

# **The benefits of respite time-use: A comparison of employed and non-employed caregivers**

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## **The benefits of respite time-use: A comparison of employed and non-employed caregivers**

Research on respite services has rarely looked at what family caregivers do during their respite time. This study uses data from semi-structured interviews and time-log diaries to explore the consistency between desired and actual time-use among caregivers who used respite for employment (n=26) and those who were unemployed (n=22). We found that the employed caregivers were more satisfied with their respite than non-employed caregivers. Employed caregivers were also more likely to do the types of activities they desired during their respite time, suggesting they may have clearer expectations for respite and are more consistent in doing the types of activities they desired or planned to do during their respite time. Although the majority of employed caregivers considered their time spent in paid employment as a valuable and desired form of respite from their caregiving obligations, lack of free time outside of work or caregiving obligations was stressful. Unemployed caregivers also expressed a desire for more time to do activities they wanted to do, rather than only those related to caregiving and household maintenance. These results suggest that both employed and non-employed caregivers might benefit from better respite time-use.

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Family members are the most common providers of direct care to older, sick, and disabled persons (Moen & Roehling 2005). Research has long suggested that caregiving is a stressful role, often adversely impacting the physical and mental health of those providing care (Pinquart & Sorensen 2003; 2007). As a result, caregivers report that respite or “time away from the caregiving responsibilities” is the number one most needed or desired service (Caserta et al. 1987; Shope et al. 1993). The majority of family caregivers are employed outside of the home – nearly half (48%) on a full-time basis (NAC & AARP 2004). For them, employment may serve as a valuable source of respite from caregiving obligations. On the other hand, employed caregivers may be particularly subject to stress, as they juggle the demands of full-time employment with the demands of caring for a loved one, while also attending to their own personal needs and desires (Bullock, Crawford, Tennstedt 2003; Kramer & Kipnis 1995). The goal of this study is to compare what employed and non-employed caregivers do during their respite time, and to explore whether employed and non-employed caregivers gain similar benefits from their respite time.

### *The Benefits of Respite*

Respite may be provided informally by family members or friends who periodically give the primary caregiver a break or more formally through service providers such as home health agencies and adult day services. The use of formal respite services is typically planned in advance and on a routine schedule from week to week. This regular use may be particularly important for caregivers who work, as it allows them to maintain a

work schedule while having someone else look after the care recipient (Redmond & Richardson 2003).

Surprisingly, much of the empirical research on the benefits of respite has concluded that respite is either not very or only moderately effective in reducing caregiving burden or in improving caregivers' morale and satisfaction (Chappell, Reid & Dow 2001; Kirwin 1991; Theis, Moss, & Pearson 1994). One recent study, however, found that caregivers were most satisfied with respite when they used the time to do things that they wanted to do or planned to do (Lund et al. 2009). Furthermore, this same study mentioned that caregivers achieving a high consistency between desired and actual time-use were more likely to have better mental health, less burnout, and higher levels of satisfaction.

Because employed caregivers often use respite services in order to go to work, we examine whether employed caregivers receive the same types of benefits from respite as non-employed caregivers. In other words, are employed caregivers able to do anything other than work during their respite time? Are they receiving the same benefits (or lack of benefit) from respite services as non-employed caregivers? No research that we are aware of has examined the differences between employed and non-employed caregivers' respite activities.,

### *Employment & Caregiving*

There are competing assumptions about how well the caregiving and employment roles mix (Scharlach 1994; Scharlach, Gustavson & Dal Santo 2007). The first explanation, often referred to as the *competing demands hypothesis*, suggests that combining the two roles produces an overload or strain for the caregiver, making him/her less efficient and effective in either role (Dunham & Dietz 2003; Guberman 2006; Lee

1999;). The second explanation, often referred to as the *role enhancement hypothesis*, suggests that employment may enhance the caregiver's experience by providing time away from caregiving responsibilities, opportunities for personal growth, and much-needed benefits and financial resources (Marks 1977; Chumbler, Pienta, Dwyer 2004).

