

# *Elder Care Versus Adult Care*

## *Does Care Recipient Age Make a Difference?*

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This study compares employed persons caring for disabled adults age 18-64 with those caring for persons 65 or older, using a stratified random sample of 4,256 university employees age 30 or older. About 10% of employees were providing assistance to an adult age 18-64 and 17% to an adult age 65 or older. Employees assisting someone 18-64 provided higher levels of care than those assisting someone 65 or older; in addition, they experienced higher levels of caregiving strain and comparable levels of work interference and general role strain, after controlling for sociodemographic characteristics, caregiving demands and resources, and job demands and resources. Caregiving research and policy formation need to address the growing number of family members providing assistance to disabled adults under the age of 65 as well as those providing elder care.

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*Much has been written* in recent years regarding the pressures experienced by working persons who provide assistance for an elderly relative or friend (Brody 1985; Creedon 1987; Friedman 1986; Neal, Chapman, Ingersoll-Dayton, and Emlen 1993; Scharlach, Lowe, and Schneider 1991; Wagner, Creedon, Sasala, and Neal 1989). Research has documented the variety of strains that employed caregivers can experience, including psychological symptoms such as depression, anxiety, and emotional strain; physical symptoms such as headaches, weight changes, and physical fatigue; job impacts such as increased absenteeism, tardiness, work disruptions, excessive telephone use, and

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reduced productivity; and reduced time for other personal responsibilities and social activities (Brody 1985; Creedon 1987; *Fortune* 1989; Neal et al. 1993; Scharlach and Boyd 1989; Stone, Cafferata, and Sangl 1987).

Previous studies of employed caregivers have relied primarily on data from caregivers for elderly persons; moreover, the vast majority of workplace programs to assist caregivers have been targeted specifically to employees with elder care responsibilities. Comparatively little attention has been given to the needs of working persons who are assisting adults who are not yet elderly, even though the majority of adults with disabling conditions are under the age of 65. Data from the 1987 National Health Interview Survey, for example, indicate that approximately 20 million noninstitutionalized persons under the age of 65 had activity limitations due to chronic health conditions, compared with 11 million noninstitutionalized persons age 65 or older (National Center for Health Statistics 1989). Almost 6 million persons under the age of 65, compared with 3 million age 65 or older, reported being unable to complete a major activity (e.g., work, housekeeping, school) because of their health.

Studies of ill or disabled persons under the age of 65 have provided extensive evidence of the strains that can be experienced by their caregiving family members. Women caring for a severely disabled adult son or daughter have been found to experience higher levels of psychiatric disturbance and chronic illness, for example, than women of comparable age and marital status in the general population (Hirst 1985). Studies of adults with cancer indicate that their spouses experience increased emotional distress, sleep disturbance, eating disorders, and restricted social activities (American Cancer Society 1979; Lewis 1986; Northouse and Swain 1987; Wellisch, Jamison, and Pasnau 1978). Spouses of persons who have had heart attacks have been found to experience high levels of anxiety, depression, and physical illness (Dhooper 1983; Ell and Northen 1990). Spouses of adults who have had strokes or other neurological injuries commonly experience depression and other signs of emotional distress (Brown and McCormick 1988; Lezak 1978; Schulz, Tompkins, and Rau 1988). Moreover, family members of persons with AIDS may be particularly at risk for social isolation and emotional distress (Macklin 1988; Turner and Pearlin 1989).

Caring for a disabled adult can also affect one's work. Women who care for an adult son or daughter are much less likely to be in the workforce than are other women their age; moreover, when they do work, they earn approximately 25% less on average than other working women, and they are more likely to be in part-time jobs (Hirst 1985). Among respondents to the National Hospice Study, more than 25% of caregivers for someone with cancer quit their jobs in order to provide care; almost two thirds took unpaid time off from work (Muurinen 1986). Similar findings have been obtained in studies of caregivers of persons who have suffered heart attacks or who are mentally ill (Grad and Sainsbury 1963; Skelton and Dominian 1973). By comparison, the National Long Term Care Survey found that, of persons caring for spouses age 65 or older, about 13% had left their jobs to provide care (Stone et al. 1987).

It has been argued that caregivers for persons under the age of 65 may be particularly at risk for deleterious social and psychological effects of caregiving because of the nonnormative nature of their experiences (Neal et al. 1993; Sutkin 1984). To the extent that such caregiving responsibilities are apt to develop unexpectedly and are perceived as being "off-time" (Neugarten 1968), caregivers may be unprepared to handle them, may have few people in their social network who understand what they are experiencing or who can offer useful advice, and may experience conflict with other roles and responsibilities (Biegel, Sales, and Schulz 1991). Others have suggested that caring for an older person may be more problematic, because increased age can be associated with chronic and pervasive functional impairment, social and role losses, and limitations in the caregiver's physical and economic resources (Biegel et al. 1991; Goldstein, Regnery, and Wellin 1981; Wellisch, Fawzy, Landsverk, Pasnau, and Wolcott 1983).

