

2015-2016 Balancing Work, Family and Caregiving: National Survey Report

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Section One: Introduction

The goal of the 2015-2016 Balancing Work, Family, and Caregiving National Survey was to increase awareness at both the public policy and employer level of the challenges faced by those seeking to combine work, eldercare and maybe childcare. Raising awareness of these challenges will shine a light on issues that must be addressed if Canadian organizations are to remain competitive and caregivers are to remain healthy. The data from this study can also be used by interested employees and policy makers to make the business case for change.

The research team for this study is part of the Canadian Consortium on Neurodegeneration in Aging (CCNA), who are funded by the Canadian Institutes of Health Research (CIHR). This study was undertaken within CCNA Team 18: Dementia family caregivers who are employed in the Canadian workforce. The Principal Investigator for CCNA Team 18 is Dr. Joel Sadavoy (Sinai Health System, Toronto) and the site Principal Investigator for this component of CCNA Team 18's research is Dr. Linda Duxbury (as detailed above).

Just over 3300 employed Canadians participated in the survey. This report focuses on the experiences of these employees who combine work with caring for their elderly family members and/or for their children. More specifically, this report uses survey data to explore the link between work, family, and eldercare demands, caregiver strain (emotional, financial and physical strain associated with the care of an elderly dependent) and work-life conflict, employee well-being, and organizational well-being. This report was written with the following goals in mind:

- To describe the sample of employees who participated in the survey,
- To describe the issues associated with balancing work, family, and caregiving in 2016 in Canada,
- To quantify the work, family, and caregiving demands facing employees in Canada,
- To quantify the impact eldercare has on employees and on the organizations that employ them,
- To help organizations identify what they need to do to reduce work-family imbalance in their organizations, and
- To determine the impact of caregiver type on the above issues.

Theoretical Framework

There is a large academic literature dealing with the issue of work-life conflict and work-family balance. A complete review of this literature is beyond the purview of this report and counter to our primary objective, which is to get easily understood and relevant information on work-life conflict and employed caregiving into the hands of key stakeholders (governments, policy makers, employees, employers, unions). The theoretical framework which underpins this study is given in Figure 1. This framework incorporates both fundamental concepts from the research literature and the key insights we have gained from our previous research in this area. This framework allows the reader to see how the various predictors, moderators, and outcomes discussed in this report fit together. According to our framework:

- Objective work demands, total roles, caregiving intensity, caregiving burden and objective non-work demands predict work role overload and family role overload.
- Work role overload and family role overload predict total role overload.
- Total role overload predicts work life conflict.
- Work-life conflict predicts organizational outcomes.
- Work life conflict predicts employee outcomes

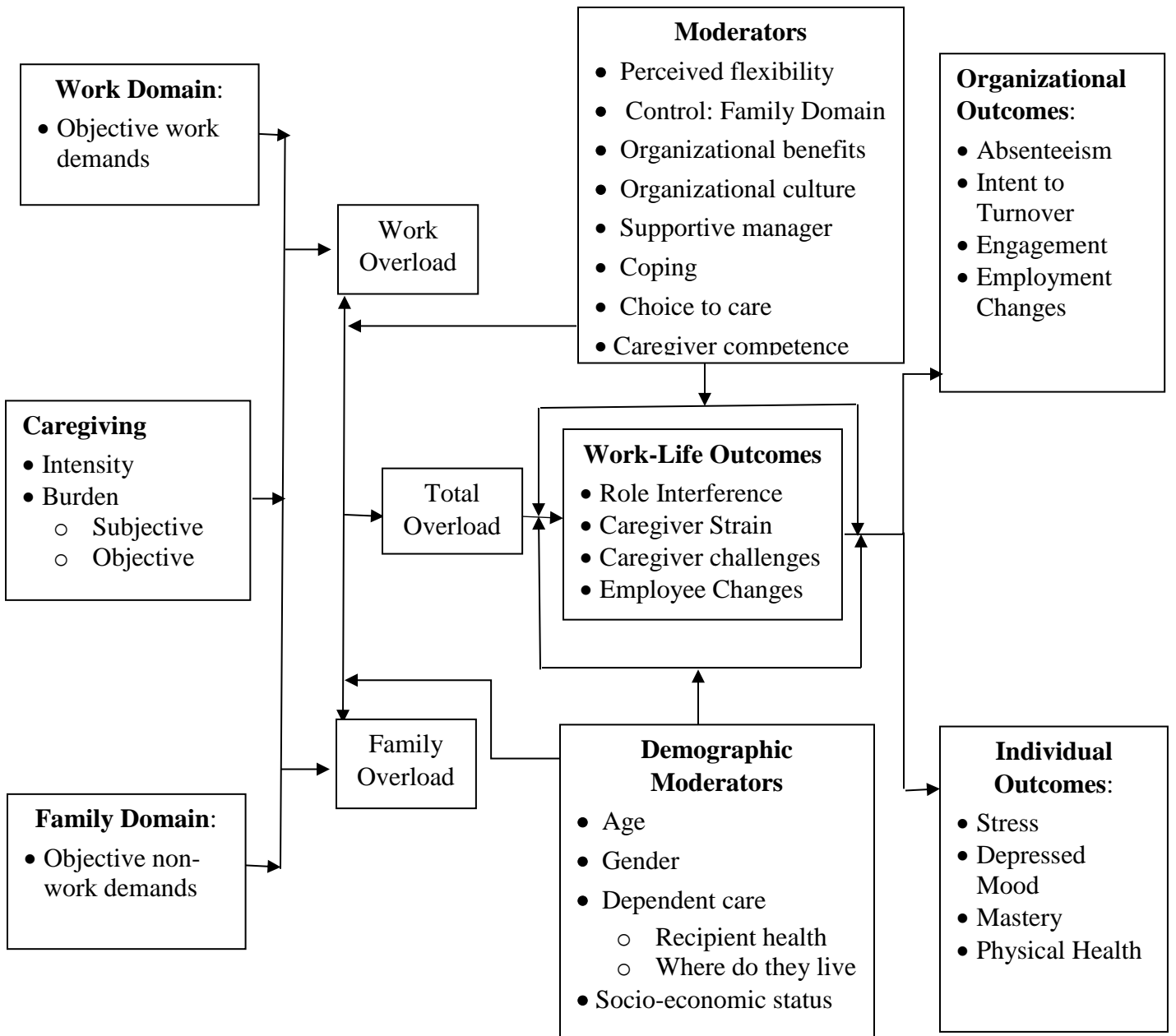
The model also conceptualizes several potential moderators of these relationships.¹

Organisation of report

This report is divided into eight sections including this introduction. Section Two provides a brief summary of the methodology used in this study. A profile of the 3309 Canadian employees who responded to the survey is given in Section Three. Data on the various predictors of the key outcomes identified in our theoretical framework (i.e. demands at work and at home, caregiving demands) are given in Section Four. Section Five summarizes data which speaks to the organizational outcomes included in this study (work engagement, intent to turnover, absenteeism, and the employment changes index), while Section Six focuses on employee outcomes, including employee well-being and work-life outcomes. The findings with respect to the moderator variables included in this analysis are presented in Section Seven. The report ends in Section Eight by articulating the key findings of the study.

¹ Moderation occurs when the relationship between two variables depends on a third variable. The third variable is referred to as the moderator variable or simply the moderator.

Figure 1: Theoretical framework



Section Two: Methodology

This section is divided into four parts. The sample is introduced in Section 2.1. A brief description of the survey instrument follows in Section 2.2. Section 2.3 introduces and details the between group comparisons (i.e., by lifecycle stage) that will be discussed throughout this report. The procedures used to analysis the survey data are briefly explained in the final part of this section.

2.1 The Sample

The sample consists of 3309 Canadian employees who work for public, not-for-profit (including education & healthcare organizations) and private companies. All respondents were employed.

The sample was obtained by contacting large public-sector organizations, not for profit organizations, unions, charities, and private companies to ask for expressions of interest in taking part in a study on balancing work, family, and caregiving. All organizations who expressed interest were given further information on the study. In total, over ten organisations/unions took part. The survey was developed online and data were collected between March 2015 and April 2016.

Organizations and unions who took part were asked to send an email to their members/employees describing the objectives of the study. This email included a link to the website hosting our survey. Approximately, 10,000 individuals started the survey. Complete results were obtained for one in three of these individuals.

Nearly three-quarters (74%) of the respondents were public servants (federal, provincial, and municipal), 23% worked in the not-for profit sector (including in health & education) and 3% were from the private sector. Sixty-two per cent of the sample were women, 38% were men. While the sample is geographically representative of Canada, the number of respondents working in the private sector is small. This discrepancy is likely due to a significant increase in the number of larger organizations in Canada who regularly survey their employees (on-line engagement surveys were mentioned most frequently) and thus did not participate in our survey.

2.2 The Questionnaire

The survey instrument was divided into 6 sections: your job; work, family and personal life; management of work and family demands; caregiving; mental and physical health; 'information about you'. All the scales used in the questionnaire are psychometrically sound measures that have been well-validated in other studies. The sources of the measures used are listed in Appendix A. In addition, a summary of each measure, and the working definition of each of the variables, and their interpretation, are included in Appendix B.

2.3 Between Group Comparisons

To fully appreciate the challenges of balancing work, life and caregiving we extended our analysis to examine the impact of the lifecycle stage on employees' experiences. Lifecycle (or life course) stage is an analytic concept commonly used in sociology to study changes over time in patterns of individual (life stage) and family (family-cycle) development. Underlying the lifecycle concept is the recognition that:

(1) individual social roles (such as work, having a child, or caring for an elderly parent) define a human lifecycle, (2) role occupancy tends to be age related, and (3) people tend to transition from one lifecycle stage to the next (i.e., move from one set of social roles to another) as they age.

In this report, we examine three key lifecycle stages involving dependent care: eldercare only, childcare only and both childcare and eldercare (i.e. sandwich generation). Details on the work-life issues of each of these groups are given below.

Childcare: Childcare consists of the supervision and nurturing of a child, including casual and informal services provided by a parent. A large body of research links the parental responsibilities of working couples to the incidence of work-family conflict. This research suggests that parents will have more difficulties with respect to balance than non-parents as they have more demands and less control over their time. In this study employees are considered to be in this lifecycle stage if they spend one or more hours per day in childcare/activities with their children.

Eldercare: Eldercare is a form of caregiving that relates to the special needs and requirements that are unique to caring for seniors. Employees who supply eldercare typically provide a broad range of financially uncompensated ongoing care and assistance (either by necessity or choice), directly to family members who are in need due to physical, cognitive, or mental health conditions. In this study employees are considered to be in this lifecycle stage if they spend one or more hours per day in such activities. Eldercare is different from childcare in that it tends to increase in amount and intensity over the course of caregiving. The timing of care is also different. Caring for children spans many years, has a fairly predictable pattern, and change occurs slowly with time. Caregiving, on the other hand, is less predictable and varies widely in duration.

Sandwich Generation. Individuals who are dealing with their own dependent children while at the same time attending to the needs of aging parents are referred to as belonging to the "sandwich" generation. Such employees have multi-generational caregiving responsibilities. The demographic data indicate that the combined effects of delayed marriage and childbearing and increased longevity will boost the number of employees in the "sandwich group" in the near future as "baby boom" and "baby bust" generations assume responsibility for both dependent children and aging parents. In this study employees are considered to be in this lifecycle stage if they spend one or more hours per day in childcare/activities with their children and one or more hours per day in eldercare.

All tables in this report (unless stated otherwise) include four columns representing the different dependent care situations examined in this study:

- **Eldercare:** findings for respondents who spend time each week in eldercare but not childcare;
- **Childcare:** findings for respondents who spend time each week in childcare but not eldercare;
- **Sandwich:** findings for respondents who spend time each week on both childcare and eldercare;
- and
- **Total:** findings obtained using the total sample.

The sample distribution for each of these dependent care groups is shown in Table 1.

Table 1: Sample Distribution by Dependent Care Group

Dependent Care Group	Eldercare	Childcare	Sandwich	Total
	n=1148 (34.7%)	n=1338 (40.4%)	n=823 (24.9%)	n=3309

In this report, we will be looking to see how these four groups are similar to, and differ from, each other with respect to each of the predictors, moderators and outcomes included in the model. Given the large sample size, most of the between-group differences are likely to be statistically significant. The focus in this report is, therefore, on between-group differences that are “substantive” in nature. For the purposes of this report we have defined substantive as being a difference of 5% or more for the dependent care group comparisons.

Please note: In the remainder of this report, when we use the term ‘respondents with eldercare responsibilities’ we are referring to all the employees in the sandwich group and in the eldercare only group. Similarly, when we use the terms ‘respondents with childcare responsibilities’ or ‘respondents with children at home’ we are referring to the employees in the childcare only group and the sandwich group combined.

Respondents have substantive dependent care responsibilities

Two thirds (65.3%) of the employees in the sample have children under the age of 18 living at home (i.e. n = 2161). While one in three (34.7%) are in the eldercare only group (n = 1148), over half of the respondents (59.6%) have eldercare responsibilities (n = 1970).

2.4 Statistical Analysis

Three types of statistical analysis are used in this report: frequencies, means, and factor analysis. Details on each are given below

2.4.1 Frequencies

Most of the survey items are part of an established scale and were answered on a 5-point Likert scale. For example, we have scales measuring stress, work-family conflict, and role overload, to name a few. To measure frequencies, we first computed an overall mean by averaging each of the individual items making up a scale. Therefore, if a scale had 6 questions we’d take the average score of the six questions. We then use population norms to recode the scale average into three categories as follows:

- Low (mean scores less than 2.75).
- Neutral (mean scores between 2.75 and 3.75).
- High (mean scores higher than 3.75).

We then calculated the per cent of the sample with scores in each of these categories. For those scales where a different recoding procedure (i.e. stress, depressed mood) was used, we make a note in the text on how the categorization was done.

Many of the individual questions in the survey were also answered on a 5-point Likert scale. For these questions, we recoded the variables into three categories as follows:

- Low/Disagree (scores of 1 and 2 on the question).
- Neutral (score of 3).
- High/Agree (scores of 4 and 5).

We then calculated the per cent of the sample with scores in each of these categories. For those questions not measured on a 5-point scale we make a note in the report on how the categorization was done.

2.4.2 Means

Mean scores and standard deviations (SD) for the Likert scales used in the survey are provided for many of the measures discussed in this report. Mean scores are calculated based on the sample numbers in each dependent care group. Standard deviation (SD) is a measure of how spread out the scores are from the mean. If you are looking at tables that present the findings as means and standard deviations, any differences of 0.3 or more in the means should be considered to reflect a significant difference that is associated with caregiving situation.

Several of the absenteeism questions ask for mean number of days absent. We recoded these variables in two ways. First, we calculated the mean number of days absent using the total sample to do the calculations. Second, we calculated the mean number of days for those for which a mean score was appropriate. For example, for eldercare we would only include a person in this calculation if they had eldercare responsibilities. If they did not have eldercare responsibilities, they were not included in the calculation of this mean score.

2.4.3 Factor Analysis

In this study, we conducted factor analysis on each of the scales. Factor analysis is a statistical procedure used to identify a small number of factors (or dimensions) that can be used to represent the relationships among a larger set of related variables. In this analysis, we used principal components factor analysis - a method of factor extraction in which linear combinations of the observed variables are formed. Factors are listed according to factor loadings, or how much variation in the data they can explain. In other words, the first principal component is the combination of variables or "items" that explains the largest amount of variation in the sample. The second principal component explains the second highest amount of variance and is not correlated with the first component, and so on. We also used a technique called varimax rotation to simplify the structure of the analysis and minimize the number of items with high loading on each factor.

Section Three: Who answered the survey?

To understand an employee's ability to balance work, family, and caregiving it is necessary to appreciate the constraints imposed and opportunities available in two domains: work and non-work. This section describes the key features of the respondents' work and non-work life that may impact the challenges of balancing work, family, and caregiving.

Over 3,300 employed Canadians filled in this survey. We begin by describing the work profile of these employees (Section 3.1) before detailing their personal and family characteristics (Section 3.2). Finally, for those employees with eldercare responsibilities we also describe key features of their eldercare situation as well as the demographic profile of their main care recipient (Section 3.3).

The detailed data tables used in this section can be found in Appendix C:

- Table C1: Work Profile
- Table C2: Gender, Age and Community
- Table C3: Childcare
- Table C4: Income of Respondents and their Partners, and Family Type
- Table C5: Caregiving Situation & Care Recipient Demographics

3.1 Work Profile

Research has determined that job type is a major predictor of employee and organizational outcomes. Workload is more of an issue for those in white collar jobs while lack of control, work environment, and quality of work are often sources of stress for those in pink and blue-collar jobs. Figure 2 shows the distinctive relationship between job-type and dependent care group for the employees who completed our survey.

Most respondents are either knowledge workers or police officers

Overall, close to a third of those who completed the survey can be described as “knowledge workers” (i.e. they worked in managerial or professional positions). A similar number indicated that they worked as police officers (29%). Nearly one in six worked in a clerical/administrative role, while the rest worked as technicians (11%) or in other roles (13%), which includes teachers and health care professionals.

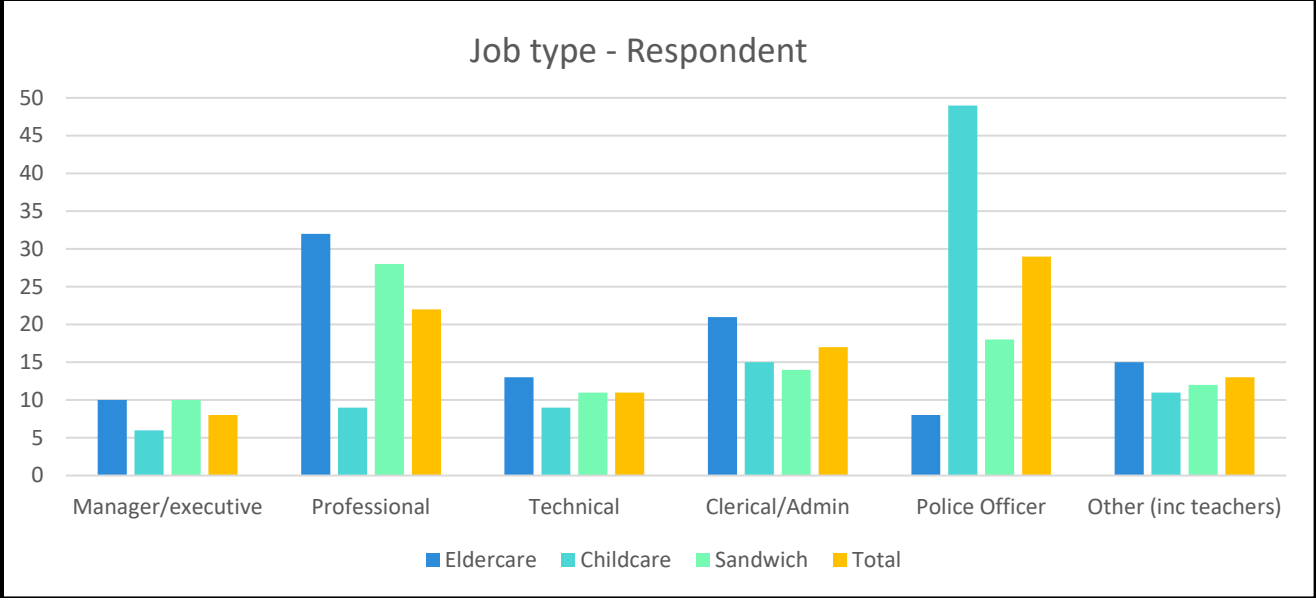
Job type is strongly related to the dependent care group

Almost half of those in the childcare only group are police officers. Furthermore, two out of every five respondents in the eldercare only group and a similar proportion (38%) of sandwich respondents are “knowledge workers”.

These findings partly reflect the fact that public sector employees dominate the respondent sample. These findings also mirror the objectives of the public-sector unions and organizations who partnered with us in this research. Specifically, while the law enforcement organisations who participated in this study wished to focus on the issues faced by all three dependent care groups, other organisations focused primarily on eldercare issues faced by their sandwich generation employees and by those employees with only eldercare responsibilities. As a result, the childcare only group is not well-distributed by job-type.

The higher proportion of eldercare only and sandwich respondents that have achieved qualified professional, or managerial, status suggests that these respondents are likely to be older than those in the childcare only group. Alternatively, their career development has not been, or is no longer, constrained by the demands of a very young family. This finding is not surprising given that by our definition of the life cycle based dependent care groups (see above), those in the eldercare only group either have adult children or no children at all, while the sandwich group tend to have older parents than the childcare only group and are less likely to have very young children at home.

Figure 2: Job Type by Dependent Care Group



3.2 Personal characteristics

Most of the respondents in the sample were women

The following observations can be made about gender using the data in Table C2 in the Appendix:

- Most of the respondents in the sample were women (62%)
- Women (51%) and men (49%) were equally represented in the childcare only group
- There were three times as many women (76%) as men (24%) in the eldercare only group.
- There were 1.6 more women (62%) than men (38%) in the sandwich group

These data support the idea that amongst employed Canadians, women are more likely than men to provide caregiving to the elderly.

Most of the respondents were between 30-55 years of age

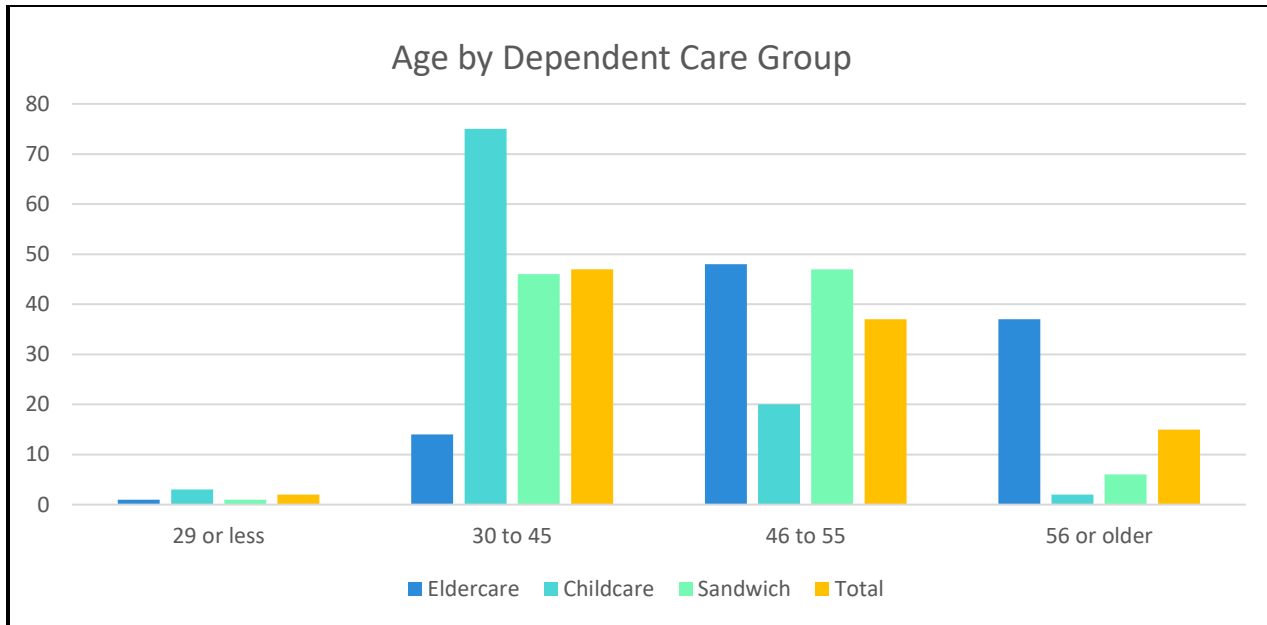
Examination of the data on respondent’s age shows that:

- 2% of our caregivers were under the age of 30,
- 47% of our caregivers were between 30 and 45,
- 37% of our caregivers were 46 to 55, and
- 15% of our caregivers were 56 or older.

The higher number of younger workers in our caregiving sample is likely reflective of our focus on Canadians who are still in the workforce.

Age is strongly related to dependent care group as shown in Figure 3 as employees in the eldercare group are older than those in the sandwich group. This is not surprising given that by definition, those in the sandwich group still have children at home.

Figure 3: Age by Dependent Care Group



Eldercare only respondents were more likely to have never been married

We also collected information on respondent’s marital status. Over three-quarters of the respondents (78%) were married, 9% were single and 14% were separated, widowed, or divorced. Eldercare only caregivers were, however, more likely to have never been married than the other two dependent care groups as shown in Figure 4.

The sample is geographically well-distributed

As shown in Figure 5, respondents to our survey come from across Canada: 30% live in Ontario, 23% live in British Columbia, 21% live in the Prairie provinces of Alberta, Saskatchewan and Manitoba, 10% live in the Maritimes, 9% live in Quebec, and 1% live in the northern territories. Five percent did not provide information on where they lived. Where respondents live is also related to the dependent care group. Specifically, a plurality of eldercare only caregivers (41%) live in Ontario, while most employees in the childcare group live in the Prairies and B.C. As shown in Figure 5, the sample is also well distributed with respect to community size. Employees in the childcare group were more likely to live in small communities and less likely than the other two groups to live in large cities. The geographic distribution noted across the dependent care groups is likely to be linked to the numbers of police officers in the childcare group.

Figure 4: Marital Status by Dependent Care Group

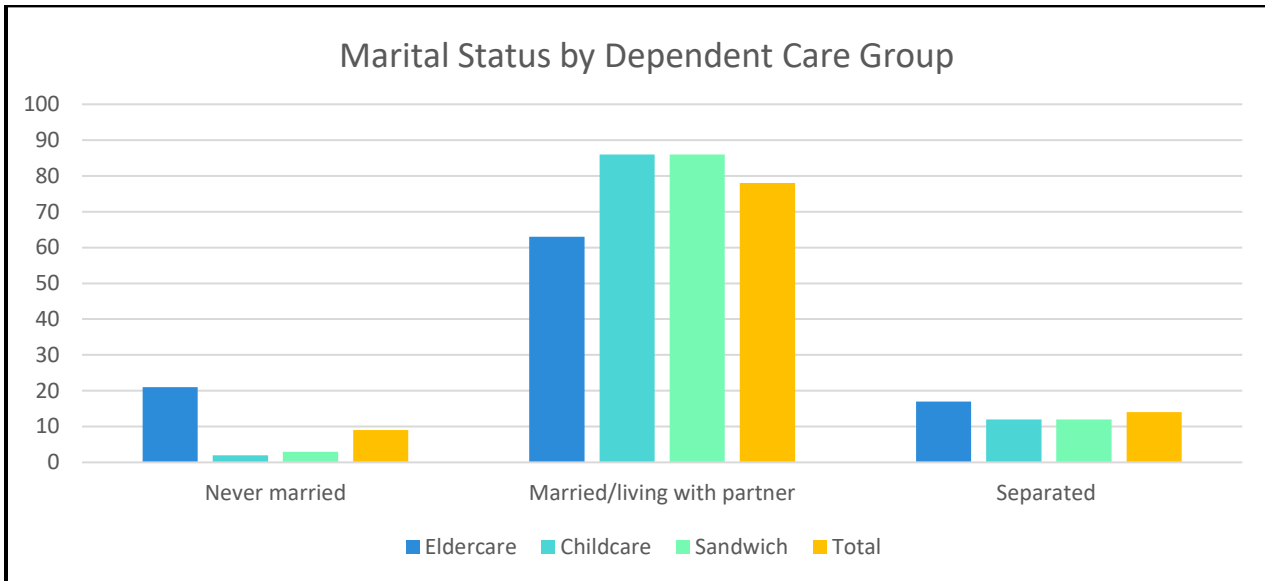
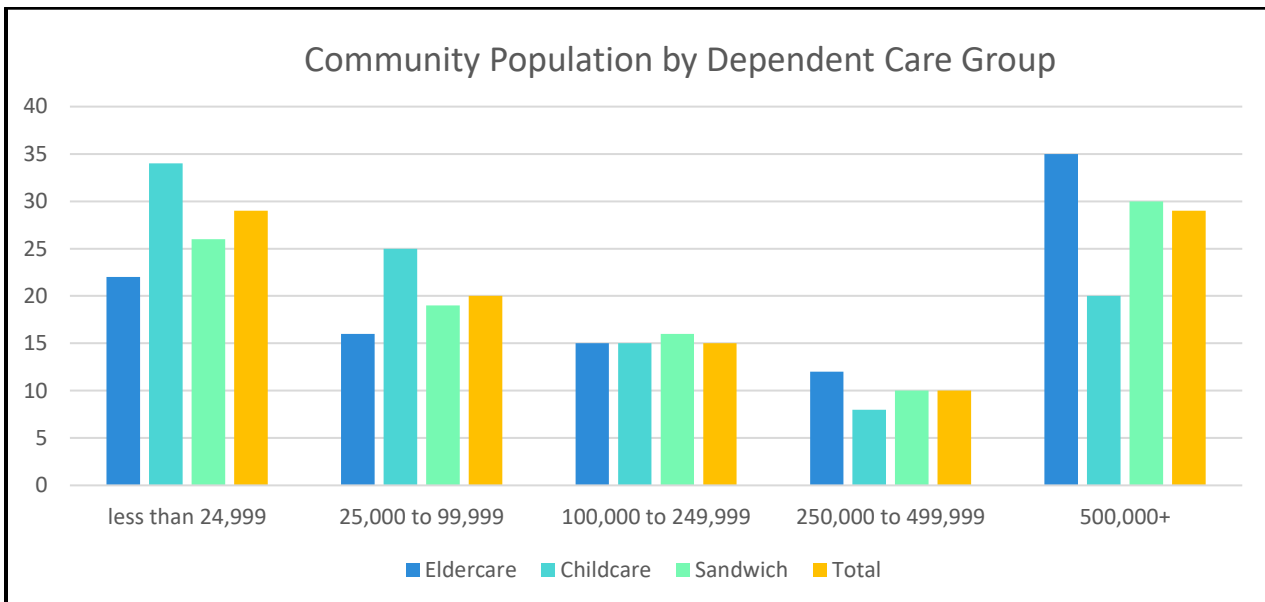


Figure 5: Community Population Where Respondents Live by Dependent Care Group

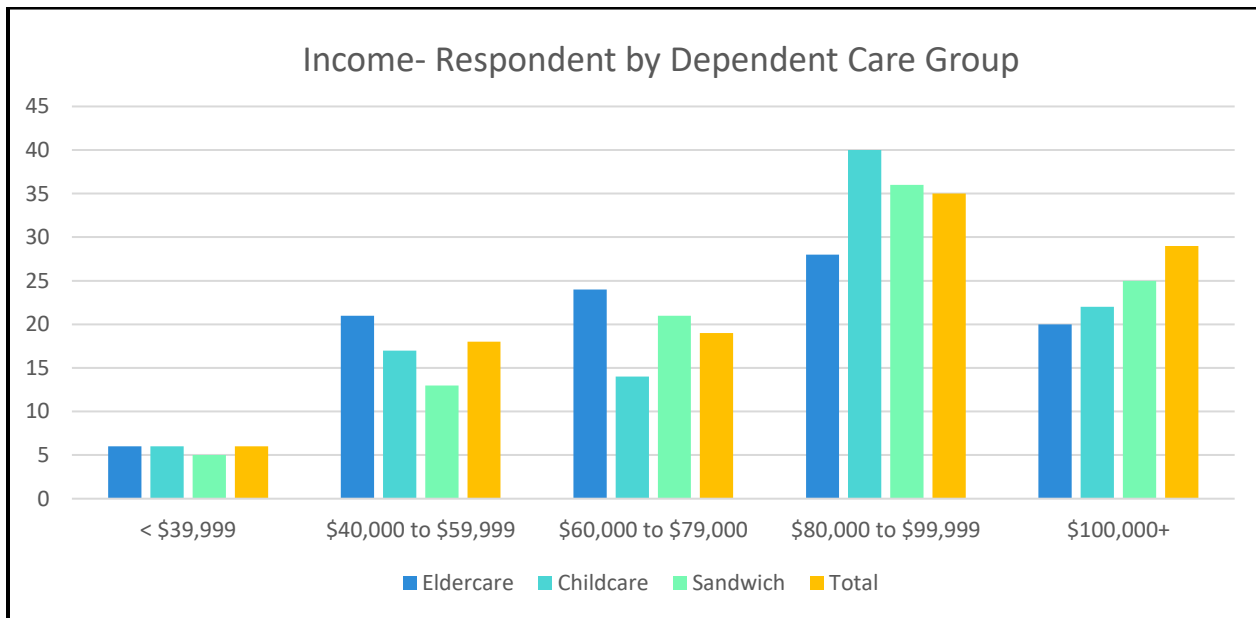


Most respondents are well educated with above average incomes

Respondents tend to be well educated with 27% having a college degree, 36% with one university degree and 13% with at least one post-graduate degree – a finding that is consistent with the work they do. Twenty-three per cent had not completed any post-secondary education. According to Statistics Canada the average income per capita in Canada in 2016 was \$49,502. Over half of the survey respondents had personal yearly incomes of \$80,000 or more (see Figure 6). Only those respondents in the eldercare only group fail to match this income profile with 52% earning less than \$80,000.