In terms of the first hypothesis, it is assumed that combining the two roles adversely affects work performance, as well as the ability to be a good caregiver. Many employed caregivers report that they simply did not have enough hours in their day to attend to their personal needs, their employment obligations, and their caregiving duties (Fredricksen-Goldsen & Scharlach 2006; Hill et al. 2001). As a result, employed caregivers may experience increased physical limitations and psychological distress (Marks et al 2008; Pavalko & Woodbury 2000).

On the contrary, not all employed caregivers experience the distress or detriments associated with role strain or role overload. At least two studies suggest that employed caregivers continue to perform significant amounts of direct care (Bullock et al. 2003; Dautzenberg et al. 2000), despite their reduced time to do so. As well, less than half of employed caregivers reported conflict in either their family or work roles (Stephens et al. 2001); and many reported more favorable health outcomes, perhaps as a result of the heightened sense of productivity or the personal and social benefits provided by the workplace (Cannuscio et al. 2004; Rosario, Morrow-Howell, & Hinterlong 2004). Employment may buffer some of the stress associated with occupying multiple roles – for example, by providing tangible resources such as health benefits, information, counseling, and referral services (Edwards et al. 2002) or intangible benefits such as allowing workers to feel like they are part of a larger community or purpose (Yantzi, Rosenberg, McKeever 2006) or to develop an increased sense of personal

accomplishment and productivity, enhanced interpersonal relationships, and greater self esteem (Dunham & Dietz 2003; Scharlach et al. 2007). Finally, and perhaps most important to the current analysis, employment provides caregivers with regular and significant doses of respite (Zarit et al. 1998).

Although the literature has debated whether the two competing roles (i.e., caregiving & employment) can effectively be combined, very little research has paid attention to how respite time-use may factor into the role-overload or role-enhancement perspective. Focusing specifically on time-use during respite considers a qualitative dimension of respite, rather than considering respite as only a quantitative measure of how much time away from caregiving responsibilities one has. For employed caregivers, the amount of respite may be high, but the ability to pursue activities outside of work may be limited. On the other hand, non-employed caregivers may have less overall respite time, but more time to pursue activities that are personally enjoyable and enriching. Accordingly, respite may provide different benefits to the employed and non-employed caregivers

### *The Current Study*

The primary objective is to describe and compare how employed and non-employed caregivers spend their respite time. We first compare the time-use patterns of employed and non-employed respite users, focusing both on what they did and what they had desired to do during respite time. Second, we compare how satisfied employed and non-employed caregivers are with their respite time. Third, we discuss the specific benefits that employed and non-employed caregivers may get from respite time-use. By combining both quantitative and qualitative data, we provide an exploratory answer to these three research objectives.

This research is important because it can help us develop services and public policy that meet the specific needs and preferences of family caregivers. More than a third of all U.S. workers are providing or have recently provided informal care to an older family member (Bond et al 2002), the economic value of which is estimated to be more than \$300 billion (Arno 2006). Thus, the health of the economy depends, in part, on understanding how family caregivers manage the challenges associated with occupying multiple roles. Respite, and particularly caregivers' time-use during respite, may be the critical factor that allows them to successfully maintain their important role as informal caregivers. Although this study is based on caregivers in the U.S., it is likely applicable to family caregivers living elsewhere in the modern, industrialized world and who are juggling the multiple roles of work, family, and personal life.

## **Method**

The data come from caregivers who use adult day respite services because this type of formal respite provides relatively large blocks of time that are regularly scheduled, allowing a caregiver to pursue an extended activity such as employment. Adult day respite is the most widely used form of formal respite services (Gottlieb & Johnson, 2000). We acknowledge, however, that these caregivers represent a selective group that does not represent the full range of diversity among caregivers and the variety of form of respite available.

### *Procedure*

We recruited participants from the client lists of three adult day centers in the western United States. The staff at each facility reviewed their client files and identified caregivers who spoke English, had used respite services regularly for at least one month, and were known to be the primary caregiver to someone age 50 and over. Being a

*primary* caregiver meant that they performed the majority of caregiving tasks and spent more time doing those tasks than anyone else (Lund 1993). In almost all cases, the caregiver co-resided with the care-recipient. After consenting to participate, each caregiver completed a 90-minute semi-structured in-home interview with a trained interviewer. They also completed a daily time-log, summarizing how they spent their respite time during the week prior to the scheduled interview.

