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THE CONSEQUENCES OF CAREGIVING: DOES EMPLOYMENT MAKE A DIFFERENCE?

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SEDAP Research Paper No. 36

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THE CONSEQUENCES OF CAREGIVING: DOES EMPLOYMENT MAKE A DIFFERENCE?[1]

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Abstract: While a number of studies have examined the consequences of caregiving among employed women, surprisingly little research has explicitly compared how consequences differ between employed and not employed women. Moreover, very little research in this area has distinguished between part-time and full-time employment. This paper examines these issues drawing on the 1996 General Social Survey of Canada. The sample for this study consists of women aged 25 to 64 who reported providing care to one or more people aged 65+ because of a long-term physical disability (n=426). Three employment status groups (full-time, part-time and not employed) are compared on positive consequences, burden, guilt, job adjustment, postponed opportunities, and social and economic consequences. Results reveal significant differences between the three employment categories indicating that employment, both full and part-time, is associated with higher burden, guilt and social and economic consequences.

INTRODUCTION

The massive entry of women into the paid labour force over the past few decades, in concert with the growing numbers of older adults living into old age and frailty, has stimulated a good deal of social concern and research attention. These stem from the fact that women have traditionally provided the bulk of informal care to older adults who are frail or disabled. A relatively large body of research has focussed on the problems faced by employed adults who provide care. Research has started to examine the extent to which paid employment reduces the amount of help provided.

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Relatively little research, however, has directly investigated the relationship between caregivers' employment status and the consequences of caregiving. While a number of studies have investigated the costs of caregiving among women in the labour force, surprisingly little research explicitly compares how consequences differ between women who are employed and those who are not employed.[1] Moreover, very little research in this area has distinguished between part-time and full-time employment. Drawing on a national, population-based sample of Canadian adults, this paper will address the consequences of caregiving with specific reference to caregivers' employment status. The focus is on women aged 25 to 64, all of whom are caregivers, in that they provide care to one or more persons aged 65 and over as a result of a long-term physical problem.

LITERATURE REVIEW

The Consequences of Caregiving

The literature dealing with the consequences of caregiving is plentiful and cites a range of outcomes that negatively impact or 'burden' caregivers' lives. For instance, studies indicate that many caregivers become vulnerable to physical (Gallant & Connell, 1998; Haug et al., 1999; Pratt et al., 1985) and mental (Meshefedjian et al., 1998; Rosenthal, Sulman, & Marshall, 1993; Tennstedt & Chang, 1999) health declines as a consequence of their caring responsibilities. Additionally, informal care providers frequently experience social consequences in the form of reduced personal, family, leisure, and educational time and activities (Gottlieb & Kelloway, 1995; Miller, 1987). Further, among those with caring responsibilities, researchers consistently report direct, indirect, short-term and long-term economic strains related to out-of-pocket expenses and lost wages, pension contributions, and employment opportunities associated with caregiving (Enright and Friss, 1987;

Gignac, Kelloway & Gottleib, 1996; Glendinning, 1992; Keefe & Medjuck, 1997; Kingson and O'Grady-LeShane, 1993). Recently, researchers have begun to document the positive effects of caregiving; these include enhanced feelings of mastery, positive self-worth (Martire, Parris-Stephens & Franks, 1997), a sense of accomplishment, enhanced interpersonal relationships (Scharlach, 1994), and even positive emotional effects (Brody, 1990; Neal, et al., 1993).

Economic, social, physical and mental health consequences, whether positive or negative, do not uniformly affect the lives of caregivers, but, broadly speaking, vary according to the caregivers' characteristics as well as their caregiving responsibilities. Researchers report variations in the consequences of caregiving according to the caregiver's gender, age, marital status, presence of children, income and health status. For instance, women caregivers are more likely to report higher levels of depression (Schultz, 1992) and stress (Neal et al. 1997) than are men. In an early study, Montgomery and colleagues (1985) found both age and income to be negatively related to caring duties complicating caregivers' lives. More recently, Kinney et al. (1995) reported that in comparison to older caregivers, younger caregivers experience more "uplifts" or positive consequences associated with caregiving. They speculate that this finding is related to younger care providers' better health, larger support networks and greater financial resources. In another study, Stoller & Pugliesi (1989) found that the presence of children in the caregiver's household served as a resource, yet when combining work, family and caring, Gibeau & Anastas's (1989) results support the opposite conclusion.

In the realm of caregivers' responsibilities, the provision of personal care, total hours of care and overall caregiving demands measured by the number of care recipients are frequently discussed in relation to the costs of caregiving. Montgomery et al. (1985) reported that having time schedules

confined due to care responsibilities predicted disruptions in other areas of a caregiver's life such as work and family. Likewise, the care recipient's level of impairment (Scharlach et al., 1991), the provision of personal care (Stoller & Pugliesi, 1989) and the rising number of care hours (Neal et al., 1993) appear to increase the risk of caregiver strain. Gottlieb et al. (1994) confirmed these findings among employed caregivers, reporting that those individuals with the greatest care responsibilities – measured by the total hours of care and the provision of personal care to an elderly relative -- were at greater risk of experiencing caregiving's adverse effects. Focussing solely on women caregivers, Jenkins (1997) found that as demands such as work, family, and caring responsibilities increased, so too did the numbers who reported difficulties coping; women who had the most demands had higher levels of stress. This finding suggests that combining work and caring may place employed women at greater risk compared to not employed women, but findings are not consistent.

