

Balancing Paid Work and Caregiving Responsibilities: A Closer Look at Family Caregivers in Canada

By

Linda Duxbury, PhD

Sprott School of Business,
Carleton University, Ottawa, Ontario, Canada, K2C 3R9

Christopher Higgins, PhD.

Professor, Richard Ivey School of Business,
University of Western Ontario, London, Ontario, Canada, N6A 3K7

Bonnie Schroeder, MSW, RSW

Director, Caregiving, Quality, Care and Service Team,
VON Canada, Ottawa, Ontario, Canada, K2P 1B4

EXECUTIVE SUMMARY

January 2009

Executive Summary

A caregiver can be defined as:

an individual providing care or assistance to a family member in their home or the care recipient's home who has a physical or mental disability, is chronically ill, frail, or at the end of life.

The research initiative described in this report seeks to increase our understanding of what it means to be an employed caregiver in Canada today. "Employed caregivers" is defined as a caregiver who is employed full time but also provides caregiving to family members. Specifically, this research has two main objectives:

- To increase our understanding of the issues and challenges facing employed caregivers in Canada; and
- To identify the kinds of support key stakeholders in this relationship (i.e. the dependent, the family, organizations and governments) could offer to the employed caregiver to facilitate performance of this role.

To meet these objectives, we conducted two major research studies, one quantitative, the other qualitative. The quantitative study involved original empirical analysis using data collected for the National Work, Family and Lifestyle Study conducted in 2001 by the research team of Dr. Linda Duxbury and Dr. Chris Higgins and funded by Health Canada (n = 32,800). The qualitative study involved in-depth interviews with 30 employed caregivers.

The quantitative study involved a comparison of four groups of Canadian employees:

- No caregiving: Employed Canadians who do not spend any time in childcare or eldercare.
- Parents: Employed Canadians who spend time each week in childcare but do not have eldercare responsibilities.
- Elder caregivers: Employed Canadians who spend time each week in eldercare activities but do not spend any time in childcare.
- Sandwich group: Employed Canadians who spend time each week in both childcare and eldercare activities.

The size of our data set allowed us to further subdivide the eldercare and sandwich groups into three subgroups based on the location of the elderly dependent: elderly dependent living with respondent, elderly dependent living nearby (i.e. a short drive), and elderly dependent living elsewhere.

The qualitative study was done to get a better understanding of the role of employed caregiver (i.e. what employed caregivers do, why they do it, the joys and pressures of assuming the role of employed caregiver, and the kinds of support key stakeholders could offer to the employed caregiver to facilitate performance of this role). This study included 30 semi-structured interviews with a sample of employed caregivers. To be included in the interview study, the caregiver had to have been actively caregiving for at least six months prior to the study, caring for someone in their

own home or the home of the care receiver, and be actively employed for at least 10 hours per week. Caregivers providing care to individuals in hospitals or living in a nursing home, supportive housing/assisted living facility, group home or shelter were not examined in this study.

Key findings from both these studies are provided below. Please note that unless noted, the findings below come from the survey data.

One in four employed Canadians care for an elderly dependent

The following conclusions with respect to caregiving were supported by the quantitative data:

- The majority of employed Canadians also have caregiving responsibilities.
- Just over one in four (27.8%) employed Canadians have responsibilities for the care of elderly dependents – a percent that, as noted earlier, is likely to grow as the baby boom population ages.
- Almost one in five (16.8%) employed Canadians have responsibility for both childcare and eldercare (i.e. they have dual demands at home and demands at work).
- Only rarely do employed Canadians provide care to an elderly dependent who lives with them (the data would suggest that approximately 1.3% of the workforce is in this situation).
- Just over one in 10 Canadians provide care for an elderly dependent who either lives nearby (12.7%) or in another location altogether (9.7%).
- Twice as many employed Canadians have childcare responsibilities (54.2%) than responsibility for the care of an elderly dependent (27.8%).

Caregiver group membership is associated with life cycle stage

Our analysis allowed us to create a demographic profile of the various groups considered in this study.