### *Respondent Characteristics*

Of the 91 eligible caregivers identified, 57% or 52 caregivers agreed to participate in the study. The most common reasons for refusal were too busy ( $n=17$ ) or not interested ( $n=12$ ); six caregivers cited health problems as a reason not to participate. On average, participants had been the primary caregiver for an average of 3.6 years ( $SD=2.9$ ) and had been using adult day respite services for an average of 1.8 years at almost 33 hours per week. The analytic sample for this paper is based on the 48 persons who had complete time-log data.

A little more than half of the analytic sample (54%,  $n=26$ ) had paid employment during the two months prior to the interview. Employment activities ranged from eight to fifty hours per week, with more than half (52%) working at least 40 hours a week and another two-thirds working at least 25 hours per week. On average, the employed caregivers worked approximately 32 hours per week. This analysis does not distinguish between the part-time and full-time employees, given the small overall sample size and because preliminary analyses did not find differences between the groups. We compare the employed sub-sample ( $n=26$ ) to the non-employed sub-sample ( $n=22$ ).

### *Measures*

Data from both the semi-structured interviews and time-logs allowed us to measure various aspects of the caregivers' time-use during respite: *Respite Time-Use*: For a seven day period, caregivers logged the amount of time, to the nearest 1/2 hour, they spent on a list of different activities (*actual time-use*), as well as how much time they would have liked to spend on each activity during their respite time (*desired time-use*). The types of activities assessed were modeled after commonly used lists like the Yesterday Interview (Moss & Lawton, 1982), an instrument that was originally used to document time-use among elders in the community. For purposes of this analysis, respite time-use was measured in terms of 19 activity categories that captured both recreational and household maintenance activities such as sleeping, spending time with family, watching TV, shopping, cooking, eating, and exercising. We calculated the average reported time (in hours and minutes) of both the actual and desired time-use for each of the 19 activities, to provide a sense of what caregivers do and would like to do during their respite time. We summed actual time-use across all 19 activities to provide a measure of total respite time.

*Time-Use Consistency*: We systematically compared one's desired time-use to actual time-use in each of the 19 activity categories, in order to assess the caregiver's ability to do what they wanted to or planned to do during respite. We assigned a value of one to each activity in which the actual and desired time use were equal and a value of zero to each activity in which the actual and desired use were not equal. We then summed those dichotomous items to create an overall "Consistency Score" ranging from zero to 19, with an alpha coefficient of 0.90. A score of 19 indicates that a caregiver spent the exact amount of time he or she desired on each activity (perfect consistency); a score of zero indicates complete inconsistency between the desired and actual use of

respite time. This measure does not distinguish between doing more or less of the activity than desired; it measures only whether the person did the activity for the amount of time s/he desired. We use this dichotomous categorization, as opposed to a trichotomy that measures whether one did more, same, or less of the activity than they had desired, because through our interviews with the caregivers we learned that that doing more of an activity that was undesirable (e.g., too much housework) was just as deleterious as doing less of an activity than was desired (e.g., not having enough time to spend with friends).

*Respite Satisfaction:* During the semi-structured interview, both the employed and non-employed caregivers answered open-ended and fixed-choice questions about the amount and adequacy of respite services used. They were also asked to discuss what was the most positive, negative, or ideal use of respite time, whether they were satisfied with their respite time-use, whether they felt they could improve their time-use, and whether they spent their respite time doing activities they wanted to do or felt they had to do. Employed caregivers answered additional questions related to how they managed the various work-family-personal obligations – for example, what they did during their lunch hours and breaks during work. These narrative accounts provided a more in-depth understanding about how employed and non-employed caregivers used and benefited from their respite time.