Most studies that have examined care recipient age in the context of multivariate models of caregiving strain have found little or no effect (Cassileth et al. 1985; Drinka, Smith, and Drinka 1987; Evans, Bishop, and Ousley 1992; Giele, Mutschler, and Orodener 1987; Marks 1987; Miller and Montgomery 1990; Pett, Caserta, Hutton, and Lund 1988; Scharlach, Sobel, and Roberts 1991; Thompson and Doll 1982), although some studies of psychiatric patients and adults with developmental disabilities have found increased stress for family

members caring for older individuals (Benson 1992; Birenbaum 1971; Grad and Sainsbury 1968; Suelzle and Keenan 1981).

One of the few research efforts that has directly addressed the implications of care recipient age for employed caregivers was a survey of employees working for 33 companies in Oregon (Neal et al. 1993). This study found that employees caring for persons under the age of 65 experienced more difficulty combining work and family responsibilities than employees caring for persons age 65 or older, as well as higher rates of absenteeism, tardiness, and work interruptions. However, this study was limited by a number of factors, including: an overall response rate of only 34%; underrepresentation of ethnic minorities, lower income groups, and nonprofessional and non-supervisory staff positions; and reliance on single-item measures of complex constructs such as caregiver stress, work-family role strain, and work interference.

The study reported here examines the influence of care recipient age on caregiver well-being and work behavior by comparing employees caring primarily for a disabled adult under the age of 65 with those caring for a disabled adult age 65 or older. The age of 65 was used because many previous studies have only included caregivers for persons age 65 or older and because many workplace programs are specifically designed for employees with elder care responsibilities. This study was designed to compare the two groups of employees with regard to the following:

1. the demands and responsibilities of their caregiving situations
2. the resulting personal and work-related consequences they experience
3. the policies, programs, and benefits considered especially likely to be beneficial in combining work and caregiving roles.

## *Method*

### *SAMPLE*

Surveys were distributed to 5,664 persons employed at least 50% of the time by the University of California at Berkeley, including 100% of employees 40 years of age and older and 33% of employees age

30-39, selected through systematic random sampling. Following a reminder postcard, a second mailing to nonrespondents, and follow-up phone calls to one third of the nonrespondents, 4,254 usable surveys were received, for an overall response rate of 75%.

The survey respondents were found to differ significantly ( $p < .05$ ) from the overall population of university employees who are 30 and older in terms of gender and age; female employees and those age 40-49 were slightly overrepresented, whereas men and those age 50 and older were underrepresented. In addition, follow-up telephone calls to nonrespondents indicated that employees with adult care responsibilities were overrepresented among survey respondents by approximately 20%. In order to correct for stratified sampling and differential response rates, sample data were weighted as follows: men age 30-39, 2.439; women age 30-39, 2.220; men age 40-49, .849; women age 40-49, .704; men age 50-59, .892; women age 50-59, .715; men age 60 and older, .898; and, women age 60 and older, .698. All percentages reported here reflect these gender-age weightings.

Of the 4,254 respondents, 1,147 (representing 23% of employees age 30 or older) indicated that they "assist an adult family member or friend who has a health problem or a disability (e.g., offering emotional support, providing or arranging for housekeeping or personal care, monitoring the health of an elderly person who lives at a distance, assisting with financial matters)." Of the respondents, 501 (representing 10% of employees age 30 or older after correcting for sampling and response bias) were providing assistance to someone age 18-64 and 847 (representing 17%) were assisting someone age 65 or older; of these, 202 (representing 4% of employees age 30 or older) were assisting a person 18-64 as well as someone 65 or older. Linear regression equations of prevalence by employee age were developed for each caregiver group, in order to estimate prevalence rates for the entire employee population, including employees under the age of 30. Using these equations, it is estimated that approximately 10% of all university employees were caregivers for someone 18-64 and approximately 16% were caregivers for someone 65 or older.

For the purposes of this article, caregiving respondents were asked to indicate the age of the person for whom they currently were providing the most assistance. Of the 1,147 respondents who were currently providing assistance to an ill or disabled adult, 1,076 (94%)

provided information regarding the age of their primary care recipient: 329 (representing 7% of employees age 30 or older) were providing assistance primarily for a person age 18-64, whereas 747 (representing 16%) were providing assistance primarily for someone 65 or older.

### MEASURES

The survey instrument included questions designed to assess employee sociodemographic characteristics, characteristics of the care recipient for whom they currently provided the most assistance, caregiving activities, job characteristics, caregiving strain, work interference, role strain, and policies and programs considered potentially helpful in alleviating perceived negative impacts of caregiving.

