

## **The Changing Face of Care: The Elderly**

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November 1, 2000

There has been a significant increase in the elder population of the United States. There are currently 32 million people aged 65 and over in the United States (Sharlach, 1995). The baby boom generation starts turning 65 in 2010, with the proportion of the population aged 65 and older projected to be 13 percent at that time, and rising to 20 percent in 2030. The greatest population increase will occur within the oldest group within this population, those 85 and older. This group is estimated to double in size by 2025 (Moen and Dentinger, 2000). Elder care will continue to be an issue throughout the 21<sup>st</sup> century, raising the questions of how and by whom effective care will be provided for this rapidly growing segment of the population.

Unlike the other background papers for the Faculties and Family Project (e.g., delayed child bearing and adoption), this paper does not concern a topic that may be of greater relevance to faculty than to others in the general population. Instead, we address elder care because it is an issue that is affecting increasing numbers of employees in the U.S. in general, and so will likely affect many faculty as well.

### Understanding Elder Care

Elder care is “assistance to persons age 65 or older with functional impairments provided through informal and/or formal arrangements by family, friends, and service providers.” (Moen & Dentinger, 2000) Elder care covers a wide range of caregiving tasks, and the intensity of emotional and physical care tasks is diverse as well. Highly intensive physical care includes assisted daily living tasks (e.g., bathing, dressing, toileting). Other types of less intensive care include assistance with transportation, finances, and housekeeping.

The amount of care and who provides it are highly variable. However, elder care typically refers to unpaid, informal care performed by family members. According to Moen, Robison & Fields, (1994) the number of people working and caring for the elderly continues to increase and will double in the future. Not only is this a result of a growing elder population, it is also a direct effect of the growing commitment of women to the workforce (Moen et al. 1994). According to a 1989 study by the American Association of Retired Persons (NAC/AARP), approximately 55 percent of caregivers were also employed. This number increased to 64 percent in 1997 (NAC/AARP, 1997). Looked at somewhat differently, data from the 1997 National Study of the Changing Workforce showed about 25 percent of all wage and salary workers providing informal care to elders (Bond, Galinsky, & Swanberg 1998). Of the elders cared for by employed informal caregivers, 92 percent are family (Moen & Dentinger, 2000). With the rising population of elders and families commitments to providing elder care the multiple roles that employees have to balance will continue to increase.

## Gendered Aspects of Elder Care

Over half of all women will take care of someone who is ill or disabled during their life (Robison, Moen, Dempster-McClain 1995). According to the National Academy on Aging (1999), 72.5 percent of all informal caregivers are women. Gorey, Rice & Brice (1992) found that 62 percent of employed caregivers are women and that the average age of the caregiver is 47.

The age figure is important. In 1993, 74 percent of women age 45 to 54 were employed (Doty, Jackson & Crown, 1998), and these women are more likely to be called upon to provide elder care.

Not only caregivers, but also care recipients tend to be overwhelmingly female. This result occurs because women tend to live longer than men, and hence have more long term medical needs (Moen & Dentinger 2000). As a result, elder care tends to involve women taking care of women. Daughters are three times more likely to share a home with an elder parent than sons (Brody & Schoonover 1986). Indeed, it has been estimated that one in five females' share a home with an elder parent (Brakman 1994). Wolf and Soldo (1994), consistent with previous research, found that women are more likely than men to take care of elder parents and achieve this by having far less specialization in their time use. Therefore, women tend to face more competing demands on their time and more conflicts in terms of balancing multiple roles.

Harrington (1999) asks the question: if women are in the workforce and not in traditional home caregiving roles, who will provide for the elderly? Doty et al. (1998) point out that the growing trend of middle age women participating in market work leaves elder care in limbo; the decrease in women able to provide informal care will therefore increase the demand for formal services. Not surprisingly, a decline in informal caregiving recently occurred. The National Long-Term Care Survey found that elders dependent on only informal caregiving decreased from 74 to 64 percent over the period from 1989 to 1994 (Liu, Manton & Aragon 2000). Note, however, that this trend probably is connected to more elders receiving mixed care (some informal and some formal and paid) as employees attempt to juggle elder care with their work responsibilities.

Consistent with the latter possibility, the number of women taking on care for elders has not decreased. Pavalko & Artis (1997), from the National Longitudinal Survey of Mature Women, ascertained that women's employment had no effect on whether or not women would assist elders. Brody & Schoonover (1986) found no statistical difference in the amount of care provided between women who were unemployed or employed. Doty, Jackson & Crown (1998) found that on average employed women caregivers provided approximately 18 hours a week of informal care to elders. However, employed female primary caregivers were more likely to use formal services than non-employed female primary caregivers of disabled elders (Doty et al. 1998). As a result, there has been an increase in formal caregiving arrangements (Moen & Dentinger 2000; Liu, Manton, & Aragon 2000). The amount of formal caregiving, in turn, tends to be associated with the severity of the care recipients needs (Liu et al. 2000).

