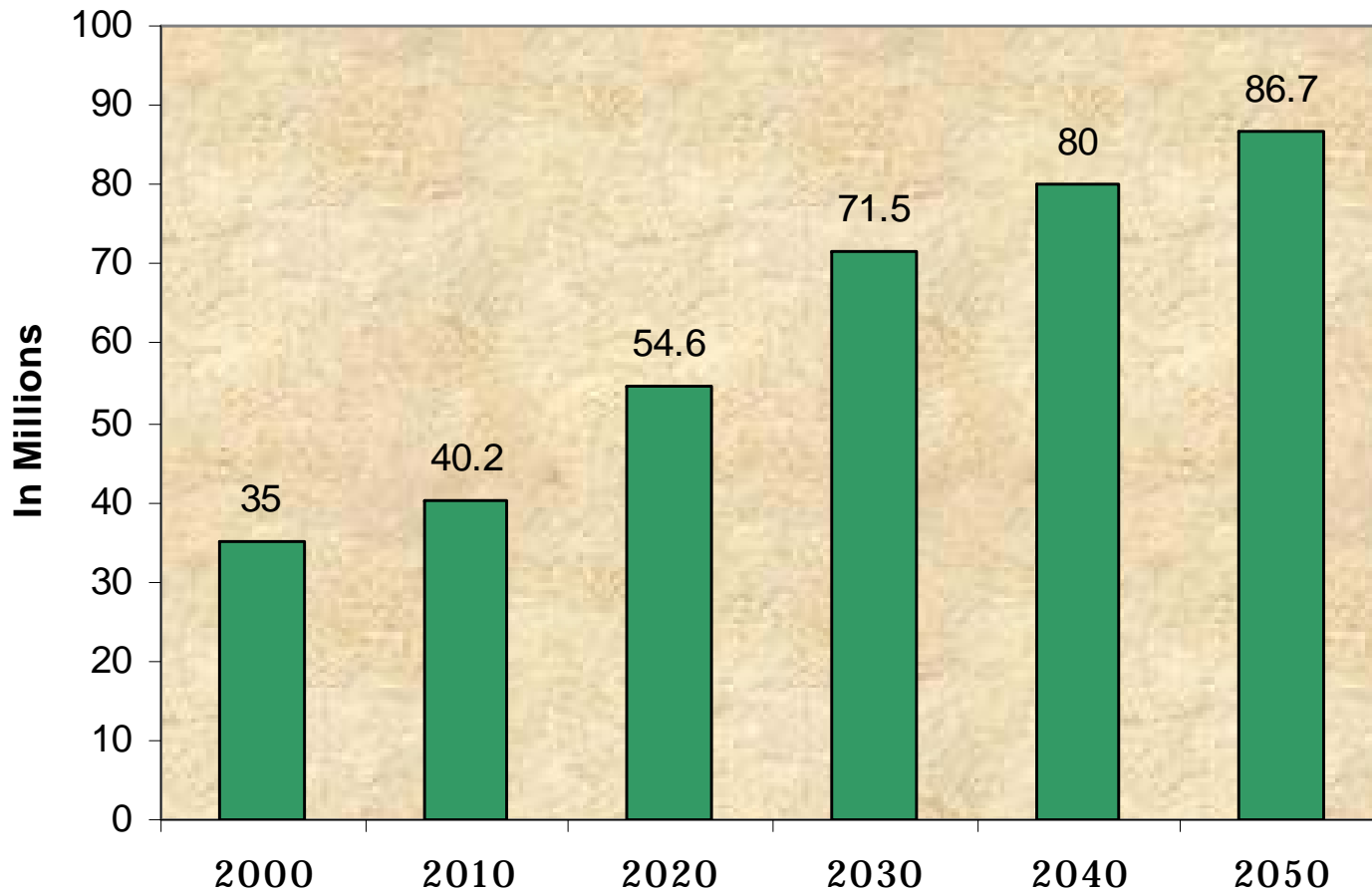
Trends Affecting the Care of Elders

- Increasing number, proportion of older adults
- Greatest increases among the “oldest old”
- Advanced age, disability → more need for care (paid/formal and unpaid/informal)