These data, which are consistent with the education and job type data, imply that many of the people who filled out this survey are socio-economically advantaged. Higher income families can usually afford to hire adequate household and childcare help to ease domestic burdens and may more easily purchase services and labour-saving devices to reduce demands on their time and energy (e.g., dining out, hiring a housekeeper, household appliances etc.).

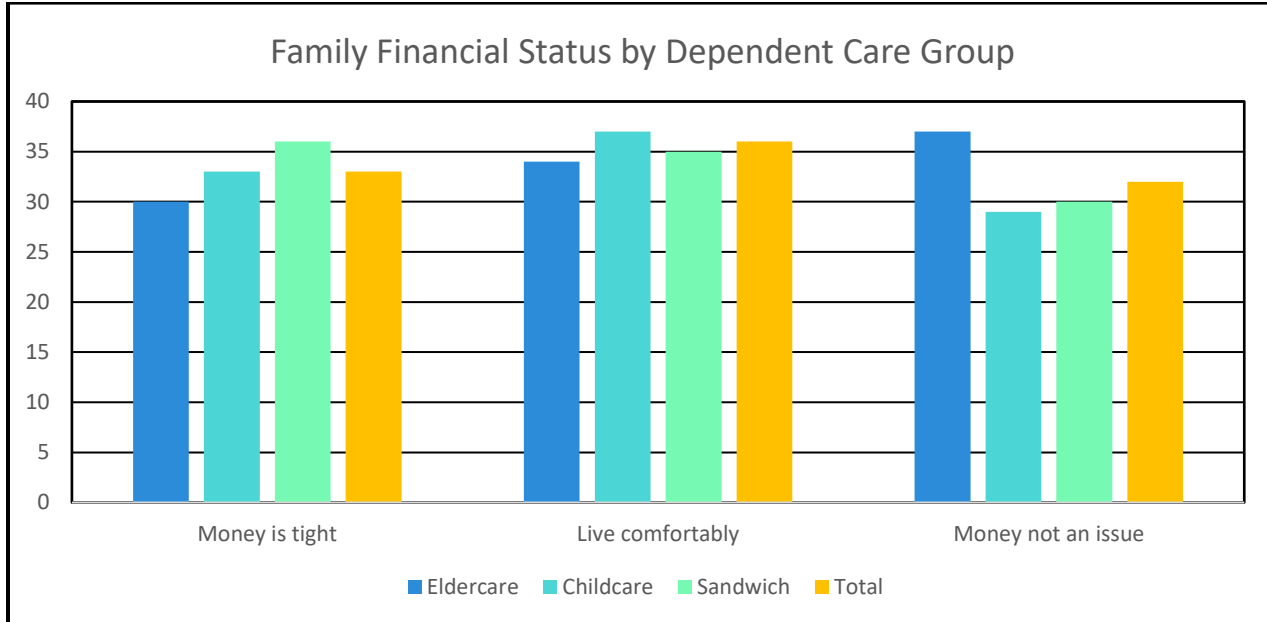
Figure 6: Respondent Income by Dependent Care Group



Respondents in the eldercare only group are more likely to say that money is not an issue

To accommodate for the fact that our respondents came from across Canada and lived in different sized communities we asked them to describe their family’s financial status. These data, which are shown in Figure 7, reveal that the sample is approximately equally distributed between the three groups under consideration: money is tight, live comfortably on our income, and money is not an issue. Those in the eldercare group were more likely to say that money is not an issue in their family.

Figure 7: Family Financial Status by Dependent Care Group

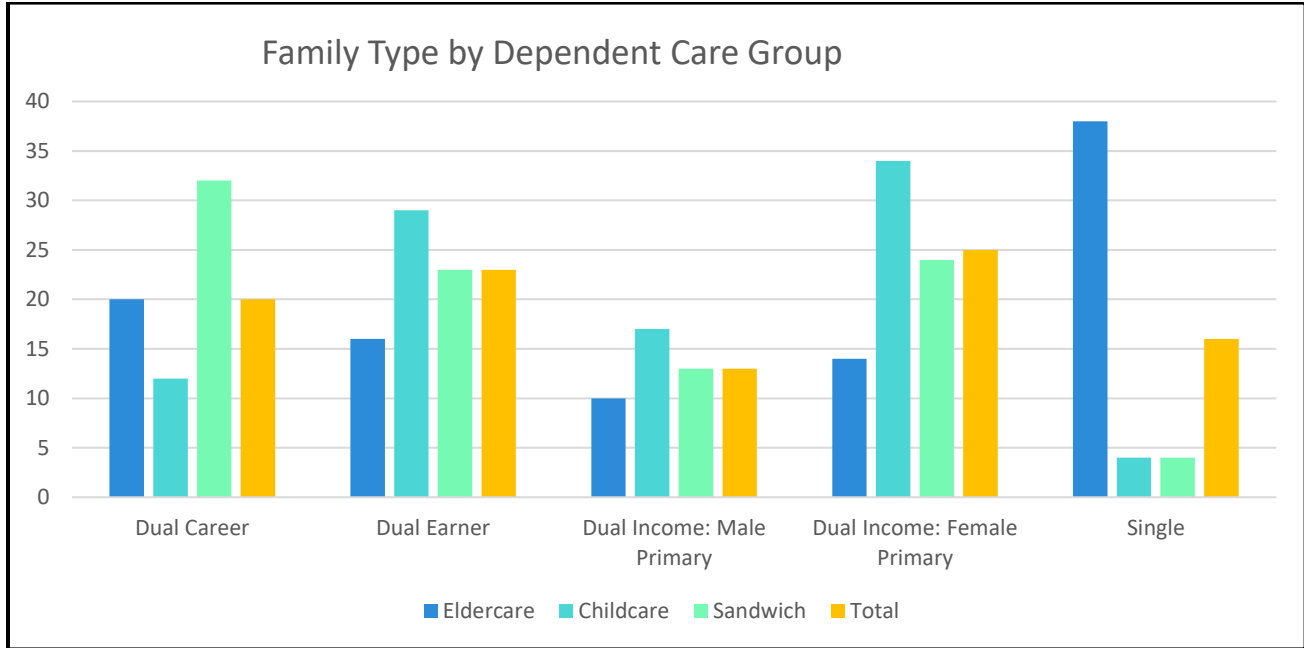


Many of the single employees in our sample provide eldercare

The job type and education data discussed above was used to identify the type of family that respondents lived in. Data classifying our respondents by family type are shown in Figure 8. Several interesting conclusions can be drawn from these data.

- Many respondents who provide eldercare are single.
- Employees in the sandwich group are more likely to live in dual career families. While these families are more likely to have the financial resources to help them cope with their caregiving demands, the respondents in this group are also more likely to have challenges balancing the time and financial demands of managing two careers with two sets of dependent care needs.
- Employees in the childcare only group are more likely to be part of a dual earner family (i.e., both partners in "blue or pink collar" positions which require less formal education and are awarded lower levels of pay). Also, notable are the data showing that those in the childcare only group also appear to be more likely to be part of a family in which the female is the primary earner (i.e., the women in these families are highly educated, work in well paid professional positions and their partner's income is secondary).

Figure 8: Family Type by Dependent Care Group



3.3 Eldercare Situation

To gain an appreciation of the eldercare situation facing the employees in the eldercare only and sandwich groups we asked the respondents to identify a “*specific individual for whom you provide caregiving*” that requires “*more of you in terms of time, energy and emotional commitment*”. We then asked them to think about this specific care recipient when answering the questions in this section of the survey. To help us construct a demographic profile of the referent care recipient we asked questions about: the relationship of this person to the caregiver; the age of the dependent; where the dependent lives, and the commute time (hours) from where respondent lives to where dependent lives; if this dependent has dementia, what language does the care recipient speak; and finally, the financial cost of caregiving.

In those cases where the employee is only caring for one person, this profile describes their situation quite realistically. In those cases where the respondent is caring for more than one person, this gives us an idea of those types of eldercare situations that are demanding and stressful.

Most caregivers look after a member of their immediate family

When answering the questions in this section, most respondents who have eldercare responsibilities are referring to an immediate family member (usually their mother) who is in their late seventies, speaks either French or English, and lives in their own home (which is nearby) or with the caregiver. While most respondents with eldercare responsibilities do not have a long commute from their home to the place where their care recipient lives, approximately one in five live a substantive distance away. Most elder caregivers spend less than \$3000 per year fulfilling their role as a caregiver, however, one in five spend more than \$5000. Approximately one in three caregivers with eldercare responsibilities care for someone who was diagnosed as having dementia approximately four years ago.

Those in the eldercare only group are more likely to be caring for an older mother with dementia

Examination of the data shows that employees in the eldercare only group are more likely than those in the sandwich group to be caring for their mother, caring someone who is over the age of 85, caring for someone who has been diagnosed with dementia, and caring for someone living with them in their home.

3.4 Summary – What do we know about the people who answered the survey?

The following conclusions with respect to the total sample of 3309 employees can be drawn from the data (regardless of dependent caregiver group):

Three out of every five employees in our sample have elder care responsibilities. Those caring only for children make up the remaining 40%. Close to two-thirds of the total sample are parents, with the eldercare only respondents comprising 35% of the sample. A majority of the respondents in the sample (62%) were women.

The sample is skewed with respect to industry sector, job-type and socio-economic status. Overall, respondents are well-educated (27% having a college degree, 36% have a university degree and 13% have a post-graduate degree) and socio-economically advantaged (two-thirds have annual incomes of \$80,000 or above). While the sample is geographically representative of Canada, the number of respondents working in the private sector is small (3%). Nearly a third of the respondents were ‘knowledge workers’ (i.e., worked in managerial or professional positions) while another third worked as police officers.

Section Four: Predictors

A predictor is a variable that can be used to predict the value of another variable. In our theoretical framework (see Figure 1) we include several sets of predictors. Research in the area supports the following linkages:

- Demands associated with the work, family, and eldercare roles (i.e. first order predictors) are hypothesized to predict subjective perceptions of caregiver burden and role overload at work and at home
- Work role overload and family role overload (i.e. second order predictors) are hypothesized to predict total role overload

This section of the report examines data quantifying the various predictors examined in this study. Three sets of "first order" predictors are examined in this part of the report: demands pertaining to the work itself (Section 4.1); demands relating to the family (Section 4.2); and demands relating to the eldercare caregiving role assumed by the employee (Section 4.3). We then turn, in Sections 4.4 and 4.5, to an examination of the data on second order predictors. Subjective caregiver burden is discussed in Section 4.4 and work role overload and family role overload are discussed in Section 4.5. Data on total role overload are also included in Section 4.5.

A full description of the various measures examined in this section of the report and how they might be interpreted is provided in Appendix B.

4.1 Work Demands

We included four measures of work demands in this study: hours spent in work per week; hours spent in guerrilla telework (i.e., paid work done at home on an informal basis); hours spent in supplemental work at home (SWAH) per week (i.e., performing unpaid job-related work at home outside regular office hours); and hours spent commuting to and from work per week. Respondents were also asked to estimate how many hours per week their partner spent in each of these activities. For both respondents and their partners, we also calculated total hours in paid employment per week to be the total amount of time per week employees spend in work, commuting to and from work, and supplemental work from home.

Respondents in all three dependent care groups spend long hours at work

The employees in our sample devote long hours to work. The average employee in this sample spends 41 hours per week performing work at the office. Over fifty percent work more than 45 hours per week while 43% work between 35 and 40 hours (see Figure 10).

The data collected in this study (see Table 2) suggest that the majority of our respondents (59%) cannot get everything done during work hours and take work home to complete outside of their regular hours typically on evenings and weekends. These individuals spend close to another four hours in work per week. Respondents also spend an average of 5.4 hours per week in work-related commuting. All things considered, the typical employee in this sample spends 46.2 hours in work related activities per week.

Figure 10: Time in Work per Week – Respondent by Dependent Care Group

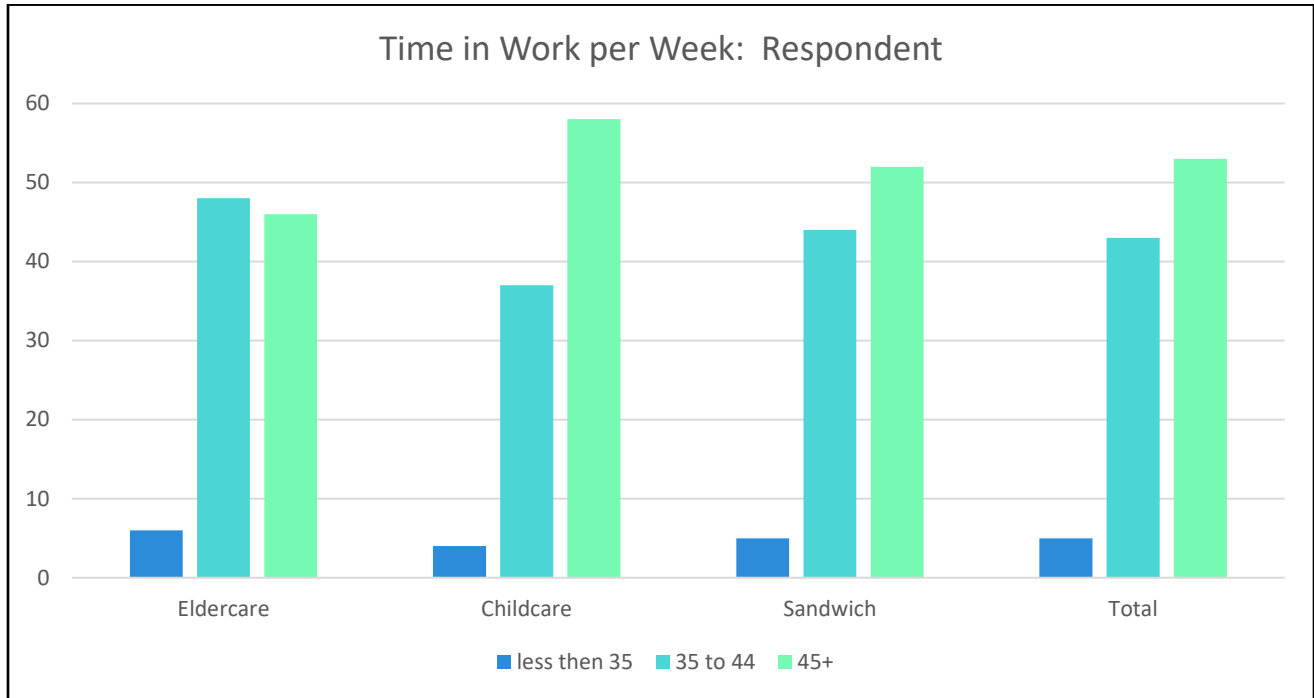


Table 2: Objective Work Demands: Respondent by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
% who perform SWAH	56	59	62	59
% who guerilla telework	27	19	25	23
Mean hours per week				
Total hours in work /week	36.9 (7.2)	42.4 (8.3)	40.1 (7.1)	41.0 (7.8)
In guerilla telework (Total)	2.6 (7.7)	1.5 (6.0)	2.3 (7.4)	2.1 (7.0)
In SWAH (Total)	3.6 (5.5)	3.8 (6.6)	3.9 (5.8)	3.8 (6.0)
Commuting to/from work (Total)	5.7 (5.6)	5.1 (6.2)	5.5 (5.8)	5.4 (6.0)
In guerilla telework (Users)	11.8 (12.6)	9.2 (12.3)	12.4 (12.3)	10.6 (12.4)
In SWAH (Users)	6.6 (6.1)	6.5 (5.8)	6.3 (6.4)	6.4 (6.9)
Total hrs. employment related activities	45.2 (10.5)	47.2 (10.6)	45.7 (8.6)	46.2 (10.2)

Note: “Total” means that the total sample was used for the calculations, including those who do not engage in telework or SWAH. “Users” means that the calculations were restricted to only those employees who engage in telework or SWAH. Key between-group differences associated with dependent care type are shaded

Employees in the childcare only group spend the most time in work per week

On average, the respondents with childcare only responsibilities spend 42.4 hours in work per week, which is much higher than the average of 36.9 hours in work per week spent by the eldercare only respondents, and higher than the average 40.1 hours per week spent by those in the sandwich group (see Table 2 and Figure 10). Part of this difference can be attributed to the fact that those in the childcare only group are less likely to perform guerilla telework (19% of childcare group versus 27% of the eldercare group and 25% of the sandwich respondents) which is also consistent with the higher number of police officers in this group.

Employees in the eldercare only group are less likely to perform SWAH

Fifty six percent of the employees in the eldercare only group supplement the hours they spend at work by completing work at home outside regular work hours (see Table 2) – a lower proportion than can be observed for employees in the sandwich group (62%). That being said, it should be noted that the amount of time spent per week in SWAH is not associated with dependent care group as most respondents spend about six hours a week in after-hours work at home (see Table 2).

Respondents with eldercare demands are more likely to perform guerilla telework

Employees in our sample with eldercare responsibilities are more likely to perform paid work at home on an informal basis than are their counterparts in the childcare only group. The respondents in the eldercare only (11.8) and sandwich (12.4) groups who perform guerilla telework also spend more hours per week working from home than do those in the childcare only group (9.2).

The partners of respondents with eldercare responsibilities also spend more time working at home

We also asked the respondent to tell us about the work demands of their partner. These data are shown in Table 3. Several observations can be drawn from these data. First, we note that the partners of respondents with eldercare responsibilities are also more likely to perform paid work at home on an informal basis than are the partners of those in the childcare only group. Second, the partners of respondents in these two groups who perform paid and unpaid work at home, spend more time on average per week working at home than do the partners of those in the childcare only group employees. Finally, the partners of respondents with eldercare responsibilities spend at least 5.8 hours per week on average commuting to and from work. This is substantially more than the commuting time spent by the partners of those with childcare only demands.

Employees who are in the eldercare group are more likely to have a partner who either does not work or who works part time

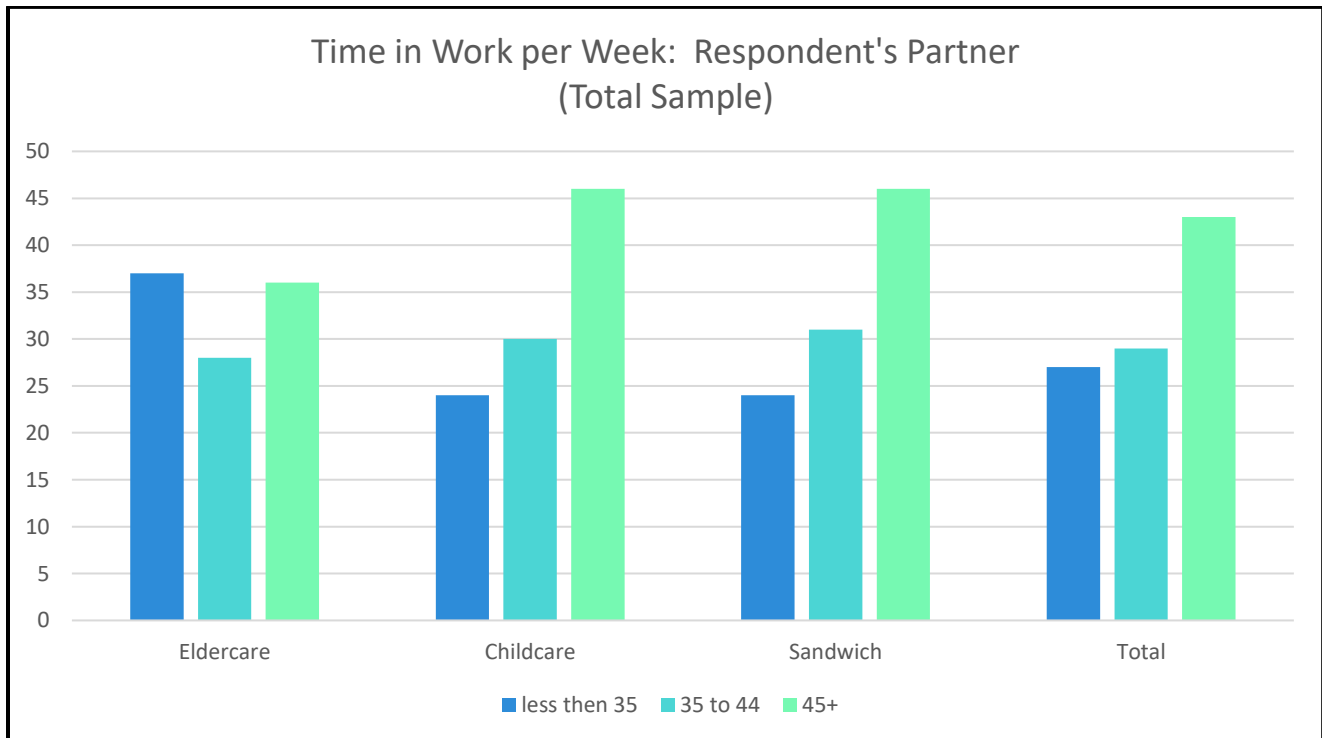
Eighty four percent of the partners of the respondents in the eldercare only group have paid employment. This is a smaller percentage than the partners of the other two dependent care groups who both reported that 89% of their partner have a paid job (see Table 3). Partners of the eldercare only respondents also spend fewer hours in work than partners of the childcare and sandwich groups (see Figure 11). These findings support the view that employees who are in the eldercare group are more likely to have a partner who either has retired or who works part time

Table 3: Objective Work Demands: Respondent’s Partner by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
% spouse has paid employment	84	89	89	87
% spouse performs SWAH	65	62	62	63
% who guerilla telework	55	36	41	44
Mean hours per week respondent’s spouse spends in following (shown only for those whose partner engages in paid employment and such an activity)				
In paid employment	39.2 (10.6)	41.0 (12.1)	40.9 (11.9)	40.5 (11.9)
Commuting to/from work	5.8 (5.3)	5.3 (5.7)	6.0 (6.1)	5.6 (5.9)
In guerilla telework (users)	13.9 (13.6)	12.1 (13.8)	15.0 (18.1)	13.5 (16.0)
In SWAH (users)	9.7 (5.8)	9.0 (9.1)	9.5 (12.7)	9.2 (10.8)
Total hours in work related activities	45.2	46.5	46.8	46.3

Note: “Users” means that the calculations were restricted to only those employees who engage in telework or SWAH. Key between-group differences associated with dependent care type are shaded

Figure 11: Time in Work per Week – Respondent’s Partner by Dependent Care Group



4.2 Family Demands

Family labour is defined as being those tasks required to maintain a household and fulfil child and eldercare responsibilities. Non-work demands for the respondent were quantified by asking respondents approximately how many hours per week they spent in childcare and activities with their children as well as in eldercare and activities with and for the dependent(s) they are caring for. Respondents were also asked to estimate how many hours per week their partner spent in each of these activities. Time spent in two non-work activities (hours in childcare and hours in eldercare per week) for both the respondents and their spouses are provided in Table 4 (respondent) and Table 5 (partner) below.

In Tables 4 and 5, we first report the percent of the respondents and the percent of the respondent's partner who engage in each of these two activities. We then present the mean number of hours per week spent in each of these activities by either the respondent or the respondent's spouse/partner. Three numbers are given for these means: mean hours per week spent in childcare, mean number of hours per week spent in eldercare, and mean number of hours spent per week in dependent care (i.e. childcare and/or eldercare). In Table 4, the means were calculated for the respondent using the total sample as the denominator. In Table 5, the means are presented in two ways. In the first case, the means were calculated using the total sample as the denominator (marked as 'total'). In the second case, we used the number engaged in childcare, or eldercare, as the denominator (marked as 'users') for our calculations.

Table 4: Objective Non-Work Demands: Respondent by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
% who engage in activities with children	0%	100%	100%	65%
% who engage in eldercare activities	100%	0%	100%	59%
Mean hours per week (for those engaged in childcare and eldercare)				
In childcare/activities with children	0	25.5 (21.6)	20.4 (18.4)	15.2 (20.1)
In eldercare activities	15.4 (16.2)	0.0 (0)	10.5 (16.5)	8.0 (13.9)
In Dependent Care	15.4 (16.2)	24.3 (21.6)	30.3 (22.2)	22.7 (21.3)

Note: Key between-group differences associated with dependent care type are shaded

Employees in the sandwich group spend more hours in dependent care per week

Employees in the sandwich group spend an average of 30.3 hours per week in activities associated with caring for their elderly dependent and their children. This is more time per week spent in dependent activities than assumed by those in either the eldercare only group who spend an average of 15.4 hours per week in dependent care or the childcare only group who spend on average 24.3 hours per week.

While the overall dependent care demands are higher for employees in the sandwich group, as outlined above, these differences can be attributed to the fact that these employees have more family role responsibilities not that they spend more time in childcare or eldercare than those in the other two groups. For example, we note that those in the sandwich group spend 5 hours less per week on average in childcare than the childcare only group, and 4.9 hours less per week on average in eldercare activities than those in the eldercare only group. This finding suggests that the sandwich group may struggle to find the time to fully meet their dependent care demands, and may often be faced with the difficult choice of taking time from one caregiver demand to meet the other.

More time is spent in parenting than in eldercare

Respondents in the childcare (25.5) and sandwich groups (20.4) spent approximately 20+ hours a week on childcare related activities. In comparison, those in the eldercare only group (15.4) and sandwich (10.5) spent approximately 10+ groups per week in caregiving. These data support the idea that time demands associated with eldercare are substantially less time than the time demands of parenting.

Table 5: Objective Non-Work Demands: Respondent’s Partner by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
% whose partners engage in activities with their children	n/a	95%	97%	96%
% whose partner’s engage in eldercare activities	77%	n/a	70%	55%
Mean hours per week respondent’s partner spends in following activities				
In childcare/activities with children (total)	n/a	30.1 (27.1)	19.8 (21.2)	25.5 (25.4)
In eldercare activities (total)	7.1 (13.6)	n/a	5.0 (10.6)	3.6 (9.4)
In Dependent Care (total)	7.8 (15.8)	29.8 (27.7)	24.4 (21.0)	22.2 (25.2)
In childcare/activities with children (users)	n/a	32.0 (26.7)	21.4 (21.8)	27.6 (25.4)
In eldercare activities (users)	11.3 (15.8)	n/a	7.8 (9.0)	9.0 (13.0)
In Dependent Care (users)	12.1 (16.9)	32.1 (26.8)	25.8 (26.1)	26.1 (25.4)

Note: Key between-group differences associated with dependent care type are shaded

Partners share the load with respect to both childcare and eldercare

From the data in Table 5 above, we can draw the following conclusions about the family demands of our respondents’ partners. First, the partners of employees in the childcare only group spend more hours in dependent care per week (32.1 hours) than do the partners of respondents in the eldercare only group (12.1 hours) or the sandwich group (25.8 hours). Second, partners of those in the childcare and sandwich groups spend more time per week caring for their children (27 hours per week on average) – three times that amount of time than the partners of those in the eldercare only group spend on caregiving (9 hours per week caring for elderly dependents). Third, we note that the partners of those in the sandwich group spend less time in childcare than the partners of those in childcare only group. We also note their objective family demands are less overall. More specifically, the partners of the sandwich group employees who engage in activities with their children spend on average 21.4 hours per week in childcare and 25.8 hours per week in total dependent care (i.e. childcare and eldercare) (see Table 5). In comparison, the partners of respondents in the childcare only group spend substantially more time in dependent care overall (i.e., on average 32 hours per week). A similar trend is noticed when we look at partner’s time in eldercare as the partners of those in the sandwich group also spend less time in eldercare (7.8 hours per week) than partners of those in the eldercare only group (11.3 hours per week). Finally, we note that when total family demands are considered, the demands of the partners of those in the sandwich group (25.8 hours on average per week) are substantially higher than time spent in dependent care by the eldercare only partners (12.1 hours on average per week).

4.3 Eldercare Demands and Caregiver Intensity

Several questions were included in the survey to help us understand the objective caregiver demands borne by the employees with eldercare responsibilities in the sample. More specifically, we asked respondents in the eldercare only and sandwich groups:

- how many elderly dependents they had some level of responsibility for,
- where each of these dependents lived? in the respondent's home; nearby in their own home, in an assisted living facility, or in institutional care; or elsewhere in their own home, in an assisted living facility, or in institutional care, and
- which caregiving activities they typically performed and the demands such activities generated.

We also asked them a number of questions that related to the care of the elderly dependent that occupies most of their time including:

- how many hours per week they spend caring this individual, and
- how much of the responsibility for the care of this person do they assume?

Data collected about the caregiver living situation and the amount of eldercare undertaken is presented below. Since by definition no one in the childcare only group has eldercare responsibilities, only data on these two groups are provided in the tables and figures.

Three tables are used to present data about the care recipients' living situation and the amount of eldercare undertaken by our sample of employee caregivers. Specifically, data showing the percentage of respondents caring for an elderly dependent who live in the seven listed caregiving situations is presented in Table 6. This table also includes the calculated mean number of different eldercare situations that each of the employees in our sample faces. Table 7 shows the mean number of elderly family members living in each of the caregiving living situations as well as the mean number of adult dependents each respondent cares for. Finally, Table 8 presents data on the number of hours spent per week in eldercare. Percentages are shown for the following groups: Zero hours; 1-3.5 hours; 3.5- 7 hours; 8-14 hours; 15+hours per week. Table 8 also presents data on the percentage of eldercare the employees in our sample are responsible for. Percentages are shown for the following groups: 0-20%; 21-40%; 41-60%; 61-80%; 81-100%.

From Table 6 and 7 we make the following observations:

Employees in the eldercare only group are more likely to care for someone in their home

Close to 29% of the employees in the eldercare only group have responsibility for an elderly dependent living in their home. It would also appear that those in the eldercare only group face a somewhat simpler caregiving situation as two-thirds of these employees face just one eldercare situation. On average they also care for fewer elderly dependents (on average they care for fewer than two individuals). By comparison, fewer respondents in the sandwich group (23%) care for an elderly dependent in their home and a higher proportion (41%) manage the care of elderly dependents living in multiple locations. Also noteworthy are the data showing that the sandwich group employees care for more dependents on average (2.3) than do the eldercare only respondents.

Table 6: Caregiving Demands – Percentage of Respondents in Caregiver Situations

Caregiver “situation” % with elderly family members who are:	Eldercare	Sandwich
Living in your home	28.8	23.1
Living in their own home which is nearby (i.e., within a one hour drive).	46.7	55.5
Living in their own home which is elsewhere (i.e., more than a one hour drive).	25.5	35.8
Living in an assisted living facility nearby	12.1	10.2
Living in an assisted living facility elsewhere	4.8	4.3
In institutional care (i.e. nursing home) nearby	11.6	10.0
In institutional care (i.e. nursing home) elsewhere	5.9	4.6
Number of different caregiving situations respondents face	Eldercare	Sandwich
Just one	67.9%	59.9%
Two	26.0%	30.6%
Three	4.7%	6.4%

Those in the sandwich group are more likely to care for a greater number of dependents

Half of the sandwich group employees (55.5 percent) care for an elderly dependent who lives nearby while another one in three cares for an elderly dependent who lives elsewhere (over an hour away by car). In both cases, these are higher proportions than was observed in the eldercare only group. It is also noteworthy that sandwich respondents are more likely to deal with two or more caregiving situations than the eldercare only respondents (30.6 % versus 26%), and as noted above, care for a greater number of dependents on average (2.3) than do the employees in our sample who have no childcare responsibilities (1.9).

Table 7: Caregiver Demands – Mean Numbers of Elderly Dependents in Caregiver Situations

Mean number of elderly family members:	Eldercare	Sandwich
Living in your home	0.35 (.65)	0.30 (.59)
Living in their own home which is nearby (i.e., within a one hour drive).	0.74 (1.04)	1.1 (1.09)
Living in their own home which is elsewhere (i.e., more than a one hour drive).	0.40 (.73)	0.67 (1.0)
Living in an assisted living facility nearby	0.17 (.38)	0.12 (.89)
Living in an assisted living facility elsewhere	0.06 (.22)	0.05 (.30)
In institutional care (i.e. nursing home) nearby	0.13 (0.35)	0.10 (.35)
In institutional care (i.e. nursing home) elsewhere	0.06 (0.21)	0.06 (.36)
	1.9 (1.2)	2.3 (1.2)

Note: Key between-group differences associated with dependent care type are shaded

Those in the eldercare only group are almost twice as likely, as their counterpart in the sandwich group, to spend more than 15 hours a week caring for an elderly dependent.

As shown in Table 8, approximately two out of every five respondents in the eldercare only group spend more than 15 hours per week on average in eldercare activities – a substantially higher proportion with 15+ hours in care per week than was observed for those in the sandwich group. The idea that those in the eldercare only group spend more time per week in eldercare is supported by the data showing that the mean number of hours spent per week in eldercare is 16.6 for the eldercare only employees in our sample compared to 11.3 for those in the sandwich group.