### *Analytic Plan*

The small sample size did not permit extensive statistical analyses, so we present a descriptive and exploratory analysis comparing the characteristics and time-use patterns of the employed and non-employed sub-samples (n=26 & 22, respectively). When relevant and possible, we used independent samples t-tests to show differences in time-

use patterns across the two sub-samples. In other cases, we used the narrative accounts obtained from the semi-structured interviews to supplement our statistical comparison of the employed and non-employed caregivers' time-use patterns. Qualitative data were analyzed by reading through interview transcriptions with the aim of uncovering common themes and patterns, as well as specific examples associated with each. At least two researchers read through the transcriptions of each question in order to establish inter-rater reliability and consensus. A third researcher verified the accuracy and completeness of the selected qualitative examples data by going back to the original transcriptions and re-reading the excerpted quote in its entirety and within its original context.

## Results

As shown in Table 1, the employed and non-employed sub-samples differed in expected and characteristic ways. The employed subsample was significantly younger than the non-employed subsample, with mean ages of 50 and 65 respectively. The employed caregivers were more likely to be an adult child caring for a mother with probable Alzheimer's disease or dementia, while the non-employed caregivers were more likely wives providing care for aging husbands. Non-employed caregivers provided an average of 18 hours of direct care per day, compared to 11 hours per day among the employed caregivers.

Both groups used adult day respite services approximately four days a week ( $M = 4.1$  for non-employed,  $M = 4.2$  for employed caregivers), but as expected, employed caregivers utilized the service for longer durations each day. Nearly every employed caregiver (96%) used the service for at least 6 hours a day, whereas only 80% of non-employed caregivers used it for 6 or more hours per day, making the average use of

adult day respite 34 hours per week for employed caregivers and 28 hours for non-employed caregivers. Employed caregivers were also more likely than non-employed caregivers (25% versus 6%) to use services such as home health aids, in addition to the adult day program. Despite the differences in the amount of respite services used, we unexpectedly found no difference in whether the amount of respite time was considered adequate (71% employed, 68% non-employed).

[ *Insert Table 1 About Here* ]

The data in Table 2 shows specifically how the employed and non-employed caregivers used their respite time and what types of activities they had desired to do during respite time. The non-employed spent the most time doing housework ( $\underline{M}$ =5.0 hours per week), reading or writing ( $\underline{M}$ =4.1 hours per week), and spending time with family ( $\underline{M}$ =4.0 hours per week). The employed caregivers worked an average of 32 hours per week, leaving little additional respite time to pursue personal or leisure activities. Their most common activities, other than employment, included spending time with family ( $\underline{M}$ =2.3 hours per week), doing housework ( $\underline{M}$ =1.7 hours per week), and watching TV ( $\underline{M}$ =1.7 per week). In general, employed caregivers spent significantly *less* time than non-employed caregivers doing any of the leisure and personal activities listed in Table 2.

[ *Insert Table 2 About Here* ]

The employed caregivers did *less* of almost every activity than they desired to do, whereas the non-employed caregivers typically spent *more* time doing activities than they had desired, especially in activities that could be considered “obligatory” such as cooking, eating, and housework. The non-employed were slightly more likely than the employed to say they had ample respite time to pursue the activities they *chose* to do rather than

activities they felt they *must* do (44% versus 30% – assessed with a single item during the interview). However, the non-employed reported spending disproportionate amounts of their respite doing activities that were required to keep the household functioning. For example, one non-employed caregiver commented. “I would like to do something for me, not just the things I have to do, like grocery shopping, going to post office, bank.”

Another commented, “I tend to waste my respite time and not get done the things I would really like to do for myself. I usually just have time to clean or vacuum the house.”

Four in ten (40%) non-employed caregivers thought they could improve on the way they spent their respite time, but only 6% of the employed caregivers felt there was room for improvement. This difference is perhaps related to the differences in time-use consistency between the groups: employed caregivers had an average score of 15.6 on the Consistency Scale, which ranges from 0 to 19 indicating whether someone spent the desired amount of their respite time doing the types of activities they wanted to do. The non-employed caregivers had much lower average levels of consistency ( $M=11.5$ ), revealing that the non-employed caregivers were not as likely as the employed caregivers to do the amount or type of activities they desired to do during respite.