Employee characteristics that were assessed included age, gender, race/ethnicity, household income, and self-reported health status. Self-reported health was assessed using the standard single item measure (from 1 = *poor* to 4 = *excellent*) (Maddox and Douglass 1973). Care recipient characteristics included age (grouped into two categories: 18-64 years of age, 65 and older), residence (two categories: lives with employee, lives elsewhere), functional impairment, cognitive impairment, and disruptive behaviors. Functional impairment was assessed using an eight-item measure, based on the short versions of the physical and instrumental activities of daily living (ADL) indexes of the Philadelphia Geriatric Center Multi-level Assessment Instrument (Lawton, Moss, Fulcomer, and Kleban 1982). The three personal care items (ADLs) were weighted by a factor of three and the mean was then calculated for the eight items (Cronbach's alpha reliability coefficient = .79).

Care recipient cognitive impairment was assessed by three items which asked if the care recipient had difficulty making common sense decisions, solving simple problems, or remembering things recently heard (based on a scale developed by Horowitz and Dobrof (1982)). The means was calculated for the three items (Cronbach's alpha reliability coefficient = .77). Disruptive behaviors were assessed by five items asking if during the past month the care recipient had become agitated, depressed, or uncooperative, or had behaved in ways that were embarrassing or unsafe. These items were based on a measure developed by Poulshock and Deimling (1984). The mean

was obtained for the five items (Cronbach's alpha reliability coefficient = .68).

Caregiving activities included the total number of hours of assistance provided per week for all adult care responsibilities. The level of help received with caregiving responsibilities was assessed through a single item, rating how much assistance overall the caregiver received with adult care responsibilities (1 = *none at all* to 4 = *a great deal*).

Job characteristics included job classification, level of work demand, and job flexibility. The work demand measure was based on a four-item scale (Karasek 1981) and incorporated questions about whether a job required working hard, involved an excessive amount of work, or was hectic and if there was sufficient time to get work done. The items were scored on a 4-point Likert scale (1 = *strongly agree* to 4 = *strongly disagree*), and the mean was computed across the four items (Cronbach's alpha reliability coefficient = .71). Job flexibility, based on Scharlach, Sobel, et al. (1991), incorporated six items assessing characteristics of the workplace (e.g., I can be reached by phone; I can adjust my work schedule; and I can work at home). The mean was calculated for the six items (Cronbach's alpha reliability coefficient = .74).

Caregiving strain was based on four questions assessing the levels of physical strain, financial strain, emotional strain, and overall strain caregivers experienced due to their adult care responsibilities (from 1 = *none at all* to 4 = *a great deal*). The mean was obtained for the four items (Cronbach's alpha reliability coefficient = .78).

A composite measure of work interference was constructed from two measures assessing work accommodations and absenteeism attributed to caregiving (based on Scharlach, Sobel, et al. 1991 and Gibeau, Anastas, and Larson 1987). Work accommodations were assessed by tabulating the total number of 12 possible types of work impacts (e.g., missing part of a workday, using the phone at work, missing a promotion or work-related trip) respondents had experienced during the last 2 months because of their adult care responsibilities. Missed workdays were assessed by asking respondents to indicate the total number of days missed from work in the last 2 months due to their caregiving responsibilities (ordinal categories, from 1 = *none* to 5 = *10 or more days*). Standardized scores were computed

for the measures of work accommodation and missed work, and the mean was calculated as the index (Cronbach's alpha reliability coefficient = .70).

Role strain was derived from a five-item role strain scale, based on Bohlen and Viveros-Long (1981). Taking into account all of their work and family responsibilities, respondents were asked the extent to which they had more to do than they could comfortably handle, had enough time for themselves, were exhausted when going to bed at night, had a good balance between their work, family, and personal responsibilities, and were meeting those responsibilities (1 = *strongly disagree* to 4 = *strongly agree*). The mean was obtained for the five items (Cronbach's alpha reliability coefficient = .83).

Policies, programs and benefits included a list of 18 options that previously have been identified as being of potential assistance to employed persons who have dependent care responsibilities (e.g., workshops on adult care, legal consultation services, long-term care insurance, and family leave) (Scharlach, Lowe, et al. 1991). Respondents were asked to indicate which of the 18 options they would be likely to use if available.

## *Results*

### *CAREGIVER CHARACTERISTICS*

As shown in Table 1, respondents caring primarily for a person age 18-64 differed significantly from those caring primarily for someone 65 or older in terms of age ( $p < .01$ ), race ( $p < .01$ ) and income ( $p < .001$ ), but not gender, marital status, job category, or health. Respondents under the age of 40 had an increased likelihood of caring for someone 18-64, whereas those age 40-59 were more likely to be caring for someone 65 or older. Hispanic respondents included a larger proportion of employees assisting someone 18-64, whereas Whites included a higher proportion of those assisting someone over 65. Respondents in the lower income groups had an increased likelihood of caring for someone 18-64, whereas those in higher income groups were more likely to be providing care for someone 65 or older.