The Consequences of Caring and Employment Status

Existing studies that provide information on the relationship between employment and caregiving consequences are primarily of two types. One uses samples of employed adults and draws comparisons between those who have caregiving duties and those who do not. The other relies on samples of caregivers and treats employment status as one of a number of independent variables used in the analysis of caregiving's consequences. Consequently, literature in which the primary focus is on the relationship between employment and caregiving and in which women of different employment statuses are included is less than plentiful and provides little consensus on the nature of relationship between employment and caregiving's consequences. In an early study investigating employment status and interactions between women and their elderly parents, Stueve & O'Donnell

(1989) found that employment status did not heighten the impact of caring such that employed daughters felt more burdened relative to non-employed daughters. Rather, they concluded that women who provided substantial amounts of help were more likely to describe their parents as "complicating their lives and competing with other family relationships whether or not they were working or had multiple roles" (348). Such a finding implies that the extent of caregiving responsibilities are pivotal in determining and predicting the consequences of informal care. However, this study was primarily concerned with the levels of interaction between women and their parents and relied on an unrepresentative and relatively small sample.

In a study investigating the extent to which women's employment options are affected by caring demands, Brody et al. (1987) compared four groups of daughters who were providing care to an older parent. Two groups were non-employed (that is, they were either homemakers or had quit paid employment to provide care). The remaining two groups were comprised of employed women who were either “conflicted” (that is, they had reduced their hours of employment or considered quitting their jobs as a result of caregiving) and those were not “conflicted” (that is, they had no intention of leaving paid work). Women who had quit work reported the most health deterioration of all groups. The conflicted group indicated the greatest interruption to personal and marital time. Interestingly, compared to the non-employed groups, both of the working groups had better scores with regard to the evaluation of psychiatric symptoms. Stoller & Pugliesi’s (1989) findings also revealed lower levels of depressive indicators among employed caregivers when compared to the non-employed caregivers. Viewed in this light, employment can be considered a positive influence or resource when providing care, but it can also be a competing demand (Scharlach, 1994).

Studies conducted specifically among employed adults suggest that there are consequences associated with combining work and caring. For instance, among employees with and without caring responsibilities, those with heavy caregiving demands are more likely to suffer on the job consequences such as unscheduled absences, late arrivals or early departures , and job opportunity costs in the form of missed meetings and declined promotions (Kelloway & Gottleib, 1995). Scharlach et al. (1991) found evidence to suggest variation according to job type, reporting that among caregiving employees, flexible job responsibilities were associated with lower levels of job disruption. Neal et al. (1993) found caregivers who worked the most hours were among the most burdened. In this study, working more hours was associated with experiencing decreased productivity at work and a struggle to balance work and family. Gignac, Kelloway & Gottleib (1995:537) examined the impact of caregiving on employment and reported that women's informal caring duties for older persons led to perceptions of conflict between family and work which, in turn, negatively affected their work situations. In this study, caregiving responsibilities spilled over in the workplace only by way of fostering tension between family and work roles. Job costs and opportunities were negatively impacted by work-family conflict rather than by the amount or type of caregiving responsibilities.

Many employed caregivers experience personal opportunity costs such as a reduction in leisure time, continuing education and volunteer activities (Gottlieb & Kelloway, 1995). In fact, early research found that even among those with competing work and family demands, there was no reduction of time dedicated to work or family; instead, caregivers tended to give up their own leisure time (Lang & Brody, 1983). Thus, as Gottlieb & Kelloway (1995:339) conclude, "paradoxically, it appears that, in their efforts to balance family demands and job responsibilities, employees are

cutting back on those activities that afford relaxation, rejuvenation, and personal or career development". However, as there were no comparisons made between employed and not employed women in these studies, it is not known whether employed women cut back on these activities to a greater extent than did their not employed counterparts.

Our review of existing studies indicates a need to assess the issue of caregiving consequences and employment status with heightened attention. First, there is a lack of consensus among research findings. Second, in several cases, employment status is not regarded as the focus of study, but rather as one of a number of sociodemographic variables in the analysis. Third, employment status is typically treated dichotomously as employed and not employed, thereby omitting the potentially important distinction between full-time, part-time and not employed. Fourth, where employed caregivers are studied, comparisons are made with employed adults who are not caregivers. Finally, and importantly, there are no studies that directly consider these issues by comparing employed and not employed caregivers using a national, representative sample of care providers. The present study is an attempt to address these issues.

CONCEPTUAL FRAMEWORK

Our study is informed by a conceptualization of caregiving as a dynamic process or career (Aneshensel et al., 1995; Pearlin et al., 1990) through which the enactment of the caregiver role occurs, develops and changes. As caregiving is a process, the role interacts and intersects, impacts and is impacted by external forces including, but not exclusive to the caregiver's life circumstances and set of roles, for instance, mother, employee, wife, and friend. During the caregiving career,

primary stressors -- including the objective conditions of caregiving situations and the caregiver's subjective reactions to providing care -- are catalytic to secondary stressors, the encroachment of caregiving into other areas of the caregiver's life (Aneshensel et al., 1995). It is by way of these secondary stressors that primary stressors exert an impact on the well-being of the caregiver (Pearlin et al., 1996). Ultimately, the consequences of caregiving are influenced by both the act of providing care and the challenges arising in other life domains which occur as a result of caregiving. Put otherwise, the caregiving role, its duties, responsibilities and requirements can "spill over" either positively or negatively into other areas of the caregiver's life, particularly in the realms of family and/or work. The reverse can also be true; family and work can "spill over" into caregiving. "Spill over" can occur mentally, physically and/or it can influence the structure and experience of other roles or areas of life, and vice versa. Thus, it may be speculated that work, family and caring can contribute positively to each other through role enhancement, potentially acting as buffers, distractions or locales of mastery and accomplishment for caregivers (see Martire, et al., 1997; Scharlach, 1994). Accordingly, if work is regarded as an additional resource or outlet, employed caregivers are potentially advantaged relative to their not employed counterparts. Alternatively, combining work, family and caregiving has the potential to generate excessive demands on caregivers by inducing negative effects, particularly among women (see Jenkins, 1997). In this scenario, the occurrence of role overload or conflict between roles suggests that those caregivers with the most employment-related responsibilities (for example, those who work full-time in paid employment) will experience greater role strain and more negative outcomes than those who have fewer or no employment responsibilities.