Employed caregivers were more satisfied with how they spent their respite: 60% of employed caregivers, compared to 47% of non-employed caregivers, said they were “very satisfied” with their respite time-use. That said, the groups did not differ in whether they looked forward to respite. As expected, the vast majority of both groups looked forward to their respite time “very much.”

Perhaps one of the most important findings is that an overwhelming majority of the employed caregivers (73%) said they consider their time at work as “a break or respite from their caregiving obligations.” And, more than half (57%) “very much” enjoyed their

time at work, with an average score of 4.4 (Std Dev = 0.9) on a scale of 1 “not at all” to 5 “very much.” Forty percent said they worry “not at all” about their loved one while at work, with an average of 1.9 (Std Dev = 0.9) on a scale of 1 “not at all” to 5 “very much.” One woman who cares for her mother commented, “It’s so nice not to be worrying about mom.” Another female caregiver, age 47, commented, “I really enjoy my job, having dad in daycare and knowing he was receiving good care is the only thing that makes it possible.”

When asked what the most helpful or anticipated respite activity was, almost all of the employed caregivers mentioned “employment” or “work” as the #1 most helpful or anticipated activity. A female caring for her father said, “I’m especially appreciative of my time at work. I enjoy it and enjoy the connections I have with people who are interested in the same things professionally as I am. It is interesting work, very satisfying, no distractions, and I - for once - have control over how I use my time. I can’t tell you how much I enjoy my time at work.” For some, work provided a “sense of accomplishment.” For others, work “gives me a lot of joy. It’s just good to have something to do.” And, still others mentioned the obvious financial benefits associated with paid employment: “I still need to support my family,” said a middle-age male caring for his disabled grandmother. “I need the money,” commented a 58 year old female caregiver. Finally, the workplace provided much appreciated friendship and social interactions. One 60 year old female spousal caregiver said, “I enjoy the people I work with.” A 58 year old female who cares for her mother, remarked, “Just being with other people is so uplifting.”

Some of the employed caregivers commented that they had very little time to do things for themselves, just as the non-employed caregivers had revealed earlier. For example, one middle age woman who was the primary caregiver for her mother revealed

that she often “will run home on my lunch hour to start fixing something for dinner. I always do something for the house during my breaks (shop, clean, cook).” Perhaps feeling that she does not have enough time in her day to accomplish everything, she later commented that the activity she most wished she had time to do was “take a nap.” Similarly, a male caregiver commented that although work was the most anticipated or helpful activity for him to pursue during respite, the activity he wished he could do was “take a day off - want to rest.” Another woman wished she could stay home alone instead of going into work so that she could “work on projects that I never have time for.” A younger man who was caring for his grandmother said he wished he had time for “physical fitness or rest. I never have time for either.”

While it was common for the employed caregivers to talk about needing and desiring even more respite time (i.e., beyond the hours they currently used for paid employment), several revealed that they had found strategic ways to use their lunch hours and breaks to attend to personal matters. For example, many commented on the importance of the social interactions and camaraderie they received through informal conversations and shared meals with colleagues during the workday. Others used their scheduled breaks and lunch hours to complete activities they did not have time for otherwise. “At break today, three of us walked to a nearby convenience store for a drink and some fresh air. Sometimes, I use my breaks to talk to my wife by phone.” Others commented that their break time was an opportunity to rest or “to take a quick cat nap.” Particularly impressive was the variety of activities pursued during lunchtime by a 61 year old daughter caring for her mother, “One day I wrote a letter. Thursday I mailed letters and a package. One day I visited with my children by phone. One day I had lunch with some friends. One day I went to a fascinating lecture – all during my lunch hours.”