Our Aging Population

Population Aged 65 and Over: 2000 to 2050



Trends (continued)

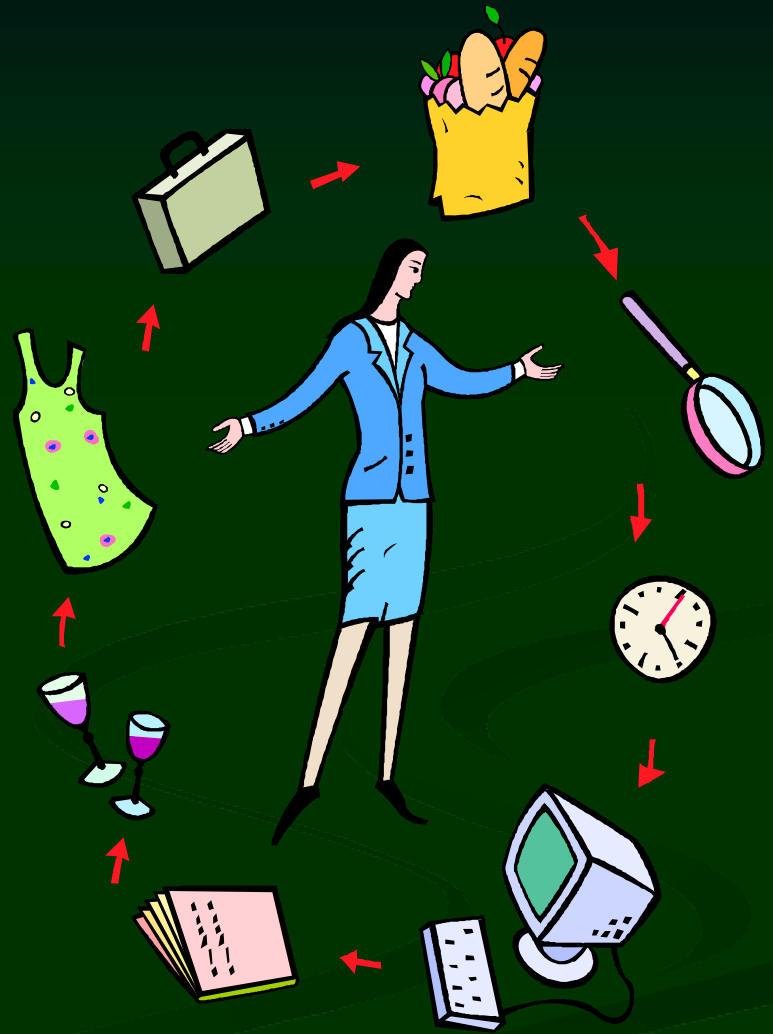
- Women , the traditional family caregivers, increasingly are engaged in the paid labor force
- Among family caregivers who are employed, almost as many men as women provide care to aging parents
- Some caregivers of elders have multiple caregiving roles (for aging parents and children – the “sandwiched generation”)
- Changes in family structure → more aged parents



- Heavy reliance on informal care by family and friends
 - For older adults needing care, 80% is provided informally by family members or friends
 - Only 5% of adults aged 65+ are residing in nursing homes at any one point in time



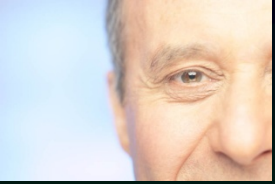
Balancing (?) / Managing Work & Caregiving



Prevalence – How Common is Combining Elder Care and Work?

- AARP's Caregiving in the U.S. study (2004) found 59% of family caregivers also worked for pay
- Based on workplace surveys, 13% of the workforce is involved in elder care (Wagner, 1999), with 25% - 35% involved in elder care at some point during the past year (Bond et al., 2003)