TABLE 1  
 Characteristics of the Caregivers and Primary Care Recipients,  
 by Age of Primary Care Recipient (in percentages)

	<i>Primary Care Recipient</i>	
	<i>Age 18-64</i>	<i>Age 65+</i>
<b>Caregiver characteristics</b>		
<b>Age*</b>		
30-39	36	24
40-49	36	41
50-59	22	30
60+	6	6
<b>Gender</b>		
Male	39	41
Female	61	59
<b>Race/ethnicity*</b>		
White	60	67
Black/African American	14	13
Asian/Pacific Islander	12	12
Hispanic	12	5
Other	3	3
<b>Marital status</b>		
Married or living with partner	67	67
Other	33	33
<b>Job category</b>		
Administrative	4	6
Academic	19	23
Staff	77	71
<b>Household income*</b>		
Under \$40,000	41	30
\$40,000-\$59,999	28	25
\$60,000-\$79,999	11	18
\$80,000 or over	20	28
<b>Health</b>		
Excellent	37	35
Good	46	47
Fair	14	16
Poor	3	2
<b>Care recipient characteristics</b>		
<b>Relationship to respondent*</b>		
Spouse	18	2
Parent	15	67
Parent-in-law	3	12
Son or daughter	15	0
Other relative	20	12
Domestic partner	9	0
Friend or neighbor	20	7

*(continued)*

TABLE 1 Continued

	<i>Primary Care Recipient</i>	
	<i>Age 18-64</i>	<i>Age 65+</i>
Care recipient characteristics		
Residence*		
With respondent	40	11
Other	60	89
Functional impairments (weighted)*		
0-1	33	27
2-3	37	30
4-5	13	15
6 or more	17	28
Cognitive impairments*		
None	62	53
1 or more	38	47
Disruptive behaviors		
None	29	31
1-2	50	50
3 or more	21	20

\**p* < .01.

*CARE RECIPIENT CHARACTERISTICS*

Among respondents assisting someone 18-64, approximately equal numbers (15%-20%) were helping a spouse, a parent, an adult son or daughter, another relative, or a friend or neighbor. Among respondents assisting someone over 65, however, the vast majority were helping a parent (67%) or parent-in-law (12%). Care recipients age 18-64 were significantly more likely (*p* < .001) to live with the caregiver than were those 65 or older.

Care recipients 65 or older had significantly (*p* < .001) higher levels of functional and cognitive limitations than did the younger care recipients, although the two groups did not differ in the number of disruptive behavior problems. The most common health problems among care recipients age 65 or older were heart conditions (35%), stroke (20%) and cancer (17%); care recipients age 18-64 had a greater variety of conditions, including cancer (16%), heart conditions (14%), AIDS (9%), psychiatric conditions (7%), and multiple sclerosis (5%).

### *CAREGIVING ACTIVITIES*

As shown in Table 2, employees assisting care recipients 18-64 provided significantly more hours of assistance per week ( $p < .001$ ) as well as significantly more financial assistance per month ( $p < .01$ ). Respondents assisting persons age 18-64 were significantly more likely to be providing assistance with housekeeping (e.g., cooking, cleaning, laundry) ( $p < .001$ ), personal care (e.g., feeding, bathing, toileting) ( $p < .001$ ), and administering medications ( $p < .05$ ), whereas those assisting persons over age 65 were significantly more likely to be coordinating or monitoring outside services ( $p < .001$ ) and managing finances ( $p < .01$ ). Employees assisting persons 18-64 were significantly more likely ( $p < .001$ ) to consider themselves the primary care provider. The two groups of caregivers did not differ on the amount of assistance and support they received from other people with regard to their adult care responsibilities.

### *CAREGIVING STRAIN, WORK INTERFERENCE, AND ROLE STRAIN*

As shown in Table 3, employees providing assistance to persons age 18-64 reported significantly higher levels of overall caregiving strain ( $p < .001$ ) than did those assisting persons 65 or older. For example, among care providers of persons age 18-64, 17% reported experiencing a great deal of emotional strain as compared to 13% of those caring for persons age 65 or older; 14% reported a great deal of financial strain compared to 5%, and 13% a great deal of physical strain compared to 6%.

The two groups of caregivers did not differ significantly on the mean level of work interference (representing work accommodations and absenteeism due to adult care responsibilities). For example, 39% of employees caring for someone 18-64 and 36% of those caring for someone over 65 had been absent from work due to adult care responsibilities in the past 2 months. The two groups of caregivers also did not differ significantly on mean levels of general role strain.