- Employees in the no caregiver group are younger (i.e. under 35), single men and women who live in larger communities. They have higher personal incomes and are more likely to say that for them money is not an issue and that they have money for extras. At work, employees in the no caregiving group are more likely to perceive their manager as being supportive and report higher levels of flexibility with respect to their hours of work.
- Employees in the childcare only group are married men and women (this is the only group in which we had more male respondents than female respondents) between the age of 35 and 45 who, despite the fact that their personal incomes are higher, are more likely to say that money is tight in their family or that they are okay for money but do not have money for extras. They are more likely to live in smaller communities. One in three in this group have children under the age of five at home.
- Employees in the sandwich group are more likely to be older (45 or greater) men and women who live in smaller communities. One in three of the individuals in this group say money is tight in their family, which is consistent with the fact that one in three have lower (i.e. \$39,000 or less) personal incomes.

- Employees in the eldercare only group are more likely to be older, unmarried females without children. That being said, it is interesting to note that one in five in this group are single, childless women under the age of 35. The women in this group tend to have lower personal incomes but, paradoxically, are more likely to say that money is not an issue. This paradox can be explained by the fact that although their incomes are lower, so are their costs (i.e. they do not have children). Individuals in the eldercare group are more likely to live in larger centres.

Caregiving is a labour of love

The following conclusions with respect to caregiving were supported by the qualitative data:

- Consistent with previous research in this area, the majority (75%) of employed caregivers in our sample are middle-aged women who combine paid employment with the care of an elderly parent who has a chronic health problem. The average age of the individual receiving care was 76.7 years.
- Employed caregiving takes many forms. While a majority of the employed caregivers in our sample cared for one family member, a substantive number (14%) had responsibility for the care of both of their parents and one in four were women who had combined paid employment with the care of a spouse/partner in their 50s or 60s who was in poor health.
- Eldercare does not appear to be a transitory condition, as the average caregiver in this sample has been performing this role for almost five years.
- For most people (57% of this sample), caregiving is a “labour of love” (i.e. the individual wants to/chooses to care for their family member because they love them). For a substantive number of employees (40% of this sample), however, this is a role they take on because “there is no one else who can do it.”

Employed caregivers have two full-time jobs

The demands placed on employed caregivers are onerous. The majority of caregivers in the interview study “work” the equivalent of two full-time jobs: they spend an average of 36.5 hours per week in paid employment and 34.4 hours per week in caregiving (30.3 hours per week providing care and 4.1 hours per week commuting because of caregiving commitments).

The distribution of work/caregiving demands faced by employed caregivers is bi-modal. While a substantial portion (37%) of the respondents commit 40 to 60 hours per week to their dual roles, almost one in four spend more than a 100 hours a week fulfilling work and caregiving obligations. Work/caregiving demands are strongly associated with the caregiving arrangement. Those who provide care for an elderly dependent in their own home have more demands on their time (heavy caregiving demands, moderate to heavy work demands) than those whose dependent lives on their own.

This study shows that there is a trade-off in demands that is associated with where the person requiring assistance lives:

- Those who care for a dependent in their own home spend less time in care-related commuting and fewer hours in paid employment but more time in care and have higher work/care commitments overall.
- Those whose dependent lives on their own spend more hours in care-related commuting and more hours in paid employment but fewer hours in care and have fewer work/caregiving commitments overall.

For many, the role of caregiver is emotionally draining

Employed givers spend the majority of their care time (68%) performing two caregiving roles: providing physical care and offering emotional support. The typical caregiver in the interview sample spends just over 13 hours per week in physical care and eight hours in activities associated with support. In addition, they spend an average of four hours per week in personal care, two hours in nursing, and four hours in activities associated with co-ordination.

A majority of respondents identified emotional support as the most stressful dimension of their caregiving role because they found this role mentally exhausting and upsetting at the same time.

A substantive number of respondents identified the co-ordination role as the most stressful part of employed caregiving – even though the time devoted to this role is much less than that given to physical care. This suggests that the stresses associated with employed caregiving are not simply a function of the amount of time spent in the role but instead are related to the amount of control one has over the role.

Employed caregivers at risk of experiencing high levels of caregiver strain

Employees who care for elderly dependents can be considered “at risk” of experiencing a particular type of work-life conflict referred to as Caregiver Strain. Caregiver strain is a multi-dimensional construct (physical, financial and emotional strain) which is defined in terms of “burdens” or changes in the caregivers’ day-to-day lives that can be attributed to the need to provide care. This research initiative allowed us to better understand the aetiology of each of these three types of caregiver strain.

What do we know about financial strain?