RESEARCH QUESTIONS

In this paper, our overarching question asks whether there is a relationship between employment status and the consequences of caregiving and, if so, what is its nature? More specifically, we inquire:

(1) How do the consequences of caregiving vary according to employment status?

(2) Are employment-related factors associated with any of the positive or negative consequences of caregiving among women employed part-time and/or full-time? And correspondingly, if so, do employment measures appear more or less significant in association with the consequences of providing care compared to caregivers' characteristics and/or their caregiving responsibilities?

(3) Do the variables associated with the consequences of caregiving differ according to employment status (not employed, employed part-time and employed full-time)?

With respect to the first question, previous research is somewhat inconsistent in terms of whether there are more negative outcomes for women who are employed. While early work found that employed women were not more burdened, later studies found that women who worked the greatest number of hours were the most burdened. We expect, therefore, that employed women will experience more role conflict and more negative "spill over", with the result that they will have more negative consequences than women who are not employed. Moreover, we expect that women who are employed full-time will have more negative consequences than those employed part-time, and that the latter, in turn, will have more negative consequences than those who are not in paid employment.

With respect to the second set of questions, previous research suggests that employment-

related factors are associated with social and economic consequences, but the findings concerning burden are not conclusive. Among employed women, it is expected that working the most hours and having greater work-related demands will result in greater job adjustment consequences and postponed opportunities. Additionally, while some research suggests that the consequences of caregiving are more closely associated with factors unrelated to employment such as caregiver characteristics and their caregiving responsibilities, results remain inconsistent.

Finally, regarding the last question, very few studies have made the distinction between caregivers who are not employed and those who are employed part-time and full-time. However, we speculate that there are differences between the groups and further, that there are possibly different factors associated with the consequences of caregiving for each employment group. Yet, there is little empirical evidence to support this speculation.

METHODS

Data Source and Sample

The data for this study are derived from Statistics Canada's 1996 General Social Survey of Canada (GSS)-Cycle 11, Community and Social Support. The target population was all persons aged 15 and over living in private households in the 10 Canadian provinces[2] (n=12,756, response rate=85.3%). The sample was selected using random digit dialling and the survey was administered by telephone.

This paper examines a sub-sample of Canadian women aged 25 to 64 who responded that within the previous 12 months, they had assisted one or more persons aged 65 or over with meal preparation, house cleaning, house maintenance, grocery shopping, transportation, banking or bill

payments, or personal care because of a long-term, physical disability (n=426). The sample is weighted to the population by dividing the sample by the weighted population which renders the sample and subsequent findings nationally representative.

Measures

Dependent Variables

The dependent variables used in this analysis measure the consequences of caregiving as reported by care providers. The GSS 1996 examined many aspects of the caring relationship including how caregiving responsibilities affect various aspects of caregivers' lives. Respondents were asked whether, over the past 12 months, helping had caused them to experience changes in their lives. For example, respondents were asked to comment whether caring had altered their health status, sleeping patterns, vacation plans, spending habits, work performance and responsibilities or called for the postponement of education or work plans and changes. Other questions addressed the frequency of both positive and negative feelings towards providing care. Based on this series of questions, Keating et al. (1999), in their analysis of eldercare in Canada using the same data source, developed measurement for six consequence indices. Our study replicates the factor analysis relying on the responses to the consequence questions as given by the sub-sample of caregiving women aged 25 to 64. Results of the factor analysis appear in Appendix 1.

The six indices evaluate the positive, social and economic[3], burden, guilt, job adjustment, and postponed opportunities consequences associated with caregiving. First, the **positive consequences** index is comprised of respondents' replies to two questions: How often caregivers feel that, through caring: they are giving back what they receive; and they are simply giving back some of what life has given (Cronbach's Alpha = 0.60). Second, based on a series of four questions,

the **social and economic consequences** index represents respondents' answers to whether or not, over the past 12 months, caring has caused changes in their social activities, holiday plans, sleep patterns or inflated their economic expenses (Cronbach's Alpha= 0.72). Third, the **guilt** index is a two point measure of caregivers' feelings of guilt or inadequacy surrounding their provision of care. Specifically, interviewers asked how frequently respondents feel that others do more for them and how often they feel that they receive more help than they give (Crohbach's Alpha= 0.64). Fourth, the **burden** index is based on a series of six questions evaluating subjective burden related to the caring process. The index is the summation of responses to the following questions regarding how often care providers feel they: have no time to themselves; experience stress from caring; take more than give; and feel angry as a result of caring. Additional questions deal with the intensity of caregiver burden and experiencing negative health effects related to caring (Cronbach's Alpha= 0.73)). Fifth, the **job adjustment** index assesses how much caregiving demands induce changes to employment patterns among those caregivers in the labor force. This index is based on four questions including whether or not caring has caused respondents to: miss work; be late for work; change their work hours and experience negative job outcomes. Finally, the **postponed opportunities** measure is a three item index which combines the responses of questions pertaining to any declined job offers, transfers and/or promotions and the postponement of education plans as a result of caring responsibilities (Cronbach's Alpha= 0.63) among employed women. The highest scores (numeric values) for each index indicate the greatest level of negative outcomes, with the exception of the positive consequences index where the reverse is true. Having higher scores on the positive consequence index indicates greater positive outcomes.