### *REGRESSION MODEL*

Linear regression models for caregiving strain, work interference, and general role strain were estimated in order to assess the impact of

TABLE 2  
 Assistance Provided and Received,  
 by Age of Primary Care Recipient (in percentages)

	<i>Primary Care Recipient</i>	
	<i>Age 18-64</i>	<i>Age 65+</i>
Hours of assistance per week*		
2 or less	27	39
3-4	24	24
5-9	21	19
10 or more	27	17
Financial assistance per month*		
None	16	22
Less than \$100	35	38
\$100-\$249	16	19
\$250 or more	33	22
Tasks performed		
Emotional support	85	82
Transportation	58	57
Housekeeping*	50	34
Financial management*	35	43
Coordinating outside help*	32	47
Monitoring services*	31	47
Home maintenance	31	36
Information about programs	30	33
Giving medications*	21	15
Personal care*	19	12
Primary caregiver*	46	38
Assistance received by caregiver		
None	36	33
A little	43	42
Quite a bit	19	20
A great deal	2	4

\* $p < .05$

care recipient age group when other factors were controlled. Variables allowed to enter into the three models as predictors included a number of caregiver and care recipient characteristics, caregiving activities, and job characteristics, as shown in Table 4. Correlations among these variables are displayed in the Appendix. In the correlation matrix and in the regression equations, the following factors were treated as continuous variables: caregiver age, income, and health; care recipient functional impairment, cognitive impairment and disruptive behav-

TABLE 3  
 Caregiving Strain, Work Interference, and Role Strain,  
 by Age of Primary Care Recipient

	<i>Primary Care Recipient<sup>a</sup></i>	
	<i>Age 18-64</i>	<i>Age 65+</i>
Caregiving strain*	2.35 (.75)	2.07 (.64)
Work interference	.07 (.95)	-.02 (.85)
Role strain	2.61 (.59)	2.66 (.59)

a. Mean (standard deviation)

\* $p < .001$

iors; hours of assistance provided per week; help received by the caregiver; work demands and job flexibility. Dummy variables were created for the following factors: gender (0 = female, 1 = male), race (0 = White, 1 = non-White), residence (0 = care recipient and employee live together, 1 = care recipient lives elsewhere), job classification (0 = staff, 1 = academic or administrative), and care recipient age group (0 = age 18-64, 1 = age 65+).

As shown in Table 4, the primary factors that entered significantly into at least two of the three models included: caregiver age, gender, self-rated health, care recipient disruptive behaviors, hours of assistance provided, work demands, and job flexibility. After controlling for these various factors, the age of care recipient variable (18-64 vs. over 65) was significant only in the model of caregiving strain, contributing a 1% increase in the explained variance. The final models explained 31% of the variance for caregiving strain, 21% for work interference, and 32% for general role strain.

#### *POLICIES, PROGRAMS, AND BENEFITS*

Respondents identified a number of policies, programs, and benefits that they considered potentially helpful with their adult care responsibilities, and which they stated they would use if available. As shown in Table 5, employees caring for persons 18-64 were more likely than those caring for persons 65 or older to endorse unpaid family leave specifically to care for a domestic partner ( $p < .01$ ) and the ability to donate unused sick days or vacation time from one

TABLE 4  
 Hierarchical Multiple Regression of Caregiving Strain,  
 Work Interference, and General Role Strain on Care Recipient  
 Age Group and Other Factors (standardized betas)

	<i>Caregiving Strain</i>	<i>Work Interference</i>	<i>Role Strain</i>
<b>Caregiver characteristics</b>			
Age	.00	-.08*	-.08*
Gender	-.09*	.03	-.07*
Race	-.03	-.04	-.08*
Income	-.06	.03	.00
Health	-.13*	-.08*	-.15*
<b>Care recipient characteristics</b>			
Functional impairment	.05	-.06	.00
Cognitive impairment	-.01	-.04	.01
Disruptive behaviors	.32*	.21*	.11*
Residence	.00	.00	.05
<b>Caregiving activities</b>			
Assistance given (hours)	.25*	.30*	.09*
Help received	.02	.04	-.08*
<b>Job characteristics</b>			
Job classification	.02	-.06	.12*
Work demands	.09*	.14*	.41*
Job flexibility	-.05	.06*	-.13*
Adjusted $R^2$	.30	.21	.32
<b>Care recipient age group</b>			
Final Adjusted $R^2$	-.14*	-.02	.03
	.31	.21	.32

\* $p < .05$ .

employee to another ( $p < .01$ ), as well as the extension of health benefits to domestic partners ( $p < .001$ ) and support groups ( $p < .05$ ). Employees caring for persons over 65 were more likely to endorse unpaid family leave ( $p < .01$ ), as well as programs such as help in locating community services ( $p < .05$ ), seminars ( $p < .05$ ), and adult day care ( $p < .001$ ). The two employee groups did not differ significantly with regard to their likelihood of endorsing other policies and programs, including flexible work schedules, telecommuting, job sharing, long-term care insurance, legal consultation, counseling regarding caregiving issues, and reimbursement for caregiving expenses.