The following conclusions are supported by this study:

- Financial strain is not a significant problem for employed Canadians (moderate to high levels reported by only one in 10 of the survey respondents and 7% of those in the interview sample).
- Having children does not increase the risk that those with eldercare responsibilities will experience financial strain (i.e. 12% of those in the eldercare group and 10% of those in the sandwich group report moderate to high levels of financial strain).

- Employees who provide care for dependents who live near (but not with) them experience lower levels of financial strain than their counterparts who provide care for those who live elsewhere suggesting that employees who “care at a distance” incur more costs than those who have their dependents nearby (i.e. travel, phone). Both these costs do, however, pale compared to the costs associated with having your elderly relative live with you (highest levels of financial strain).
- High levels of financial strain are associated with poorer physical and mental health, greater work-life conflict, increased absenteeism, lower job satisfaction, a higher number of visits to the emergency room at the hospital, and reduced fertility. It is also interesting to note that moderate and high levels of financial strain are equally problematic for caregivers.

What causes financial strain? Living in a family with limited financial resources, very heavy and time-consuming caregiving demands (i.e. both respondent and spouse spend a high number of hours per week in eldercare), and lower levels of control (i.e. low perceived flexibility at work, dependent lives farther away from the caregiver or in their home). Examination of these data paint the following picture with respect to financial strain. First, employees who have to spend a lot of time in care have fewer hours to devote to work, which reduces their earning potential and increases the precariousness of their financial situation. Second, caregivers whose dependent lives with them or at a distance have more expenses (i.e. changing their house to accommodate their dependent, commuting, phone costs, out-of-town travel) than those who live a short distance from those they are caring for.

The interview study provided similar findings. It determined that financial strain has two causal factors: a decline in income (their role as an elder caregiver made it virtually impossible for them to work full time) and an increase in expenditures (had to pay for extra help, some living expenses, and medicines).

What do we know about physical strain?

Physical strain results from the physical effort required to provide care to an elderly dependent (i.e. lifting, cleaning). The following conclusions are supported by this study:

- Approximately one in three of the employed Canadians in both the interview and survey samples reported moderate to high levels of physical caregiver strain.
- Employees who provide caregiving for elderly dependents who live with them experience the highest levels of physical strain.
- Physical strain increases as the physical distance between elderly dependent and employee decreases. The fact that the difference between the “nearby” and “elsewhere” groups is relatively small (3%) does, however, suggest that distance from the dependent does not provide much protection against this kind of strain.
- Higher levels of physical strain are associated with poorer mental health, increased work-life conflict, and increased absenteeism due to eldercare problems. It is also associated with lower levels of family satisfaction.

- Physical strain is more problematic for those in the eldercare group than those in the sandwich group. Aside from the impacts noted earlier, high levels of caregiver strain are associated with poorer physical health, increased visits to the family physician and increased job stress for those in the eldercare group but not their counterparts with both childcare and eldercare.
- Physical strain has a different set of causal factors than financial strain.
- The main predictors of physical strain are distance (employees with their dependent living with them are at higher risk), gender (women have more problems than men), age (older employees have more problems than younger employees) and the families' financial situation (the lower the income, the greater the strain). In other words, these data indicate that older women whose dependent lives with them and cannot afford to purchase support and/or quit their jobs are at the highest risk of physical strain
- Interview respondents indicated that physical strain had two causal factors: the need to do a lot of heavy lifting when caring for the dependent and a lack of sleep.
- Both sets of data indicated that physical strain is largely caused by demands – the more time one spends in the role and the greater the responsibility one has in terms of caregiving, the greater the physical strain. To reduce physical strain, therefore, one needs to try and determine how best to reduce the amount of time that caregivers spend in caregiving activities.

What do we know about emotional strain?

Emotional strain is defined as feelings of being overwhelmed and worried about how one will cope. The following conclusions with respect to this form of conflict are supported by this study:

- Approximately one-quarter of the employed Canadians sample report moderate to high levels of emotional strain that can be attributed to the stresses associated with caring for an elderly relative.
- Employees who provide caregiving for elderly dependents who live with them experience the highest levels of emotional strain. Emotional strain is not, however, affected by whether or not the elderly dependent lives nearby or elsewhere. It would seem that with one exception (living with), emotional strain is due to the act of caring for an elderly relative, regardless of where this relative lives. People do not experience greater strain when the relative lives far away (i.e. this does not increase worry). Nor does their ability to easily visit/check on them seem to exacerbate or alleviate this strain.
- Employees in the eldercare group are more likely than those in the sandwich group to report high levels of emotional strain.
- Emotional strain is very strongly associated with poorer physical and mental health, increased work-life conflict, higher job stress, increased absenteeism due to eldercare problems and emotional fatigue, lower levels of family well-being and reduced fertility. With a few exceptions, the presence of children in the home made little difference in the strength of these associations.
- Having children at home seems to provide employees with elderly dependents at home some increased ability to cope with eldercare demands as employees in the sandwich group are less likely to report high levels of physical or emotional strain than are those with just eldercare.