Independent Variable(s)

The independent variable in this analysis is the informal caregiver's employment status. In instances where we examine employed (combining part-time and full-time) and not employed caregivers, we use a dichotomous variable to represent employment status. However, as an objective of this research is to explore the differences between three employment groups, the majority of the analysis distinguishes between caregivers who are employed full-time, part-time and not at all. For the purpose of this paper, the full-time employment group represents caregivers who said that they work 30 hours or more at a job, business or through self-employment. Caregivers who are considered to work part-time, were those who reported working for at least one hour per week, but less than 30 hours a week. Caregivers were categorized as not employed if they indicated that they did not worked at a job, business or through self-employment.

Control Variables

Previous research demonstrates that factors other than employment are also likely to influence the relationship between caregiving and its consequences. In order to account for these factors we consider several measures of caregiver characteristics and caregiver responsibilities as control variables in the data analysis. Caregiver characteristics are represented and controlled for with the inclusion of age, marital status, household income, children in the household less than 15, education level, and health in the analysis. Age is represented by ten-year age groups, beginning with age 25 and ending with age 64. Marital status is coded dichotomously and refers to being married/common-law (1) or single/separated/divorced/widowed (0). Household income is represented using five income categories beginning with less than $20,000 per year (1) and ranging to $100,000 per year and over (5). The number of children under 15 in the household is the actual

number as reported by respondents at the time of the interview. Education level is measured using ten levels of education ranging from elementary education or less (1) through to Doctorate, Masters or graduate work (10), the highest level. Finally, health is evaluated using Statistics Canada's overall health status score measured on a scale from 0.00 to 1.00. This is an objective, as opposed to subjective measure which evaluates respondent's overall functional health (for example, levels of vision, hearing and mobility) assigning 1.00 as the best possible score.

In order to account for caregiver's responsibilities, we control for the amount of time (measured in the survey as number of minutes per month) respondents reported spending helping those 65 years of age and older because of a long-term physical limitation with activities inside and outside the home. The total minutes per month spent helping with activities represents the sum total of time spent on meal preparation, house cleaning, house maintenance, transportation, banking and grocery shopping combined. Additionally, we consider the number of persons age 65 and over being helped with personal care, the total minutes per month being spent on that personal care, the total number of persons aged 64 and under the caregiver reported helping, and finally, the total number of persons aged 65 and over the caregiver reported helping as a result of a long term disability.

Where methodologically appropriate, we use actual total reported hours of employment per week and occupational type as control variables among employed women. The occupational type measure is based on 10 standard occupational classes as defined by Statistics Canada. These classes range from work in processing and manufacturing (1) to management occupations (10). Occupational type appears in the analysis in order to determine any differences among job types and responsibilities. It might be speculated, for example, that individuals in processing and manufacturing occupations are more likely to be involved in shift work and have less flexible

schedules compared to those in management occupations.

Analysis

To answer our first research question, we explore the existence of any variation in consequence index scores according to employment status using regression analysis: first, comparing employed and not employed women (employed=1); and, then comparing full-time, part-time and not employed women using a set of dummy variables with not employed as the reference category. In both instances, the regression model is initially examined without and then with the presence of control variables. The second set of research questions--ascertaining whether and to what extent, employment-related factors are associated with caregiver consequences among employed women--is also addressed using multiple regression. Each consequence index is entered into a model and regressed on employment-related, caregiver characteristics and responsibilities measures and examined separately for women who are employed part-time and those who are employed full-time. Finally, analysis is also conducted separately among women who are not employed. In the regression models for not employed women, each consequence index is regressed on the control variables. In order to determine any variation in measures associated with the consequences of caregiving by employments status, the results of the regression models run for each of the three employment groups are compared.

RESULTS

Sample Characteristics

The characteristics of the women in the sample, organized by employment category, appear

in Table 1. Among these women who are representative of the Canadian population, 31% are not employed, 16% are employed part-time and 53% are employed full-time. Two-thirds of the sample are aged 35 to 54. Three-quarters of the women are married or living in common-law relationships and the majority have no children under the age of 15 living in the household. Income levels vary widely, with results suggesting a positive relationship between employment status and household income as full-time women are over-represented in the highest categories. Women who are not employed tend to be older, have less education and are slightly more likely to be married compared to their employed counterparts.

The women's caregiving responsibilities broken down by employment status are displayed in Table 2. Roughly equal percentages of women in all employment categories help one person aged 64 or under. However, women who are employed part-time tend to have more helping responsibilities in this category, with 36% helping two or more people. Across all employment groups, the majority of women (70%) help one person 65 or over, 25% assume responsibility for helping two seniors, and 5% help three or more older persons. Almost equal percentages of women in each of the three employment categories give personal care to someone 65 or over. Compared to women who are not employed, those who are employed (whether part-time or full-time) report helping more people; 70% of employed women have helping responsibilities for two or more persons compared to 57% of not employed women. In this sample, women employed in a full-time capacity devote substantially more time to caring compared to women in the other employment categories. Women who work full-time reported giving a mean of 2035 minutes per month (approximately 34 hours) overall to caregiving activities and, more specifically, 947 minutes per month (approximately 16 hours) to personal care activities.

Do Caregiving Consequences Vary By Employment Status?

Regression results describing the relationship(s) between the positive, burden, guilt and social and economic consequences of caregiving and the dichotomous measure of employment status (employed and not employed) without the presence of control variables appear in Table 3. Without controlling for caregivers' characteristics and responsibilities, there are no significant relationships between employment status and the positive and social and economic consequences of caregiving. Being employed is, however, significantly associated with higher levels of both burden and guilt. Yet, these models explain only 1% of the variance of burden and 3% of the variance of guilt.