## Men and Elder Care

Current research shows that informal elder care is predominately provided by women. While women are responsible for the majority of elder care, men seem to be increasing their commitments (Horowitz 1985). Horowitz found that sons are more likely to perform elder care assistance in the absence of an available daughter. Sons are more likely to provide assisted care around stereotypically male tasks, such as dealing with home maintenance, and roles that require less time commitment (Stoller, 1990). In contrast, Lawton, Silverstein, & Bengson (1994) found that sons helped fathers more than daughters. The largest proportion of male primary caregivers, however, are found among elder male spouses, who provide care at rates ranging from 25 to 35 percent (Levande, Herrick & Sung 2000). In a study by Kaye and Applegate (1990), it was found that 90 percent of male informal caregivers were caring for a spouse and 62 percent lived with the spouse receiving care. A study by Harris (1992) of Americans age 55 and above, found the proportions of men and women providing informal care to spouses, parents, friends and relatives was nearly equal, with the figures equaling 28 and 29 percent, respectively. The highest level of care was provided by men to spouses.

### Health and Stress Concerns of Providing Elder Care

Providing elder care can adversely effect the caregiver's emotional, physical and financial well being. It has been reported that 60 to 80 percent of employed caregivers have experienced emotional strain, with 10 percent experiencing extreme emotional strain (Scharlach & Fredrikson, 1993). Direct effects of caregiving strain can include increases in depression, caregivers using prescription drugs for depression, anxiety and insomnia, and increased alcohol usage among caregivers (Gallagher, Rose, Rivera, Lovett, & Thompson, 1989; George & Gwyther, 1986; Walsh, Yoates-Gantz, Rinki, Koin & Gallagher-Thompson, 1991). Employed caregivers, as opposed to those who are not employed, experience more stress-related medical conditions such as headaches and back problems (Scharlach, Runkle, Midanik, & Soghikian, 1994). Creedon (1987) found in a comparison with employees without caregiving responsibilities, employed caregivers suffered from pronounced anxiety, depression, and weight problems. In addition, elder care responsibilities for an employed caregiver can alter marital functioning (Barling, MacEwen, Kelloway, Higginbottom, 1994). Economic consequences of caregiving can produce further tension on caregiving employees (Keefe & Medjuck, 1997).

Not surprisingly, caregiving strain is gendered. Those experiencing the highest levels of strain from caregiving are typically women, persons in co-residence with the care recipient, and caring for someone that has a high dependency level (Brody, 1990; Moen, Robison, Dempster-McClain, 1994; Braiwaithe, 1996).

There are also positive effects associated with providing care to an elder. Research has found that caring for an aging loved one increases self-worth and overall life satisfaction (Moss, Lawton, Dean, Goodman, & Schneider, 1989). Caregivers that reported well being before taking on caregiving roles felt emotionally well while providing care (Moen, Robison, Dempster-McClain, 1994). Moreover, employment was associated with positive outcomes in caregiving, allowing caregivers a "break" from care responsibilities (Moen et al. 1994). Harris (1992) in a study of Americans aged 55 and older, found 76 percent of informal caregivers received a great deal of satisfaction from

providing care to the sick and/or disabled. Two-thirds of the sample stated that there was no burden associated with caregiving (Harris, 1992).

Several predictors have been used to determine the positive and negative outcomes related to the caregiving experience. These variables include the hours spent giving care, burden associated with providing care, race and ethnicity, level of informal and formal support, and workplace support (Lechner & Creedon, 1994; Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993; Scharlach, 1994).

### Employees and Elder Care

Scharlach and Fredriksen, (1993) found that employees providing elder care missed on average up to 5 hours of work every month. Women are disadvantaged due to the fact that they provide more elder care than men. Anywhere from 12 to 28 percent of daughters providing elder care quit their jobs in order to do so (Boyd & Treas 1996). Even daughters who remain employed typically decrease their number of hours at work (Kolodinsky & Shirey, 2000). Palvako and Artis (1997) found that employed women caregivers reduced their hours and were unable to recover the lost hours even after caregiving stopped, a situation that can only be damaging to the caregivers' own financial status upon retirement. Employed caregivers can also be disadvantaged if there is a lack of flexibility around working time, a phenomenon that can eliminate caregivers from promotions and other career opportunities (Abel 1991).