While having children seems to help those in the sandwich group cope with strain when the dependent lives with the employee, it has no such salutatory affect when the elderly dependent lives elsewhere.

What causes emotional strain? Living in a family with limited financial resources, physically and emotionally heavy caregiving demands (i.e. respondent spends a high number of hours per week in care and has responsibility for care), lower levels of control at work (i.e. low perceived flexibility at work, the perception that family responsibilities limit advancement opportunities) and gender (women are more predisposed to experiencing this form of strain than men). Hours per week the respondent spends in care is five times more important to the prediction of emotional strain than any of the other predictors.

The perception that family responsibilities make career advancement difficult were unique to the prediction of emotional strain.

The interview study determined that emotional strain had three causal factors: role overload (too much to do, not enough time, exhaustion), uncertainty/worry (what does the future hold? how will they manage? are they safe?) and empathy (their stress becomes my stress).

Challenges associated with caregiving

The interview study provides a more personal picture of the challenges faced by those who provide eldercare.

At a personal level, virtually all the employed caregivers in this study stated that the need to balance work and eldercare had negatively affected their mental health (they were worried, anxious, stressed and depressed) and their physical health. One in four also said that the demands placed on them by these two roles meant that they had no time for themselves.

Caregivers indicated that they tried to cope with the stress of the role by engaging in a number of healthy coping strategies. The four most common coping strategies (each practiced by 28% of the sample) included looking after their own health by exercising and eating well, cultivating outside interests, joining a support group, and seeking professional help to cope with their stress.

The vast majority (80%) of caregivers also experience challenges that can be attributed to the person they provided care to. Specifically, caregivers have problems when the person they are caring for is difficult to communicate with (they are stubborn, very emotional, rude), depressed, find it difficult to deal with the reversal of the parent/child roles, and have deteriorated mentally/physically (i.e. Alzheimer's, dementia, can no longer walk).

Half of those providing care indicated that the person that they cared for did nothing to help them cope with their role as an employed caregiver. The others assisted by being positive, encouraging the caregiver to engage in other activities, and by being as self-sufficient as they could. What more could this person do to help? Accept care from someone other than the person currently providing care and agree to respite care.

Almost three-quarters of the employed caregivers noted that this role caused them challenges at home. Challenges identified by respondents included the fact that their family and home life suffered from a lack of time and/or energy, that they had to change the physical layout of their home to accommodate the elderly dependent, and that they worry over safety/emergency issues and a lack of home care.

One in three indicated that while their family was aware of the challenges they faced due to caregiving, they did nothing to help them cope with this situation. The rest noted that their family members helped them cope by providing concrete assistance with caregiving tasks (help around house, help provide care) and offering social support (visit, call).

One in three said that there was no more that their family could do “they are doing enough.” The rest requested that their family help by providing more respite care as well as visiting/calling more often.

Two-thirds of the employed caregivers indicated that their caregiving role had presented challenges at work. Specifically, one in three noted their performance at work had suffered because their caregiving role had depleted their time and energy, and that they had to reduce the number of hours they could spend at work/take time off/juggle time to deal with caregiving issues.

One hundred percent of the respondents indicated that their employer was aware of their caregiving situation, 90% said that their employer was providing support, and 60% acknowledged that the support they were receiving from their employer was great.

Respondents identified three things that employers were doing to help: they were sympathetic and understanding of the caregiver’s situation, flexible with start and end times, and gave time off when needed.

One in three of the respondents said that being an employed caregiver had not caused any challenges within their community. The rest noted the following challenges: difficulty finding affordable home or community care services and difficulty accessing community services.

While three-quarters of the respondents indicated that they had made their community aware of the challenges they were facing, almost half felt that the community had not responded. A plurality requested that their community provide more formal support in the way of services to assist those with eldercare and that their community offer some form of respite care

Half of the respondents said that the federal government did nothing to help them cope with the challenges associated with being an employed caregiver, despite their perception that the government was aware that this was an issue. One in four of the employed caregivers in this sample said that while government services to support elder caregivers existed, they had found that trying to find them/access them increased rather than decreased their stress.