Finally, it should be noted that the employed caregivers in our sample are responsible for about a third of the care required by the elderly dependent they care for, regardless of family type.

Table 8: Caregiver Demands – Hours and Percentage of Eldercare

	Eldercare	Sandwich
How many hours per week spent caring for this individual?		
1 to 3.5	14.9%	26.2%
3.6 to 7	23.7%	28.0%
8 to 14	23.7%	23.1%
15+	37.8%	21.3%
Mean Hours per Week	16.6 (22.4)	11.3 (18.8)
Responsibility for eldercare – respondent		
• Less than 20	47	48
• 21 to 40	22	17
• 41 to 60	12	13
• 61 to 80	6	8
• 81 to 100	12	14
Mean responsibility for eldercare (%)	35.0	36.4

Note: Key between-group differences associated with dependent care type are shaded

4.3.1 Caregiving Intensity.

Care takes different forms and results in different levels of intensity for caregivers at different points in time. Caregiving intensity was measured in this study as follows. Respondents with eldercare responsibilities were given a list of eight key caregiving activities (determined from our review of the literature) and then asked to indicate, for each of these roles, the level of demands (i.e., from ‘do not spend time/energy in the role’ to ‘a lot of time/energy’) that the role places on them in a typical month. These data were analyzed in various ways. We began our discussion of caregiving intensity by looking at the percent of the sample engaging in each of the caregiving tasks considered in this study and at the number of tasks each respondent undertook (see Table 9 and Figure 12).

Table 9: Caregiving Intensity: Task Performance by Dependant Care Group

% who perform the following tasks	Eldercare	Sandwich
Moral/emotional support (i.e., social support)	99%	98%
General care (i.e., transportation, running errands, socializing)	96%	93%
Household chores (i.e., laundry, meal preparation)	88%	84%
Decision making (i.e. about care, about meals, about finances)	87%	85%
Home-yard maintenance (i.e., housework, yard care)	85%	84%
Financial assistance/support (i.e., money management)	82%	81%
Personal care (i.e., feeding, toileting)	64%	57%
Nursing care (i.e., bathing, dressing, medications, bed transfer, wheelchair transfer)	62%	57%
Average number of tasks performed by caregivers	Eldercare	Sandwich
Average number of tasks (Mean and SD)	5.3 (1.7)	4.9 (1.8)

Note: Key between-group differences associated with dependent care type are shaded

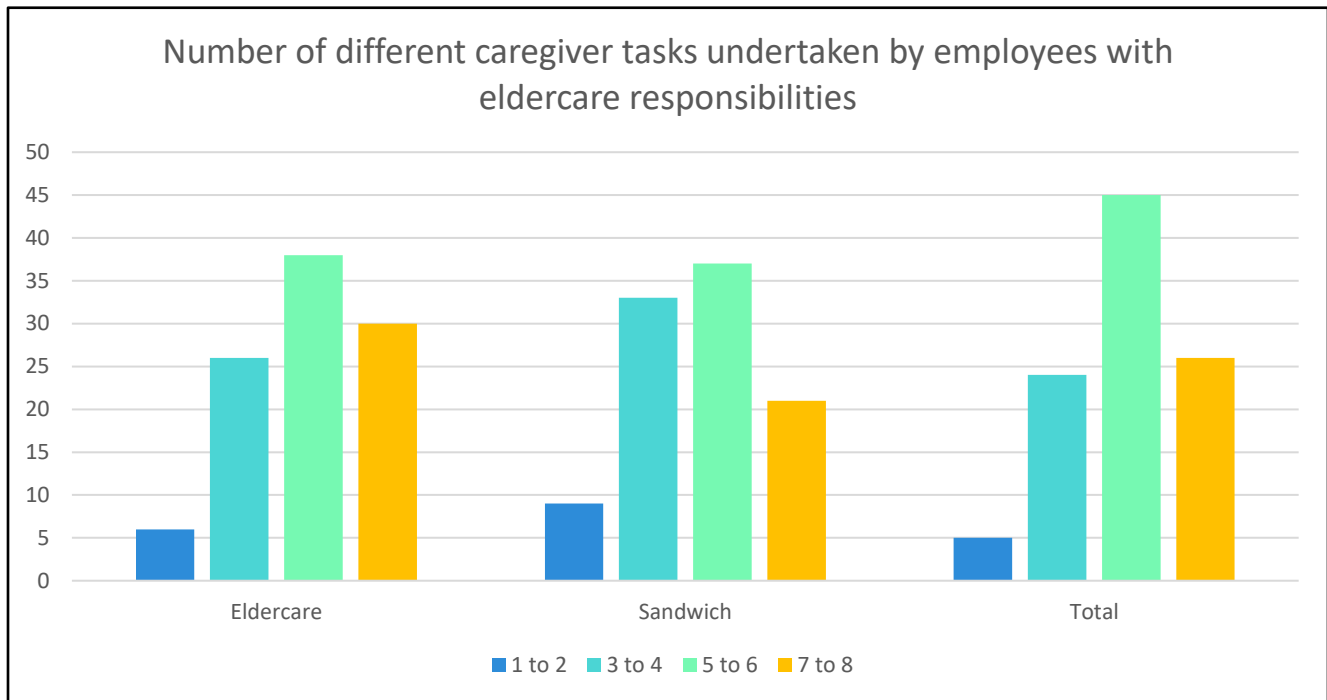
Respondents in the eldercare group are more likely to perform personal care and nursing care

Virtually all the caregivers in this sample provide emotional and social support, engage in activities associated with general care, perform household chores and yard work, help with decision making, and provide financial assistance regardless of dependent care group. It is notable, however, that while almost two thirds of the eldercare only group engage in personal care and in nursing care, the percentage of sandwich respondents who engage in these tasks is substantially lower (57%) for both these activities.

We categorized respondents with respect to the number of roles they engaged in: 1-2 roles, 3-4 roles, 5-6 roles and 7 or more roles, as shown in Table 9 and in Figure 12 below. The following conclusions can be drawn from these data:

- First, on average, both groups of caregivers in this sample engage in approximately 5 or more different tasks when performing the caregiver role.
- Second, employees in the eldercare only group (30%) are more likely than those in the sandwich group (20%) to perform 7 or more different caregiving roles.
- Lastly, employees in the sandwich group (33%) are more likely than those in the eldercare group (26%) to perform 3 or 4 different roles.

Figure 12: Number of Caregiver Tasks Undertaken by Respondents with Eldercare Responsibilities by Dependent Care Group



Data on the percentage of the total sample who say these tasks have low demands, moderate demands, and high demands are shown in Figures 13a and 13b.

Three tasks, offering emotional support, making decisions about care, and providing general care, are very demanding

Respondents with eldercare responsibilities reported that the caregiving tasks that imposed the highest demands are offering emotional support (54%), providing general care (i.e. running errands) (41%) and making decisions about care (38%) for their elderly dependants.

While in most cases the amount of demands imposed by a particular task does not vary with dependent care type, the following are notable exceptions:

- Those in the eldercare only group are more likely than their counterparts in the sandwich group to say that the following tasks are very demanding (i.e. imposes high demands): providing emotional support (57% versus 49%), general care (45% versus 35%), and nursing care (40% versus 33%).

There were no cases where those in the sandwich group were more likely than those in the eldercare group to report a task was very demanding.

Figure 13a: Demands Associated with Eldercare Caregiver Tasks 1 to 4

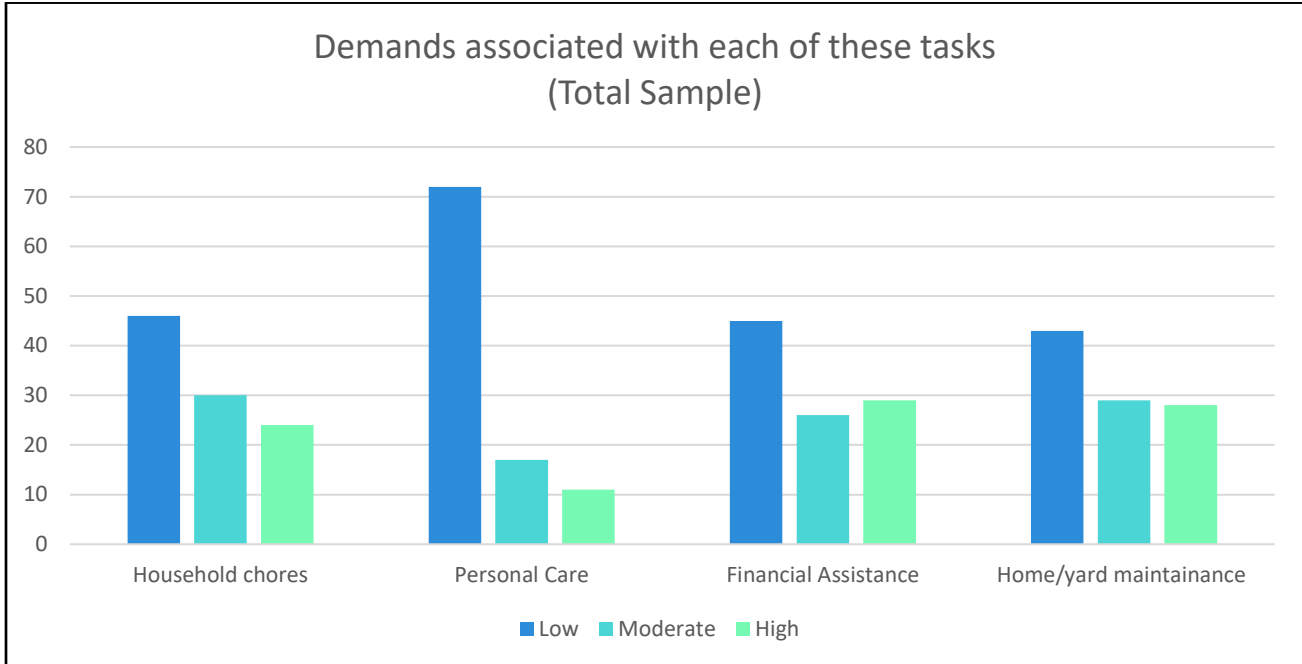
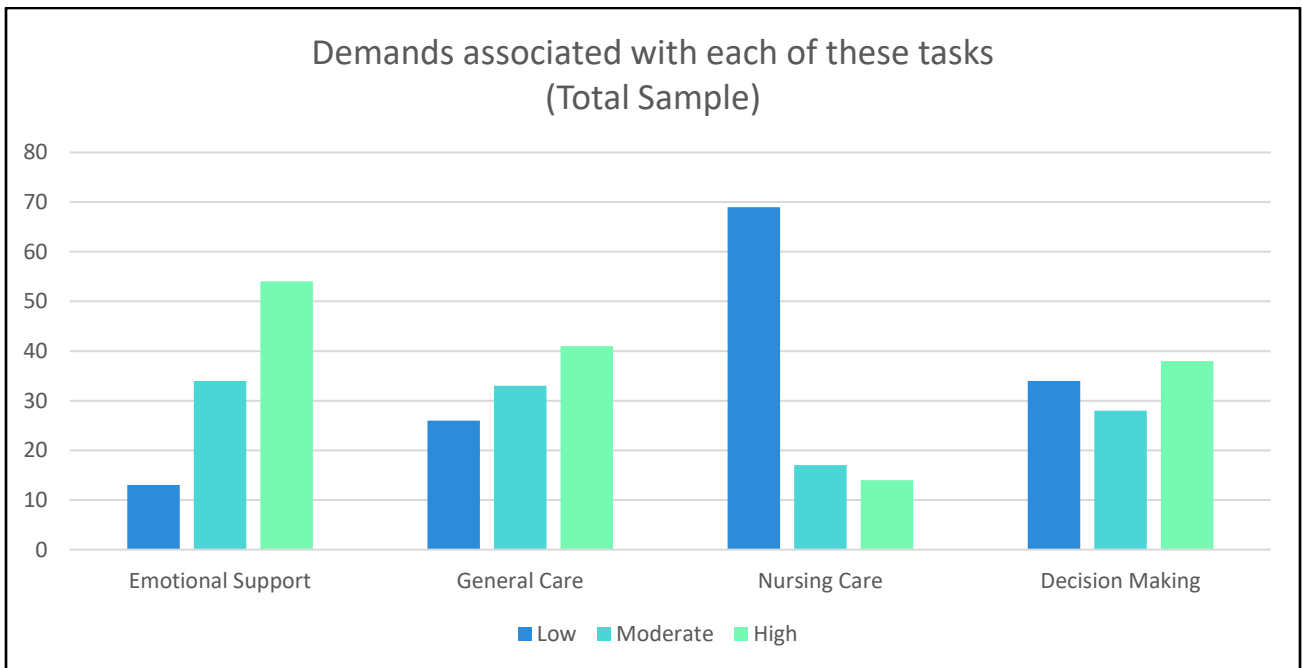


Figure 13b: Demands Associated with Eldercare Caregiver Tasks 5 to 8



Factor analysis of the items in the caregiver intensity measure identified three groups of caregiving tasks:

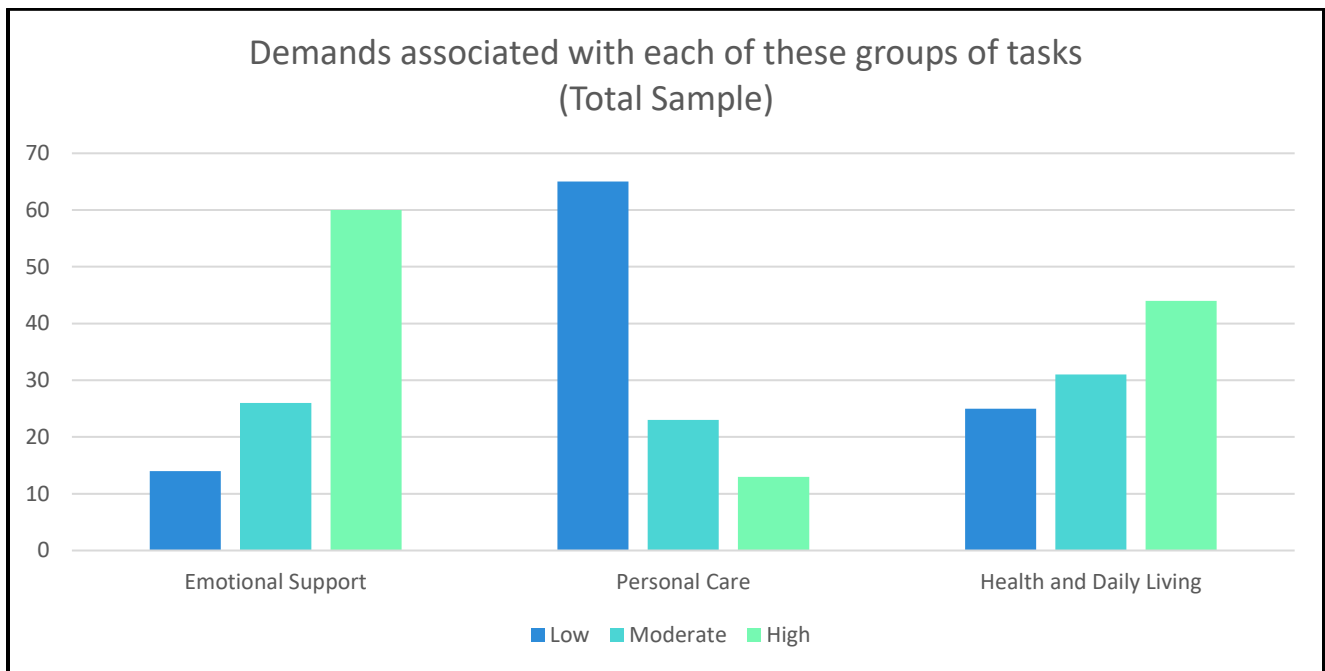
- Emotional support: financial assistance, emotional support, and decision making;
- Personal care: personal care and nursing care;
- Health and daily living: household chores, home/yard maintenance, general care.

Data pertaining to the three caregiving intensity dimensions are shown in Figures 14 and 15. Data showing the associated mean scores are shown in Appendix C (see Table C6).

Caregivers find providing emotional support the most demanding part of the role

The percent of the sample who report that each of these three groups of caregiving activities impose low, moderate and high demands are presented in Figure 14. The following observations can be made from these data. Sixty percent of the respondents caring for an elderly relative report that providing emotional support to their elderly dependent is very (i.e. highly) demanding. A somewhat lower proportion (44%) find the provision of help with health and daily living to be very demanding. Providing personal care is the least demanding set of caregiving tasks for our sample of employees with eldercare responsibilities (only 12% find this dimension of caregiving intensity to be highly demanding).

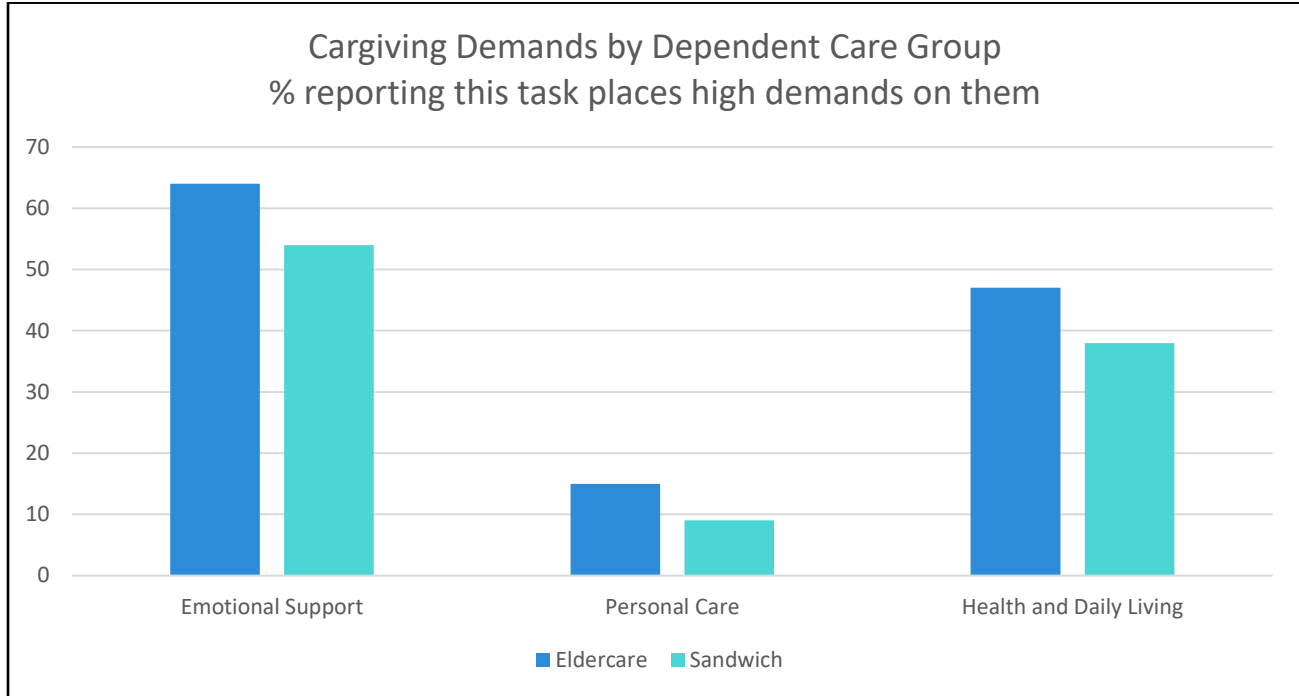
Figure 14: Demands Associated with Caregiver Task Dimensions



Those in the eldercare only group are more likely to find caregiving activities demanding

Figure 15 presents the data showing the percentage reporting high demands from each of the three task groups by dependent care group. Examination of these data show that regardless of the type of caregiver task examined, those in the eldercare only group find these activities more demanding than do their counterparts in the sandwich group.

Figure 15: Percentage Reporting High Demands from Task Dimension by Dependent Care Group



4.4 Subjective Caregiver Demands

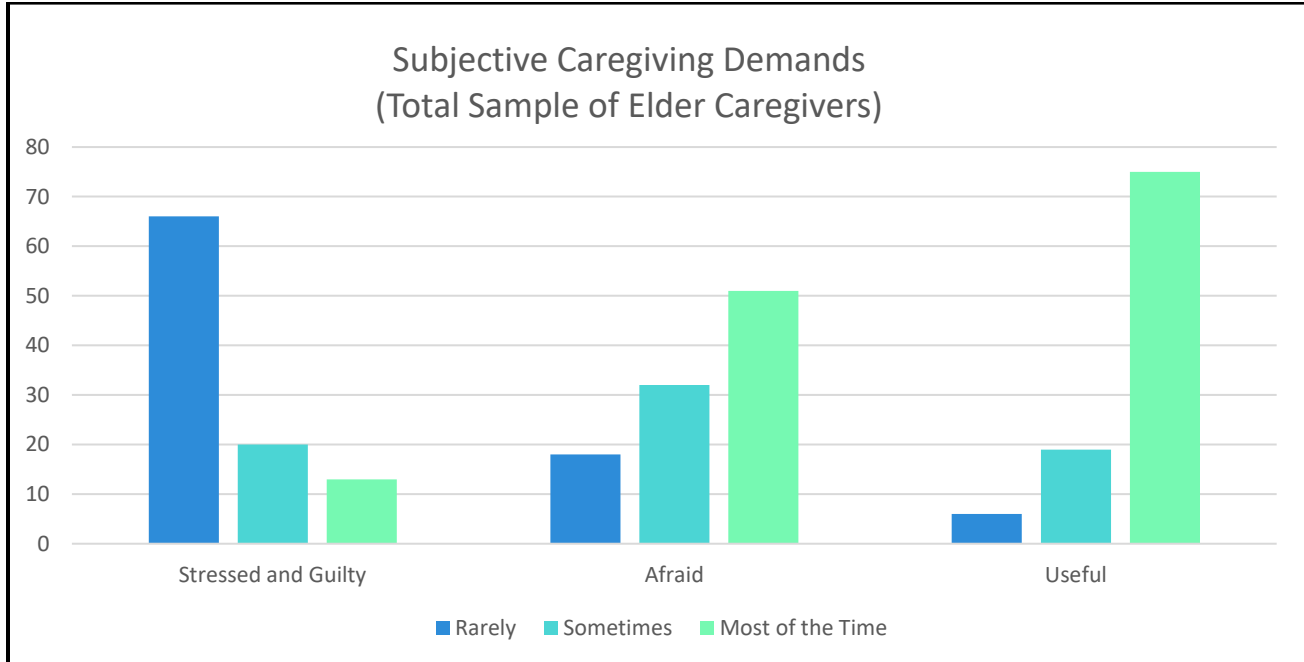
Subjective caregiver burden is the respondents' attitudes toward or emotional reactions to the caregiving experience. While these attitudes or reactions can be negative or positive, it should be noted that subjective caregiver burden has been found to be one of the most important predictors of negative outcomes associated with caregiving. Subjective caregiver demands, or burden, was measured in this study by asking respondents how often (rarely, some of the time, most of the time) they had experienced certain feelings towards the person to which they were providing care. Twelve indicators of subjective demand were grouped (using factor analysis) into three dimensions as follows: Feel Stressed and Guilty, Feel Afraid, and Feel Useful. The extent to which respondents experienced these three dimensions of subjective caregiver burden are shown in Figure 16.

Data showing the mean and standard deviation figures for the three dimensions of subjective caregiver demands (burden) are presented in Appendix C (see Table C7).

Half the respondents report feelings of fear associated with caregiving

While three quarters of the respondents' report that they feel useful most of the time in their caregiving situation (i.e. they report positive emotions from caregiving), 51% of the respondents report that they frequently feel fearful about their caregiving situation (e.g., fear for the future, fear they are not doing enough). Relatively few employees in the sample indicate that they feel stressed and guilty because of their caregiving experiences.

Figure 16 Subjective Caregiver Demands (Burden) – Total Sample of Elder Caregivers



Employees in the eldercare group are more likely to feel useful than those in the sandwich group

Seventy-eight per cent of the eldercare only group say that they feel useful most of the time compared to 71% of those respondents with multi-generational responsibilities.

4.5 Role Overload

Role overload is defined as “a type of role conflict that results from excessive demands on the time and energy supply of an individual such that satisfactory performance is improbable.” Three types of overload are examined in this study: total role overload, work role overload and family role overload.

Work role overload and family role overload are referred to as domain specific overload. In these two cases, the total demands on time and energy associated with the prescribed activities of their work roles (e.g., assigned to work on several major projects at the same time, too many clients making competing demands, demands associated with operational role responsibilities) and their family roles (spouse, parent, sibling, eldercare) are too great to perform the roles adequately or comfortably. All the items used to measure work role overload in this study loaded on one factor. Two dimensions of family role overload were identified in the data:

- Family role overload (i.e., expectations at home leave little time, there is great deal to be done at home, feel stressed by all there is to do at home, run out of time to do everything at home, feel emotionally exhausted, feel physical exhausted), and

- Family role demands, (i.e., reflects the demands (perceived or real) placed on the respondent by their children, their partner, their elderly dependent, and other family members.

Finally, total role overload is a time-based form of role conflict in which an individual perceives that the collective demands imposed by multiple roles (e.g., parent, spouse, eldercare, and employee) are so great that time and energy resources are insufficient to adequately fulfill the requirements of the various roles to the satisfaction of self or others.

In this study work role overload, family role overload and demands, and total role overload are quantified as follows:

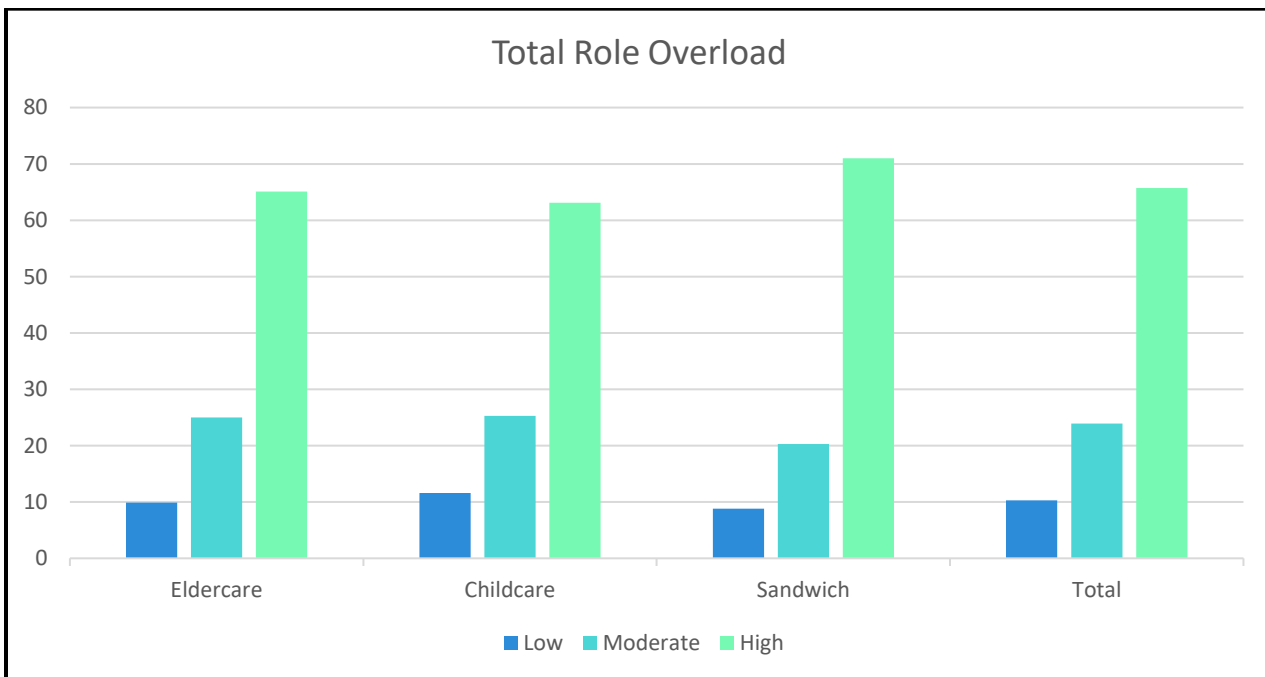
- Low: respondents perceive they are overloaded at work/at home/in total 0-35% of the time
- Moderate: respondents perceive they are overloaded at work/at home/in-total 36-64 of the time
- High: respondents perceive they are overloaded at work/at home/in-total 65-100% of the time

These data for total, work, and family role overload/demands are discussed and presented (Figures 17, 18, 19, and 20) below, while mean scores for each of these forms of overload are shown in Appendix C (in Table C8) by dependent care group.

The parents and caregivers in our sample are overloaded

The levels of total role overload are high in this sample (see Figure 17 below). Specifically, 66% report high levels of total role overload and only one in ten report low total role overload. Employees in the sandwich group report higher levels of total role overload (70%) than respondents with only childcare responsibilities (63%) or eldercare responsibilities (65%).

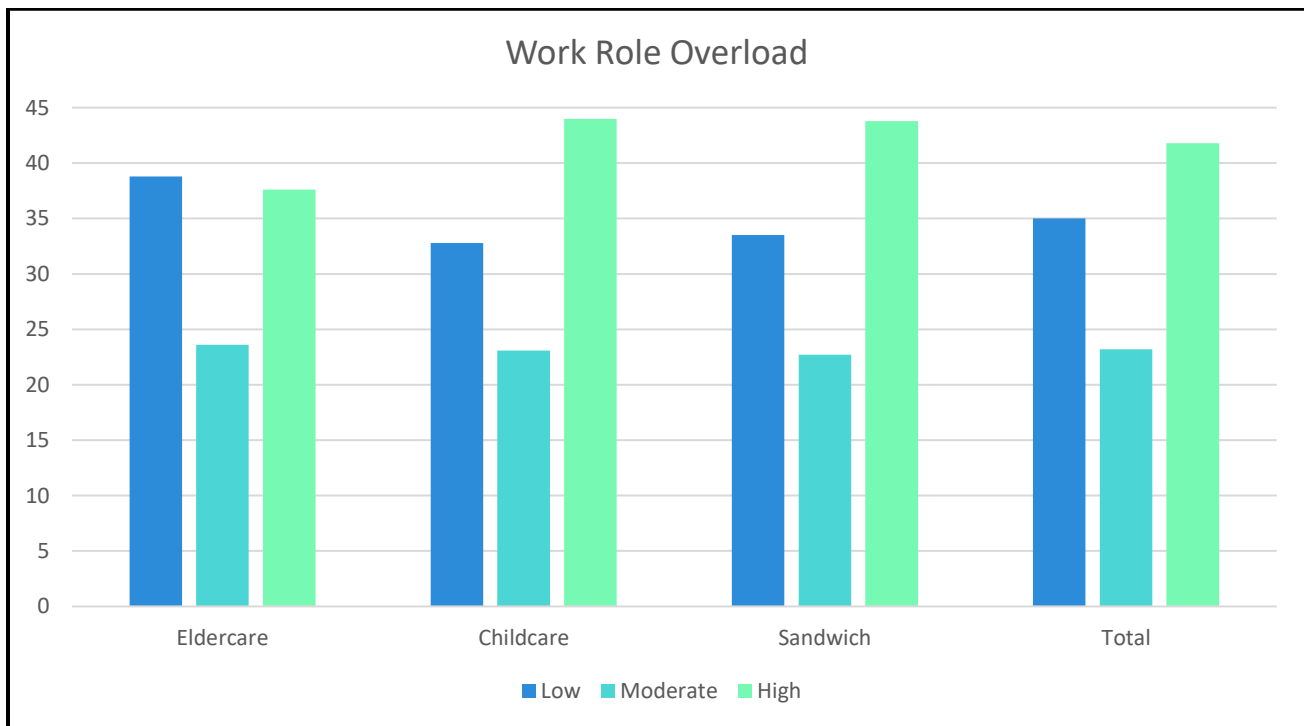
Figure 17: Total Role Overload by Dependent Care Group



Employees in the eldercare only group have lower levels of work role overload

As shown in Figure 18, a plurality (39%) of the employees in the eldercare group have low levels of work role overload. Respondents in the childcare only and sandwich groups, by comparison, were more likely to report high levels of work role overload (44% of the respondents in both groups reported high levels) than those in the eldercare only group (38% high). These findings are consistent with the fact that the eldercare only group spend fewer total hours per week in work than the other two caregiver groups.

Figure 18: Work Role Overload by Dependent Care Group



Respondents with children at home report higher family role overload

Employees in the childcare and sandwich groups report higher levels of family role overload than do those in the eldercare group (see Figure 19). This is not surprising, given our finding that the childcare only and sandwich groups spend more hours in dependent care than those respondents with no childcare responsibilities.

Employees in the sandwich group experience the highest levels of overload at home

Respondents with multi-generational responsibilities report higher family role demands (mean of 3.0) than the eldercare and childcare groups (means of 2.8 and 2.7 respectively). Sandwich group respondents are also significantly more likely to report high levels of family role overload (58%) and family role demands (34%) than are the employees in the other two groups in our sample (see Figures 19 and 20).