Why it Matters to Employers

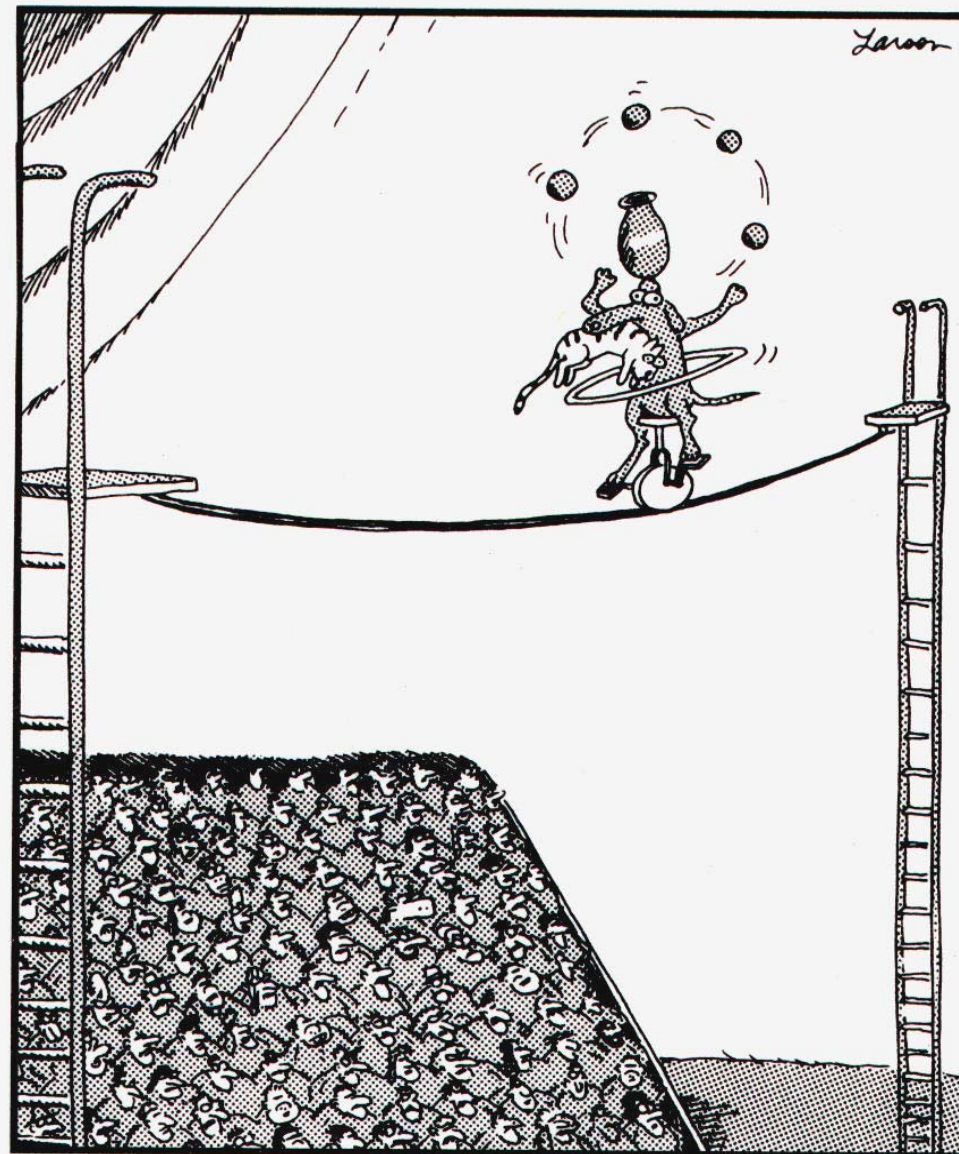
Family caregiving costs American business up to \$34 billion a year in lost productivity – an average of \$2,110 for each of the estimated 15.9 million caregivers to elders who work full-time. (Includes costs of absenteeism, employee replacement, supervisor time, etc.)

Source: *MetLife Caregiving Cost Study: Productivity Losses to US Business*.
MetLife Mature Market Institute. National Alliance for Caregiving. July 2006.



Why do these trends matter?





High above the hushed crowd, Rex tried to remain focused. Still, he couldn't shake one nagging thought: He was an old dog and this was a new trick.



**Who here is caring for
an aging or ill...**

parent

grandparent

other relative

friend, neighbor, colleague?



What are the stresses, or challenges, of care?