In part, these job and career difficulties occur because elder care typically emerges as an unplanned life change, so an employee must often make job accommodations immediately when confronting elder care responsibilities (Franklin, Ames & King, 1994). Merrill (1997) found that 50 percent of middle-class employed caregivers made significant changes in their employment when faced with elder care responsibilities. A study that represented caregivers nationwide found 10 percent of caregivers had left their job, 11 percent took a leave of absence, and 7 percent reduced their hours at work (NAC/AARP, 1997). Another national study found that of employed caregivers, 27 percent reduced their hours at work, while 19 percent took unpaid leave at some point (Stone, Cafferata, & Sangl, 1987).

The absence of coherency between the demands of jobs and the requirements of elder care responsibilities seem clear from the studies mentioned above. Simultaneously, elder care is an issue facing employees at record levels and will only continue to increase. The need to create coherence is therefore severe, and will continue to become more problematic unless workplace and public policies are improved.

### Elder Care Policies

Organizations and governments have recognized the effects that elder care has on employees and families trying to provide care. Elder care policies typically lie within employee benefits programs at larger organizations (Moen & Dentinger 2000). Moen and Dentinger (2000) cited studies estimating that 15 to 42 percent of organizations with 500 or more employees had some form of elder care assistance, with information and referral systems being the most frequent form. Employers have initiated several programs that allow workers to rearrange their schedule to provide elder care. These policies include

leaves of absence, flextime, alternative work location (e.g., telecommuting), and policies to reducing the number of hours at work. A recent initiative among organizations has emerged with the provision of elder care services such as adult day care and long-term care insurance. Both types of policies help to relieve time and financial strains on caregiving employees. However, formal utilization of these policies is rare, and employees are typically reliant on the goodwill of their supervisor to obtain and manage caregiving time (Wells 2000).

The government has also initiated policies relevant to those providing elder care. Two tax credits and a family leave policy are of particular salience. The dependent care tax credit, passed in 1976, allows qualified employees to deduct a certain amount of employment related dependent care costs from the previous years' taxes (Costello, 1996). The other federal tax policy derives from the Dependent Care Assistance Plan of 1981. Qualifying employees can deduct up to \$5000 relating to elder care from their total income, with the consent of their employer (Lechner & Neal 2000). The Dependent Care Assistance Plan requires caregivers to be providing at least 51 percent of the care recipient's care-related expenses, and to spend at least 8 hours per day with the care recipient (Lechner & Neal 2000). The Family and Medical Leave Act of 1993 allows employees 12 weeks of unpaid leave for caregiving responsibilities; employees are guaranteed their benefits during this time and a job upon returning. This policy is only in effect in organizations that employ 50 or more. However, because leave is unpaid, many employees are unable to utilize this policy.

### Conclusion

The increasing number of people providing and requiring elder care calls for a new approach to elder care in the future. Elder care has traditionally been viewed as a women's issue. The norm of female caregiving in turn leads to discrimination against women in the workforce since caregivers typically cannot meet the demands of traditional jobs and careers (Williams 1999). Organizations and the government should enhance flexibility in an employee's job commitments when elder care commitments arise.

Elder care responsibilities typically last an average of 5.5 to 6.5 years (Wagner & Neal 1994). It is therefore an issue that effects a large proportion of employees but often only for a relatively short period of time compared to the period during which most adult Americans are employed. Therefore, accommodating and assisting employees with elder care responsibilities would not be debilitating to either organizations and the government.

Issues of elder care will now be specifically addressed regarding faculty. Women are disadvantaged in academic settings. Although women are 40 percent of all assistant professors, only 15 percent of women are in higher academic positions (Ottinger & Sikula 1993). Since elder care is disproportionately performed by women, career advancement can be effected, including the advancement of women faculty. Robinson, Yegidis & Funk (1999) reported from a small sample (n=59) of Deans of schools of social work in the U.S. that elder care demands on faculty were significantly associated with faculty stress and that leaves for elder care responsibilities were deleterious to organizational quality. Given that the average age of persons providing elder care is 47.5, as mentioned earlier, it is likely that most faculty providing elder care are tenured,

so are using the job flexibility that tenure provides to make space in their lives for elder care. By implication, these organizations do not have and arguably need structures in place to provide a better fit between the demands on faculty as faculty and the demands on faculty who also provide elder care.

This paper focused on elder care and its relation to the work/family needs of employees. Although many issues were identified above, two stand out. The first is that women are often disadvantaged when assuming roles as both a caregiver and an employee, a situation that is unfair. The second is that employees involved with elder care typically confront a balancing act, and one they are now performing with few explicit supports.

College and university policies need to be adapted to and reflect the distinct issues that surround elder care because it will continue to be a growing issue for faculty and, indeed, for employees of all types associated with these institutions. Colleges and universities have historically been viewed as organizations that can lead social movements and change. Policies and practices around elder care by employees provide a new window of opportunity to take on that leadership role in a new arena.

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