Table 4 displays the results of the regression analysis expanding the above models to include the control variables. When controlling for caregivers' characteristics and responsibilities, there is no significant relationship between being employed and the positive consequences of caregiving. However, being employed remains associated with higher levels of burden and guilt and becomes significantly associated with social and economic consequences of caregiving. The presence of control variables increases the amount of variance explained by each model with 14% of the variance of burden and social and economic consequences and 13% of the variance of guilt explained. These regressions indicate significant associations between caregiver responsibilities and the consequences of caregiving.

The results of the regression analysis with models comparing the six consequences of caregiving among women who are not employed, employed part-time and employed full-time without control variables appear in Table 5. Models regressing the positive consequences, burden,

social and economic and postponed opportunities consequences did not generate statistically significant results. However, employment status is significantly and linearly related to levels of guilt such that not being employed is associated with the lowest levels of guilt. Meanwhile, being employed part-time is related to having more guilt relative to not employed caregivers and being employed full-time is associated with the highest levels of guilt for all caregivers. Among employed women, full-time employment is correlated with greater job adjustment consequences relative to women employed part-time. The models account for very little variance, only 3% and 2% of the variance of guilt and job adjustment respectively.

Table 6 displays the results of the multiple regression analysis examining the consequences of caregiving using three employment groups with the presence of control variables. Interestingly, all of the regression models become statistically significant, yet employment status remains unrelated to the positive consequences and postponed opportunities associated with caregiving. The linear relationship between employment status and burden is not supported in this model. Instead, while not being employed is associated with the lowest levels of burden, being employed part-time is associated with the highest levels of burden. In terms of guilt, it appears that full-time employment is related to greater levels of guilt and job adjustment. Part-time employment is correlated with increasing social and economic consequences. Along with employment status, caregivers responsibilities are significantly related to levels of consequences. In controlling for caregiver characteristics and responsibilities, these models account for greater variance among the consequences indices.

Are employment-related factors associated with any of the positive or negative consequences of caregiving among women employed part-time or full-time?

The regression results with models regressing each consequence index on employment measures, caregiver characteristics and responsibilities for women employed part-time did not generate any statistically significant results and are not displayed.[4] However, results generated from the analysis of full-time women appear in Table 7. Findings suggest that for the most part, employment-related measures (hours of work per week and occupational status) are not significantly associated with the positive or negative consequences of caregiving among women employed full-time. The exception is guilt. Among women who are employed full-time, there is a positive relationship between occupational status and levels of guilt. Thus, as occupational type moves from processing and manufacturing towards management and professional occupations, guilt increases. Overall, however, in accounting for the relationship between employment and the costs of caregiving, analysis shows that employment-related factors are not more significant compared to the influence of caregiver's characteristics and responsibilities of women employed full-time.

Do the factors associated with the consequences of caregiving vary according to employment status?

The results of the regression models examining the consequences of caregiving with control variables among not employed women appear in Table 8. Addressing our final research question through a comparison of these results as well as those generated separately among women employed part-time and full-time supports the speculation that different factors contribute to different levels of consequences for each group. However, due to a lack of statistically significant findings among

part-time women and not employed women, such results are inconclusive. Comparisons can only be made between not employed women and those who are employed full-time and the factors associated with burden and social and economic (both found to be significant for each group). For caregivers who are not employed, both burden and social and economic consequences are positively related to the minutes per month spent giving personal care to someone aged 65 and over. Among this group, there is also an inverse relationship between the number of children under age 15 in the household and social and economic consequences. Women who are employed full-time tend to experience a negative relationship between their age group and burden and social and economic consequences. Additionally, for full-time workers, as the number of persons aged 65 and over and the minutes per month given to helping with activities increases, so too do levels of burden. Social and economic consequences also increase among women employed full-time as the number of persons aged 65 and over being helped as well as the number being helped with personal care increases. Importantly, examining each employment group separately significantly increases the variance explained in each of the models.

DISCUSSION

In this paper, we have focused on a sample of caregivers whose employment statuses vary, in order to explicitly investigate the relationship between employment status and the consequences of caregiving. The analysis not only distinguished between caregivers who worked in paid employment and those who did not, but also distinguished between full-time and part-time workers. The consequences of caregiving were grouped conceptually and analytically into six types: positive consequences, burden, guilt, social and economic, job adjustment, and postponed opportunities.

Our analysis was informed by the concepts of role conflict and role enhancement. The survey provided some measures of the former, both through variables which tap whether an individual occupies various roles, and through measures which tap conflict between the caregiver and employee roles (the job adjustment and postponed opportunities indices). While the survey did not include measures that would enable us to assess role enhancement directly, we might infer role enhancement if we found that employed caregivers had more positive outcomes on the measures of caregiving consequences, for example less burden or less guilt. In some sense we might also infer that role enhancement was playing a part if we found no differences in consequences; that is, we might assume that while employment creates additional strain for caregivers, it also offers additional resources and supports which compensate for the negative effects.

Contrary to earlier studies (ie. Brody et al, 1987; Scharlach, 1994; Stoller & Pugliesi, 1989), we found no evidence to support the claim that being employed exerts a positive or buffering effect against the negative consequences associated with caregiving. The lack of relationship between employment status and the positive consequences of caregiving fails to lend support to the notion of role enhancement. Rather, to the extent that being an employed caregiver is associated with greater negative consequences including burden, guilt and social and economic consequences, we might infer that combining the two roles of employee and caregiver creates conflict that leads to more negative outcomes than is the case for caregivers who do not combine these roles. In keeping with Jenkins' 1997 study which found that caregiving women who have the greatest demands on their time, through work and family suffered the greatest stresses, our findings show that the negative consequences of caregiving are more severe for employed women and support the role conflict hypothesis, as opposed to the role enhancement hypothesis.