TABLE 5  
Policies, Programs, and Benefits Considered Helpful,  
by Age of Primary Care Recipient (in percentages)

	<i>Primary Care Recipient</i>	
	<i>Age 18-64</i>	<i>Age 65+</i>
<b>Policies</b>		
Flexible work schedules	59	59
Unpaid family leave*	47	55
Ability to work at home	46	42
Use sick leave for family care	43	45
Unpaid leave for domestic partner*	43	33
Donated sick leave or vacation time*	40	31
Job sharing	22	17
<b>Programs and benefits</b>		
Long-term care insurance	47	48
Help locating services*	43	52
Legal consultation	37	41
Seminars*	35	43
Counseling	33	37
Dependent care-assistance plan	29	32
Reimbursement for caregiving expenses	28	32
Health coverage for domestic partners*	28	16
Support group*	26	20
Adult day care center*	10	18

\* $p < .05$ .

### *Discussion*

Employees caring for adults under the age of 65 provided more intensive types of assistance, for more hours, and with greater financial cost than employees caring for adults age 65 or older, even though their care recipients tended to be less severely functionally and cognitively impaired than were the older care recipients. Employees caring for younger persons also experienced greater levels of caregiving strain and comparable levels of work interference and general role strain as those caring for older persons, even after controlling for level of assistance, care recipient impairment, and a variety of other personal, situational, and workplace factors.

That caregivers for younger care recipients experienced greater caregiving strain may be attributable in part to the nonnormative nature of their caregiving responsibilities. Disabilities occurring ear-

lier in life are more likely than later disabilities to disrupt developmental tasks of both the individual and the family (Rolland 1988; Sutkin 1984). Moreover, to the extent that caregiving and related life events are unexpected, there may be less of an opportunity to prepare for new roles and responsibilities (Rolland 1988). There also may be fewer sources of social and emotional support from people who understand what the caregiver is experiencing, as well as less of a sociocultural context of shared meaning within which to interpret the experience of caring for a disabled family member.

Caregivers for younger care recipients also tended to be somewhat younger themselves ( $r = .08, p < .01$ ). Younger caregivers of persons who have cancer or who have had heart attacks or strokes typically experience greater emotional distress than older caregivers (Biegel et al. 1991; Northouse and Swain 1987; Schulz et al. 1988; Wellisch et al. 1983). Moreover, data from the National Long Term Care Survey (Stone et al. 1987) found that female caregivers age 45-64 were more likely than female caregivers over age 65 to rate their health poorly compared with other women their age. Neal et al. (1993) found that younger caregivers experienced more work interruptions and greater difficulty combining work and family responsibilities than did older caregivers.

Employees assisting persons younger than 65 were more likely to be caring for spouses, which has usually been found to be more stressful than caring for parents or adult children (Cantor 1983; George and Gwyther 1986; Hoenig and Hamilton 1969; Hoyert and Seltzer 1992; Morycz 1985; Quayhagen and Quayhagen 1988). However, controlling for coresidence, which has been found to be the primary factor differentiating the caregiving patterns of spouses and nonspouses (George and Gwyther 1986; Hoyert and Seltzer 1992; Tennstedt, Crawford, and McKinlay 1993), employees caring for persons under the age of 65 still were found to experience greater overall caregiving strain than those caring for older care recipients.

A number of other factors were found to contribute significantly to caregiving outcomes in this study, including: amount of assistance being provided, level of care recipient disruptive behaviors, caregiver age and gender, self-rated health, job demands, and job flexibility. Type and amount of help provided have consistently been found to be major predictors of the stress experienced by caregiving family members (Horowitz 1985; Montgomery, Gonyea, and Hooyman 1985;



Mor, Guadagnoli, and Will 1987; Pruchno and Resch 1989). Moreover, caring for someone of any age who is disruptive or demanding, or who behaves in ways that are otherwise inappropriate, can be particularly difficult (Benson 1992; Deimling and Bass 1986; Drinka et al. 1987; Enright and Friss 1987; Friss and Whitlatch 1991; Grad and Sainsbury 1963; Scharlach, Sobel, et al. 1991).

Like most other caregiving studies, this study found that women tended to experience somewhat greater caregiving strain and role strain, even when controlling for the amount of care and the level of care recipient impairment (Cantor 1983; Friss and Whitlatch 1991; Horowitz 1985; Young and Kahana 1989; Zarit, Todd, and Zarit 1986). Also, caregivers who themselves are in poor health often are found to experience increased strain from the physical and emotional demands of their care responsibilities (Pruchno and Resch 1989; Schulz et al. 1988; Vitaliano, Russo, Young, Teri, and Maiuro 1991; Friss and Whitlatch 1991). Similar to previous research comparing Black and White caregivers (Hinrichsen, Hernandez, and Pollack 1992; Mui 1992), this study found that Whites reported higher levels of role strain than did the other racial and ethnic groups. Such findings suggest that Whites and racial or ethnic minorities may have differing expectations regarding work and family roles or may use differing methods of coping in informal caregiving situations (Gibson 1982).

Working conditions such as the level of workplace demands and the amount of control over the manner in which work is performed have been identified as potent predictors of the levels of employee stress and well-being (Karasek 1981; Karasek, Triantis, and Chaudry 1982). Employees who can receive personal phone calls, adjust work routines, or take work home have been found to report less caregiving role strain than employees with more rigid work routines (Scharlach, Sobel, et al. 1991). That employees with greater job flexibility reported slightly greater work interference probably reflects their increased ability to take time off or otherwise modify their work activities in response to the demands of their adult care responsibilities.