## Discussion

Before discussing the implications of these findings, several limitations ought to be noted. First, the sample is relatively small and homogenous in terms of socioeconomic status, race, and ethnicity. Second, we included only primary caregivers to adults age 50+. Third, we focused exclusively on those who used adult day services for respite and did not examine caregivers who use other forms of formal and informal respite. Fourth, we only assessed one week of respite activities and were unable to capture the dynamic aspects of caregiving circumstances and experiences. Fifth, we do not know how the study participants differ from those who declined to participate. In other words, our sample is highly selected and represents only those who regularly use adult day services. Caution is warranted in making generalizations to the millions of family caregivers who have widely varied characteristics and circumstances.

While recognizing these limitations, we believe that this study provides important insight regarding how employed and non-employed caregivers use and benefit from respite services. For example, we found that employed persons were more satisfied with their time-use than non-employed respite users. As well, very few of the employed caregivers (6%) thought they could improve the way they spent their respite time, whereas 40% of the non-employed group felt they could have used their respite time more effectively.

We conclude that these differences may be partially attributable to how consistent the employed and non-employed caregivers were in their respite time-use. Employed caregivers were significantly more consistent than the non-employed caregivers, meaning they were more likely to do the amount and type of activity they wanted to do or had planned to do during their respite time. Recent research has suggested that higher

time-use consistency is associated with lower levels of depression and higher levels of caregiving satisfaction (Lund et al 2009), implying that the employed caregivers may receive greater personal benefit from the consistency of their respite time-use than the non-employed caregivers. It is important to note that we did not find any evidence for particular types of activities being universally more or less valuable to pursue during respite, but rather caregivers benefited from doing the *types* and *amount* of activity they personally desired.

Employed caregivers may have a clearer expectation about what can or can not be accomplished during respite time, given the fact that most of their available respite is used for employment-related activities. That is, higher levels of consistency among employed caregivers may be due more to how structured their work and free time is, rather than that group having more successful time management skills. Additionally, the differences between the employed and non-employed groups in terms of age and social circumstances may be more important for mental health outcomes than how consistent these groups are in their time-use patterns during respite. Future studies using a larger sample ought to explicate the relationship between time-use consistency and mental health, while controlling for the factors that select caregivers into either the employed or non-employed group. This is the only way to determine the possible spurious nature of the causal argument linking respite time-use and caregiving-related outcomes.

A noted strength of the current study is its exploratory nature, which provided personalized narrative accounts of one's individual time-use patterns. These insights revealed specific benefits that employed caregivers received from paid employment, such as increased social integration, financial gain, and higher personal well-being and feelings of accomplishment. The vast majority of employed caregivers considered their

time at work to be respite from their caregiving activities; and they were perhaps most appreciative of the “worry-free” time that employment provided them. While many worked because of the financial necessity to do so, they also commonly expressed personal satisfaction from the tasks they were able to accomplish at work. Employment provided many tangible and intangible resources, perhaps also leading to increased levels of satisfaction and personal well-being.

Our findings clearly support the view that employment is more likely to provide an overall net-benefit (i.e., role enhancement), rather than increased strain (i.e., role overload) for caregivers who are faced with juggling the demands of these two competing roles (Scharlach 1994). Employment provides an important source of respite by giving informal caregivers time away from their caregiving obligations. However, our intention is not to say that caregivers *should* be employed. Rather, they should be able and encouraged to maintain the multiple roles if they so desire, instead of assuming that the two roles cannot be effectively combined. The employed caregivers in this study perceived their time at work as respite and found many opportunities to engage in valued social interactions with others.

Also, our data revealed that employed caregivers were more restricted in their activities during respite than the non-employed. Although some had found creative ways to use lunch hours and breaks to pursue non-work related activities, the employed caregivers typically spent less time than the non-employed engaging in social and leisure activities. As a result, the employed caregivers commonly expressed a desire for even more respite to pursue activities such as napping, finishing household projects, and exercising. They perhaps were feeling a squeeze in the amount of time available to them to pursue all the necessary activities related to caregiving, employment, and

personal interests. Then again, the non-employed caregivers also expressed a desire to do more things for themselves, rather than the things they felt they had to do to keep the household functioning. Thus, both the employed and non-employed showed evidence that the caregiving role impinges on the individuals' ability to do the types of activities they might have done if they were not saddled with the responsibility of caring for a family member. This finding, in particular, implies that both employed and non-employed caregivers might benefit from better use of their respite time.