The role conflict hypothesis is further supported when the analysis is broadened to include the distinction between full-time and part-time employment statuses. The significant relationships between employment category and levels of guilt that were found in the previous analysis persisted in models without the presence of control variables and were in the direction one would expect: lowest among women who were not employed, higher among women employed part-time, and highest among women employed full-time. However, with the presence of control variables, being employed full-time remained the only employment status significantly related to guilt. This outcome might be a reflection of the combination of time demands placed on women who work full-time and their perceived sense of receiving more help than they give or not being able to give enough to others. Additionally, similar to Neal et al. (1993) who found that employed caregivers who worked the most hours had more difficulties at work, our analysis demonstrates that caregiving women who are employed full-time are more likely than those employed part-time to report making job adjustments because of caregiving demands. This finding lends additional support to the role conflict hypothesis.

In models controlling for caregivers' characteristics and responsibilities, the correlations between employment status and levels of burden did not generate the expected linear relationship. While not being employed was related to the lowest levels of burden, somewhat surprisingly, being employed part-time was associated with the highest levels of burden among caregivers. Being a caregiver who is employed part-time is further associated with increased social and economic consequences of caregiving. While not conclusive, these results suggest that part-time employees are possibly more vulnerable to the physical, emotional, financial and social costs associated with caregiving relative to caregiving women who are employed full-time or who are not employed. Such

costs of caregiving among part-time workers might be attributable to the nature of their work schedules, jobs sectors and even their motivations for working part-time. Future research might usefully examine part-time employees to better understand their characteristics, situations and their reasons for working part-time rather than full-time or not at all.

The second question in our analysis focused on whether employment related-factors were associated with any of the consequences of caregiving among caregivers employed part-time and those employed full-time. The small sample size and statistically insignificant results among women employed part-time make it difficult to speculate about this group. However, neither the employment-related measures, nor the caregivers' characteristics and responsibilities are related to the consequences, either positive or negative, of caregiving. Among women employed full-time, employment-related factors were not as significant as caregivers' characteristics and responsibilities in their associations with the costs and benefits of caregiving with exception of the relationship between occupational status and guilt. Scharlach et al. (1991) found job type influenced the consequences of caregiving such that those with flexible jobs experienced less job disruption, which might also influence guilt. Therefore, one plausible explanation for the relationship between guilt and occupational type is related to employment demands. Assuming that women in higher occupational classes, for example, business management, have different types of pressures, performance demands and responsibilities when compared to women employed, for example, in processing, manufacturing or service sectors, this finding can be interpreted indirectly as upholding the role conflict hypothesis. Among caregiving women who work full-time, those with the greatest employment responsibilities likely have more demands, a greater potential for conflict between roles and therefore, tend to experience more guilt.

Our final research question, regarding the factors associated with the consequences of caregiving remains somewhat unanswered, but findings tend to suggest that there are differences between employment groups. Although we were only able to compare not employed caregivers with those who are employed full-time on two indices, burden and social and economic consequences, analysis indicates that the employed group is influenced by their age as well as the quantity of caregiving responsibilities represented by the number of people being helped. Meanwhile, among not employed caregivers the amount of caregiving responsibilities in terms of time spent helping with personal care intensifies both burden and social and economic consequences. While results remain inconclusive, they reinforce the importance of distinguishing between women who are not employed, and those with part-time and full-time employment and suggest the need for further investigation.

CONCLUSION

In this study, we find that employment status does make a difference and the need to distinguish between employment groups is reinforced. Results indicate that employment status is related to the negative consequences of caregiving, a finding which supports the notion of negative spill over and role conflict for those women who combine work and informal care. Concomitantly, that the positive consequences of caregiving are not related to employment status fails to provide empirical support for the idea of role enhancement. However, the results of this research can only be interpreted within the limitations of cross-sectional, quantitative data analysis.

Caregiving is a process, one which changes over time and is characterized by a dynamic relationship between individuals, families and larger society. At present, welfare states are

continuing to shift the responsibility of providing care into the hands of families, particularly women. This fact, combined with the aging of the population, women's changing labor force patterns and changing family structures, supports the need for a more comprehensive understanding of the relationship between the costs of caregiving and employment status. Further research--both quantitative and qualitative and cross-sectional and longitudinal-- is required in order the tap into the complexities of this relationship, particularly as it changes over time and occurs within the context of changing interpersonal and familial relationships as well as political, economic and social climates.

Table 1
Percentage Distributions of Caregivers' Characteristics by Employment Category

Characteristic	Not Employed 31 (*n*=131)	Part-time 16 (*n*=67)	Full-time 53 (*n*=228)	All Women 100 (n=426)
Age Group* **				
25 to 34 yrs.	12	15	19	16
35 to 44 yrs.	27	34	38	34
45 to 54 yrs.	24	34	33	31
55 to 64 yrs.	34	17	10	19
Marital Status				
Married/Common-Law	82	72	73	76
Div./Sep./Wid./Single	18	28	27	24
Number of Children <15				
None	67	64	72	69
One	13	15	16	15
Two or more	20	21	12	16
Household Income* **				
<20,000	28	18	5	14
20,000-39,000	38	27	26	29
40,000-59,999	23	37	25	26
60,000-99,999	8	11	32	22
100,000 and over	3	7	12	9
Education Level				
Elementary/Some Secondary	36	15	13	20
High School Diploma	16	13	12	14
Some Post Secondary	17	18	17	17
Completed Post Secondary	31	54	58	49
Occupational Type				
Processing, Trade & Industry	n/a	8	4	5
Sales & Service		36	22	25
Culture, Education, Social Science		18	17	17
Health, Natural Science		14	18	17
Business, Finance, Management		24	39	36
Health Status Score (/1.00)**	0.88263	0.8907	0.91918	0.90371