Figure 19: Family Role Overload by Dependent Care Group

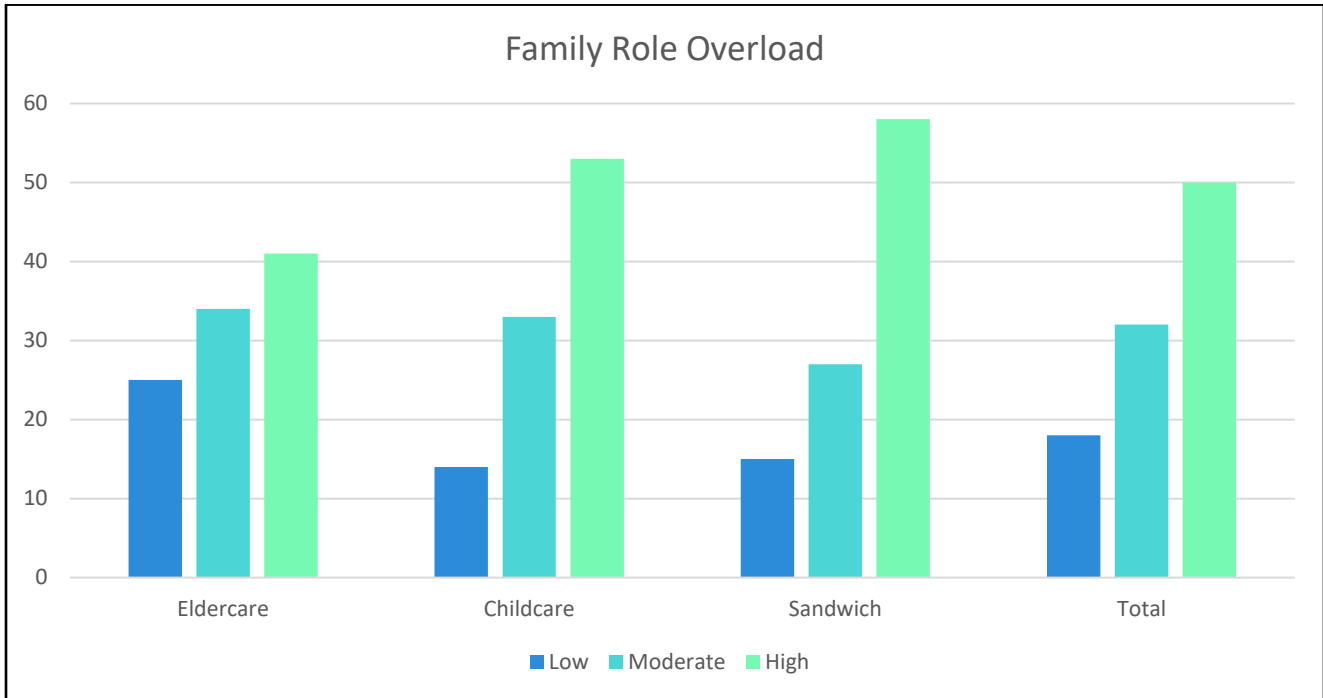
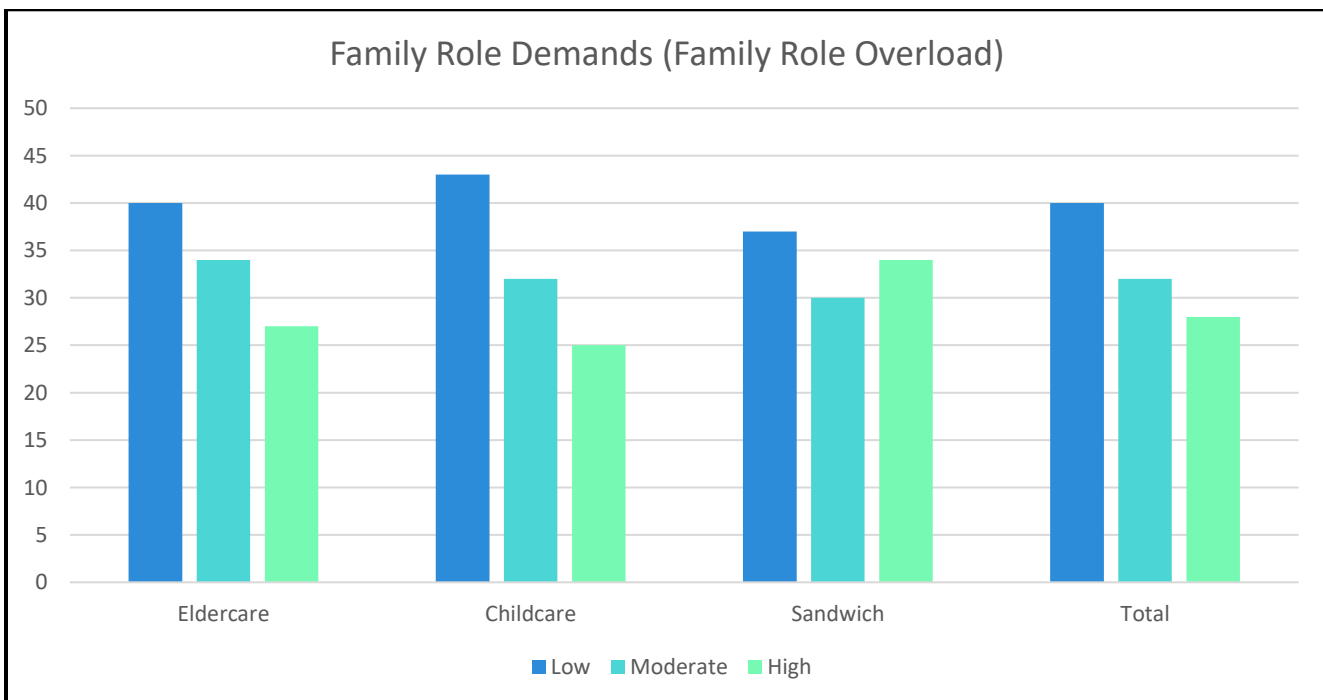


Figure 20: Family Role Demands by Dependent Care Group



Summary – What do we know about the predictors?

The following conclusions with respect to the total sample of 3309 employees can be drawn from the data presented in this section (regardless of dependent caregiver group). Key findings from this section by dependent care grouping are presented in Section 8.

Employees in this sample spend long hours at work and many respondents regularly take work home to complete in the evening. With regard to family demands, respondents reported that on average they spend nearly 23 hours per week in dependent care, with more time spent in parenting than in eldercare. The partners of our respondents also share the load with respect to both childcare and eldercare.

Most of the employees in this sample are overloaded with all the demands imposed by work, family, and/or caregiving. Two thirds of the employee sample report high levels of total role overload with only one in ten reporting low levels. Moreover, two out of every five respondents specifically report high levels of work role overload, while half of the sample report high levels of family role overload. The percentage reporting high levels of family demand is, however, lower (28%) suggesting it is the lack of time and energy that contributes most to feelings of family overload.

Section Five: Organizational Outcomes

In this study, we collected data on four key indicators of organizational well-being: work commitment/engagement, intent to turnover, absenteeism, and employment changes due to work-life conflict (referred to in the text as the employment change index).

Additional data tables for this section can be found in Appendix C:

- Table C9: Work Engagement - Mean and SD by Dependent Care Group
- Table C10: Intent to Turnover - Mean and Standard Deviation by Dependent Care
- Table C11: Employment Changes Index - Mean and Standard Deviation by Dependent Care

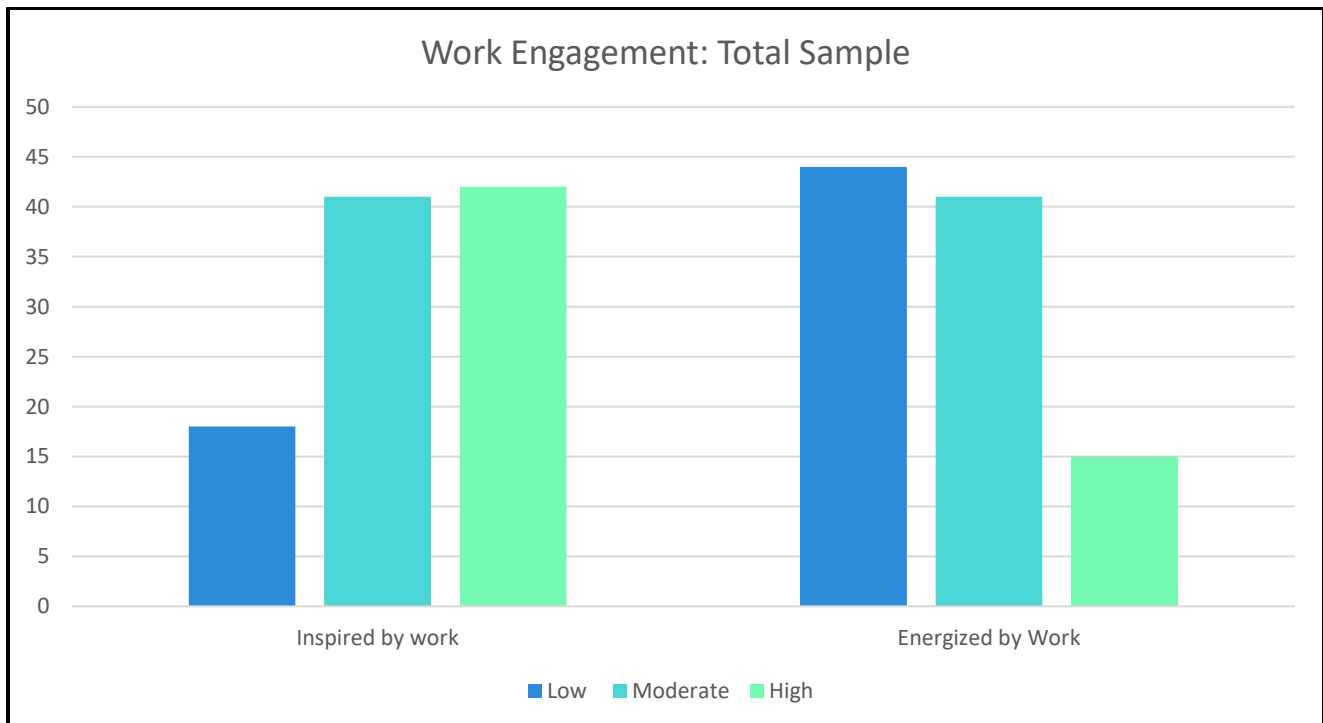
Committed employees are loyal to their organization and engaged in their work

Commitment, or engagement as it is often referred to in the practitioner literature, is about loyalty and dedication to the organization. An individual who has high work commitment or engagement is willing to exert effort on behalf of the organisation (i.e., low intent to turnover). Work engagement was measured in this study by asking respondents about their feelings with respect to their work. Two dimensions of work engagement were identified in this survey in terms of the extent to which respondents were:

- Energized by their work - feel strong, feel bursting with energy, when I get up I want to go in to work;
- Inspired by their work - get immersed, get carried away, I feel proud, my job inspires me, I feel enthusiastic, I feel happy.

Figure 21 presents the data on work engagement for the total sample.

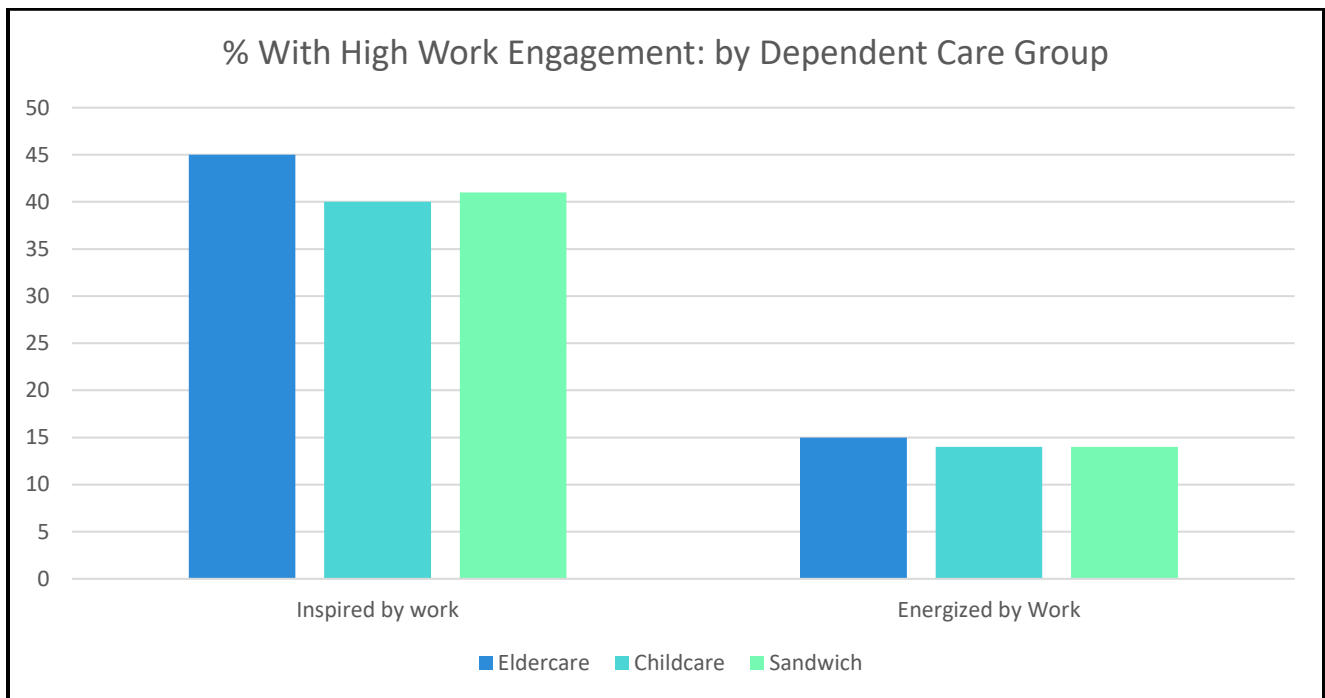
Figure 21: Work Engagement for Total Sample



Engagement is not associated with dependent care responsibilities

Forty-two percent of the employees in our sample reported that they were highly inspired by work. This is substantively more than were highly energized by work (15%) (see Figure 21). This finding is consistent with the data showing that many of these employers have high levels of total and work overload, implying that energy as well as time might be in short supply for these workers. Figure 22 shows that neither of the two forms of engagement are associated with dependent care group.

Figure 22: Percentage with High Levels of Work Engagement by Dependent Care Group



Almost one in four respondents think about leaving their current job once a week or more

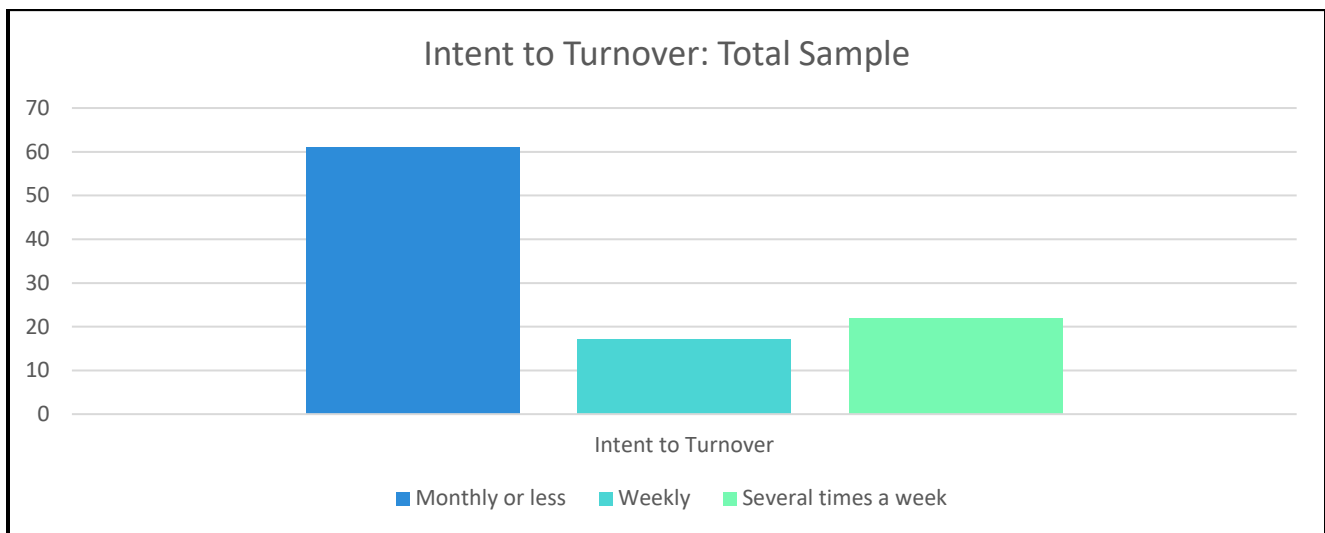
Intent to turnover is defined as an individual's desire to leave an organization. Turnover has a number of undesirable implications for organizations including the cost of losing an experienced worker, recruiting and re-training a successor, lower productivity of a new worker, and secondary morale effects on managers, peers and subordinates. Intent to turnover was measured in this study by asking respondents to indicate how often in the last six months they had thought about leaving their current organization to work elsewhere.

Data on intent to turnover are shown in Figure 23. Of note are the data showing that almost one in four of the respondents to our survey have very high intent to turnover (22% are thinking of leaving their current employer several times a week or more) while an additional 17% have high intent to turnover (i.e. are thinking of leaving once a week).

Respondents with eldercare responsibilities have higher intent to turnover

Intent to turnover is higher for those with eldercare responsibilities. Specifically, 25% of those in the eldercare only group think of leaving weekly or more compared to 21% of those in the childcare only group and 23% in the sandwich group.

Figure 23: Intent to Turnover – Total Sample



Eldercare also appears to be associated with higher levels of absenteeism from work

Many organizations use absences from work as a measure of productivity (if workers are not on the job, the work is definitely not being done). Several types of absenteeism were assessed in this study, as caused by: health problems, childcare and eldercare issues, emotional, mental or physical fatigue, personal days not granted, all causes, and lastly, long term disability. Data on absenteeism from work are shown in Table 10 and Figure 24.

Respondents with eldercare responsibilities are more likely to have been absent from work in the past six months because of health issues, challenges associated with caregiving, fatigue, and because a vacation day was not granted. In addition, in most cases (health, eldercare, emotional fatigue, personal leave day not granted), employees in the eldercare group reported more days absent from work in a six-month period than those in the childcare group. Employees in the sandwich group also had higher levels of absenteeism (due to health, eldercare, fatigue, and personal leave days not granted) than those in the childcare group. These data suggest that respondents with eldercare responsibilities are more likely to have higher levels

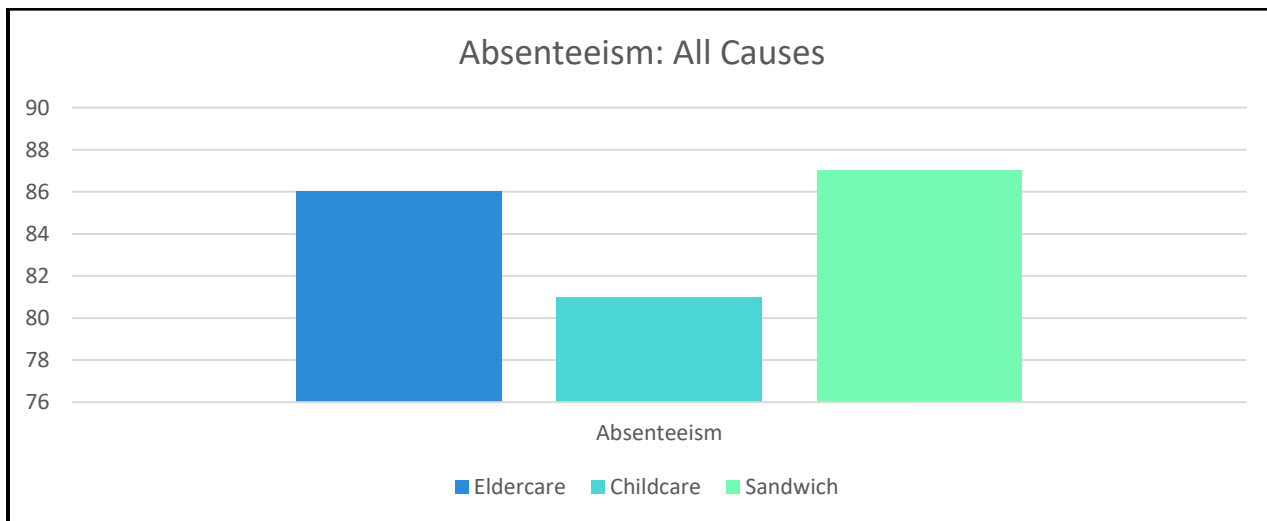
of absenteeism from work. It should be noted, however, that absence related to long term disability is not associated with dependent care group.

Table 10: Percentage of Respondents Absent and Days Absent by Dependent Care Group

Percent of the sample who have in the past six months missed work because of:	Eldercare	Childcare	Sandwich
Health problems	68	59	66
Mean absence ill health – total sample	3.7	2.7	3.4
Mean absence ill health – users only	5.8	4.7	5.3
Childcare issues	0	63	61
Mean absence childcare – total sample	0	4.1	3.3
Mean absence childcare – users only	0	6.6	5.5
Challenges associated with eldercare	63	0	57
Mean absence caregiving – total sample	6.4	0	3.6
Mean absence caregiving – users only	10.3	0	6.3
Emotional, mental, or physical fatigue	61	45	57
Mean “mental health days” – total sample	3.4	2.1	3.3
Mean “mental health days” – users only	5.6	4.7	5.9
Vacation /personal leave day not granted	20	11	15
Mean guerilla personal leave days - total	1.5	0.5	0.6
Mean guerilla personal leave days - users	7.4	5.0	4.2
All causes of absenteeism	86	81	87
Mean days absent all causes (total sample)	14.8	9.6	14.1
Mean days absent all causes – users	17.1	11.5	16.1
Has been on long term disability	6	4	5

Note. Key between-group differences associated with dependent care type are shaded

Figure 24: Absenteeism – All Causes by Dependent Care Group



Work-life conflict can have a number of negative consequences for employers

When employees are not able to cope with the dual demands of work and family, a number of negative consequences affecting employers can arise. The data analyzed for this study indicate that the organizations that participated in this survey are no exception to this rule. We asked the following question to help us quantify the impact work-life conflict has had on the employer: “Looking back over the past 12 months, please indicate the extent (low, medium, high) to which challenges with respect to balancing work and family have caused you to: reduce the number of hours worked, reduce your work productivity, turn down a job promotion, suffer a reduction in income, be absent more often from work, increase your use of work-related benefits (e.g., EAP, prescription drug use) and think about quitting your job?”. Responses to these questions were analyzed separately and then combined (summed average of changes in behaviour in the seven areas examined) to create the overall Employment Change Index. Data are presented in Figures 25 & 26.

Balancing work and family life has a greater negative impact on employment related behaviour for respondents with eldercare responsibilities

The data in Figure 25 suggests that for the employers in our sample, eldercare is associated with an increased likelihood that work-life challenges have lead the employee to reduce their work hours and their productivity, to be absent from work, and to use organizational benefits.

Employees in the sandwich group are also more likely than their counterparts in the childcare group to say that work-life challenges have caused them to be absent from work more often, use their benefits more often, reduce their productivity more often, have turned down a promotion, and have suffered a loss in income.

For one in five respondents the inability to balance work and life issues negatively impacts employers

While a half of the total sample of respondents found that work life conflict has a low impact on employment related outcomes, for nearly one in five of the employee sample, work-life challenges have contributed to behaviour that negatively impacts the employer (see Figure 26). For these employees, there is a greater risk of a link within the organization between work-life conflict and the bottom line (i.e., lower levels of productivity, higher costs associated with absenteeism and benefits) and perhaps succession planning.

Figure 25: Employment Changes Index: Key Findings

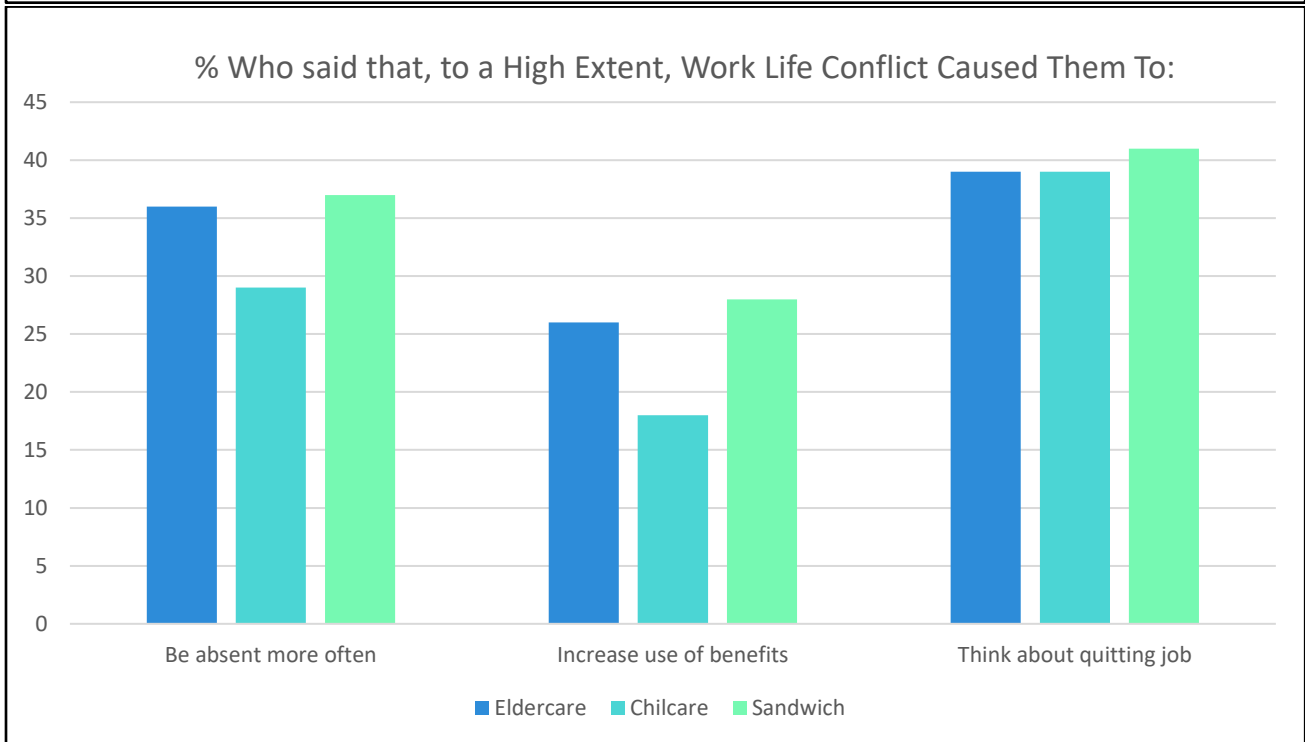
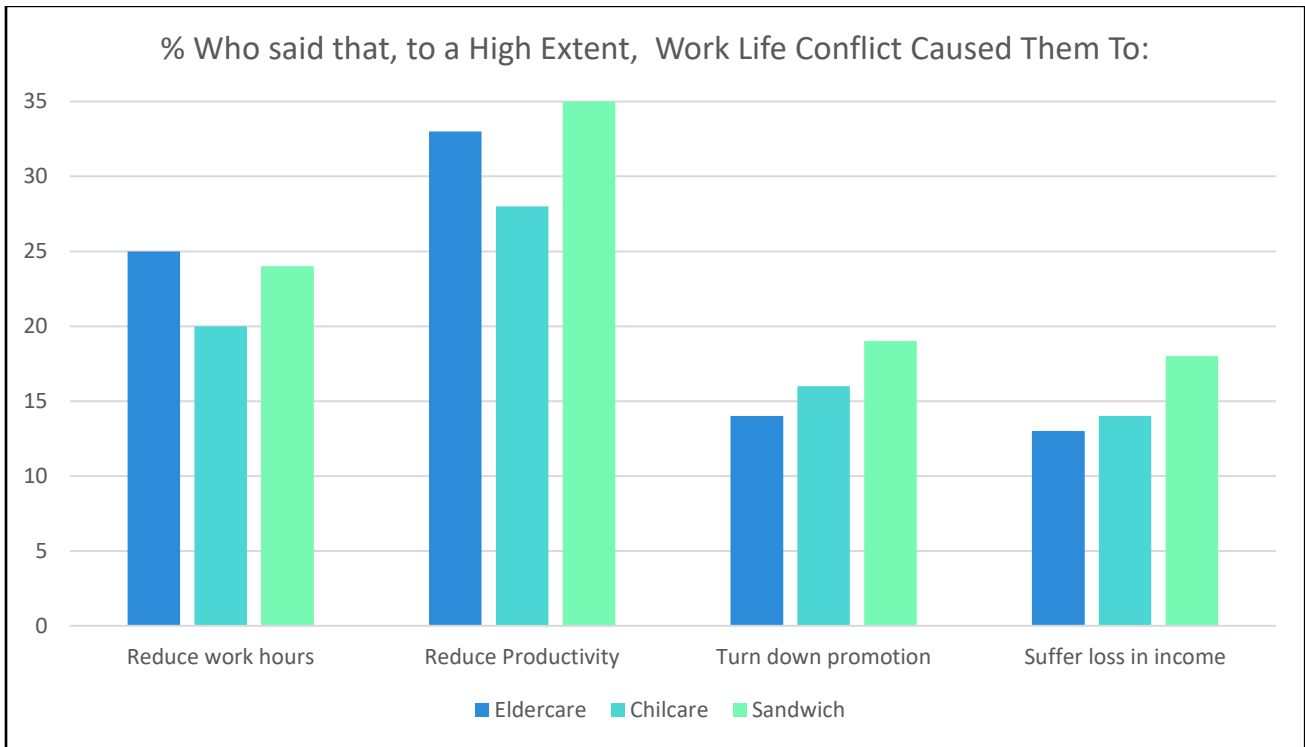
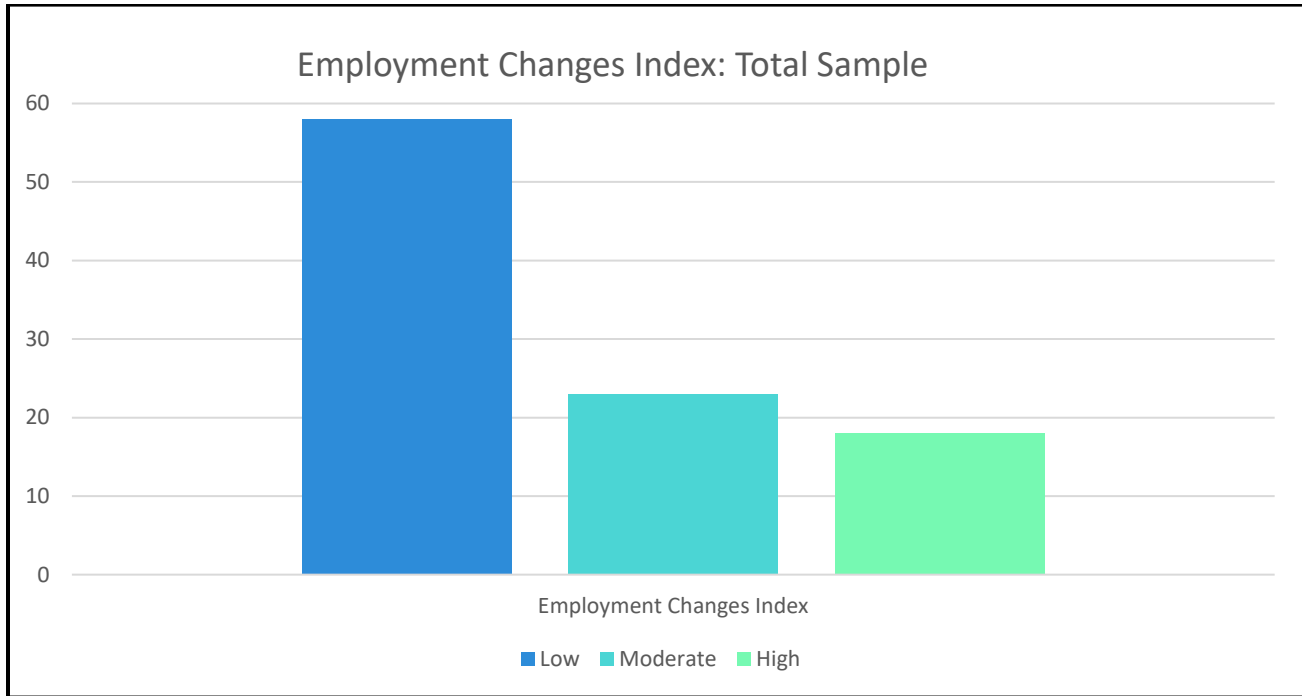


Figure 26: Employment Changes Index – Total Sample



Summary – What do we know about the organizational outcomes of our respondents?