What can the federal government do to support employed caregivers? The employed caregivers in this sample had a lot of requests including giving caregivers financial assistance, providing more formal support (i.e. wider variety of services, more respite care), making it easier for caregivers to find and acquire the support services they need, and being more flexible with respect to service qualification and coordination.

The survey data also allows us to look at the challenges faced by employed caregivers in Canada. In this case we are able to extend our analysis to also look at the consequences of caregiving on the key stakeholders in this paradigm: the employee, their family, the employer and Canadian society (operationalized as use of Canada's health care system).

Canadians who combine work and caregiving (child and/or eldercare) pay a price.

The survey data shows that Canadians who combine work and caregiving (child and/or eldercare) pay a price. Employees with no caregiving have fewer demands on their time than employees with caregiving responsibilities. They spend more time in leisure per week and have a good balance between work and family (i.e. report the lowest levels of role overload (45% high), work interferes with family (20% high) and family interferes with work (3% high) of any group). They are more likely to work for a supportive manager (51%) and enjoy relatively high levels of flexibility with respect to work hours and work location (40% high perceived flexibility). They report higher levels of job satisfaction (47% high), lower job stress (31% high) and are significantly less likely to be absent from work. It is also important to note that employees with no caregiving responsibilities are in better physical and mental health than their counterparts with child and/or eldercare. They make less use of Canada's medical system and are less likely to report high levels of stress (49% high), burnout (30% high), depressed mood (33% high) and more likely to report high levels of life satisfaction (43% high). Finally, employees with no children/elderly dependents report better circumstances at home. In fact, they report the highest levels of family satisfaction (72% high) and family adaptation (well-being) (46% high) in the sample. These findings indicate that Canadians who have children and/or assume the responsibility for the care of an elderly dependent pay a price at home, at work, and personally. They also suggest that employers (higher absenteeism and intent to turnover, lower job satisfaction and stress) and Canadian society (increased use of Canada's health care system) also pay a price when Canadian employees cannot balance work and caregiving demands.

Employed parents are relatively better off than their counterparts with eldercare

While employed parents are relatively better off than their counterparts with eldercare (i.e. those in sandwich and eldercare only groups) – they still have substantive challenges that can be linked to the need to balance work and childcare. This group has a lot of demands on their time: their work demands are the highest in the study (over 45 hours per week), their non-work demands are substantive (33 hours per week) and they have relatively few hours per week to spend in leisure activities (8 hours). On the plus side, approximately half work for a manager who they consider to be supportive. More challenging is the fact that very few employed parents perceive that they have much flexibility with respect to work hours and work location (only 30% high). Not surprisingly, many of the employees in this group experience difficulties with respect to balancing work and family. Two forms of work-life conflict are particularly problematic for the employed

parents: role overload (60% have too much to do and too little time) and family interferes with work (13% say expectations at home make it hard for them to meet expectations at work). These findings are consistent with the lower levels of flexibility given to this group of employees. Furthermore, the data suggest that the need to balance competing family demands is having a negative impact on the families of employed parents as employees in this group are less likely to be satisfied with their families and report lower levels of family well-being (only 31% high).

While the work attitudes and physical and mental health outcomes of the no caregiving and childcare only groups are similar in many ways, areas where they differ are important to note. These include the fact that employees with children at home are more likely than those in the eldercare and no caregiver groups to miss work due to childcare problems and report high levels of stress (54% high). It should be noted, however, that the mental health of employees in the childcare group is better than those in the sandwich and eldercare groups.

Employees in the eldercare group experience problems because of conflicting expectations

Employees in the eldercare group also experience higher levels of work-life conflict. In this case, the increased conflict manifests itself as higher levels of role overload (60% high) and work interferes with family (39% high). Very few employees in the eldercare (6%) group experience family interferes with work. These findings are striking given the fact that those in the eldercare group spend fewer hours per week in paid employment and caregiving and more time in leisure (only the non-caregiver group have fewer non-work demands and more hours in leisure). It would appear that work-life conflict for those with eldercare is more a function of role requirements than the amount of time spent in work and non-work roles. This interpretation of the data is consistent with the fact that employees in the eldercare groups are in poorer mental and physical health than the employees in the other three groups. They are more likely to report high levels of stress (59% high), burnout (36% high) and depressed mood (42% high) and less likely to report high levels of life satisfaction (37%). They are also more likely to seek care from other medical professionals (37% did so in a six-month period) and seek care from their family physician (58% did so in a six-month period).