The Stresses/Challenges of Care

Ample research on **negative** outcomes of caregiving:

- Caregiver burden/stress (objective and subjective)
- Depression
- Other negative effects on well-being (e.g., poor physical health, poor overall role performance, marital strife)
- Negative effects on work – absenteeism, lateness, leaving work early, telephone interruptions, poor work performance, lack of advancement, quitting job entirely
- These affect employee **AND** employer



Nuancing Factors/Other Issues

- Care at a distance (e.g., 1+ hour's travel time)
- Other caregiving roles (e.g., for children)
- Support available from others (e.g., spouse, siblings)
- Mastery (skills in caregiving, time caregiving)
- Role involvement and meaning
- Role quality (rewards over stresses)



“I am now separated, which has hurt my kids; in return it hurts me to see them sad. I also spend more time with my mother, she’s in the final stages of emphysema - that has also taken its toll on me. This is why I am so late getting this back to you. I work, take care of my mother, and my youngest is 4 years old.”



WHY do family caregivers provide care?

WHAT are the rewards, benefits, opportunities of caregiving?



Opportunities/Benefits of Caregiving

- Very few studies on the positive aspects of caregiving
- Benefits or “gain” = any positive affective or practical return experienced as a result of becoming a caregiver (Kramer, 1997)

**What might be some reasons for,
or benefits of, caregiving?**



Four basic reasons identified in the limited existing literature

(e.g., Bowers et al., 2001; Brody, 1981; Pinquart & Soerensen, 2003)

- **Altruism**
- **Exchange**
 - **Need**
- **Affection**



Examples of Benefits/Rewards

Altruistic motives

- “It’s the right thing to do”
- “It’s consistent with my moral/ethical principles”
- “I feel responsible”

Exchange motives

- “I gain knowledge I can use later”
- “I gain skills I can use elsewhere”



Examples of Benefits/Rewards (cont.)

Need/No Alternative

- “There’s nobody else who can do it”
- “The elder won’t ask for or accept help from anyone else”

Affective Reasons

- “I appreciate being close to the elder”
- “It makes me feel good about myself”
- “It enables me to appreciate life more”
- “It makes me feel useful/needed”
- “I want to give something back to this person”



In sum, many
caregivers find
that there are **both**
stresses and
rewards associated
with caregiving

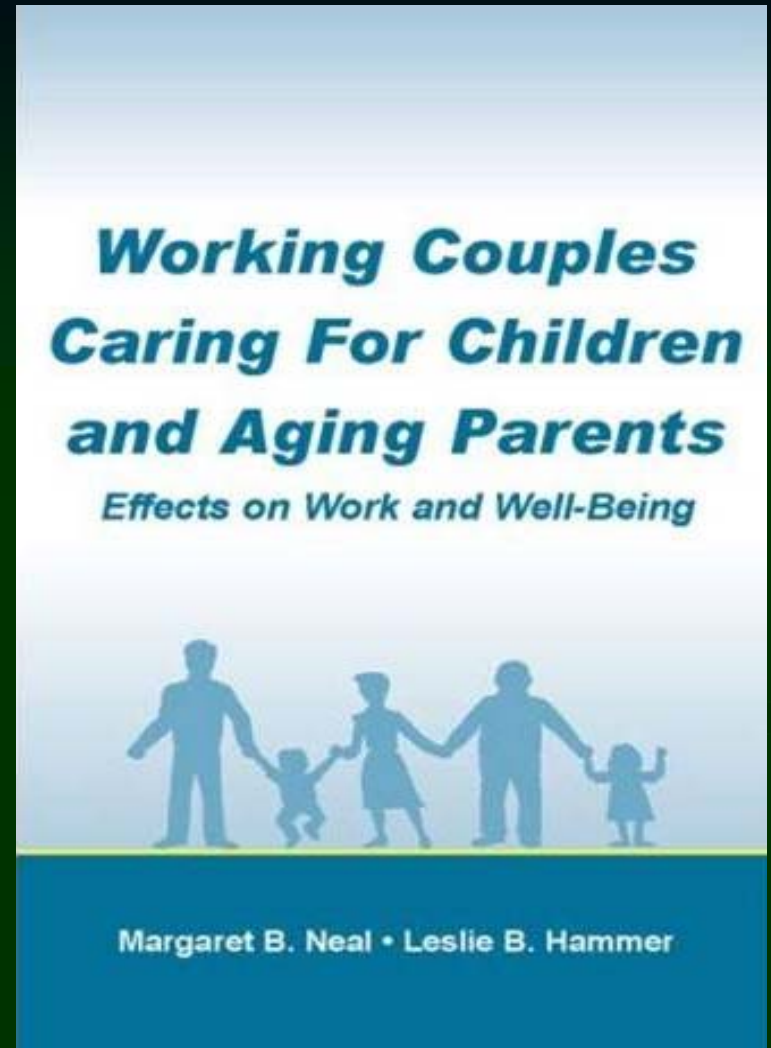
Practice
Implications:

Listen for the pain
and the joy



Coping Strategies and Outcomes of Caregiving

- Study funded by the
Alfred P. Sloan Foundation



Neal, M. B., & Hammer, L. B. (2007). *Working couples caring for children and aging parents: Effects on Work and Well-Being*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.



Key Findings: Outcomes

- For both wives and husbands:
 - *Work interfered with family* to a greater extent than family interfered with work
 - Higher levels of *clinical depression* than the general population
 - Higher levels of *positive work-family spillover* than work-family conflict
- Gender differences:
 - *Wives* had higher levels of *absence from work* than husbands each month due to family care
 - *Wives* had higher levels of *depression* than husbands



Role **QUALITY** affects outcomes more than Role **DEMANDS**

Especially in the spousal and work roles (even more than the child- and parent-care roles)

- Higher **SPOUSAL** role quality resulted in:
- less work-family conflict
 - more positive work-family spillover
 - less depression
 - greater life satisfaction
 - better perceived overall role performance
 - (No direct effects on work outcomes)



Key Findings: Benefits

- Many caregivers also *received* help from their aging parent(s) (e.g., financial, emotional, child care, household assistance)
- Receiving help from aging parents was associated with:
 - greater relationship quality with the aging parent
 - greater positive self-ratings of performance as a caregiver (Ingersoll-Dayton, Neal, & Hammer, 2001)
- Positive spillover:
 - was related to lower depression
 - “crossed over” leading to decrease in spouse’s depression over the year (Hammer et al., 2005)



Key Findings: Coping Strategies

➤ 3 primary types of strategies were used:

- **Increasing emotional resources**

- e.g., getting moral support and comfort from others, trying to find humor in the situation

- **Increasing prioritizing**

- e.g., protecting or setting aside time for important activities, not losing track of what's important

- **Decreasing social involvement**

- e.g., limiting social activities, spending less time with spouse/partner, spending less time with other family members



What Worked and What Didn't

- **Positive** outcomes were associated with
 - increasing emotional resources
 - increasing prioritizing
- **Negative** outcomes were associated with
 - decreasing social involvement



Gender Differences in Coping

- Men and women used different strategies:
 - More wives than husbands decreased social involvement
 - More husbands than wives increased prioritizing

- The benefits of increasing emotional resources “crossed over” and extended to the spouse



What the Study Findings Tell Us About How to Help Caregivers



Use Effective Coping Strategies

- **INCREASE** emotional resources
 - Take care of self and marital relationship
 - Ask for and get emotional support and practical help from family, friends, coworkers, supervisors, maybe a formal support group for caregivers – use available supports
 - Use humor, call on spiritual beliefs
- **INCREASE** cognitive resources
 - Create a schedule and set priorities
 - Be prepared for unexpected events, emergencies
 - Plan time for own needs too
 - Prioritize tasks – stop certain activities, reduce expectations to be in line
- **AVOID** social withdrawal – **DO** maintain social relationships with friends, spouse



What Service Providers Can Do

- Assist working caregivers by encouraging them to:
 - use coping strategies that increase emotional resources (e.g., through respite) and increase prioritizing
 - avoid social withdrawal coping strategies and maintain social relationships, esp. with spouse
 - encourage pursuit of help from aging parents, dependent children



What Service Providers Can Do (cont.)