Respondents are more likely to be highly inspired by their work (42%) than to be energised by work (15%) but neither of these two forms of work engagement are associated with dependent care group. This suggests that energy as well as time might be in short supply for these workers.

It is also noteworthy that almost one in four respondents have a very high intent to turnover (22%) while more than 84% of the total sample have been absent from work at some point in the past six months. On average employees in our sample have taken 12 days away from work in the past six months. It is, however, notable that only one cause of absence, (i.e., absence related to long term disability) is not associated with dependent care group (note, key findings from this section by dependent care grouping are found in Section 8). Such a high level of intent to turnover is of concern because of the potential costs that organisations incur in replacing those who leave. The variability across the dependent care groups with regard to reasons for absenteeism also suggests that organisations will have to address these issues differently for each group.

Lastly, for one in five of the total sample of employees, work-life challenges have contributed to behaviour that negatively impacts the employer (e.g., reduced work hours, reduced productivity, increased absenteeism). These challenges may be linked to the high levels of intent to turnover as well as the absenteeism patterns noted. For these employees, organizations may face costs that can affect their bottom line, unless the challenges can be reduced.

Section Six: Employee Outcomes

This section provides key findings obtained using the indicators of employee well-being (Section 6.1) and work-life balance (Section 6.2).

6.1 Employee Well-being

Eight indicators of employee well-being were considered in this study: four indicators of mental health (stress, self efficacy, depressed mood, mastery), two indicators of physical health (perceived health, use of the health care system), and two outcomes specific to the provision of eldercare (caregiver strain, caregiver challenges).

All outcomes presented in this section were quantified using well established measures from the academic literature (See Appendix A). As detailed in Section 2 of this report, outcome scores were computed and averaged into three categories (e.g., low, moderate, high) and the per cent of the sample with scores in each of these categories was subsequently calculated. In two cases discussed specifically in this section (stress, depression) the measures were known to have a "positive bias" in that people reported clinical symptoms associated with stress and depression at scores that were much below those noted in Section 2. In these two cases, we used population norms established in the clinical psychology literature to categorize the sample rather than benchmarks noted in Section 2.

Data for the eight indicators of employee well-being are presented in Figures 27 through 31 and in Tables 11 and 12. Additional data tables for this section can be found in Appendix C in:

- Table C12: Mental Health Outcomes – Means and Standard Deviations by Dependent Care Group
- Table C13: Perceived Physical Health - Means and Standard Deviation by Dependent Care Group
- Table C14: Caregiver Strain - Mean and Standard Deviation by Dependent Care Group
- Table C15: Caregiving Challenges - Mean and Standard Deviation by Dependent Care Group

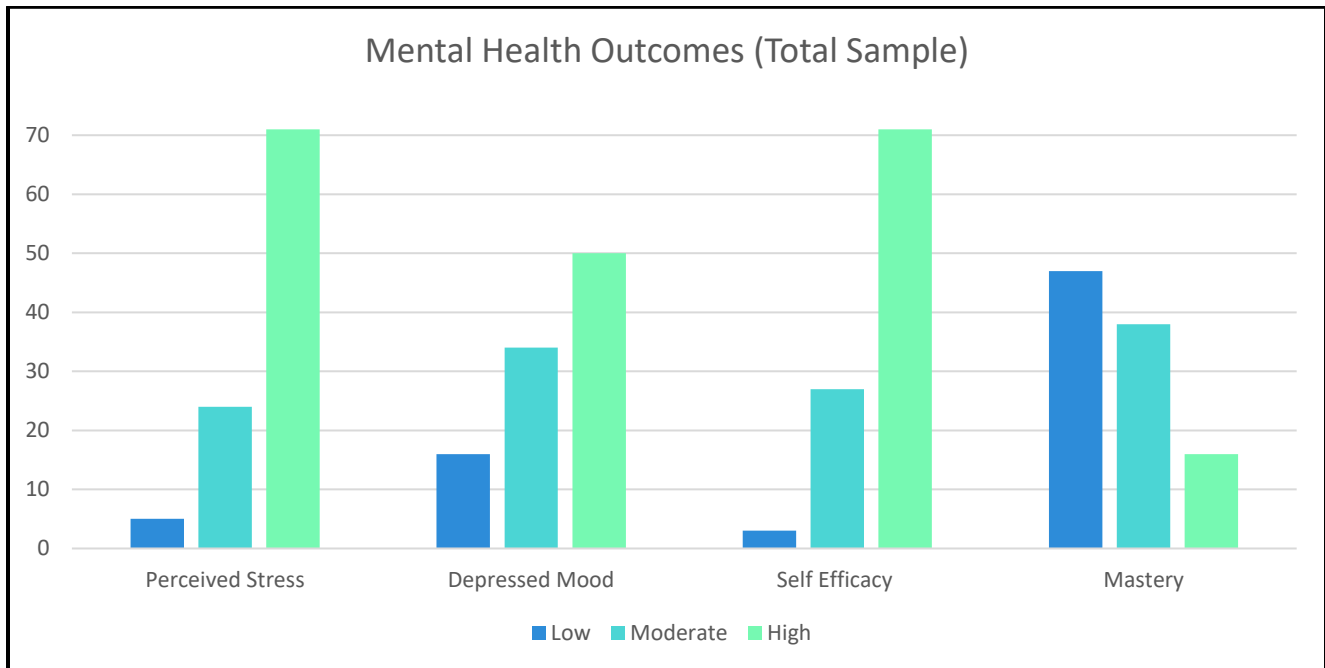
Many employees in our sample report high levels of stress and depressed mood

Perceived stress refers to the extent to which one perceives one's situation to be unpredictable, uncontrollable, and burdensome. Individuals who report high levels of perceived stress are generally manifesting the symptoms we associate with "*distress*", including nervousness, frustration, irritability, and generalized anxiety. Depressed mood is a state characterized by low energy and persistent feelings of helplessness and hopelessness. As shown in Figure 27, large proportions of our employee sample report high levels of stress (70%) and depressed mood (50%). The high levels of stress reported by our sample are consistent with the high levels of total role overload reported by these employees.

Most employees in our sample have high levels of self-efficacy

Self-efficacy is defined as one's belief in one's ability to succeed in specific situations or accomplish a task. Figure 27 shows that the majority of employees in our sample (71%) have high levels of self-efficacy.

Figure 27: Mental Health Outcomes – Total Sample



Relatively few respondents have high levels of mastery

Mastery is defined as the extent to which one regards one’s life-chances as being under one’s own control in contrast to being fatalistically ruled. Only 16% of this sample felt they had high levels of mastery (see Figure 27). This finding is not surprising, given the number of respondents reporting high levels of stress in our sample. Low levels of mastery have been shown to be associated with high levels of stress.

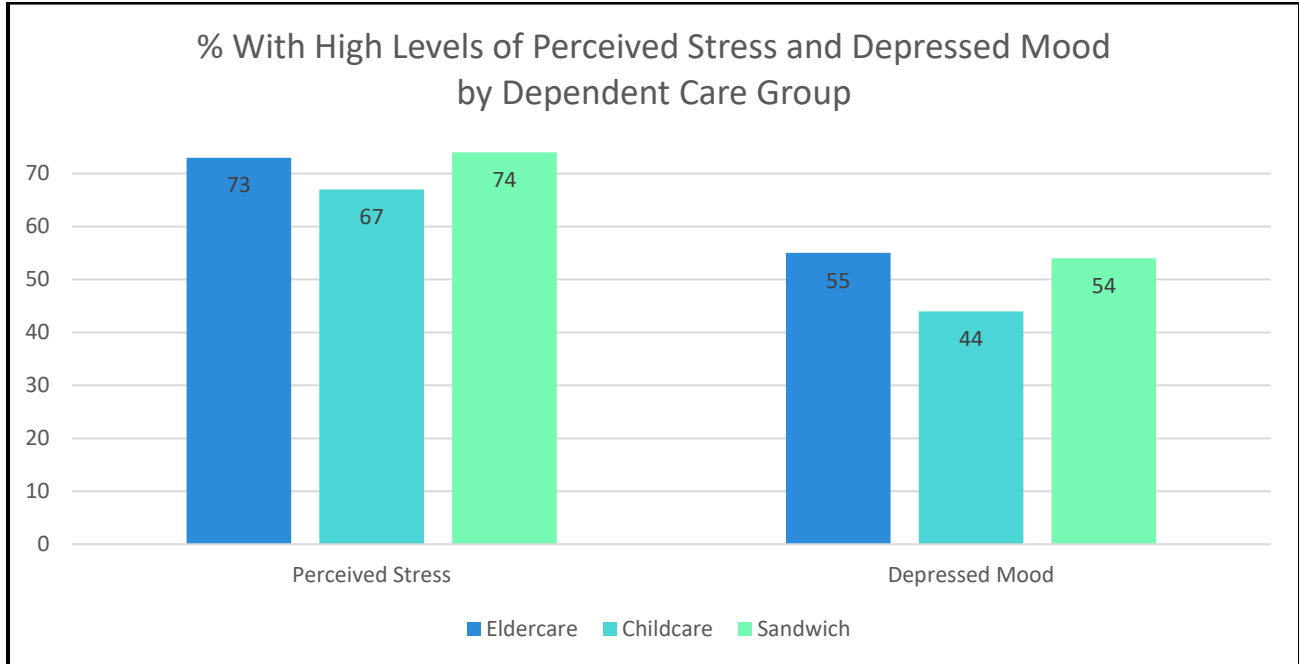
Respondents with eldercare responsibilities report higher levels of stress and depressed mood

Respondents with eldercare responsibilities are more likely to report high levels of perceived stress and depressed mood (see Figure 28). Specifically, fewer employees in the childcare group report high levels of stress (67%) and depressed mood (44%) than in the eldercare group (in which 73% had high stress and 55% had high depressed mood) or in the sandwich group (in which 74% had high stress and 54% had high depressed mood).

Respondents caring for elderly dependents have higher levels of mastery

While a plurality (47%) of employees’ felt that they had little control over their life chances (i.e., a low level of mastery) (see Figure 27), those with eldercare responsibilities report higher levels of mastery than those in the childcare only group (see Table C12 in Appendix C). Self-efficacy is not related to dependent care group.

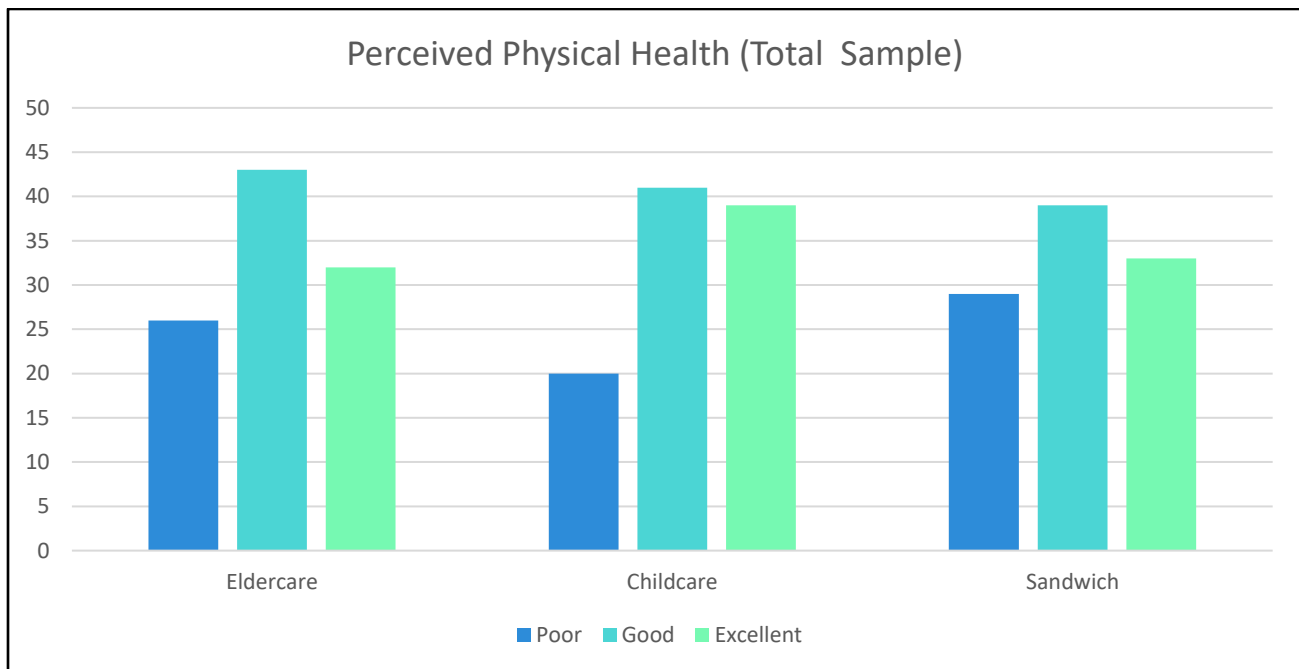
Figure 28: High Levels of Stress and Depressed Mood by Dependent Care Group



Many employees in our sample are in poor physical health

Taken as a whole, the data (Figure 29) indicate that one in four of the employees in our sample felt that their physical health was poor compared to other people of their age.

Figure 29: Perceived Physical Health by Dependent Care Group



Employees in the eldercare groups are more likely to report they are in poor physical health

When asked how their health compared to others of their age, 26% of the employees in the eldercare only group and 29% of the sandwich respondents reported that they are in poor health (see Figure 29). This is a significantly higher proportion who feel that their health is poor than was observed for those in the childcare group (20%). Employees in the childcare group report the best health (39% say their health is excellent versus 32% of those in eldercare group and 33% of those in sandwich group).

Many employees in our sample make a habit of missing medical appointments

The data in Table 11 below speak to the extent to which the employees who answered our survey missed medical appointments in the six months prior to the survey being done. Almost half (42%) of our sample missed one or more medical appointment in the six months prior to the survey being done because they were too busy to go. On average, these respondents missed 2.2 medical appointments in that time. These findings are consistent with research that suggests that the heavy time demands (as was the case for our employee sample) and the unpredictable nature of caregiving may lead to missed medical appointments.

Respondents in the sandwich group were more likely to have missed one or more medical appointments in the same time period because they were too busy. The number of appointments missed, however, is not related to dependent care group.

Table 11: Missed Medical Appointments in the Past Six Months by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
Percent of the sample who missed medical appointment because too busy	38%	42%	47%	42%
Mean number of appointments missed (total)	2.1 (1.4)	2.2 (1.7)	2.1 (1.3)	2.1 (1.5)
Mean number of appointments missed (users)	2.2 (1.4)	2.3 (1.7)	2.2 (1.2)	2.2 (1.5)

Note. Key between-group differences associated with dependent care type are shaded

Respondents make high use of the health care system

Table 12 provides two types of data quantifying respondents personal use of the health care system in the six months prior to the survey being done: (1) how many accessed various forms of health care, and (2) how often they made use of these different forms of health care in this time period. Respondents were specifically asked to exclude doctor or hospital visits on behalf of or with another family member. The following observations are supported by these data:

- In the six months prior to taking our survey, three-quarters of our total sample sought the care of their physician. Of those people, two thirds visited their doctor two or more times in that time period.
- At the same time, 80% of the employees in our sample sought care from a mental health professional, most of whom sought this type of care at least twice during the same six month period. Notably, there is no discernable difference between the three dependent care groups with regard to visits to a mental health practitioner. This pattern of use of the health care system by our

respondents is consistent with the high levels of total role overload and stress reported by these employees.

- Most of the differences in the use of the health care system by respondents in the six months prior to our survey were between the childcare only group and the rest of the sample. More specifically, employees in the childcare only group made fewer visits to their physicians and to the emergency department, but stayed overnight in hospital more frequently than other respondents in the time period under scrutiny. In addition, of the many employees who sought care from a mental health professional in the six months prior to the survey, those in the childcare only group made the fewest visits (nearly 5 on average).
- Employees in the sandwich group were notably more likely to have never stayed overnight in hospital in the prior six months, but made more visits to a mental health professional than employees in the eldercare and childcare groups. The fact that this group reported the highest levels of total role overload may be linked to these findings.

Table 12: Use of the Health Care System by Dependent Care Group

Percent of sample who in the past 6 months	Eldercare	Childcare	Sandwich	Total
Have seen a physician				
• Never	19	24	22	22
• Once	29	27	28	28
• 2+ times	52	49	50	50
Mean visits six months – total sample	3.5 (4.9)	3.2 (3.7)	3.6 (3.8)	3.4 (4.0)
Mean visits six months – patients only	4.3 (5.0)	4.1 (3.8)	4.6 (3.8)	4.3 (4.0)
Have stayed overnight in a hospital				
• Never	50	48	60	52
• Once	19	29	14	21
• 2+ times	31	23	25	27
Mean overnights six months – total sample	3.2 (9.5)	3.9 (20.9)	2.1 (6.5)	3.2 (14.2)
Mean overnights six months – patients only	6.3 (15.3)	7.5 (28.8)	5.3 (9.1)	6.6 (19.9)
Have made a visit to the emergency department				
• Never	56	70	58	62
• Once	26	16	29	22
• 2+ times	18	16	14	16
Mean ER visits six months – total sample	1.3 (2.2)	1.0 (1.7)	1.3 (1.5)	1.1(1.7)
Mean ER visits six months – patients only	2.9 (2.5)	3.0 (2.7)	2.5(1.1)	2.9 (1.6)
Have seen a mental health professional				
• Never	22	21	19	21
• Once	16	14	16	15
• 2+ times	62	65	65	64
Mean MH visits six months – total sample	5.2 (6.5)	5.0(4.9)	5.8 (7.7)	5.3 (6.5)
Mean MH visits six months – patients only	6.7 (6.5)	4.8 (7.0)	7.3(8.1)	6.6 (6.7)

Note. Key between-group differences associated with dependent care type are shaded

Caregiver strain is higher for respondents in the eldercare only group

Caregiver strain is defined as felt, or experienced, difficulty (financial, emotional, physical) in performing the eldercare caregiving role. While for many Canadians in our sample, caregiving is not associated with high levels of strain, others (42% of those in the eldercare group and 34% of those in the sandwich group) report caregiver strain once a week or more (see Figure 30).

Figure 30: Caregiver Strain by Dependent Care Group

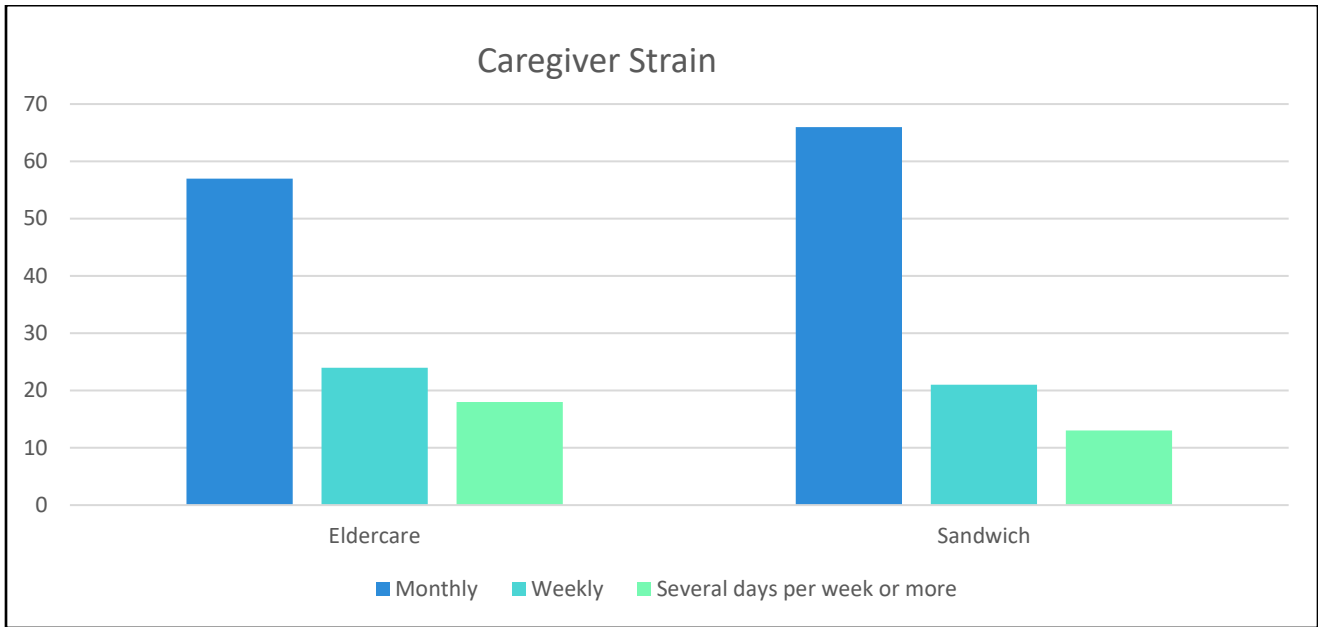
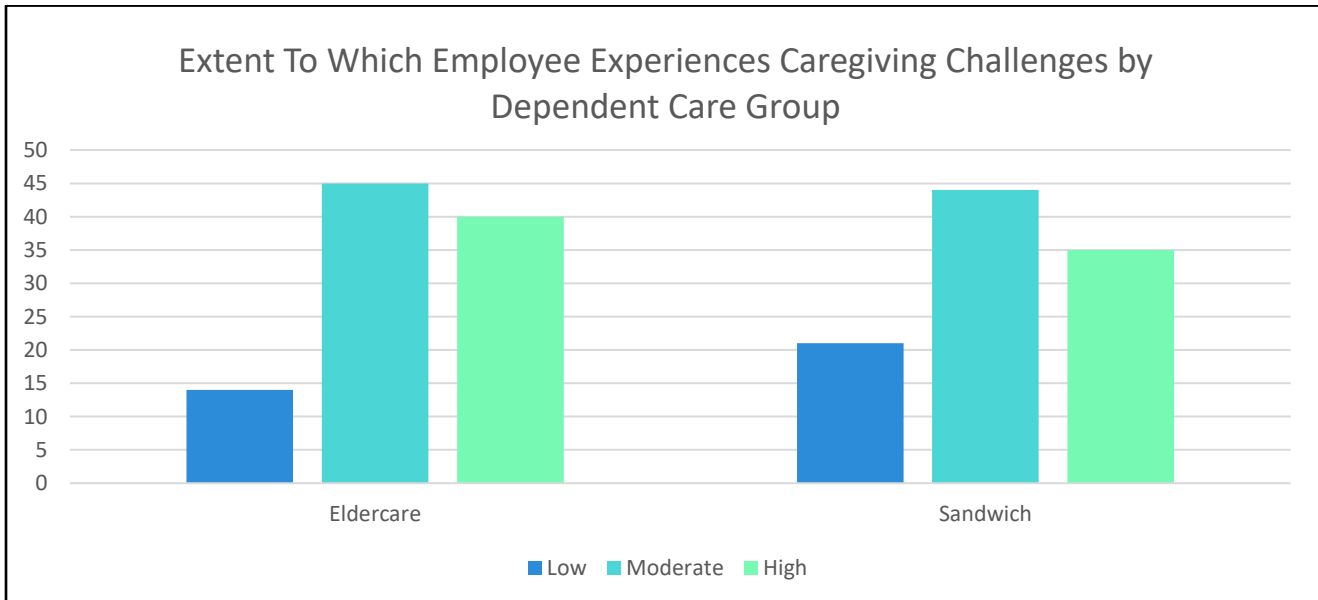


Figure 31: Challenges Associated with Caregiving by Dependent Care Group



Many respondents with eldercare responsibilities find the role challenging

Employees in our sample who engage in informal eldercare may face the following caregiving challenges specific to this role: finding appropriate information; getting affordable caregiving support; finding affordable, high quality accommodation for seniors; and obtaining good medical support for the care recipient. As shown in Figure 31, 40% of the respondents in the eldercare group and 35% of respondents in the sandwich group found it very challenging to fulfill their eldercare responsibilities – a much high proportion than those reporting that they rarely experience such challenges (14% of those in the eldercare group and 21% of those in the sandwich group). The data also suggest that employees in the eldercare only group are more likely to report a high degree of challenge getting their elderly dependent the support they need than those in the sandwich group.

6.2 Work-Life Outcomes

Two forms of work-life conflict are considered in this analysis: *family interferes with work* and *work interferes with family*. In the first case, interference occurs when family role responsibilities hinder performance at work (e.g., a child's illness prevents attendance at work). In the second case, problems arise when work role activities impede performance of family responsibilities (e.g., long hours in paid work prevent the performance of duties at home). In both these cases, higher scores indicate greater work-life conflict.

A third type of role interference, specific to the eldercare role, was also included in this study: job-caregiving conflict or *caregiving interferes with work*. In this case, interference occurs when eldercare caregiving responsibilities interrupt work duties (e.g., worry about or take calls from the care recipient when you are at work). Higher scores indicate greater job-caregiving conflict. Since by definition no one in the childcare only group has eldercare responsibilities, the tables and figures for job-caregiver conflict show data only for those in the eldercare and sandwich groups.

Data for the work-life outcomes are presented in Figure 32 through 36. Additional data tables for this section can be found in Appendix C:

- Table C16: Work-Family Conflict - Mean Scores and SD by Dependent Care Group
- Table C17: Job-Caregiving Conflict - Mean and Standard Deviation by Dependent Care Group
- Table C18: Employee Changes Index - Mean (and SD) by Dependent Care Group

Work-family conflict is high for the caregivers in our sample

Data in Figure 32 shows that both types of work-family conflict are high in this sample. Half of the employees we surveyed experience high levels of 'work interferes with family' and 31% report high 'family interferes with work'. These findings are consistent with the high levels of total role overload reported by the majority of the respondents.

Figure 32: Work-Family Conflict – Total Sample

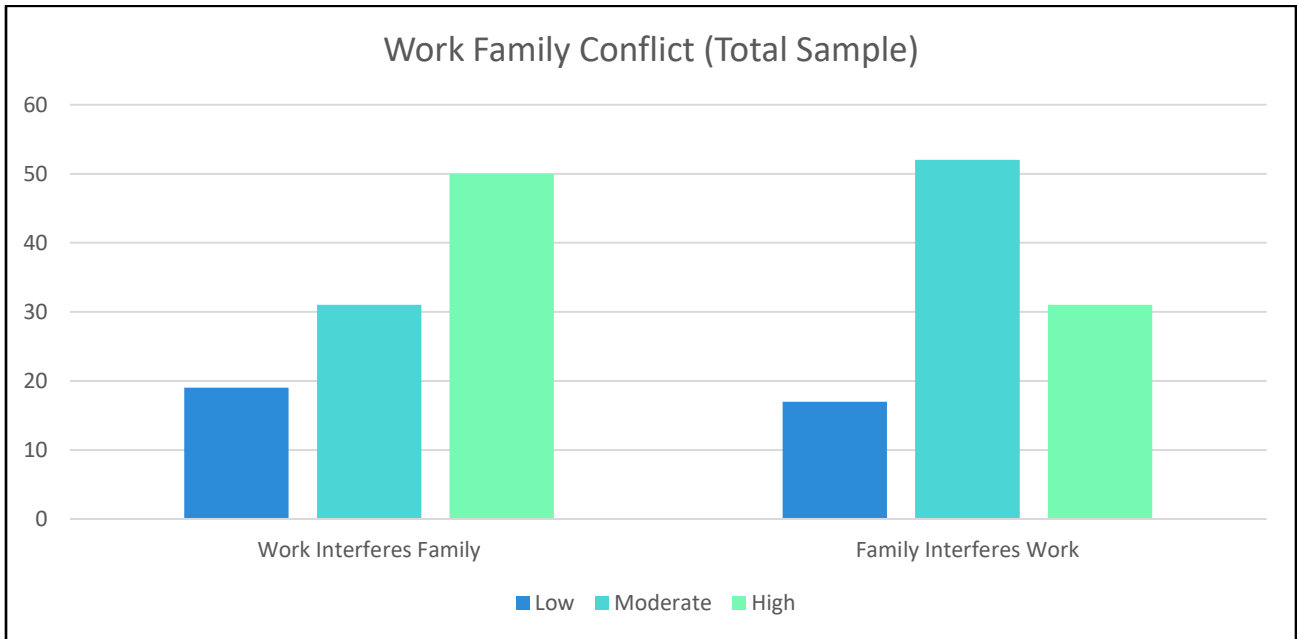
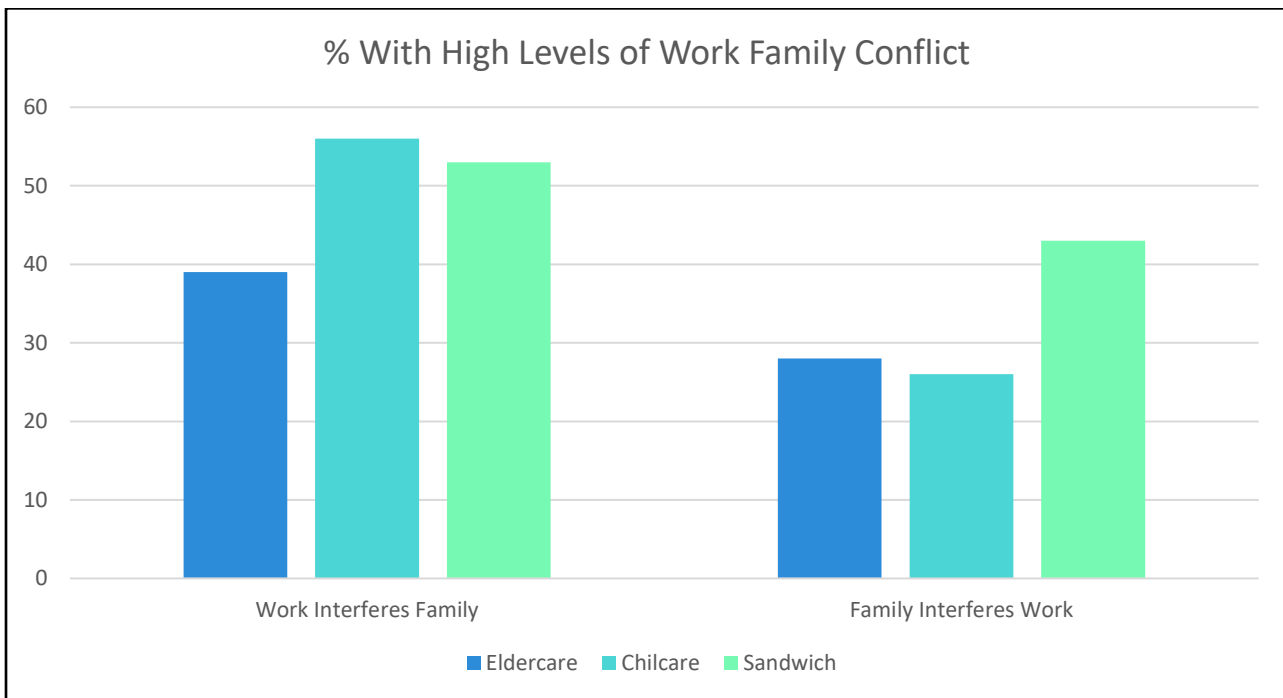


Figure 33: Work-Family Conflict by Dependent Care Group



Respondents with multigenerational responsibilities report higher levels of ‘family interferes with work’

Examination of the data (see Figure 33) indicate that employees in the sandwich group are more likely to report high levels of ‘family interferes with work’ (43%) than those in the eldercare (28%) and childcare (26%) groups.