### *Practice Considerations*

We end this discussion with practical advice that may help most caregivers to use their respite time more effectively: Employed caregivers may need assistance in 1) obtaining additional respite time that would allow them to engage in activities other than just employment-related activities, and/or 2) finding additional ways to use the breaks and lunch hours during their work day to pursue non-work activities. As well, workplace policies such as flex-time and job sharing may also allow employed caregivers to better manage the competing demands of their employment and caregiving roles, while also attending to personal needs and wishes (Fredriksen-Goldsen & Scharlach 2006). Currently, only about half of the workplaces in the U.S. provide formal eldercare benefits (Beauchamp et al. 2005). With the increased societal reliance of informal caregivers and the likelihood that those caregivers are juggling the demands of caregiving and paid employment, the availability of family-friendly workplace policies ought to be expanded (Pavalko & Henderson 2006).

Conversely, the non-employed caregivers appear to be in need of better assessment, planning, and monitoring of their respite activities – and most importantly, in pursuing activities that are personally meaningful and not just household-related chores.

These caregivers may benefit from an intervention that coaches them in how to set goals and to plan in advance how to best use their respite time (see Lund et al. 2009 for example). This type of intervention might reduce the feelings of “wasted time and wasted opportunity” that so many of the non-employed caregivers expressed. Caregivers who are not employed outside the house and do not wish to do so, may consider using some respite time to engage in volunteer activities in their local communities. Many community non-profit organizations are in need of mature, responsible adults to meet their organizational goals and objectives. Some caregivers might benefit from doing volunteer work (within reasonable limits) that provides meaningful social activity that keeps them engaged in other aspects of their lives.

Overall, both employed and non-employed caregivers might benefit from a better use of their respite time, perhaps achievable through cognitive reappraisal and/or behavioral intervention. A recent report by Feinberg and Newman (2005) suggests that caregivers, above all else, want to retain control, choice, and flexibility over their lives. Thus, the policy recommendations we have suggested (i.e., expanding the availability of respite services, maximizing the utility of family-friendly workplace policies, and designing programs that help caregivers make better use of their respite time) may allow caregivers to be more effective and fulfilled in their caregiving role by giving them the control, choice, and flexibility to manage the demands of paid employment alongside the demands of caregiving and the pursuit of personal interests. Furthermore, by supporting families that take on the informal caregiving role, older adults are more likely to be able to “age in place” in the communities in which they have lived their lives (Bookman 2008).

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Table 1. Description of Employed (n=22) & Non-Employed Caregivers (n=26)

	<b><u>Employed Caregivers</u></b>			<b><u>Non-Employed Caregivers</u></b>			
	<i>Mean or %</i>	<i>Std Dev</i>	<i>Range</i>	<i>Mean or %</i>	<i>Std Dev</i>	<i>Range</i>	
<b><u>Characteristics of the Caregiver</u></b>							
% Female	67%			88%			*
Average Age	50.5	11.9	29-85	65.2	15.1	29-61	*
% Married	70%			80%			
<b>Education</b>							
Less than High School	30%			16%			
High School Grad	33%			24%			
College Grad or more	37%			28%			
<b>Relationship to Care Recipient</b>							
Son/Daughter	63%			32%			*
Spouse	11%			64%			
Other	26%			4%			
<b><u>Characteristics of the Care Recipient</u></b>							
Average Age	80.7	8.4	60-90	77.0	9.1	58-90	
% Female	78%			28%			*
<b>Diagnosis</b>							
Probable AD or Dementia	58%			42%			*
Physical Impairment	15%			25%			
Other	27%			33%			
<b><u>Characteristics of the Caregiving Relationship</u></b>							
Duration of Caregiving (in months)	39.4	37.0	4-120	47.9	31.9	7-120	*
Amount of Care Provided (hours per day)	11.1	7.5	1-24	17.8	6.2	2-24	
<b><u>Characteristics of Respite Service Use</u></b>							
Duration of Respite Use (in months)	18.1	21.8	3-84	15.2	11.8	2-48	
Respite Use (days per week)	4.2	1.2	2-5	4.1	1.3	1-5	
Respite Use (hours per week)	34.2	10.6	15-52	28.2	12.2	3-45	

\* Mean scores are significantly different between employed and non-employed caregivers,  $P \leq 0.05$ .