#### *RESEARCH IMPLICATIONS*

Caregiving research to date primarily has addressed caregivers for elderly persons, with comparatively less attention to persons caring

for younger adults. To some extent, this reflects the fact that the likelihood of chronic illness and disability increases with age. Yet the absolute number of noninstitutionalized persons with activity limitations due to health conditions is approximately twice as high for persons under the age of 65 as for persons age 65 or older. Moreover, as these findings indicate, caregivers for persons under the age of 65 are apt to experience at least as much strain as caregivers for elderly persons.

Given the relatively similar experiences of caregivers for younger and older care recipients, there have been notably few attempts to examine caregiving across the life cycle (e.g., Ansello and Eustis 1992; Biegel et al. 1991; Friss and Whitlatch 1991; Grad and Sainsbury 1963; Neal et al. 1993; Sutkin 1984).

Research on care given to adults under the age of 65 has been primarily disease-specific, typically examining family variables as factors in the rehabilitation and care of persons with specific disabilities (Ansello and Eustis 1992; Biegel et al. 1991; Sutkin 1984). Elder care research, in contrast, typically has focused on the caregiving experience itself, often giving comparatively little consideration to the presence of particular health conditions and types of disability.

The findings presented here provide little justification for the customary practice of using care recipient age as a primary criterion for sample selection in studies of employed caregivers. For most research purposes, the type and extent of care recipient disability may be more appropriate selection criteria (Stone 1991), although in some cases neither age nor disability may be as critical as other aspects of the caregiver's situation (e.g., caregiver's health or competing responsibilities). The extent to which age contributes uniquely to the caregiving experience, when level of disability and other factors are accounted for, remains an empirical question that can only be answered by using samples that transcend traditional age criteria. It is likely that the contribution of age may depend in part on the specific outcomes being measured, whether work interruptions, likelihood of quitting, role strain, physical or mental health problems, or quality of care. For example, the findings reported here suggest that younger caregivers may in some cases experience greater stress, whereas other studies have found that older caregivers may be more likely to quit work or experience clinically significant physical or mental health problems

because of their caregiving responsibilities (Muurinen 1986; Neal et al. 1993; Sutkin 1984; Wellisch et al. 1983). It is also possible that there may be a curvilinear relationship between age and caregiving strain, with the greatest difficulty experienced by caregivers caring for young adults or the oldest old (Neal et al. 1993).

#### *POLICY AND PROGRAM IMPLICATIONS*

Consistent with previous studies of employed caregivers, the policies and programs most frequently endorsed by respondents reflected broad workplace policies that transcend particular employee care responsibilities or family situations. Flexible work schedules, family leave, the ability to work at home, and the ability to use sick leave for family care all were endorsed by more than 40% of both groups of respondents. These findings reflect the importance of a "family-friendly" organizational climate, within which employees can have the necessary options to meet their family and work responsibilities in the way that is best for their employer, their families and themselves (Galinsky, Friedman, and Hernandez 1991; Scharlach forthcoming).

Employees caring for adults under the age of 65 were less likely than those caring for elderly persons to endorse traditional family leave policies and more likely to indicate the need for family leave policies and health benefits that included domestic partners and friends. These findings reflect the fact that these employees are substantially more likely to be caring for partners, friends, and extended family for whom current workplace policies and benefits are not applicable. In fact, more than 50% of respondents caring for someone under the age of 65 had caregiving situations that did not qualify for coverage under the provisions of the federal Family and Medical Leave Act, which went into effect in August, 1993; by comparison, approximately 30% of respondents caring for elderly persons did not qualify.

Among specific programs and benefits, long-term care insurance and help in locating community services were the most frequently endorsed by both groups of caregivers. Employees caring for adults under the age of 65 were more likely than those caring for elderly persons to indicate the need for support groups, probably reflecting the nonnormative nature of their care situations and the difficulty

finding persons in their existing social networks with whom they could discuss their caregiving experiences or obtain needed information and advice.

Programs more likely to be endorsed by employees caring for elderly persons than by those caring for younger persons included adult day care, seminars, and help in locating services. These programs usually are designed primarily for elderly persons and their families, so that employees caring for younger persons may not feel that their particular needs will be met nor their concerns addressed. Moreover, the Berkeley community offers one of the most comprehensive networks of services for adults with disabilities in the United States, so that persons caring for disabled adults under the age of 65 are likely to have little difficulty finding community resources.

#### *LIMITATIONS*

By using a cross-sectional design at a workplace setting, information was gathered on a large number of employed caregivers in a variety of caregiving situations with diverse employment and caregiving demands. In contrast to most previous employee dependent-care surveys, the sample represented a diverse workforce in terms of gender, race/ethnicity, and job classification. Findings may well be generalizable to employees in other settings or to nonemployed caregivers; however, generalizability remains an empirical question that requires further research.