Source: Statistics Canada, General Social Survey (1996) *p <.05, **p <.01, ***p ≤.001

Table 2
Percentage Distributions of Caregivers' Responsibilities by Employment Category

Caregivers' Responsibilities	Not Employed 31 (*n*=131)	Part-time 16 (*n*=67)	Full-time 53 (*n*=228)	All Women 100 (n=426)
Number of Persons <65 Helped**				
None	58	37	45	48
One	28	27	32	30
Two or More	14	36	23	22
Number of Persons >64 Helped				
One	74	73	67	70
Two	21	24	28	25
Three or More	5	3	5	5
Total Number of People Helped**				
One	43	30	30	34
Two	33	27	32	31
Three	14	10	24	19
Four or more	10	33	14	16
Personal Care Given to One or More Persons >64	29	25	26	27
Mean Minutes Per Month Providing Personal Care to Persons >64*	420	326	947	687
Mean Minutes Per Month Spent on All Caring Activities for Persons >64	1741	1710	2035	1893

Source: Statistics Canada, General Social Survey (1996) *p <.05, **p <.01, ***p ≤.001

Table 3

Estimated Coefficients for Regression Models of Consequences Indices and Employment Status (Two Groups) Without Control Variables

	Positive	**Burden**	**Guilt**	**Social & Economic**
Employment Status				
Constant	1.688***	2.197***	0.971***	1.324***
Employed (1=yes)	0.041	0.394*	0.323***	0.283
R^2=	0.001	0.009	0.032	0.009
F=	0.411	3.820*	13.615***	3.658

Source: Statistics Canada, General Social Survey (1996) *p <.05, **p <.01, ***p ≤.001

Table 4
Estimated Coefficients for Regression Models of Consequences Indices and Employment Status (Two Groups) With Control Variables

	Positive	**Burden**	**Guilt**	**Social & Economic**
Constant	1.380***	2.633**	1.631***	0.708
Employment Status				
Employed (1=yes)	0.063	0.769**	0.206*	0.454
Caregiver Characteristics				
Age group	0.101**	-0.174	-0.187***	-0.178
Marital Status	0.226**	0.442	0.223	0.072
Number of Children <15	0.005	-0.025	-0.055	-0.065
Household Income	-0.034	-0.015	-0.005	-0.099
Education Level	0.010	-0.006	2.25 E-04	0.003
Health Status Score	-0.069	-1.913*	-0.597	0.491
Caregiver Responsibilities				
Number of persons help <65	-0.027	0.200*	-0.039	0.005
Number of persons help >64	0.020	0.561**	0.286***	0.312*
Number >64 help pers. care	-0.003	0.284	-0.234*	0.686***
Min/month to personal care	-4.06 E-05*	-1.33 E-04**	1.63 E-05	-7.81 E-05
Min/month given to all care	4.80 E-06	1.57 E-04**	1.52 E-05	1.06 E-04**
R^2=	0.080	0.142	0.126	0.139
F=	2.096*	4.075***	3.579***	4.034***

Source: Statistics Canada, General Social Survey (1996) *p <.05, **p <.01, ***p ≤.001

Table 5

Estimated Coefficients for Regression Models of Consequences Indices and Employment Status (Three Groups) Without Control Variables

	Positive	**Burden**	**Guilt**	**Social & Economic**	**Job † Adjustment**	**Postponed † Opportunities**
Employment Status						
Constant (Not Employed)	1.688***	2.196***	0.971***	1.324***		
Employed Part-time	0.064	0.528	0.268*	0.428*	0.751***	0.209**
Employed Full-time	0.034	0.357	0.339***	0.241	0.401*	2.067 E-02
R^2=	0.001	0.010	0.033	0.011	0.020	0.000
F=	0.270	2.109	6.989***	2.281	0.020**	0.061

Source: Statistics Canada, General Social Survey (1996) *p <.05, **p <.01, ***p ≤.001 †Employed only (full-time=1)

Table 6
Estimated Coefficients for Regression Models of Consequences Indices and Employment Status (Three Groups) With Control Variables

	Positive	Burden	Guilt	Social & Economic	Job † Adjustment	Postponed † Opportunities
Employment Status						
Constant	1.383***	2.652**	1.622***	0.739		
Employed Part-time	0.097	0.918**	0.140	0.680***	0.514	-0.594
Employed Full-time	0.048	0.707**	0.235*	0.359	0.706***	0.123
Caregiver Characteristics						
Age group	0.098*	-0.191	-0.180**	-0.204*	-0.146	-0.061
Marital Status	0.223**	0.425	0.229*	0.053	-0.198	-0.329***
Number of Children <15	0.001	-0.041	-0.012	-0.090	0.241*	0.075
Household Income	-0.031	5.17 E-04	5.94 E-04	-0.075	0.019	-0.035
Education Level	0.010	-0.066	-0.047	7.12 E-04	-0.036	0.010
Health Status Score	-0.061	-1.881*	-0.607	0.525	0.252	0.739*
Caregiver Responsibilities						
Number of persons help <65	-0.028	0.190*	-0.035	-0.007	0.072	0.044
Number of persons help >64	0.021	0.562***	0.285***	0.318*	0.242	0.217***
Number >64 help pers. care	-0.003	0.277	-0.233*	0.682***	0.016	0.235**
Min/month to personal care	-3.95 E-05	1.57 E-04**	1.44 E-05	-7.15 E-05	-1.48 E-04**	5.66 E-06
Min/month given to all care	4.38 E-06	-1.32 E-04*	1.57 E-05	1.04 E-04**	6.57 E-05	2.12 E-05
R^2=	0.080	0.144	0.127	0.144	0.146	0.187
F=	1.949*	3.788***	3.332***	3.870***	2.974***	3.976***