- Provide programs to:
 - enhance spouse, child-, & parent-care role quality
 - enhance employees' practical caregiving skills
 - identify ways in which aging parents and young children can help
- Expand hours of service availability
- Provide trusted, reliable, quality service



Advocate for Change

The U.S. government lags far behind **all** other developed nations, and many developing ones, in providing public support for health care and for family care, including paid family leave

- *Caregivers* and *Service Providers* may wish to advocate for health care reform, paid family leave
- *Policy makers* can work to create and implement policy changes



What Employers/Managers Can Do

Improve work-family culture (family friendliness):

- Offer workplace supports (policies, benefits, services)
- Train managers to be sensitive of employee's work-family issues
- Minimize long work hours for employees
- Increase flexibility (work schedule and place of work)
- Advertise/support use of available workplace supports





The Prepare to Care Workplace Project



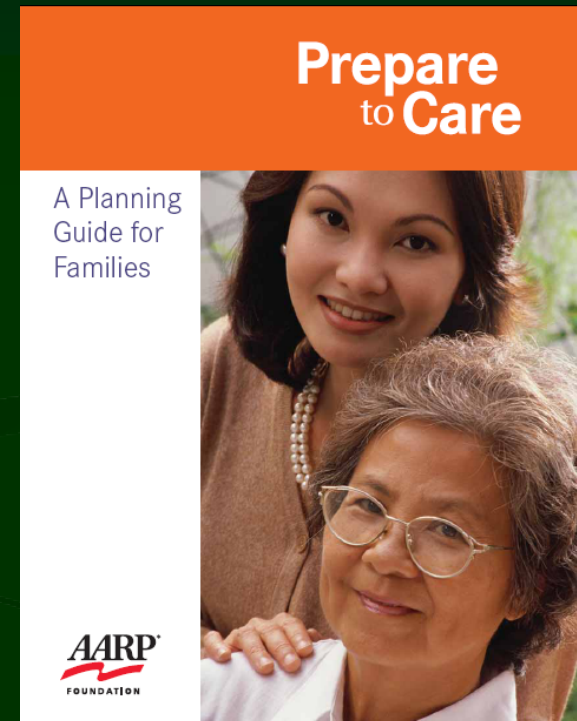
Goal of Prepare to Care Workplace Project

- Help employers integrate free and low-cost methods to support their employees who are or will some day be family caregivers
- Special emphasis – bringing tools and resources to hourly-wage workers at small and mid-sized businesses



Prepare to Care: Planning Guide

- Information and education
 - e.g., Communicating with other family members
- Organizing information
- Planning resources
- Prepare to Care 5-step plan



Five Step Caregiving Plan

Step 1: Prepare to **Talk**

Step 2: Form Your **Team**

Step 3: Assess

Needs/Resources

Step 4: Make a **Plan**

Step 5: Take **Action**

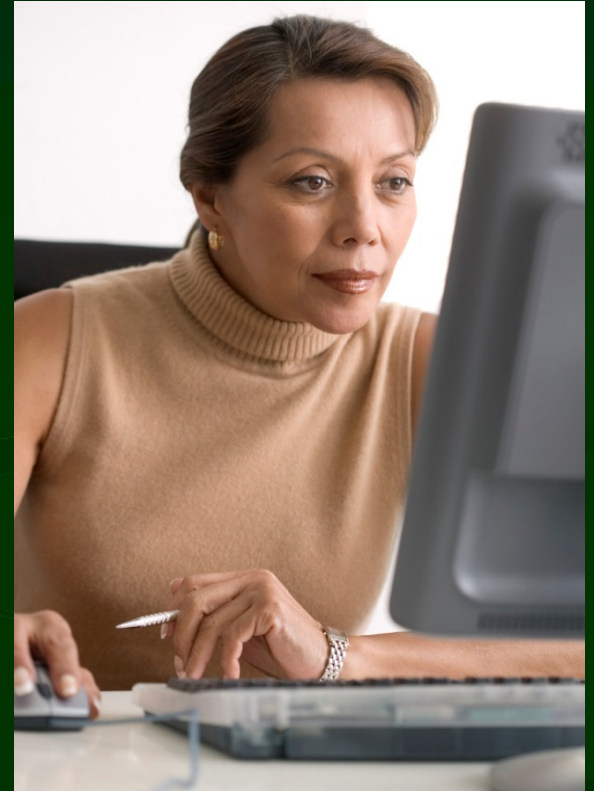


Re: Resources

Use Benefits QuickLINK
to find public benefits
that can help pay for:

- ❑ prescription drugs
- ❑ health care
- ❑ property taxes
- ❑ and more...

www.aarp.org/quicklink



More on Resources

Resources in *Prepare to Care* include:

❑ [USDA eXtension
extension.org](http://www.usdaextension.org)

❑ Eldercare Locator
1-800-677-1116
www.eldercare.gov

❑ www.medicare.gov

❑ www.aarp.org/health



“Public Benefits that Can Help” State Fact Sheets

■ 50 States, DC, USVI, and
Puerto Rico

■ Available at:

[www.aarp.org/money/
lowincomehelp/quicklink](http://www.aarp.org/money/lowincomehelp/quicklink)

■ Email

benefitsoutreach@aarpp.org
to order paper copies



More Resources for Caregivers

- Area Agency on Aging
 - Connects families with assistance programs and respite care
 - 1-800-677-1116 - Elder Care Information – will help locate the Area Agency on Aging where the elder lives
- OSU Extension Service publications
 - Educational resources for caregivers
- eXtension website: <http://www.extension.org/>
- AARP Oregon and AARP – resources for caregivers (e.g., “Caring for those you care about” – 41 tip sheets)



Resources (cont.)

- The Family Caregiver Alliance at www.caregiver.org - state-to-state information for caregivers, caregiving advice, fact sheets
- www.aarp.org/families/caregiving/ - AARP website for caregivers
- www.networkofcare.org - click on appropriate state (e.g., Oregon)
- www.ncoa.org - National Council on Aging
- www.Elderweb.com
- www.nextstepincare.org –guides and checklists to make patients' transitions between care settings smoother and safer



Resources (cont.)

- **Books by Wendy Lustbader, M.S.W.**
 - *Taking Care Of Aging Family Members* (practical ideas to make care easier for both the giver and receiver)
 - *Counting On Kindness* (discusses what it's like to receive care – what ill people wish their caregivers knew)

- Sourcebook for *Employers* and Summary of Findings on Working Sandwiched couples:
www.sandwiched.pdx.edu



Tips for Reaching Out to Employers

- Source: *Caring Connections: It's About How You Live at Work*



Outreach Strategies to Employers

- Develop a plan of action
- Establish a list of services and a fee structure
- Make a Top 10 list of employers to contact
- Identify at least one new (big) partner
- Set goals for success



Reaching Out to Employers

- Seek variety
- Be visible
- Cast the net wider
- Contact employers directly (use personal connections, letters of introduction)
- Develop your “pitch”



Details: Your “Pitch”

Be able to explain:

- Your organization and its goals
- How your services can provide value to their business
- Specific services you can offer
- What you are giving the employer in exchange for the time you are being given (e.g., training for managers, resources)



The Initial Meeting

- Craft your message
- Assess employer's experience and needs
- Make a strong business case - benefits to be gained:
 - Increased productivity
 - Improved morale
 - Increased retention
 - Decreased health care costs
- Showcase your expertise and resources



Be Prepared and Be Flexible

- Cultivate the relationship to the extent possible
- Offer to conduct free Lunch and Learn presentation – re: your services or a specific topic
- Be flexible and patient
- Establish next steps if employer is interested



Programs for Employers

- Lunch and Learn presentations
 - Identify relevant topics
 - Presentations focused, flexible (30 min.?)
 - Advertise directly to employees and OFTEN
- New employee orientation
- Caregiving support – in employee newsletter, support group, resources
- Grief support programs



In closing, a final thought:

*Let us take care of the children,
for they have a long way to go.*

*Let us take care of the elders,
for they have come a long way.*

*Let us take care of those in between,
for they are doing the work.*



Questions? Comments?

Please contact me!

Margaret B. Neal, Ph.D.

Director, Institute on Aging,

Portland State University

P.O. Box 751

Portland, OR 97207-0751

nealm@pdx.edu

503.725.5145