The fact that employees in this group are also less likely to enjoy high levels of flexibility and less likely to perceive that their supervisor is supportive suggests that there is a basic disconnect between what the organization expects of the individuals in this group and what they are able to deliver due to the expectations they place on themselves and the expectations placed on them by Canadian society. The idea that there is a disconnect between work expectations and elder caregiving is consistent with the fact that employees in the eldercare group are more likely to report higher levels of job stress (38% high), lower job satisfaction, (42% high) and increased levels of absenteeism due to ill health (56%), eldercare problems (27% high) and emotional fatigue (39% high). In fact they have the highest level of absenteeism due to emotional fatigue of any group in the sample.

Those in the sandwich group experience real challenges “doing it all”

Employees in the sandwich group face onerous demands at work and at home. They spend the same number of hours in work per week as those in the no caregiving group but also commit 35 hours per week to non-work activities (the highest in the sample). They also had the highest number of hours per week in work and family activities (79.2) and the fewest hours in leisure (7 hours per week). Given the onerous demands faced by the employees in this group, it was not surprising to see that they had the highest levels of work-life conflict in the sample: 67% of the employees in this group report high role overload, 39% report high work interferes with family and 15% report high family interferes with work.

Employees in the sandwich group receive lower levels of support at work and report more negative attitudes towards their employer. Those in the sandwich group are less likely to perceive that their manager is supportive (44% work for a supportive manager) and have the lowest levels of flexibility with respect to work hours and work location of any group in the sample (27% high perceived flexibility). They are less likely to be satisfied with their jobs (42%), more likely to report high levels of job stress (38% high) and more likely than those in the childcare only and no caregiving groups to miss work due to ill health, emotional strain and eldercare problems.

Also consistent with our expectations are the findings supporting the idea that employees in the sandwich group are in poorer health. Compared to those in the no caregiving and childcare groups, they are more likely to report high levels of stress (61% high), burnout (35% high) and depressed mood (42% high) and less likely to report high levels of life satisfaction (37% high). They are also more likely to seek care from their family physician (57%) and to have medical tests (33%).

Employees in the sandwich group look very much like their counterparts in the childcare only group when it comes to family outcomes. They are more likely than those in the no caregiving and eldercare groups to report high levels of family integration (i.e. greater stability of family unit; ability to participate with family in joint functions and activities) (33% high) and less likely to report high levels of family satisfaction (57% high) and family adaptation (i.e. well-being) (29% high) than those in the no caregiving and eldercare groups.

Contrary to what we had expected, however, multiple family demands did not appear to contribute to a further decline in either physical or mental health for those in the sandwich group above that observed for individuals with just eldercare (i.e. sandwich group reports same levels of stress, burnout, depressed mood and life satisfaction, visits to physician, etc., as the eldercare group). This finding is particularly striking given the fact that employees in this group have very high demands on their time and high levels of work-life conflict. It would appear that having children at home provides employees with elderly dependents some increased ability to cope with the strains associated with eldercare. How does having children at home help? It is hard to say from these data but it is possible that children reduce strain by helping out with eldercare, providing emotional support to their parents, and (strangely enough) providing the employee with another role (that of parent) whose rewards can offset the frustrations and strains associated with the role of elderly caregiver. This third explanation is based on the idea of “role expansion,” which states that people can benefit from multiple roles when the rewards from one set of responsibilities (i.e. raising a child, watching them learn) partially offset the frustrations and stresses of performing a second role (i.e. watching a parent die and lose functioning).

How can we reduce caregiver strain?

The survey data provides the following answers to this question.

What causes caregiver strain? The answer obtained from this analysis is unequivocal – the hours per week the employed individual spends in eldercare activities. In fact, if we know how many hours an individual spends in eldercare per week we can come up with a good estimate of how much physical and emotional strain they will experience. Reducing demands then would appear to be the key to reducing caregiver strain. Suggestions on how best to do this include increasing community supports for employed caregivers and more respite care programs.