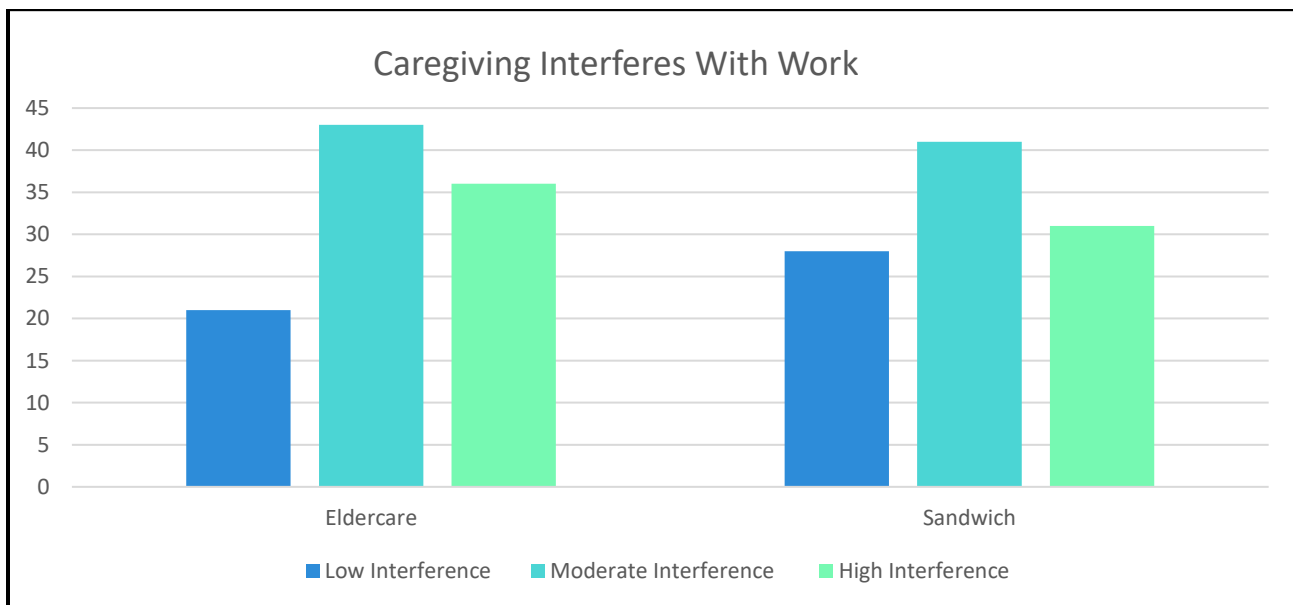
Parents are more likely to experience high levels of ‘work interferes with family’

Figure 33 also shows that employees in the childcare and sandwich groups are more likely to report high levels of work interferes with family (56% & 53% respectively) than those in the eldercare group (39%).

One in three caregivers report high levels of job-caregiving conflict

The data in Figure 34 with respect to ‘caregiving interferes with work’ establishes a strong link between caregiving and this form of work-life conflict. Approximately one third of the employees in the eldercare and sandwich groups report higher levels of caregiving interferes work. The incidence of this form of inter-role conflict is not associated with dependent care type for our sample.

Figure 34: Job-Caregiving Conflict by Dependent Care Group

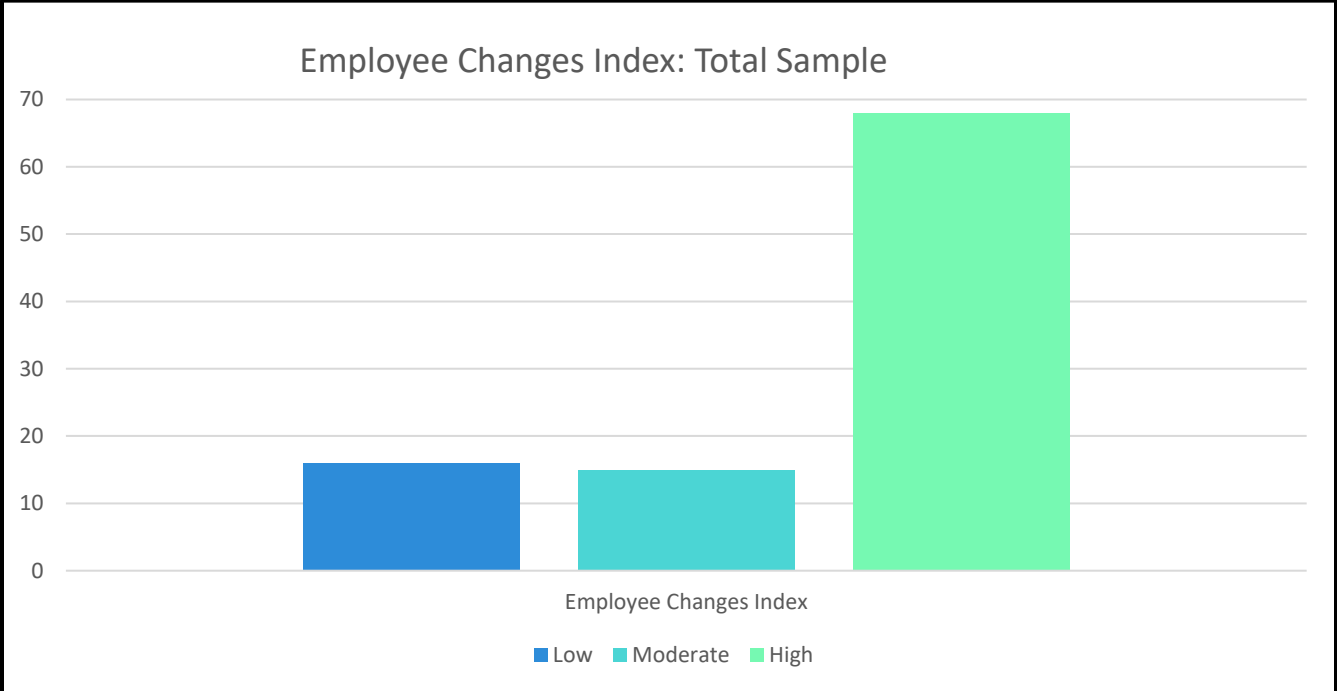


Most respondents report that work-life challenges have negatively impacted them

Earlier in the report we looked at how work-life conflict impacted the employer. An inability to cope with the dual demands of work and family can also potentially have negative consequences on the respondents themselves. To quantify the impact work-life conflict has had on the respondent, we asked them to look back over the past 12 months and indicate the extent to which challenges with respect to balancing work and family have caused them to reduce the amount of time they have to themselves, the amount of sleep

they get, the amount of energy they have, and the amount of time they spend in recreational or leisure activities. In all cases, the greater the reduction in the amount of time the respondent has for each of these activities, the greater the risk of mental and physical health problems. The summed average of responses for all four areas is presented as the employee change index for the total sample in Figure 35. High levels of the employee change index for each area is shown in Figure 36.

Figure 35: Employee Changes Index – Total Sample



Work-life conflict has negative consequences for the majority of respondents

Sixty eight percent of the total employee sample agreed that the challenge of balancing work and caregiving had affected their personal activities to a great extent. This is a much higher proportion than the percentage of the sample (18%) that say work-life challenges have negatively impacted their employment behaviour (see Figure 26 in Section 5).

Eldercare negatively impacts a respondent’s ability to engage in beneficial personal activities

Respondents with eldercare responsibilities are more likely to report that work-life challenges have caused them to have less time to spend on themselves, to have less time to spend sleeping, to have less time to spend in recreational activities, and to have less energy (see Figure 36). Sandwich respondents are the most likely to report that an inability to balance work and family demands had negatively impacted them in each of these ways.

Figure 36: Employee Changes Index by Dependent Care Group



Summary – Employee Outcomes

What do we know about overall employee well-being? Large proportions of our employee sample report high levels of stress (70%) and depressed mood (50%). Nevertheless, most (70%) respondents have high levels of self-efficacy (belief in one’s ability to succeed) but few have high levels of mastery (extent to which you believe life chances are under your control). This suggests that many of these employees feel they can overcome or work round the lack of control in their lives.

It should also be noted that one in four employees in our sample felt they were in poor physical health, while two in five missed one or more medical appointments in the six months prior to the survey. Taken together with the workload findings above, this suggests that the organisations may need to look at workload issues within their workforce, given the strong links between work role overload and negative employee outcomes.

What do we know about work-life outcomes? Work family conflict is high in this employee sample. Moreover, more than two thirds report that work life challenges have caused them to reduce personal activities that can benefit mental and physical health.

Key findings from this section by dependent care grouping are presented in Section 8.

Section Seven: Moderators

In statistics, a moderator variable is one that affects the direction and/or strength of the relationship between dependent (e.g., demands, overload) and independent variables (e.g., employee and organizational outcomes). The moderators as well as the relationships they are likely to moderate are shown in the Theoretical Framework displayed in Figure 1. The following factors that might moderate the relationships explored in this study are grouped as follows: organizational factors (Section 7.1), perceptions of control at home (Section 7.2), coping strategies (Section 7.3), and characteristics of eldercare situation (Section 7.4). Information on the moderators is provided below.

7.1 Organizational moderators

We collected data on four organisational factors that might moderate the relationships examined in this study: family supportive organizational culture, family friendly organizational benefits, immediate manager support and effectiveness, and perceived flexibility at work.

7.1.1: Family friendly culture

Organizational culture refers to the unwritten rules and corporate norms that dictate how things are done, how things work, what is to be done and what is valued in the organization (i.e., “the way things are done around here”). Data which speak to the extent to which the respondents to this survey perceive that the culture within their organization is supportive of family responsibilities are shown in Figure 37. Mean family supportive organizational perception scores are found in Appendix C (see Table C19).

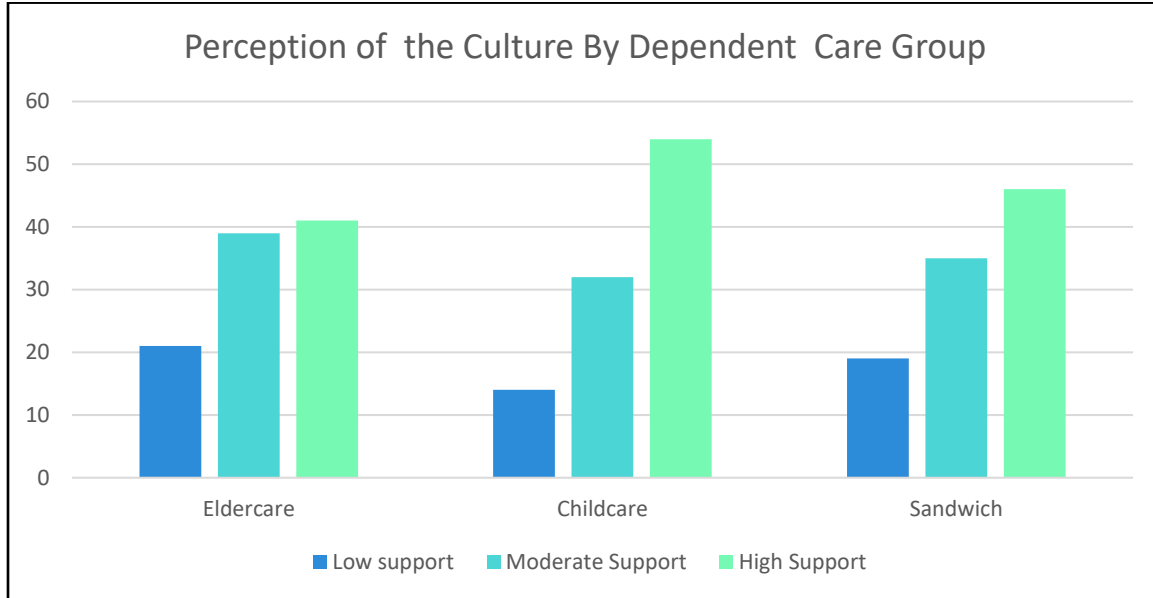
One in five respondents felt that the culture in their organization was not supportive of family

While the data in Figure 37 show that almost a half of the respondents (47%) felt that the culture of their organization was supportive of family, one in five (18%) felt that the culture was not supportive. Employees who work for such companies are unlikely to benefit from any forward-thinking family-friendly policies or practices as the organizational culture is likely to discourage their use. In other words, it may be considered a career limiting move to use them.

Respondents with eldercare responsibilities are less likely to perceive that the culture within their organization is highly supportive of family

The likelihood that a respondent will perceive that the culture within their organization is supportive of family (i.e. reports high support) is greatest for the employees in the child care only group (54%) and lowest for respondents dealing with eldercare (i.e., 41% of those in the eldercare only group, and 46% in the sandwich group, report high support) (see Figure 37). These findings suggest that the organizations in which our respondents work are more accommodating of child care issues facing their employees than of elder care issues.

Figure 37: Perception of Family Supportive Culture by Dependent Care Group



7.1.2 Family-friendly benefits

Family-friendly organizational benefits are policies and programs designed by companies to make it easier for their employees to address the varied demands of work and family life. In this study, we asked three questions relating to 10 family-friendly benefits. We began by asking if they have access to these benefits in their organization (yes, no, or don't know). For those with access, we then asked if they used the benefit (yes or no)? Finally, we asked those who used the benefit "to what extent (from very little to a lot) has it helped you cope with your work/personal/family issues?"

Few respondents have access to eldercare programs

The following observations can be drawn with respect to the availability of family-friendly benefits from the data shown in Table 26:

- Very few respondents say that yes, eldercare referral (3% of the total sample) and formal policies on caregiving (12% of the total sample) are available in their workplace. In fact, many in the sample do not know if either eldercare referral services (57%) or formal policies around caregiving (44%) are available in their workplace.
- Similarly, pluralities of the sample do not know if their organization offers paid (22%) or unpaid personal/family leave (43%).
- A majority of respondents work for an organization that has employee assistance programs (EAP) (93%), unpaid leave of absence (83%), short term leave with pay (65%), and time off in lieu of overtime (77%).

- Approximately half of the sample work for an organization that offers flexible work arrangements and short-term personal/family leave (paid and unpaid).
- Part-time work with pro-rated benefits is less common (only one in four works for companies where this benefit is available).

These findings suggest that for many of our respondents, the organization in which they work offers benefits that either fix the problem once it has occurred or allow employees to take time off at their own expense. It would also appear, that large numbers of the employees in our sample just do not know about the range of personal, family and eldercare benefits that might be available to them. For some organizations, communication practices about available benefits may need to be improved. In other organizations, however, and for eldercare focused programs in particular, such benefits just may not be available.

Table 26 Availability of Family-Friendly Benefits

	Eldercare	Childcare	Sandwich	Total
% indicating their organization has benefit				
Elder-care referral service?	4	2	3	3
Flexible work hours?	55	35	49	46
EAP/ Counselling services?	94	93	94	93
Unpaid leave of absence?	81	85	85	84
Personal days with pay?	71	59	71	66
Time off instead of overtime pay?	72	83	76	77
Paid short-term personal/family leave?	48	52	51	51
Unpaid Short-term personal/family leave?	44	35	44	40
Part-time work schedules with pro-rated benefits?	32	22	30	27
Formal organizational policies that address issues associated with caregiving?	11	13	13	12
% who do not know if organization has benefit				
Elder-care referral service	48	67	55	57
Flexible work hours	4	4	5	4
EAP/ Counselling services	3	5	5	4
Unpaid leave of absence	11	10	10	10
Short term leave with pay	5	10	6	7
Time off instead of overtime pay	9	6	8	8
Paid Short-term personal/family leave	20	23	22	22
Unpaid Short-term personal/family leave	37	49	40	43
Part-time work schedules with pro-rated benefits	37	41	41	40
Formal organizational policies that address issues associated with caregiving	39	48	44	44

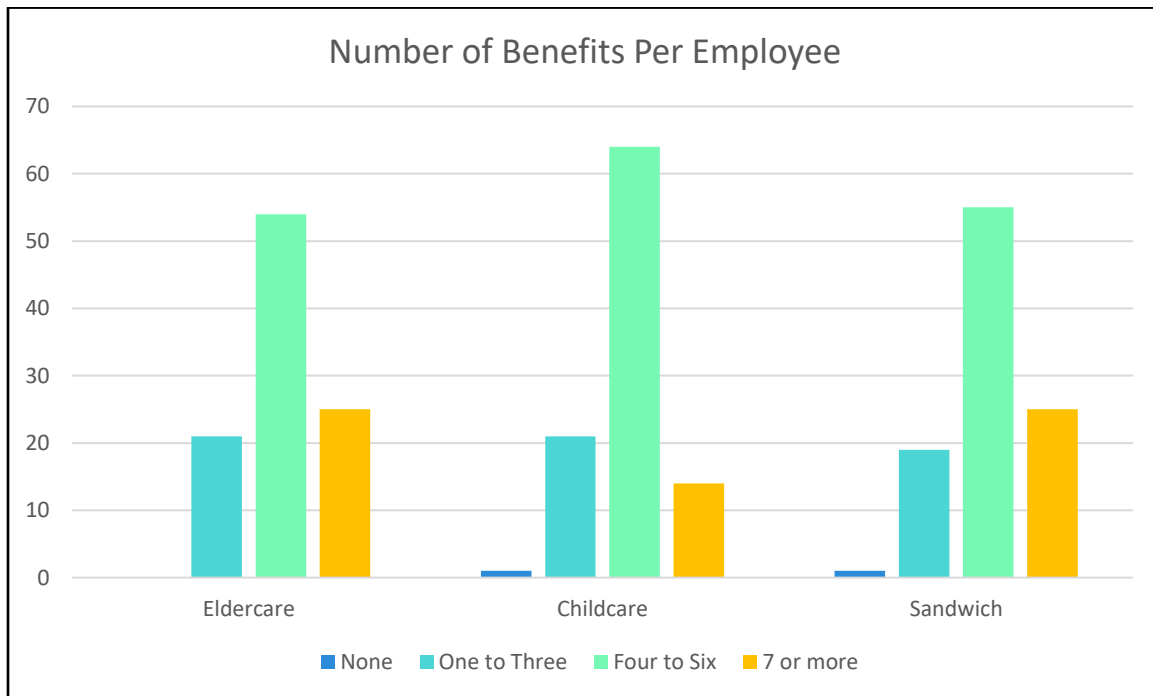
Most respondents have access to between four and six family friendly benefits at work

Based on the ‘yes’ answers to the question ‘Do you have access to the following benefits?’ (as shown in Table 26), we also calculated how many of the listed benefits each respondent had access to. This data helps to identify how many benefits are known to be available. The results of these calculations are presented in Figure 38 and suggest the following observations:

- A majority of the employees in our sample (58%) reported that between four and six of the listed benefits were available to them at work
- Although only one in four of our total sample reported that their organization offered seven or more family friendly benefits, it is notable that those with eldercare responsibilities were more likely to do so.

These findings suggest that respondents with eldercare demands may have sought out employers with a broader benefit range or they may have been more active than their fellow employees in establishing the benefits available to them within their organisations. Although these data indicate that employees in the eldercare and sandwich groups have access to a broader set of benefits than those in the childcare only group, the fact that relatively few respondents overall have access to eldercare specific services also suggests that respondents with eldercare responsibilities do not always have access to the benefits that might help them most.

Figure 38: Number of Family Friendly Benefits per Respondent by Dependent Care Group



Family friendly benefits that are available are used by caregivers

Data on those respondents who use the family-friendly benefits provided in their workplace are presented in Table 27. The following observations can be made from these data. First, we note that the most commonly used benefits include flexible work hours (91%), paid short term personal leave (83%), time off instead of overtime pay (77%), formal policies associated with caregiving (71%), EAP (54%), and eldercare referral (43%). Benefits used less frequently include taking an unpaid leave of absence (25%), unpaid short-term personal/family leave (27%), and working a part time schedules with pro-rated benefits (22%). We interpret these data as an indication of what benefits do and do not help employees cope with eldercare and childcare demands.

Based on the key between-group differences associated with dependent care type (shaded in Table 27), it would appear that:

- Respondents with eldercare responsibilities are most likely to use formal policies associated with caregiving, eldercare referral, EAP, paid short term personal leave, and unpaid short term personal leave.
- Employees in our sample with children at home are most likely to use time off instead of overtime and part time work schedules with pro-rated benefits.

Table 27: Percentage of Respondents Who Use the Available Benefits

	Eldercare	Childcare	Sandwich	Total
% who use available family friendly benefits				
Elder-care referral service	50	16	56	43
Flexible work hours	89	92	93	91
EAP/ Counselling services	48	41	50	54
Unpaid leave of absence	25	24	27	25
Short term leave with pay	95	92	96	95
Time off in lieu of overtime pay	72	81	76	77
Paid short-term personal/family leave	86	80	85	83
Unpaid short-term personal/family leave	28	25	30	27
Part-time work schedules with pro-rated benefits	18	23	26	22
Formal organizational policies that address issues associated with caregiving	74	66	76	71

Note. Key between-group differences associated with dependent care type are shaded

Flexible work arrangements are an important benefit for the employees in our sample

Table 28 shows which family friendly benefits used by respondents help them to cope. The following observations can be made from these data:

- For each dependent care group, the benefits that help at least 70% of the respondents who use the benefit cope “somewhat” or “a lot” with work-life demands are as follows:
 - Eldercare: flexible work arrangements (80%)
 - Childcare: flexible work arrangements (84%), part time work with pro-rated benefits (74%), and paid short term personal leave (73%)
 - Sandwich: flexible work arrangements (83%), paid personal/family days off (73%), part time work with pro-rated benefits (74%).
- Compared to the eldercare and childcare only respondents, employees in the sandwich group are more likely to say that eldercare referral services (50%) and formal benefits help them (59%), and less likely to say that unpaid short-term family leave helps them.
- Respondents with childcare responsibilities are more likely to say pro-rated part time helped them (i.e., 74% of the childcare group and 73% of sandwich respondents)
- Respondents with eldercare responsibilities are more likely to say that an unpaid leave of absence helps them.

Table 28: Family Friendly Benefits That Help Respondents Cope Somewhat or A Lot

Available family friendly benefits	Eldercare	Childcare	Sandwich	Total
	% who <u>use</u> available service and say it helps them cope with work-life issues (somewhat or a lot)			
Elder-care referral service	41	25	50	42
Flexible work hours	80	84	83	82
EAP/ Counselling services	43	41	43	42
Unpaid leave of absence	64	59	64	52
Personal days with pay	64	62	63	63
Time off instead of overtime pay	58	61	59	59
Paid short-term personal/family leave	76	73	77	75
Unpaid short-term personal/family leave	56	55	50	54
Part-time work schedules with pro-rated benefits	66	74	73	70
Formal organizational policies that address issues associated with caregiving	49	47	59	51

Note. Key between-group differences associated with dependent care type are shaded

7.1.3 Behaviour of Immediate Manager

The positive consequences of management support on employee well-being are well documented. Empirical studies have demonstrated that perceptions of a supportive manager are related to increased job satisfaction and productivity, lower turnover intentions, improved employee mental health and employee work-life balance. In this study, we examined two different components of management support of employees. More specifically we collected data to help us assess the respondents' immediate manager with respect to:

- (1) the extent to which the employee perceived that their manager was effective (i.e., gives recognition, provides constructive feedback, makes expectations clear, listens to employees, shares information, is available to answer questions, is effective at planning the work to be done, is consultative with employees, and provides coaching and mentoring); and
- (2) the extent to which the employee perceived that their manager was supportive (i.e., focuses on outputs and deliverables not hours, has realistic expectations, is supportive of the employee taking time off when needed, has reasonable expectations with respect to employee work hours).

The percentage of respondents who evaluated their immediate manager as poor, mixed (did some things well and other things poorly), and good at enacting each of these facets of management behaviour are shown in Figure 39. The associated mean scores are shown in Appendix C (see Table C20)

The behaviour of the respondents' immediate manager is an important form of support

Nearly half of the respondents (47%) say they have an effective manager. At the same time, another similarly large group of respondents (54%) work for a supportive manager.

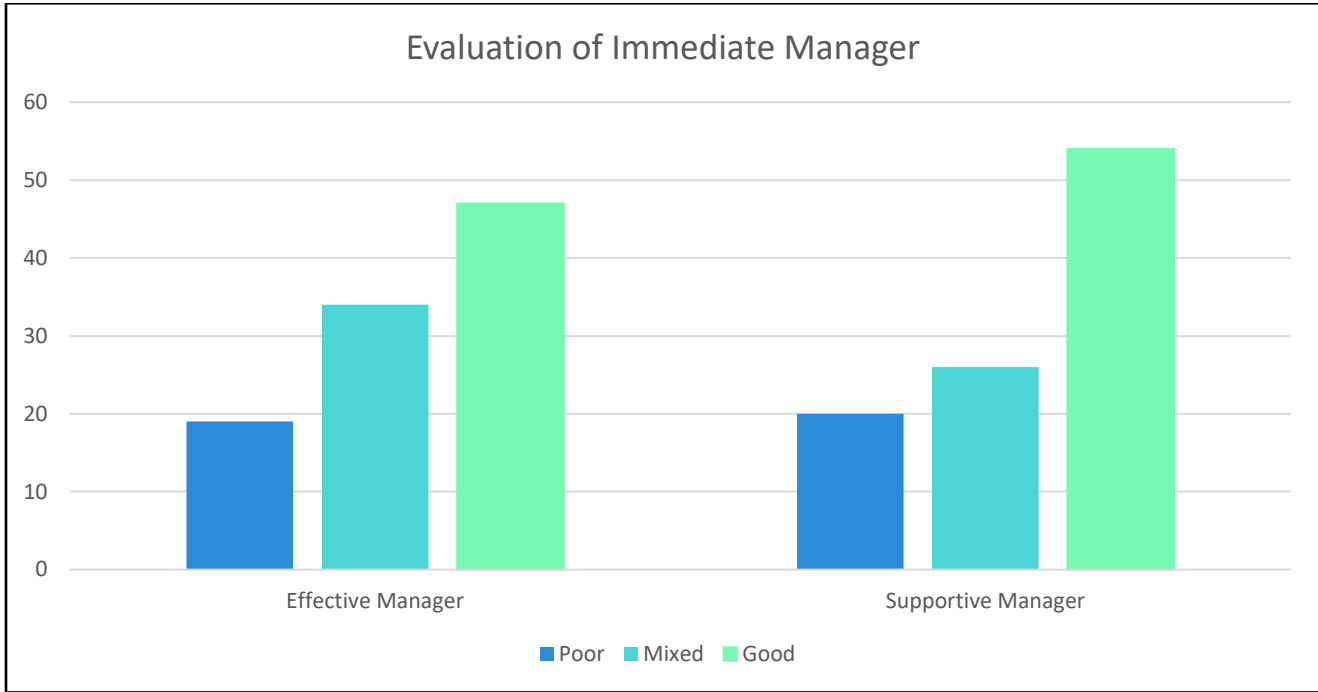
Key findings from the respondents' evaluations of their immediate managers' effectiveness and supportiveness by dependent care group are as follows:

- Those in the childcare group are more likely to say that their manager is effective (50%) and less likely to say that their manager is not effective (18%)
- Those in the eldercare group are more likely to say that their manager is ineffective (22%) and less likely to say that their manager is effective (45%)
- Those in the sandwich group share similar views to those in the eldercare group (20% say that their manager is not effective while 44% say that their manager is effective)
- The perception of the level of support that the respondents received from their manager was essentially identical for those in the eldercare (54%) and childcare (55%) groups

- Employees in the sandwich group were less likely to perceive that their manager was supportive (51%)

The above data suggest that managers are less sure of how to be effective managers of employees with eldercare needs and/or that the culture is not supportive of this type of demand.

Figure 39: Evaluation of Immediate Managers’ Effective and Supportive behaviours



7.1.4 Perceived Flexibility

Perceived Flexibility is defined as the amount of flexibility respondents perceive they have over their work hours and their work location. Two dimensions of perceived flexibility were identified and measured in this study:

- the flexibility to accommodate **predictable** family demands: vary work hours, spend time working at home, arrange work schedule, have meals with your family.
- the flexibility to accommodate **unpredictable** family demands: take a paid day off when child or elderly dependent is sick, take holidays when want, interrupt work day and return.

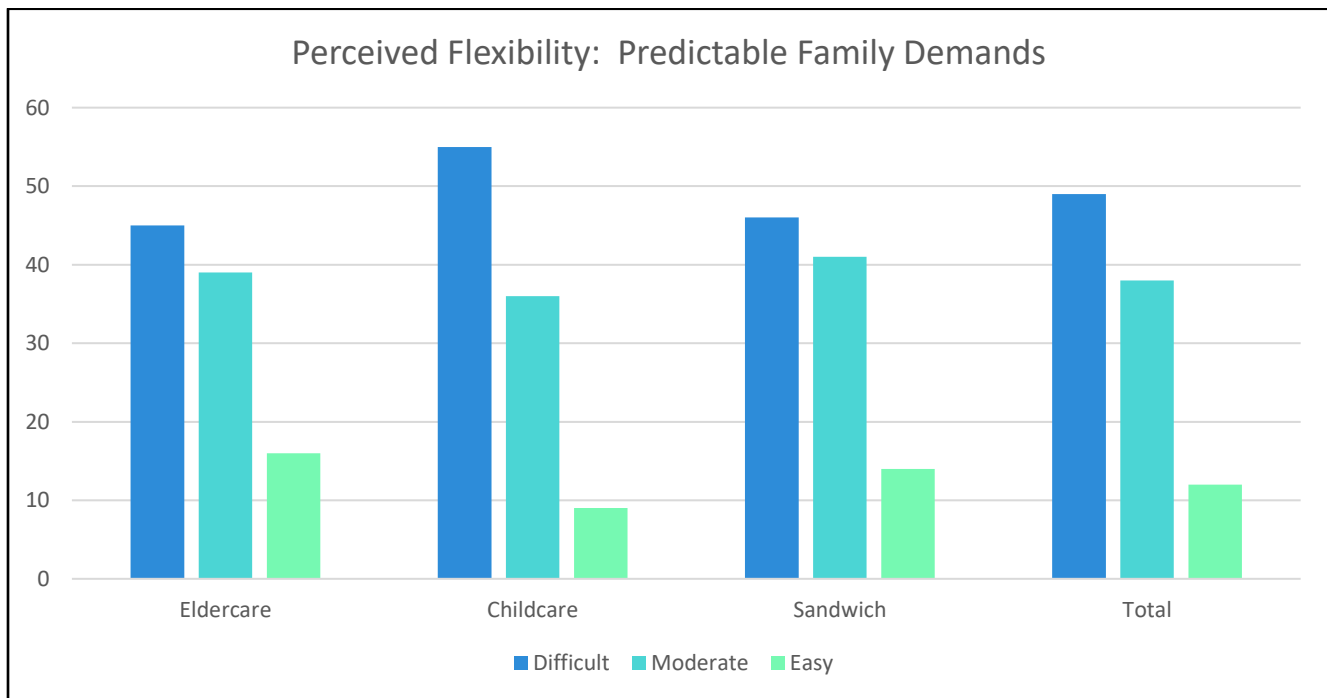
Previous research has found that employees who are providing eldercare have a greater need for the second form of flexibility to meet the often-unpredictable nature of this role than do their counterparts in the childcare only group.

Few respondents perceive that it is easy to meet predictable demands

In Figure 40a we present the percentage of the sample with high (find it very easy), moderate (find it neither easy or difficult) and low (find it difficult) levels with respect to the perceived flexibility to accommodate predictable demands. Mean scores can be found in Appendix C (see Table C21).

From these data we make the following observations. First, almost half of the total sample of employees find it difficult to accommodate predictable demands while only 12% feel that is easy. Second, fewer employees in the childcare group (9%) feel that it is easy to deal with predictable demands compared to those in the eldercare (16%) and sandwich (14%) groups.

Figure 40a: Perceived Flexibility - Predictable Family Demands by Dependent Care Group



Respondents perceive they have higher levels of flexibility to accommodate unpredictable demands

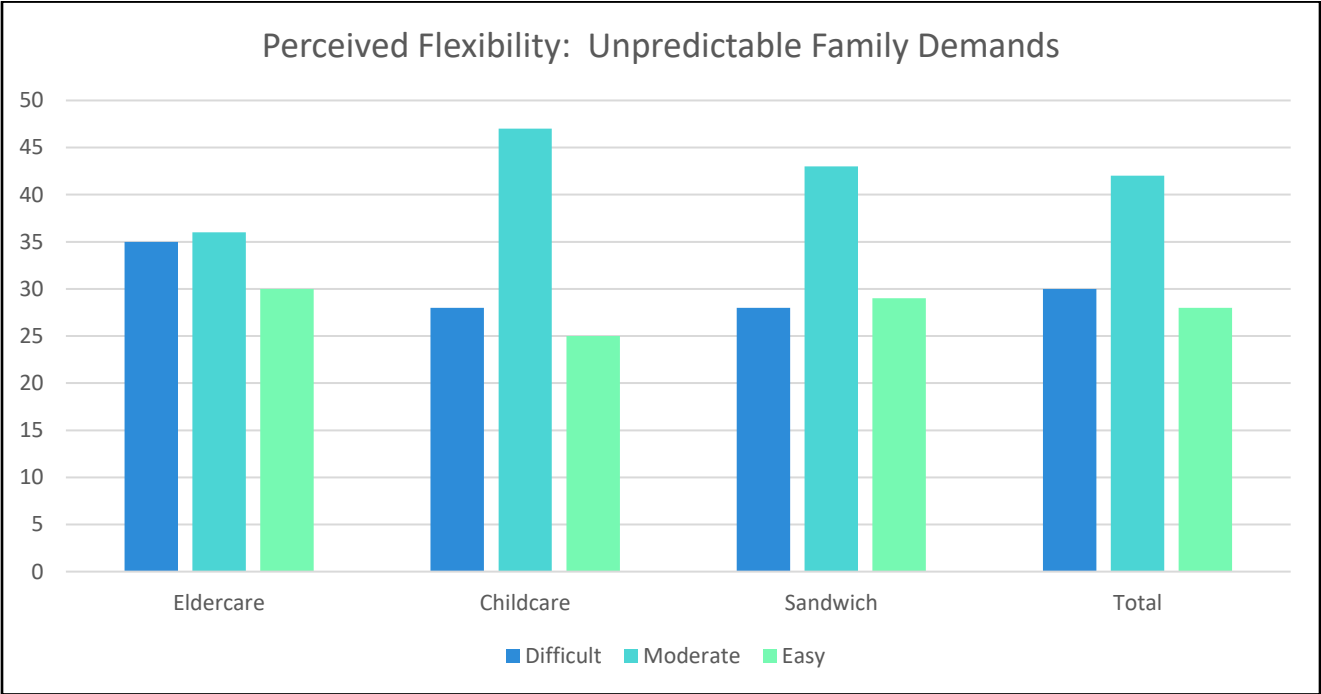
The data for the second dimension of perceived flexibility are shown in Figure 40b below. Mean perceived flexibility scores for accommodating unpredictable demands are also found in Table C21 of the Appendix. These data show that overall, 28% of the employees in our sample find it easy to accommodate unpredictable demands. This is a much higher proportion than those who feel at ease when trying to accommodate predictable demands as noted above (12%).