Table 2. Description of Desired & Actual Respite Time-Use Among Employed (n=22) and Non-Employed Caregivers (n=26)

	<u>Employed Caregivers</u>				<u>Non-Employed Caregivers</u>					
	<u>Desired Time-Use</u>		<u>Actual Time-Use</u>		<u>Desired Time-Use</u>		<u>Actual Time-Use</u>			
	(in hours)		(in hours)		(in hours)		(in hours)			
	<i>Mean</i>	<i>Std Dev</i>	<i>Mean</i>	<i>Std Dev</i>	<i>Mean</i>	<i>Std Dev</i>	<i>Mean</i>	<i>Std Dev</i>		
<b><u>Respite Activities</u></b>										
1. Sleep or nap	2.3	(8.3)	0.4	(1.6)	0.6	(1.2)	1.0	(1.6)		
2. Time with family	2.1	(4.7)	2.3	(5.4)	4.0	(6.8)	4.0	(7.0)		
3. Rest and relaxation	2.0	(5.4)	0.6	(1.8)	2.0	(4.1)	2.1	(4.2)		
4. Housework	1.9	(4.1)	1.7	(2.9)	3.1	(3.8)	5.0	(3.6)	b	
5. Watch TV	1.6	(4.1)	1.7	(4.9)	1.6	(2.5)	2.0	(2.9)		
6. Shop	1.4	(2.2)	0.9	(1.3)	1.4	(2.2)	2.3	(2.1)	b	
7. Help others	1.3	(3.3)	1.2	(3.5)	2.1	(3.2)	2.3	(3.5)		
8. Eat	1.2	(2.1)	1.3	(1.8)	1.6	(1.7)	2.4	(1.6)	b	
9. Cook	1.2	(2.0)	1.2	(2.0)	1.9	(2.3)	2.4	(2.2)	b	
10. Exercise	1.2	(2.5)	0.9	(2.5)	0.4	(0.9)	0.5	(1.1)		
11. Read or write	1.0	(1.8)	0.4	(1.0)	2.8	(2.9)	4.1	(5.9)	a, b	
12. Time with friends	0.8	(1.6)	0.2	(0.7)	1.7	(2.1)	1.3	(1.6)	b	
13. Listen to radio	0.7	(1.3)	0.5	(1.0)	0.5	(1.2)	0.7	(1.0)		
14. Travel	0.7	(1.4)	0.9	(1.5)	0.3	(0.7)	0.2	(0.6)	b	
15. Personal or medical care	0.6	(1.2)	0.4	(0.9)	0.8	(1.4)	1.6	(2.0)	b	
16. Recreation	0.4	(1.2)	0.7	(0.4)	0.5	(1.1)	0.5	(1.4)		
17. Hobby	0.3	(0.9)	0.1	(0.4)	1.6	(3.3)	0.9	(2.0)	B	
18. Religious activity	0.3	(1.0)	0.1	(0.4)	0.6	(1.5)	0.7	(1.6)	B	
19. Attend support group	0.2	(0.5)	0.1	(0.3)	0.2	(0.9)	0.1	(0.5)		
**										
<b><u>CONSISTENCY SCALE</u></b>	<i>Mean</i>	<i>Std Dev</i>					<i>Mean</i>	<i>Std Dev</i>		
Range (0-19)	15.6	3.8					11.5	5.2		

Notes:

\*\* Average "Consistency Scale" scores are significantly different between employed and non-employed caregivers,  $P \leq 0.01$

a Desired time-use is significantly different between employed and non-employed caregivers,  $P \leq 0.05$

b Actual time-use is significantly different between employed and non-employed caregivers,  $P \leq 0.05$