We also know that the families' financial situation is an important predictor of financial and emotional strain. In both cases, the tighter the families' finances, the greater the strain. While it is hard to say from these data why this might be the case, it seems plausible to assume that the lower the financial resources, the less ability the respondent has to buy supports from outside the family, the more care that they have to provide themselves (i.e. higher demands) and the more they need the income provided by their job. This second circumstance might be expected to increase conflict between work roles (need to satisfy their employer with respect to meeting work demands by being on time for work, minimizing absenteeism) and eldercare demands (need to spend a lot of time per week in caregiving, need to respond to crisis during work hours). This interpretation of the data is consistent with the fact that increased flexibility at work lowers both financial and emotional strain (i.e. if you can meet both work and caregiving demands, you are healthier emotionally and are not as worried about the financial aspects of caregiving).

These findings suggest that governments need to look at ways to reduce the financial burdens associated with eldercare (i.e. tax write-offs, paid time off work, supported care services in community). They also emphasize the importance of real support at the organizational level. Supportive policies on their own are necessary but not sufficient – these policies must be put into practice and employees must be comfortable using them.

The data also show that financial strain decreases when the dependent lives nearby but not with the employed caregiver. This would suggest that communities who wish to attract and retain labour need to invest in assisted eldercare facilities within their boundaries.

Physical strain arises because of two factors: the physical dimensions of the role (hours per week in care, lifting, lack of sleep) and the emotional aspects of the role (individual feels personally responsible for the dependent). This would suggest that we could reduce physical strain by looking at mechanisms to reduce the amount of time an individual has to spend in care. Things like respite care, eldercare referral services, assisted eldercare facilities, home nursing services, etc., should help in this regard.

The data also show that women are more likely than men to experience one form of caregiver strain – emotional strain. This finding is cause for concern given the very strong association between this form of strain and physical and mental health problems, absenteeism, and reductions in fertility (women who are experiencing emotional caregiver strain cope by having fewer children or no children at all). It would appear from the data that several factors predispose women to this kind of strain: the fact that they are more likely to feel responsible for the care of the elderly dependent, the fact that they perceive that if they meet responsibilities at home they will not advance at work, and their need for the income stemming from their job (families' financial situation is tight). Again, the fact that perceived flexibility at the organizational end reduces this form of strain gives us one useful approach with respect to reducing it – implement supportive policies within organizations. Many of the suggestions offered earlier with respect to reducing demands at the caregiver end should also help women cope with the emotional demand associated with caregiving.

Finally, it is useful to note that two of the three forms of strain (financial and emotional) meet Karesek's (1979) criteria for a high strain job (i.e. high demand, low control). Thinking of the role of elder caregiver as a high strain job means that we can consult the research literature in this area on how best to address these issues. Karesek's model would suggest that to decrease financial and emotional strain one can either increase the amount of control the employee has over their circumstances (i.e. increase perceived flexibility at the organizational end, community supports for eldercare, financial support for caregivers) and/or reduce the demands they face (i.e. community and government supports for people with eldercare, respite care, eldercare referral services, assisted eldercare facilities, home nursing services).

In the interview we also asked caregivers what kinds of things would help them cope with this role. The respondents provided the following answers to this question.

- Employed caregivers want more tangible support from their families – not just sympathy and understanding.
- Employed caregivers appreciate (and need) flexibility from their employer to deal with the uncertainty arising from the caregiving situation. Specifically they appreciate access to alternative work arrangements and flexibility with respect to time off.
- Elder caregivers offered a number of pieces of advice to others on how best to cope with the role of employed caregiver. Specifically, they advised someone taking on this role to seek practical advice from an expert (don't try and do it all yourself/get government services involved) to look after themselves and their family, to tell their employer straight away (find out what you are entitled to) and to access professional support to help them deal with the stress of the role.
- Employed caregivers want their communities to offer services which make the caregivers job easier. Specifically they asked for respite care and help with travel (i.e. para transportation). They also want community service deliverers to be more flexible in terms of how they determine who is to get care and to do a better job of coordinating care between the different service providers.

- Caregivers feel that the federal government needs to assume a greater level of responsibility with respect to support of employed caregivers. Specifically, care providers asked the government for the following five types of support:
 - Stronger policies to support time off from work for longer time periods (i.e. EI/EA programs);
 - Provide one central place where caregivers can go to arrange for eldercare support services;
 - Provide more community programs and services (especially respite care) to support their dependent and them;
 - Provide more financial support to caregivers; and
 - Listen to employed caregivers and try to be more responsive to their needs.