Respondents caring for the elderly are less likely to experience moderate difficulty in meeting unpredictable demands

Compared to those in the childcare group, in which 28% of the employees say that accommodating unpredictable demands is difficult, respondents with eldercare responsibilities (i.e., 35% of the eldercare and 28% of the sandwich respondents) are more likely to perceive that it is difficult for them to deal with unpredictable family demands (see Figure 40b) At the same time, another group of those with eldercare responsibilities (30% of the eldercare group and 29% of the sandwich group) are more likely than those with children (25%) to say it is easy for them to deal with unpredictable family demands. These findings are likely due to the nature of the unpredictable demands and other factors such as a supportive work culture etc.

The findings on perceived flexibility suggest that the employees in our sample find it easier to cope with unpredictable work and family demands than with the demands from work and family roles that are predictable. The relationship between the dependent care groups and the perceived flexibility to accommodate unpredictable demands is, however, somewhat complex and worthy of further examination.

Figure 40b: Perceived Flexibility - Unpredictable Family Demands by Dependent Care Group



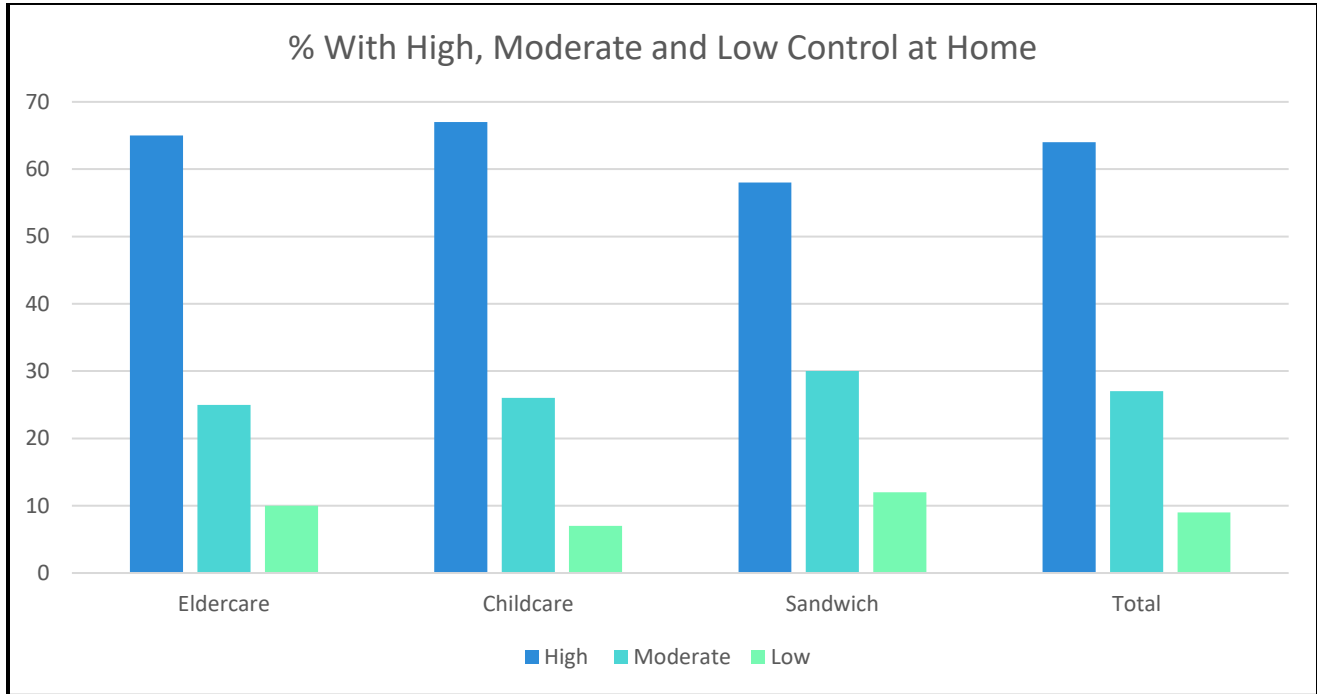
7.2 Perceived control

Perceived control is defined as the belief that one can determine one’s own internal states and behavior, influence one’s environment, and/or bring about desired outcomes. This study included a measure of ‘control at home’, which is defined as the perceived ability to exert control over activities that take place within the home. The percentages of respondents who had low, moderate, and high levels of control at home are shown in Figure 41. Mean scores for the control at home measure are shown in Appendix C (see Table C22).

Respondents with multi-generational responsibilities report lower levels of control at home

Overall, two out of three employees in our sample report that they have high levels of control of home. The data show, however, that employees in the sandwich group (58%) are less likely than those in the eldercare only (65%) and childcare only (67%) groups to report high levels of control at home. A reduced perception of control can lead to increased levels of perceived stress. The lower levels of control at home for sandwich respondents may be linked to the increased levels of stress reported for this group.

Figure 41: Control at Home by Dependent Care Group



7.3 Coping with Work and Caregiving Roles

Coping involves expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. In our survey, respondents were first asked how often (never, sometimes, always) they used each coping strategy in a list of 17 as a way to manage the demands arising from their work and caregiving roles. Second, a factor analysis was performed on the survey data from these 17 coping strategies to identify coping strategy families and their usage levels amongst the survey sample.

We begin our discussion by examining the data on the usage of the 17 coping strategies as presented in Table 32.

Most respondents use a similar set of strategies to cope with the demands of work and caregiving

While there are a small number of notable exceptions, the use of most of the 17 coping strategies investigated in this study is unrelated to the dependent care group of the employees surveyed (see Table 32). The exceptions are as follows. First, respondents with eldercare responsibilities are more likely to cope by eating and reducing the quality of the things they do than are those in the childcare group. Those in the eldercare group are also more likely than the employees in the other two groups to cope by spending time alone. Finally, employees in the sandwich group are less likely to cope by spending time exercising, or watching TV or reading. This last finding is consistent with the fact that time is an issue for this group.

Table 32: Coping Strategy Usage by Dependent Care Group

% of those in our sample who cope by:	Eldercare	Childcare	Sandwich	Total
Spending time alone	75	59	62	63
Eating	73	66	71	70
Smoking cigarettes	16	10	13	12
Getting some exercise	61	64	56	61
Watching TV or read	87	85	80	84
Taking medication to calm yourself down	21	15	18	18
Drinking some alcohol	39	41	41	40
Working harder (just try and do it all)	73	74	75	74
Seeking help from family or friends	48	44	46	46
Seeking help from colleagues at work	23	27	23	24
Talking to family or friends	66	61	62	63
Talking to colleagues at work	41	42	39	41
Prioritizing and doing what is important first	94	96	94	95
Delegating work to others	50	52	53	52
Scheduling, organizing, planning time more carefully	80	81	83	82
Reducing the quality of what I do	47	40	55	46
Buying more goods and services	60	57	61	58

Note. Key between-group differences associated with dependent care type are shaded

Six coping strategy dimensions were identified from the survey data

The six coping strategy families identified from the factor analysis are described below.

- *Seek help from others* (i.e. seek help from family, friends or colleagues at work, talk to friends or family or colleagues at work)
- *Problem focused coping* (i.e., work harder, prioritize and do what is important first, delegate work to others, schedule, organize and plan)
- *Escape* (i.e., spend time alone, watch TV or read)
- *Emotional eating* (i.e. eat, get exercise (negative loading))
- *Cognitive re-appraisal* (i.e., reduce the quality of what I do, buy more goods and services)
- *Substance use* (i.e., smoke cigarettes, drink alcohol, take medication to calm down)

Coping research has found that ‘emotional eating’ and ‘substance use’ are potentially unhealthy forms of coping. Escape strategies might also be considered unhealthy if they are the sole strategy being used. Research indicates that if escape strategies are used in combination with strategies to reduce demands (e.g., problem focused coping) then using escape techniques could be a valid way to reduce emotional stress. Cognitive re-appraisal refers to cognitive efforts to change the meaning or importance of a stressor.

Respondents are most likely to cope by using problem focused strategies, by trying to escape, and by using emotional eating

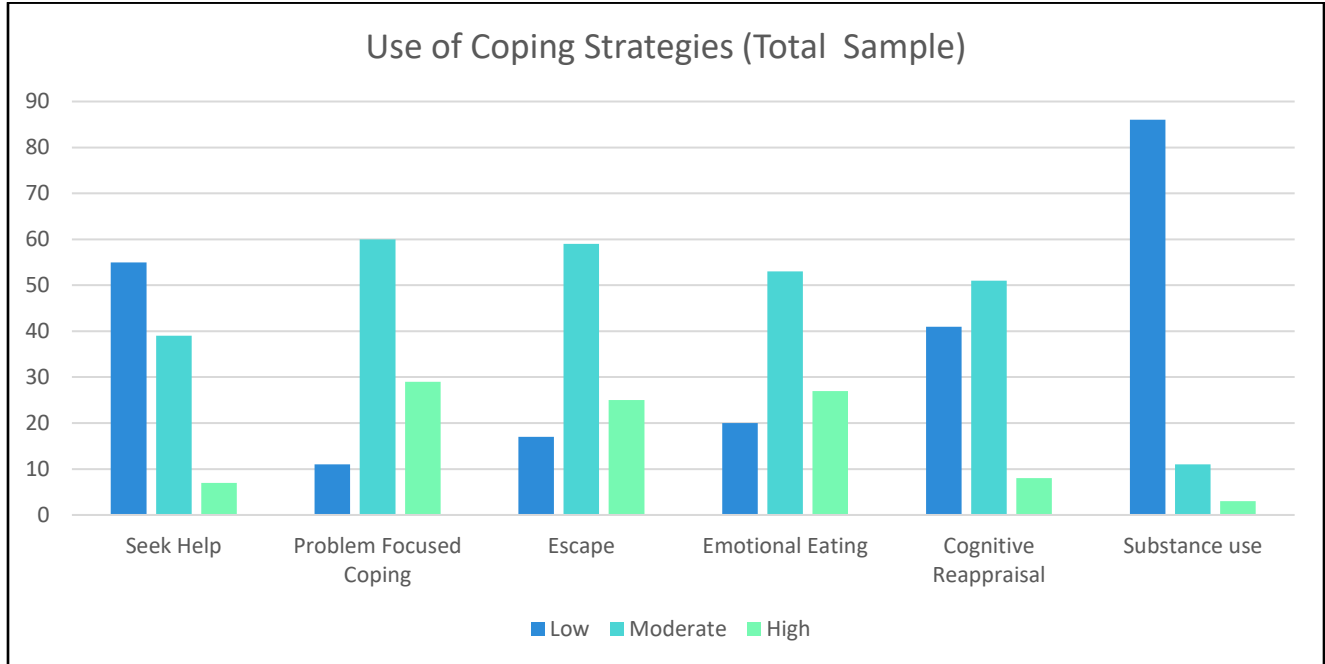
Data on the usage of the six coping strategy dimensions are presented in Figure 42. Mean usage scores are found in Appendix C (see Table C23). Taken as a whole, the data show that employees in our sample mostly use problem focused coping, escape strategies, and emotional eating as a way to deal with the stress from managing work and caregiving demands. Notably, relatively few respondents cope by using substances to reduce their stress.

Data on the use of the coping strategy dimensions by dependent care group suggest the following conclusions:

- Employees in the eldercare group are more likely to use escape strategies as a way to cope. Specifically, one in three employees in the eldercare group make high use of this strategy compared to one in five of those in the other two groups;
- Those in the sandwich group are more likely to use cognitive reappraisal strategies to cope (i.e. 66% of the sandwich respondents make at least some use of this strategy compared to 59% of the eldercare group and 55% of the childcare group); and
- Those in the childcare group are less likely to engage in emotional eating. Specifically, 23% of the childcare only group make high use of emotional eating to cope with work-life demands compared to 30% of the respondents with eldercare responsibilities.

These findings suggest a high use of potentially unhealthy coping strategies by the respondents in our sample, particularly by those with eldercare responsibilities. This may be because some respondents have little practical support from their families and/or from work, or these strategies are their favoured coping approach. A closer examination of the mix of coping strategies used by these respondents and the support they receive is indicated.

Figure 42 Use of Coping Strategies – Total Sample



7.4 Caregiving Moderators

Three moderators specific to the study of eldercare were measured in this survey: choice to care, caregiver competence, and care recipient condition. Since by definition no one in the childcare only group has eldercare responsibilities, the tables and figures in this section compare only the eldercare and sandwich groups.

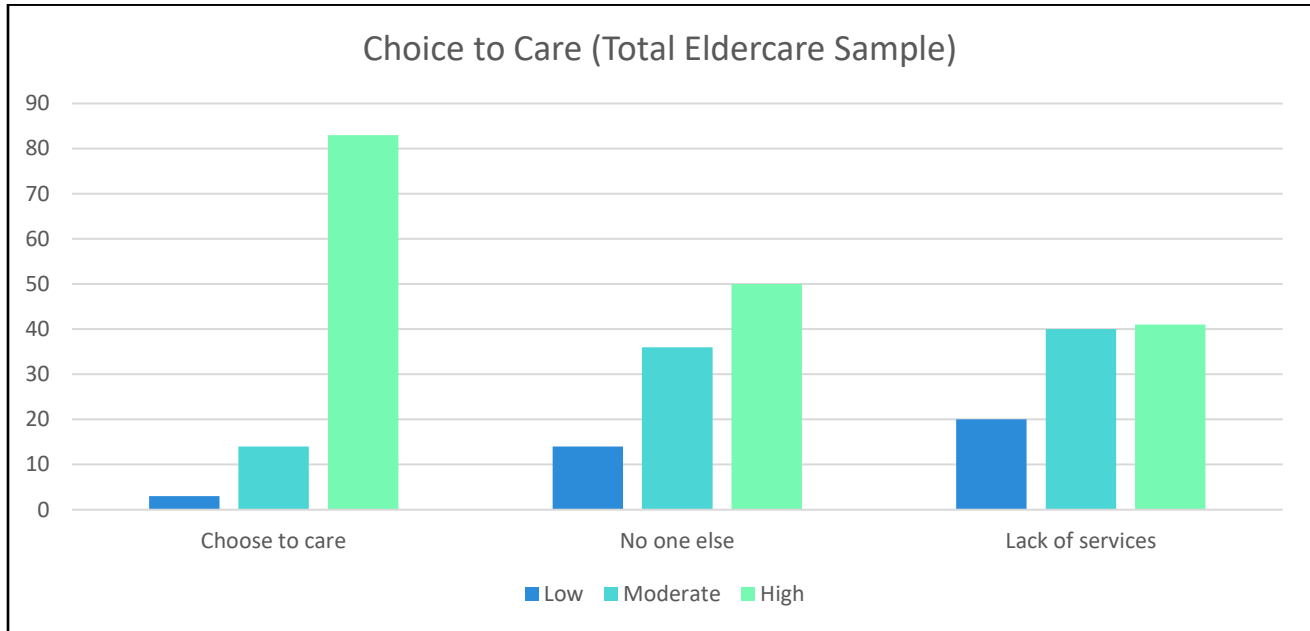
7.4.1 Choice to care

Choice to care is a measure of control specific to caregiving. Given a list of reasons why someone might choose to provide eldercare, respondents were asked to what extent they agreed with each reason in their case. Three “motivations for caregiving” dimensions were identified from the data in this study:

- Lack of services - lack of health services, lack of homecare services,
- No one else - no one else available, no one else willing, and
- Choose to care - family responsibility, chose to provide care.

Data on ‘Choice to care’ are presented in Figure 43. Mean scores are found in Appendix C (see Table C24).

Figure 43: Choice to Care – Total Eldercare Sample



Most respondents choose to provide care for their elderly relatives

A large majority of the sample (83%) indicated that they chose to take on their eldercare responsibilities, half indicated that they had assumed the caregiver role as there was no one else who could do it, and 40% said that a lack of services had motivated their decision to provide caregiving to their elderly relative. These findings suggest that while most choose to care for their elderly relatives, for many people there is more than one reason why they were motivated to take on this role. There is no difference associated with dependent care group with respect to why people are motivated to provide eldercare.

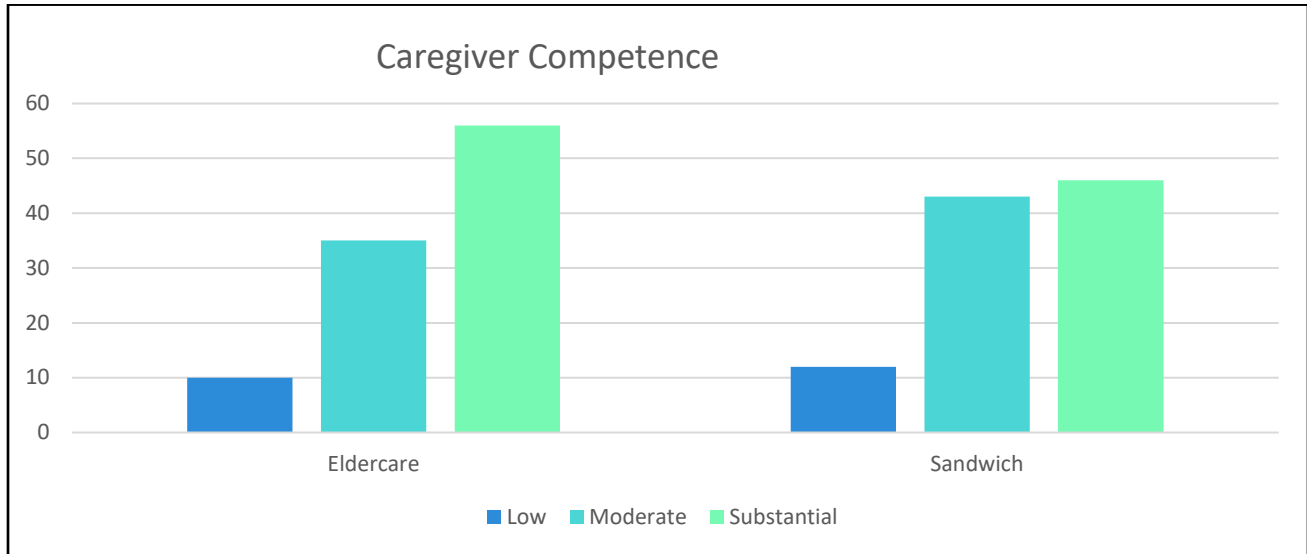
7.4.1 Caregiver competence

Competence is defined as the ability to perform a task with desirable outcomes and as the effective application of knowledge and skills. Caregiver competence is defined as the capability and skill of the caregiver(s) and the family in providing care to a family member or loved one. Respondents were asked 5 questions about how often (from rarely to most of the time) they thought they were competent in their caregiver role. Percentage of respondents reporting low, moderate, and substantial levels of competence are presented in Figure 44. Mean scores are shown in Appendix C (see Table C25)

Most caregivers with eldercare responsibilities feel that they are competent in the role

While most respondents with eldercare responsibilities feel that they are competent in their role, those in the eldercare only group are more likely to report high levels of caregiver competence than those who have multi-generational responsibilities (56% versus 46%). Sandwich respondents are more likely to feel they have moderate levels of competence (43% to 35%) than those in the eldercare group.

Figure 44: Caregiver Competence by Dependent Care Group



7.4.3 Care recipient condition

We included a question in the survey to help us better understand the relationship between the eldercare caregiving demands and strain and the physical and mental health of the elderly care recipient. For each listed care recipient condition (drawn from the eldercare literature and practitioner experience), respondents were asked to indicate if they cared for someone with this condition and if yes, the level of demands (i.e., time, energy, emotional) that caring for someone with this condition placed on them in a typical month. These data are presented in Tables 33 and 34 respectively.

Using factor analysis, the medical status of the elderly care recipients cared for by our sample were then grouped into the following four serious health condition dimensions:

- *Mental health problems* (dementia; a mental health issue; diminished appetite; problems sleeping; behavioural problems).
- *Issues with daily functioning* (problems with daily functioning; dialysis or catheterization; incontinence; have infection (s); have difficulties going to the washroom; have gastrointestinal problems).
- *Chronic health issues* (heart problems/cardiovascular disease; problems breathing; bone loss; restricted diet due to diabetes; impaired vision).
- *Cancer and immune system* (receiving treatment for cancer; immune system is compromised).

The factor analysis allows us to report the percentage of respondents caring for someone who has problems defined by the four condition groups (see Table 35). These data also allow us to calculate how many of the four serious conditions the respondents' care recipients have. The percentages of the sample who care

for someone who is suffering zero, one, two, three, or four of these categories of conditions are reported in Figure 45. Mean scores of the burden levels are reported for these four condition groups in Table 36, as well as the mean number suffered by the orienting person.

We begin our discussion with the data showing the percentage of our sample who care for someone with each of the initial list of 18 conditions.

The condition of the elderly care recipient is important

From the data presented in Table 33, we can make the following observations:

- One in three of the respondents with eldercare responsibilities in this sample care for someone with the following conditions: bone loss, restricted diet, dementia, problems with daily functioning, cardiovascular disease, mental health issues, and problems sleeping
- Employees in the eldercare only group are more likely than those in the sandwich group to report that they are caring for a person who has suffered bone loss, has dementia, is incontinent, is not eating, has difficulties going to the washroom, difficulties sleeping, and behavioural problems. These findings are consistent with the fact that those in the eldercare only group are more likely to care for someone over the age of 85.

Respondents caring for someone with dementia, daily functioning issues, or cancer are most likely to report high levels of burden

Table 34 presents the percentage of respondents with eldercare responsibilities who report high levels of burden arising from the various conditions of the elderly dependent they care for. Those caring for an elderly relative with dementia, problems with daily functioning, or cancer are most likely to report that this condition imposes high level of emotional and physical burden on them. We draw the following additional conclusions from these data:

- With a few exceptions, the burden placed on the caregiver from caring for someone with these condition is not associated with the dependent care group.
- The eldercare group are more likely than the sandwich group to report high levels of burden from five of the 18 care recipient conditions; specifically, those involving breathing problems, dialysis or catheterization, cancer, loss of appetite, and behavioural problems (see shaded differences in Table 34)
- Sandwich group respondents are more likely than those in the eldercare only group to report high levels of burden when they are caring for someone with a compromised immune system (see shaded differences in Table 34)

Table 33: Care Recipient Conditions by Dependent Care Group

% of our sample who care for someone with this condition:	Eldercare	Sandwich
They have suffered bone loss (i.e. have osteoarthritis and/or osteoporosis) and there is a worry about fractures	39%	32%
They are on a restricted diet due to diabetes , high blood cholesterol, etc.	33%	34%
The have dementia	34%	23%
They have problems with daily functioning (e.g., walking, self care) due to a brain disease other than dementia (e.g., a stroke, Parkinson's)	35%	32%
Their vision is impaired due to macular degeneration, glaucoma, cataracts a stroke etc.	26%	22%
They have heart problems/cardiovascular disease (e.g., heart attack, congestive heart failure, high blood pressure)	36%	34%
They have problems breathing (e.g., COPD)	16%	15%
They are on dialysis or catheterized	4%	3%
They are receiving treatment for cancer.	10%	10%
Their immune system is compromised	13%	15%
They have gastrointestinal problems (e.g., ulcers, diverticulosis, difficulties swallowing)	18%	18%
They are incontinent	24%	15%
They have an infection (e.g., urinary tract infection, shingles)	12%	12%
They have a mental health issue (e.g., anxiety, depression)	35%	33%
Their appetite is diminished and they are losing weight	25%	18%
They have difficulties going to the washroom (e.g., constipated)	22%	16%
They have problems sleeping (e.g., they have insomnia)	36%	31%
They have behavioural problems (e.g., act out, swear, aggressive, wander, un-cooperative)	19%	13%

Note. Key between-group differences associated with dependent care type are shaded

Most eldercare caregivers care for someone with at least two of the four medical condition categories

Two out of three employees in the eldercare only and sandwich groups combined, care for a dependent who suffers from two or more of the four medical condition categories (see Figure 45). Seventy percent of the respondents with eldercare responsibilities care for a dependent with chronic health problems, 60% care for someone with mental health problems (60%) and half care for someone who has problems with daily functioning.

Employees in the eldercare group were more likely to care for someone with mental health problems, issues with daily functioning, or problems with their heart, lungs or eyes.

Employees in the eldercare only group are more likely than those in the sandwich group to care for an elderly relative with mental health issues (68% v 59%), issues with daily functioning (55% v 49%), or problems with their heart, lungs, or eyes (71% v 65%)

Table 34 Percentage with High Burden from Care Recipient Condition by Dependent Care Group

% of those in our sample who report that caring for someone with this condition imposes a <i>high</i> burden on them:	Eldercare	Sandwich
They have suffered bone loss	27%	24%
They are on a restricted diet	27%	26%
The have dementia	36%	34%
They have problems with daily functioning	39%	37%
Their vision is impaired	26%	22%
They have heart problems/cardiovascular disease	29%	30%
They have problems breathing (e.g. COPD)	23%	17%
They are on dialysis or catheterized	27%	17%
They are receiving treatment for cancer.	41%	36%
Their immune system is compromised	21%	26%
They have gastrointestinal problems	24%	23%
They are incontinent	25%	22%
They have an infection	16%	16%
They have a mental health issue	23%	25%
Their appetite is diminished, and they are losing weight	22%	16%
They have difficulties going to the washroom	17%	18%
They have problems sleeping	24%	23%
They have behavioural problems	21%	17%

Note. Key between-group differences associated with dependent care type are shaded

Table 35: Percentage Who Care for Someone with the Following Condition by Dependent Care Group

% of our sample who care for someone with this condition:	Eldercare	Sandwich
Mental health problems	68%	59%
Issues with daily functioning	55%	49%
Major health problems	71%	65%
Cancer and immune system	17%	19%

Note. Key between-group differences associated with dependent care type are shaded

Figure 45: Number of Demanding Conditions the Caregiver Faces by Dependent Care Group

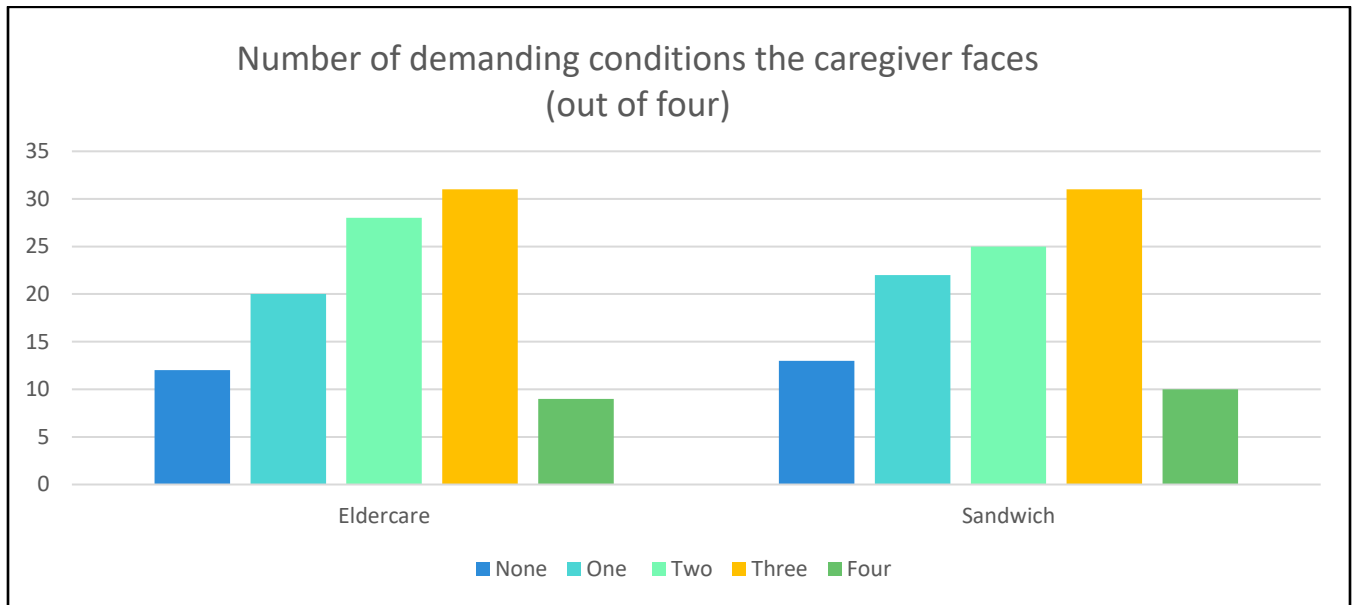


Table 36 Average Demands That Caring for Someone with This Condition Places on Caregiver per Month by Dependent Care Group

Average demands (i.e., time, energy, emotional) that caring for someone with this condition places on the caregiver in a typical month (1 to 5 scale, with one being non applicable)	Eldercare	Sandwich
Mental health problems	1.5 (1.4)	1.2 (1.3)
Problems with daily functioning	1.1 (1.3)	1.0 (1.3)
Chronic health issues	1.5 (1.3)	1.4 (1.3)
Cancer/Immune system	0.2 (0.5)	0.3 (0.5)
Mean number of demanding (i.e. response of 4 or 5) conditions per caregiver	2.1 (1.2)	1.9 (1.2)

Overall, the findings with respect to care recipient condition suggest that mental health problems and chronic health issues are the most common, and the most burdensome, care recipient conditions for respondents with eldercare responsibilities.

Summary – Moderators

What factors might moderate the relationship between dependent (e.g., demands, overload) and independent variables (e.g., employee and organizational outcomes) for the employees in our sample?

- One in five of the employees in our sample felt that the culture in their organization was not supportive of family. Employees who work for such companies are unlikely to benefit from any forward-thinking

family-friendly practices as the organizational culture is likely to discourage their use. In other words, it may be considered a career limiting move to use them.

- Very few respondents report that formal eldercare policies are available in their workplace.
- For those employees in our sample who use available workplace benefits, the benefits most commonly used include flexible work hours (91%), paid short term personal leave (83%), time off instead of overtime pay (77%) and formal policies associated with eldercare (71%). Many of the respondents reported that flexible work arrangements helped them cope a lot.
- Nearly half of the respondents (47%) say they have an effective manager. At the same time, another similarly large group of respondents (54%) work for a supportive manager.
- Across the dependent care groups, employees in our sample mostly use the same coping strategies to deal with role overload and stress. For example, the coping strategies that involved prioritizing , scheduling, organizing or planning time more carefully, working harder, talking to family or friends, and buying more goods and services were used by more than 60% of the employee sample in each case.

Key findings from this section by dependent care grouping are presented in the next section.

Section 8 Key Findings

In this section, we outline the key findings from this survey by dependent care grouping. Firstly, we summarise findings for those employees with eldercare responsibilities and for those with childcare responsibilities. We then turn to the key findings for each of the three dependent care groups, eldercare only, the sandwich group, and the childcare only group.

Key findings with respect to respondents with eldercare responsibilities

The following conclusions with respect to the respondents with eldercare responsibilities in this sample can be drawn from the data:

- A plurality (two out of every five) of respondents with eldercare responsibilities work in managerial and professional positions. Findings relevant to employees with eldercare responsibilities in this study will be relevant to organizations seeking to employ and retain knowledge workers.
- Most of the employees with eldercare responsibilities in the sample were women, a finding that is consistent with much of the literature in the area.
- Many single people assume the role of caregiver to an elderly relative suggesting eldercare is not just an issue for couples.
- A substantive number (27%) of respondents providing eldercare were under the age of 45, suggesting caregiving is not just an issue for those near retirement.
- Respondents care for family members who live in their own homes nearby or with the caregiver. The majority of employees in our sample with eldercare responsibilities care for one of their parents (74%), usually their mother (53%). Only 6% provide care to a non-family member. The remainder (20%) care for a member of their extended family (e.g., in-laws or grandparents). Most care recipients live in their own homes (51%) or with the caregiver (26%).
- One in three of the employees in our sample who provide eldercare are caring for someone who has been diagnosed with dementia.
- What are the demands facing respondents with eldercare responsibilities? Half the respondents who have eldercare responsibilities report feelings of fear (e.g. fear for the future, fear they are not doing enough) associated with this role
- The role that imposes most demands on caregivers with eldercare responsibilities are offering the care recipient emotional support followed by activities associated with the care recipient's health and daily living.
- Respondents providing care to the elderly are more likely to spend time working away from work.
- What do we know about the organisational and individual outcomes affecting the respondents who provide eldercare. The employees in our sample with eldercare responsibilities:
 - Have higher intent to turnover and are more likely to be absent from work
 - Are more likely to report high levels of stress, depressed mood, and poor physical health
 - Are more likely to report high levels of mastery
- Balancing work and family life has a greater negative impact on employment related behaviour for respondents with eldercare responsibilities.