The study is vulnerable to the customary limitations associated with survey research. Despite a response rate of 75%, the highest rate achieved by any published employee dependent-care survey, some response bias was reflected in the overrepresentation of employees who were female, older, or had caregiving responsibilities. Response bias was corrected to the extent possible by weighting the sample responses in accordance with gender and age population estimates and by making follow-up telephone calls to a random sample of nonrespondents.

The resulting data are cross-sectional and subjective in nature, and may not necessarily reflect variations associated with actual changes in age or caregiving responsibilities. Differences between older and younger caregivers, for example, may in part reflect cohort differences

in reporting negative affects or in other aspects of the caregiving experience. Moreover, this study addressed the presence of caregiving strains and work interference only, although there is increasing evidence that work and family responsibilities can complement one another in salutary ways (Boise 1989; Giele et al. 1987; Horowitz 1985; Neal et al. 1993; Scharlach forthcoming).

It should also be noted that the employee population sampled here may be considerably more advantaged than is the general U.S. labor force. As university employees, respondents have access to an extensive array of workplace programs and benefits, including the potential ability to alter work schedules, take unpaid family leave time, and use a portion of their sick leave for family illness. Moreover, the Berkeley community offers a comprehensive network of services and resources for persons with disabilities, which may contribute to somewhat inflated prevalence rates of adult dependent-care responsibilities and attenuated levels of work interference and caregiving strain among respondents in this study.

### *Conclusion*

Responding to concerns about work interference associated with caring for an elderly relative, a growing number of employers have developed policies and programs designed to assist employees who have elder care responsibilities. Yet few of these programs also consider the needs of employees caring for persons under the age of 65.

This study demonstrates that employees caring for persons under the age of 65 experience levels of caregiving strain, work interference, and general role strain that are at least as great as those experienced by employees caring for elderly persons. These findings provide little justification for the current practice of specifically targeting caregivers of older adults in research efforts and in workplace programs and policies. Given present knowledge, care recipient age should be treated as any other factor to be evaluated in terms of its potential contribution to various relevant outcomes. Gerontologists, program planners, and policymakers may well find adult care a considerably more useful (and less ageist) term than elder care.

## APPENDIX

## Pearson Correlation Coefficients\*, Means, Standard Deviations, and Ranges for All Caregiver and Care Recipient (CR) Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Caregiving strain	—																	
2. Work interference	.45	—																
3. Role strain	.32	.26	—															
4. Age	-.06	-.09	-.12	—														
5. Gender	-.15	-.02	-.10	.12	—													
6. Race	.00	-.02	-.09	-.16	-.03	—												
7. Income	-.13	-.02	.04	.21	.18	-.23	—											
8. Health	-.20	-.12	-.16	.12	.05	-.11	.16	—										
9. CR functional impairment	.19	.17	.07	.04	.01	-.09	.03	-.04	—									
10. CR cognitive impairment	.20	.11	.10	.01	-.07	-.08	-.02	-.04	.45	—								
11. CR disruptive behaviors	.40	.27	.20	-.06	-.07	-.08	-.00	-.03	.36	.46	—							
12. CR residence	-.17	-.12	.04	-.06	-.01	-.04	.03	.08	.09	.02	.00	—						
13. Assistance given	.35	.34	.06	.02	-.04	.08	-.12	-.13	.16	.11	.14	-.42	—					
14. Help received	.01	.05	-.06	.01	-.02	-.04	.06	.02	.12	.08	.04	.06	-.00	—				
15. Job classification	-.11	-.08	.10	.23	.26	-.21	.52	.16	.05	.00	-.02	.04	-.09	.02	—			
16. Work demands	.11	.13	.49	-.11	-.10	-.08	.09	.01	-.01	.02	.12	.07	-.04	-.04	.11	—		
17. Job flexibility	-.16	-.02	-.20	.08	.07	-.08	.19	.17	-.01	-.03	-.05	.01	-.10	.08	.17	-.17	—	
18. CR age group	-.19	-.04	.04	.07	-.02	-.07	.11	.01	.11	.10	-.01	.33	-.13	.05	.07	.00	.03	—
Mean	2.15	.00	2.65	48.34	.37	.34	60,535	3.17	3.77	.84	1.48	.80	6.97	1.92	.29	2.76	2.83	.72
Standard deviation	.68	.88	.59	7.89	.48	.48	29,133	.75	3.37	1.11	1.40	.40	8.31	.83	.45	.60	.57	.45
Minimum	1	-1.1	1	31	0	0	10,000	1	0	0	0	0	0	1	0	1	1	0
Maximum	4	4.5	4	88	1	1	110,000	4	12	3	5	1	35	4	1	4	4	1

NOTE: \* $p < .05$  for  $r > .06$ ;  $p < .01$  for  $r > .08$

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