Source: Statistics Canada, General Social Survey (1996) *p <.05, **p <.01, ***p ≤.001 †Employed only (full-time=1)

Table 7
Estimated Coefficients for Regression Models of Consequences Indices With Control Variables Among Women Employed Full-time

	Positive	**Burden**	**Guilt**	**Social & Economic**	**Job † Adjustment**	**Postponed † Opportunities**
Constant	0.865	4.982**	1.280	1.685	2.009	-0.378
Employment Measures						
Work hours	-0.006	-0.014	0.002	0.006	0.020	-0.005
Occupational Type	0.016	0.004	0.076**	-0.080	-0.082	0.017
Caregiver Characteristics						
Age group	0.169**	-0.353*	-0.232**	-0.364**	-0.238*	-0.092
Marital Status	0.383***	-0.076	0.253	-0.447	-0.282	-0.355***
Number of Children <15	-0.020	0.133	-0.075	0.231	0.254	0.075
Household Income	-0.128**	0.047	-0.015	0.129	0.101	-0.063
Education Level	0.009	-0.051	0.011	-0.054	-0.036	0.029
Health Status Score	0.714	-2.444	-0.591	0.253	-0.673	0.641
Caregiver Responsibilities						
Number of persons help <65	-0.008	0.029	-0.063	-0.044	-0.011	0.044
Number of persons help >64	-0.014	0.807***	0.265**	0.602***	0.186	0.288***
Number >64 help w/ per. care	0.032	0.527	-0.164	0.506*	-0.022	0.322**
Min/month to personal care	-8.50 E-05**	-1.64 E-04	8.86 E-06	-8.87 E-05	-1.61 E-04**	-1.04 E-06
Min/month given to all care	4.45 E-05	1.70 E-04*	2.81 E-05	1.04 E-04	7.45 E-05	3.13 E-05
R^2=	0.168	0.164	0.170	0.206	0.173	0.268
F=	2.487**	2.430**	2.520**	3.262***	2.639**	4.576***

Source: Statistics Canada, General Social Survey (1996) *p <.05, **p <.01, ***p ≤.001 †Employed only (full-time=1)

Table 8
Estimated Coefficients for Regression Models of Consequences Indices With Control Variables Among Not Employed Women

	Positive	**Burden**	**Guilt**	**Social & Economic**
Constant	1.831***	2.741	1.733*	1.898
Caregiver Characteristics				
Age group	0.146	0.100	-0.136	-0.214
Marital Status	-0.102	0.946	0.208	0.313
Number of Children <15	0.089	-0.106	-0.040	-0.624**
Household Income	0.054	0.032	-0.158	-0.205
Education Level	-0.015	0.001	0.028	0.018
Health Status Score	-0.549	-2.558	-0.622	0.326
Caregiver Responsibilities				
Number of persons help <65	-0.066	0.107	-0.063	-0.139
Number of persons help >64	0.053	0.080	0.341*	-0.201
Number >64 help w/ per. care	-0.086	-0.605	-0.204	0.456
Min/month to personal care	1.32 E-04	4.87 E-04*	-9.28 E-05	2.77 E-04**
Min/month given to all care	-4.43 E-05	1.04 E-04	4.86 E-06	1.45 E-04
R^2=	0.145	0.243	0.118	0.405
F=	1.162	2.229**	0.998	4.892***

Source: Statistics Canada, General Social Survey (1996) *p <.05, **p <.01, ***p ≤.001

1. Throughout the paper, we refer to women who are not employed outside of the home as "not employed". We do this for purposes of brevity only, with no intention of diminishing the importance or significance of women's unpaid labor.

2. Residents of the Territories and institutionalized populations are not represented in the sample.

3. In this study, we alter Keating et al.'s terminology from "socioeconomic consequences index" to "social and economic consequences index" in order to more accurately reflect the nature of the index's composition.

4. The lack of statistically significant results are likely attributable to the small number of women in this group (n=67).

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Appendix 1: Results of Factor Analysis on Caregiving Consequences

Burden, Guilt and Positive Consequences of Caregiving

Indicator	Factor Loadings		
	Factor 1 (Burden)	Factor 2 (Guilt)	Factor 3 (Positive)
Feel burdened	.759		
No time to self	.694		
Stress from responsibilities	.693		
Take more than give	.677		
Feel Angry	.527		
Health affected	.525		
Others do more for you		.856	
Receive more help than give		.856	
Give back what others give			.847
Give back what life gives			.847
Cronbach's Alpha	0.73	0.64	0.60

Social and Economic, Job Adjustment and Postponed Opportunities Consequences of Caregiving

Indicator	Factor Loadings		
	Factor 1 (Social and Economic)	Factor 2 (Job Adjustment)	Factor 3 (Postponed Opportunities)
Changes to holiday plans	.788		
Changes to social plans	.740		
Extra expenses	.714		
Changes sleep patterns	.701		
Late for work		.802	
Miss work		.687	
Effects job performance		.634	
Changes to hours of work		.596	
Decline a job offer			.884
Decline a transfer or promotion			.857
Postpone education plans			.532
Cronbach's Alpha	0.72	0.63	0.63

Source: Statistics Canada, General Social Survey (1996)

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