- One in three respondents with eldercare responsibilities have high levels of job-caregiving conflict.
- Eldercare increases the likelihood that work-life conflict will contribute to a reduction in personal activities that can benefit mental and physical health
- What factors might moderate the relationship between dependent (e.g., demands, overload) and independent variables (e.g., employee and organizational outcomes) for those in our sample who are caring for elderly relatives? These respondents are less likely to report that the culture in their organization is highly supportive of family
- Respondents with eldercare responsibilities perceive that they have higher levels of flexibility to meet unpredictable demands than they do to meet predictable demands
- Most of these respondents choose to provide for their elderly relative and most feel they are competent in this role
- Those caring for someone with dementia, with daily functioning problems, or who has been treated for cancer, are more likely to report that these conditions impose a high emotional & physical burden on them
- Most of the respondents in this role are caring for someone with two of the four medical complaints identified in this survey at a level that imposes significant demands

Key findings with respect to respondents with childcare responsibilities

The following conclusion with respect to the respondents with childcare responsibilities in this sample can be drawn from the data:

- Parents are more likely to experience high levels of work interferes with family

Key findings for the eldercare only group

The following conclusions with respect to the employees in the eldercare only group can be drawn from the data:

- Employees in the eldercare only group are more likely to care for an elderly family member who lives with them, are more likely to have to manage just one caregiving situation, and care for a smaller number of dependents. Eldercare only caregivers are also more likely than those in the sandwich group to be caring for someone with dementia, for someone with mental health issues, issues with daily functioning, or heart lung or eye problems. These findings are all consistent with the fact that they are more likely to be caring for someone over the age of 85
- The eldercare only group is more likely spend more than 15 hours a week providing care and more likely to provide personal and nursing care than their counterparts in the sandwich group.
- Eldercare only respondents are more likely than those in the sandwich group to find the provision of emotional support, help with daily living, and personal care to be taxing.
- Eldercare only respondents have lower levels of work role overload. This is consistent with the fact that the eldercare group spend fewer total hours per week in work than the other two caregiver groups.

- What do we know about the outcomes for employees in the eldercare only group? These employees are more likely than the sandwich group to suffer high levels of caregiver strain
- What factors might moderate the relationship between dependent (e.g., demands, overload) and independent variables (e.g., employee and organizational outcomes) for the eldercare only group? Employees in the eldercare group are more likely to use escape strategies as a way to cope.

Key finding for the sandwich group

The following conclusion with respect to the employees in the sandwich group can be drawn from the data:

- Sandwich group respondents spend less time in overall dependent care per week and less time in childcare than those in childcare only group and less time in eldercare than those in the eldercare only group. This finding suggests that the sandwich group may struggle to find the time to fully meet their dependent care demands, and may often be faced with the difficult choice of taking time from one caregiver demand to meet the other.
- Sandwich group employees are more likely than those in the eldercare only group to care for an elderly dependent who lives nearby, more likely to care for an elderly dependent who lives further away, and more likely to be dealing with two or more eldercare situations.
- Employees in the sandwich group report higher levels of family role overload and family role demands.
- What factors might moderate the relationship between dependent (e.g., demands, overload) and independent variables (e.g., employee and organizational outcomes) for those in the sandwich group? Employees in the sandwich group are most likely to say that eldercare referral services (50%) and formal benefits help them (59%)
- Employees in the sandwich group were less likely to perceive that their manager was supportive (51%)
- Sandwich respondents are more likely to report lower levels of control at home.
- Those in the sandwich group are more likely to use cognitive reappraisal strategies to cope

Key finding for childcare only group

The following conclusion with respect to the employees in the childcare only group can be drawn from the data:

- Half of those with childcare only demands are police-officers. Findings with respect to child-care only respondents in this study will be relevant to law enforcement organizations or other organizations that employ first responders (e.g. firefighters or paramedics)
- What demands are faced by employees in the childcare group? Childcare only respondents spend the most time in work per week and are less likely to telework than other respondents in our sample.
- These respondents also spend more time in child care and in total dependent care than those in the sandwich group

- What factors might moderate the relationship between dependent (e.g., demands, overload) and independent variables (e.g., employee and organizational outcomes) for those in the childcare only group? Employees in the childcare only group are more likely to say that their manager is effective (50%) and less likely to say that their manager is not effective (18%)
- Childcare only respondents have lower levels of both forms of perceived flexibility overall than the other two dependent care groups
- Those in the childcare group are less likely to engage in emotional eating as a way to cope with role overload and stress.

Appendix A: Sources of Measures Used in the Survey

Measure	Reference
Utrecht Work Engagement Scale	Schaufeli, W. & Bakker, A. (2003), Utrecht Work Engagement Scale Manual, https://www.google.ca/#q=utrecht+work+engagement+scale+
Intent to Turnover	Cammann, D., Fichman, M., Jenkins, D and Flech, J. (1979). Michigan Organizational Assessment Questionnaire, University of Michigan, Ann Arbor
Family-supportive work environment (Culture)	Allen, T. D. (2001). Family-supportive work environments: The role of organizational perceptions. <i>Journal of Vocational Behaviour</i> , 58, 414-435
Family-Friendly Organizational Benefits	We developed. Used similar measure in the 2001 National Study
Supportive Manager	We developed. Used similar measure in the 2001 and 2011 National Studies
Total Role Overload	Bohen, H. & Viveros-Long, A. (1981). <i>Balancing Jobs and Family Life: Do flexible Work schedules help?</i> Philadelphia: Temple University Press (pg. 80)
Work Interferes Family (WIF)	Gutek, B., Searle, S., & Kelpa, L. (1991). Rational versus gender role explanations for work-family conflict. <i>Journal of Applied Psychology</i> , 76, 560-568.
Family Interferes Work (FIW)	Gutek, B., Searle, S., & Kelpa, L. (1991). Rational versus gender role explanations for work-family conflict. <i>Journal of Applied Psychology</i> , 76, 560-568.
Employment Changes Index	Pyper, W. (2006). <i>Balancing career and care</i> . (Cat. 75-001-XIE). Ottawa, ON: Statistics Canada.
Employee Changes Index	Pyper, W. (2006). <i>Balancing career and care</i> . (Cat. 75-001-XIE). Ottawa, ON: Statistics Canada. (based on this measure)
Control over family life	Walters, V., Lenton, R., French, S., Eyles, J., Mayer, J., and Newbold, B. (1996). Paid work, unpaid work and social support: A study of the health of male and female nurses. <i>Social Sciences and Medicine</i> , 43(11) 1627-36.

Measure	Reference
Objective work demands	Based On: Bohlen, H. & Viveros-Long, A. (1981). <i>Balancing Jobs and Family Life: Do flexible Work schedules help?</i> Philadelphia: Temple University Press
Objective non-work demands	Based On: Bohlen, H. & Viveros-Long, A. (1981). <i>Balancing Jobs and Family Life: Do flexible Work schedules help?</i> Philadelphia: Temple University Press
Objective demands of spouse	Based On: Bohlen, H. & Viveros-Long, A. (1981). <i>Balancing Jobs and Family Life: Do flexible Work schedules help?</i> Philadelphia: Temple University Press
Perceived flexibility	We developed. Used same measure in the 2001 and 2011 National Studies. Paper describing this measure now revise and resubmit
Work role overload	Caplan, R.D., Cobb, S., French, J.R.P., Jr., Harrison, R.V., and Pinneau, S.R., Jr. (1980). <i>Job demands and worker health: Main effects and occupational differences.</i> Ann Arbor, MI: University of Michigan, Institute for Social Research
Family role overload	Based on: Bohlen, H. & Viveros-Long, A. (1981). <i>Balancing Jobs and Family Life: Do flexible Work schedules help?</i> Philadelphia: Temple University Press and Caplan, R.D., Cobb, S., French, J.R.P., Jr., Harrison, R.V., and Pinneau, S.R., Jr. (1980). <i>Job demands and worker health: Main effects and occupational differences.</i> Ann Arbor, MI: University of Michigan, Institute for Social Research
Caregiver Demographics: Objective demands	Number of elderly dependents respondent provides care for Where each of these dependents they live Whether or not they care for their spouse
Caregiver Demographics (Specific person they care for)	Relationship of this person to the caregiver Age of this dependent Hours per week spent caring for this dependent Amount spend a year in caregiving activities Where this dependent lives Commute time (hours) from where respondent lives to where dependent lives Do they have dementia? If yes, years since diagnosis

Measure	Reference
Choice to care	Decima Research Inc. (2004). <u>Informal/Family Caregivers in Canada Caring for Someone with a Mental Illness</u> , Ottawa: Health Canada.
Caregiving Intensity	Activities used in this measure come from: Montgomery, R., Gonyea, J., and Hooyman, N. (1985). Caregiving and the Experience of Subjective and Objective Burden, <i>Family Relations</i> , 34, pg. 19-26. Sims-Gould, J. & Martin-Matthews, A. (2008). Episodic Crisis in the Provision of Care to Elderly Relatives, <i>Journal of Applied Gerontology</i> , 27 (2), 123-140.
Subjective Caregiver Burden	Montgomery, R., Gonyea, J., and Hooyman, N. (1985). Caregiving and the Experience of Subjective and Objective Burden, <i>Family Relations</i> , 34, pg. 19-26.
Caregiving Demands: Condition of the Dependent	Developed for this study
Work and Caregiving Scale	Pearlin, L., Mullan, J., Semple, S., and Skaff, M. (1990). Caregiving and the Stress Process: An Overview of Concepts and Their Measures. <i>The Gerontologist</i> , 30 (5), 543-594.
Caregiver Competence Scale	Pearlin, L., Mullan, J., Semple, S., and Skaff, M. (1990). Caregiving and the Stress Process: An Overview of Concepts and Their Measures. <i>The Gerontologist</i> , 30 (5), 543-594.
Caregiver Strain	Robinson, B. (1983). Validation of a caregiver strain index, <i>Journal of Gerontology</i> , 38, 344-348 (553).
Challenges faced by Canadian Caregivers	Developed for this study
Perceived Stress	Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. <i>Journal of Health and Social Behaviour</i> , 24, 385-396.
Depressed Mood	Moos, R. H., Cronkite, R. C., Billings, A. G., & Finney, J. W. (1988). <i>Health and daily living form manual</i> . Stanford, CA: Social Ecology Laboratory, Department of Psychiatry, Stanford University.
Mastery	Pearlin, L., Mullan, J., Semple, S., and Skaff, M. (1990). Caregiving and the Stress Process: An Overview of Concepts and Their Measures. <i>The Gerontologist</i> , 30 (5), 543-594.

Measure	Reference
<p>Management of Distress Scale (items one to 8)</p> <p>Coping with Overload Measure (9 to 18)</p>	<p>Pearlin, L., Mullan, J., Semple, S., and Skaff, M. (1990). Caregiving and the Stress Process: An Overview of Concepts and Their Measures. <i>The Gerontologist</i>, 30 (5), 543-594.</p> <p>Higgins, C., Duxbury, L., and Lyons, S. (2010), Coping with Overload and Stress: A Comparison of Professional Men and Women, <i>Journal of Marriage and the Family</i>, 72 (2), 847-859</p>
Use of Health Care System	Based on: Moos, R. H., Cronkite, R. C., Billings, A. G., & Finney, J. W. (1988). <i>Health and daily living form manual</i> . Stanford, CA: Social Ecology Laboratory, Department of Psychiatry, Stanford University
Perceived Health	Moos, R. H., Cronkite, R. C., Billings, A. G., & Finney, J. W. (1988). <i>Health and daily living form manual</i> . Stanford, CA: Social Ecology Laboratory, Department of Psychiatry, Stanford University
Absenteeism from work	Based on: Moos, R. H., Cronkite, R. C., Billings, A. G., & Finney, J. W. (1988). <i>Health and daily living form manual</i> . Stanford, CA: Social Ecology Laboratory, Department of Psychiatry, Stanford University
Missed medical appointment	Developed for this study

Appendix B: Description of Variables and How to Interpret Them

Predictors (see Section 4)

Work Demands (see Section 4.1)

Figure 10 & 11; Tables 2 & 3

Time at work is the single largest block of time which most people owe to others outside their family. Consequently, it is often the cornerstone around which the other daily activities must be made to fit. As a fixed commodity, time allocated to employment is necessarily unavailable for other activities, including time with the family. Thus, time spent at work offers an important and concrete measure of one dimension of employment that affects individuals and their families. When asked to identify their biggest concern in life, working parents typically respond "time." Higher work demands have been found to be positively associated with increased levels of stress and depressed mood as well as increased levels of work life conflict, increased intent to turnover and increased absenteeism.

Hours in work per week: Time at work is the single largest block of time which most people owe to others outside their family. Consequently, it is often the cornerstone around which the other daily activities must be made to fit. As a fixed commodity, time allocated to employment is necessarily unavailable for other activities, including time with the family. Thus, time spent at work offers an important and concrete measure of one dimension of employment that affects individuals and their families. When asked to identify their biggest concern in life, working parents typically respond "time." Higher work demands have been found to be positively associated with increased levels of stress and depressed mood as well as increased levels of work life conflict, increased intent to turnover and increased absenteeism.

Hours in supplemental work at home (SWAH) per week: Employees with heavy work demands who cannot get their jobs done during regular work hours often have to work evenings and weekends to keep "caught-up." This overtime work can be paid (included in our measure of hours in work per week) or unpaid and done at home (supplemental work at home - SWAH). Supplemental work at home (SWAH) is hypothesized to have both advantages and disadvantages with respect to work-life conflict. On the plus side of the ledger, those who perform SWAH should be more able to get home for meals with their family and mesh their work schedules with their family lives. On the negative side of the ledger, those who frequently take work home to do in the evenings and weekends may be "seen" by supervisors and colleagues who focus on hours (not output) and presence at work (not performance) to be less dedicated to their jobs. Employees who regularly take work home to complete on their own time may also find it difficult to separate their work life from their family and personal life as the boundary between work and family blurs. Employees who perform a lot of SWAH typically also have heavier work demands. This is problematic as work demands have been found to be a major predictor of work-life conflict, stress, depressed mood, poor health, turnover, and prescription drug use.

Hours in guerilla telework per week: Guerilla telework is work at home that is done on an informal basis. Our previous work in the area indicates that many managers who are reluctant to allow employees to formally telework are comfortable allowing “good” performers to work from home informally on a contingent. Our work in the area has also determined that higher use of “guerilla telework” is associated with lower levels of work-life conflict and more supportive management.

Hours commuting to and from work each week: Job-related travel can impose a number of extra demands on an employee. Many hours are wasted getting to and from one’s destination. A large majority of employed Canadians live and work in different places. For those workers who live a great distance from their workplace or where transportation is not easily arranged or accessible, the length of the workday is extended. Although some people feel that commuting provides some “time for oneself,” most find it tiring. More time in commuting to and from work per week has been found to be strongly associated with increased stress and greater role overload.

Total hours in paid employment per week: We calculated total hours in paid employment per week to be the total amount of time per week employees spend in work, commuting to and from work and supplemental work from home. The higher the total hours in employment per week and the greater percent of the sample in the 45 + hours in work per week categories, the greater the risk that the employee (or their spouse) will experience high work-life conflict, stress, depressed mood, absenteeism and poorer physical health. Families where both the respondent and their partner report higher total time in paid employment per week are a higher risk for each of these issues than families where one, if not both partners, spend fewer hours per week in paid employment.

Family Demands (see Section 4.2)

Table 4 & 5

Hours per week in childcare/eldercare: Research has found that for full time employees of both genders, an increased number of hours spent in dependent care places employees at high risk for work-family conflict. This conflict, in turn, appears strongly associated with decreased physical and emotional well-being as measured by depressed feelings, life satisfaction, health and energy levels and days absent from work.

Total hours in dependent care per week: We calculated total hours in dependent care per week as the total amount of time per week they spent in childcare and eldercare. The higher the total hours in dependent care per week, the greater the risk that the employee (or their partner) will experience high work-life conflict, stress, depressed mood, absenteeism and poorer physical health.

Eldercare Demands and Caregiver Intensity (see Section 4.3)

Figure 12, 13a, 13b, 14 & 15 Tables 6, 7,8, & 9

As our population ages many Canadian employees find themselves providing some kind of caregiving to an elderly relative, be it financial, help with chores or concrete caregiving activities for older family members. To help us understand the demands associated with eldercare we asked the caregivers in the sample who were caring for an elderly relative how many individuals they cared for and where these individuals lived. We also calculated the mean number of different caregiving situations each of the employed eldercare caregivers in our sample faces (i.e. how many of these seven different eldercare situations does the average eldercare caregiver have to deal with).

Subjective Caregiver Demands (see Section 4.4)

Figure 16 & Table C7

Caregiver burden is the stress which is perceived by caregivers due to the home care situation. This subjective burden is one of the most important predictors for negative outcomes of the care situation – for the caregivers themselves as well as for the one who requires care. Negative outcomes are often not determined by the care situation per se but by the caregiver burden. So the subjective burden is one of the most important predictors of negative outcomes of the home care situation. **Subjective caregiver burden** is the respondents' attitudes toward or emotional reactions to the caregiving experience. Subjective caregiver burden comes out when the caregiver perceives the home care situation as a negative experience.

Subjective caregiver demands or burden was measured by asking respondents how often (rarely, some of the time, most of the time) they had experienced certain feelings, such as guilt, towards the person to which they were providing care. More specifically we asked them how often they felt: (1) it was painful to watch their relative age, (2) useful in their relationship with their relative (R), (3) afraid for what the future holds for their relative (4) strained in their relationship with their relative, (5) that they were contributing to the well-being of their relative (R), (6) that their relative had tried to manipulate them, (7) pleased with their relationship with their relative (R), (8) that their relative did not appreciate what they did for him/her, (9) nervous and depressed about their relationship with their relative, (10) that their relative made requests which are over and above what s/he needed, (11) that they didn't do as much for their relative as they could or should, (12) that their relative seemed to expect them to take care of him/her, and (13) guilty over their relationship with their relative. These indicators of subjective demand were grouped (using factor analysis) into three groups as follows:

Factor One: Feel Afraid (three items)

- Painful to watch them age, afraid for the future, do not do as much for them as want,

Factor Two: Feel Useful (three items)

- Feel useful in my relationship, feel that I am contributing, pleased with my relationship

Factor Three: Feel Stressed and Guilty

- Strained in relationship, Relative tried to manipulate me, relative does not appreciate, feel nervous and depressed, relative makes unreasonable requests, feel guilty about relationship

Role Overload (see Section 4.5)

Figure 17, 18, 19, & 20; Table C8;

Work role overload and family role overload are referred to as domain specific overload. In these two cases, the total demands on time and energy associated with the prescribed activities of their work roles (i.e., assigned to work on several major projects at the same time, too many clients making competing demands, demands associated with operational role responsibilities) and their family roles (spouse, parent, sibling, eldercare) are too great to perform the roles adequately or comfortably. Total role overload, on the other hand, is a time-based form of role conflict in which an individual perceives that the collective demands imposed by multiple roles (e.g., parent, spouse, and employee) are so great that time and energy resources are insufficient to adequately fulfill the requirements of the various roles to the satisfaction of self or others.

In this study work, family and total role overload are quantified as follows:

- Low: perceive they are overloaded at work/at home 0-35% of the time
- Moderate: perceive they are overloaded at work/at home 36-64 of the time
- High: perceive they are overloaded at work/at home 65-100% of the time

Organizational Outcomes (see Section 5)

Figure 21, 22, 23,24, 25, & 26; Table 10, C9, C10, & C11

Work engagement is most often defined as having a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption. Work engagement was measured in this study by asking respondents about their feelings with respect to their work. Two dimensions of work engagement were identified in this survey: (1) the extent to which respondents were “Energized by their work” (i.e. felt strong and full of energy at work, and were keen to get to work in the morning) and (2) the extent to which respondents were “Proud/Inspired by their work” (i.e. get immersed in their work, feel enthusiastic and happy when they are at work, feel proud of the work they do, feel inspired by their job).

Intent to turnover is defined as an individual's desire to leave an organization. Turnover has a number of undesirable implications for organizations including the cost of losing an experienced worker, recruiting and re-training a successor (re-training is estimated to cost 1.5 times the employee’s annual salary), the lower productivity of a new worker, and secondary morale effects on managers, peers and

subordinates. Intent to turnover was measured in this study by asking respondents to indicate how often in the last six months they had thought about leaving their current organization to work elsewhere. Employers should be concerned if a substantive minority of the workforce (20% or more) indicated that they plan on leaving.

Employment change index: Work: Work-life conflict can have a number of negative consequences on employers and employees alike when the employees are not able to cope with the dual demands of work and family. We asked the following question to help us quantify the impact work-life conflict has had on the employer: “Looking back over the past 12 months, please indicate the extent to which challenges with respect to balancing work and family have caused you to: reduce the number of hours worked, reduce your work productivity, turn down a job promotion, suffer a reduction in income, be absent more often from work, increase your use of work-related benefits (e.g., EAP, prescription drug use) and think more often about quitting your job?” Responses to these questions were analyzed separately and then combined (summed average of change in the seven areas examined) to create the overall Employment Change index - Work.

Absenteeism: Many organizations use absences from work as a measure of productivity (if workers are not on the job, the work is definitely not being done). While companies expect a certain amount of absenteeism and recognize that some absenteeism is even beneficial to the employee, too much absenteeism can be costly in terms of productivity and is often symptomatic of problems within the workplace. Absenteeism has been estimated to cost the Canadian economy between 2.7 and 7.7 billion dollars annually. Several types of absenteeism were assessed in this study: (1) absenteeism due to ill health, (2) absenteeism due to family-related problems (i.e., sick child, eldercare), (3) absenteeism due to physical, emotional or mental fatigue (referred to in this document as a “mental health day”) (4) absenteeism because a personal leave day was not granted and (5) total absenteeism (total days off due to ill health, childcare, eldercare and physical and emotional exhaustion and because leave was not granted).

Employee Outcomes (see Section 6)

Employee Well-being (Section 6.1)

Figures 27, 28, 29, 30, 31; Tables 11, 12, C12, C13, C14 & C15

Perceived stress: Perceived stress refers to the extent to which one perceives one’s situation to be unpredictable, uncontrollable and burdensome. Individuals who report high levels of perceived stress are generally manifesting the symptoms we associate with “distress”, including nervousness, frustration, irritability, and generalized anxiety.

Self Efficacy: self-efficacy is defined as one's belief in one's ability to succeed in specific situations or accomplish a task. One's sense of self-efficacy can play a major role in how one approaches goals, tasks, and challenges.

Depressed mood is a state characterized by low energy and persistent feelings of helplessness and hopelessness. Depression represents the single most common psychological condition seen by the family physician. Given the persistent, and often irreconcilable, time demands of the work and family roles, it is not surprising that work-life conflict has been shown to be a significant contributor to depressed mood. Higher levels of depressed mood are strongly associated with increased benefits costs as well as absenteeism. The greater the percent of employees reporting high levels of depressed mood the more imperative it is for the employer/association to make changes in those areas associated with high depression (e.g., workloads, work-life conflict, the immediate manager, low levels of control).

Mastery: mastery, a psychological resource, has been defined as “the extent to which one regards one’s life-chances as being under one’s own control in contrast to being fatalistically ruled”. Low levels of mastery are associated with stress and poor well-being. The greater the percent of respondents scoring low levels of mastery the more important it is for organizations to address areas associated with high levels stress (e.g. low levels of control, workloads, work-life conflict and management support).

Physical health: Two measures of physical health are used in this study: Perceived health and use of the health care system. The higher the percent of the sample in poor health, the greater the costs to the organization, in terms of absenteeism, benefits costs, turnover, and early retirement.

Missed medical appointments: Research in the area suggests that that the often unpredictable nature of caregiving and the heavy time demands that often characterize the role may cause caregivers to miss personal medical appointments. To quantify the extent to which this is true in Canada we asked our caregivers to indicate how often in the past six months they missed a medical appointment (dentist, GP) because they were just too busy to fit it in.

Caregiver Role Strain is a multi-dimensional construct which is defined in terms of "burdens in a caregiver's day to day life that can be attributed to the need to provide care. The North American Nursing Diagnosis Association (NANDA) define caregiver role strain as felt or experienced difficulty (financial, emotional, physical performing) in performing the **caregiver role**. Since 1992 the NANDA uses a variety of indicators to diagnosis **risk for caregiver role strain** which they define as “the vulnerability of a **caregiver** for felt difficulty performing the **caregiver role**.” The 15 item (all items loaded on one factor) scale used in this study quantifies the extent to which the caregivers in our sample experience caregiver strain rarely (i.e. monthly or less), on a weekly basis (moderate levels) or several times a week/daily (high levels of strain).

Challenges faced by Caregivers in Canada Our reading and previous research in the area identified four specific challenges faced by employed caregivers providing unpaid care to an elderly family member in Canada at this time. It is difficult for them to: (1) find appropriate information to help them perform the caregiver role, (2) get affordable support for the person they are caring for (e.g., paratranspo), (3) to find affordable, high quality accommodation for seniors in their community, and (4) obtain the right medical support for the person(s) they are caring for. We asked our caregivers with eldercare responsibilities the extent to which they had experienced these challenges. Since all four items loaded on the same factor we called this construct ‘challenges faced by caregivers in Canada’.

Work-Life Outcomes (see Section 6.2)

Figures 32, 33, 34, 35, 36; Tables C16, C17 & C18

Work-family conflict is a form of inter-role conflict in which the role demands and pressures from the work and family domains are mutually incompatible in some respect. Three types of work-family conflict are considered in this analysis.

In the work and family section of the survey we measured two forms: *family interferes with work* and *work with interferes family*. In the first case, interference occurs when family role responsibilities hinder performance at work (i.e., a child’s illness prevents attendance at work). In the second case, problems arise when work role activities impede performance of family responsibilities (i.e., long hours in paid work prevent the performance of duties at home). In the caregiver section of the survey we included a third measure of inter-role conflict specific to this study, job-caregiving conflict or *caregiving interferes with work*. In this case interference occurs when eldercare responsibilities hinder performance at work (e.g., worry about the care recipient when you are at work; are interrupted by calls from your relative when you are at work). In all cases, higher scores indicate greater work-life conflict.

Employee changes index: An inability to cope with the dual demands of work and family can also potentially have a number of negative consequences on employees. We asked the following question to help us quantify the impact work-life conflict has had on the employee: “Looking back over the past 12 months, please indicate the extent to which challenges with respect to balancing work and family have caused you to: reduce the amount of time you have to yourself, reduce the amount of sleep you get, reduce the amount of energy you have, and reduce the amount of time you spend in recreational or leisure activities. Generally speaking the higher the percent of the sample in the high change category (i.e. the higher the mean score on the item; the higher the proportion of the same report a high impact”) the link between work-life conflict and the employee engaging in activities that have been linked to mental and physical health problems.

Moderators (see Section 7)

Organizational Moderators (see Section 7.1)

Figure 37, 38, 39, 40a , & 40b; Table 25, 26, 27 & 28; C19, C20 & C21

Organizational Culture can be defined as the complexity of attitudes, practices, values and relationships within an organization. Organizational climate, a closely related construct, refers to the unwritten rules and corporate norms that dictate how things are done, how things work, what is to be done and what is valued in the organization (i.e., “the way things are done around here”). Research indicates that an organization’s climate and culture can have a significant impact on employees' ability to balance work and family demands, work stress, overall stress, job satisfaction, work involvement and organization commitment. In fact, an organization’s culture often has more impact on an employee’s ability to balance work and life than the policies that are implemented within the organization. Organizational culture was measured in this survey using Allen's Family Supportive Organizational Perceptions (FSOP) measure.

Family Friendly Organizational Benefits are policies and programs designed by the companies to make it easier for their employees to address the varied demands of work and family. Such non-monetary compensation is provided to an employees in addition to their salaries under the assumption that such benefits will facilitate the employee’s ability to come to work as well encourage employee motivation, loyalty and engagement. Family friendly benefits include services / options like parental leave benefits, baby day care, elder care, leave from work for family, child care & education, marriage & family counseling, flexible working hours etc. In this study we asked three questions related to family-friendly benefits: (1) Do they have access to such benefits in their organization (yes or no)?, (2) For those with access, we asked if they used the benefit (yes or no)? and (3) For those who are using the benefit we asked “to what extent (very little to a lot) has it helped you cope with your work/personal/family issues?.

Immediate Manager: Over the past several decades a large amount of attention has been paid in both the popular press and the academic literature to the influence of the immediate manager on employee`s attitudes and behaviour on the job. The positive consequences of management support on employee well-being are well documented. Empirical studies have demonstrated that perceptions of a supportive manager are related to increased job satisfaction and productivity, lower turnover intentions, improved employee mental health and employee work-life balance. Other researchers have noted that management support can facilitate employees’ use of available work-family benefits and help foster a family-friendly organizational culture.

In this survey two dimensions of the management support manager were measured:

- The extent to which the employee's immediate manager was perceived to be effective (i.e., gives recognition, provides constructive feedback, makes expectations clear, listens to employees, shares information, is available to answer questions, is effective at planning the work to be done, is consultative with employees, and provides coaching and mentoring);
- The extent to which the employee's immediate manager was perceived to be supportive (i.e., focuses on outputs and deliverables not hours, has realistic expectations, is supportive of the employee taking time off when needed, has reasonable expectations with respect to employee work hours).

The percentage of respondents who felt that in the past three months their immediate manager was poor (rarely exhibited the desired behaviours), mixed (displayed a mix of effective/not effective; supportive/non-supportive behaviours), and good (exhibited desired behaviours most of the time) at enacting each of these facets of management behaviour are shown in Table 15a. Mean scores are shown in Table 15b.

Organizations/associations should be concerned if fewer than half of their managers are rated as supportive and/or effective (i.e., managers awarded "good scores"). They should also be concerned if more than 20% report their manager to be strongly non-supportive and/or ineffective (i.e. managers awarded "poor scores").

Perceived Flexibility is defined as the amount of flexibility respondents perceive they have over their work hours and their work location. Work time and work location flexibility have the potential to balance work and family demands by increasing an employees' ability to control, predict and absorb change in work and family roles. If the organization provides flexibility with regards to when and where work is performed, then the employee can select the most efficient hours and locale according to work style, the demands of other family members, and the scheduling of leisure activities. In many organizations, patterns of informal accommodation are evolving as a normal part of the interaction among employees. These informal accommodations are permitted by the employer but are not the result of any formal organizational policy. Instead they are negotiated or provided on a case by case basis (typically they depend on who your manager is). Employees, who perceive that it is easy for them to change when and where they work, have been found to be more committed to the organization. They also report greater job satisfaction, lower absence, and greater work-life balance. Those with eldercare responsibilities are more likely to require flexibility to deal with the unpredictable demands commonly faced by those with caregiving responsibilities than are employees with childcare

Two dimensions of perceived flexibility were identified and measured in this study: flexibility to accommodate predictable family demands (i.e., time when school begins and ends, study breaks, scheduled medical appointments), and flexibility to meet unpredictable family demands (i.e., child is sick, elderly depend falls and requires hospital care). Research has found that employees who are providing eldercare have a greater need for the second form of flexibility to meet the often-unpredictable nature of this role than do their counterparts in the childcare only group.

Perceived Control (see Section 7.2)

Figures 41; Table C22;

Perceived control is defined as the *belief* that one can determine one's own internal states and behavior, influence one's environment, and/or bring about desired outcomes. This survey includes a measure of **Control over home** which is defined as an ability to exert control over activities that take place within the home.

Coping with Overload and Stress (see Section 7.3)

Figures 42; Tables 32 & C23;

Coping is expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. Psychological coping mechanisms are commonly termed coping strategies or coping skills. The term coping generally refers to adaptive or constructive coping strategies (the strategies reduce stress levels) that are done reactively (i.e. the coping response follows the stressor). It should be noted, however, that some people use maladaptive coping strategies that, in the long run, decrease an individual's ability to cope with their problems.

Using a list of coping strategies developed by Pearlin,(see Appendix B), we asked respondents completing this survey to indicate how often (never, sometimes, always) they used the following strategies to cope with stress: spending time alone; eating; smoking; taking exercise; watching TV or reading; taking medication to calm down; drinking alcohol; working harder; seeking help from family or friends; seeking help from colleagues; talking to family or friend; talking to colleagues; prioritizing; delegating; scheduling, planning and organizing; reducing the quality of what they do; or buying more goods and services.

Six coping strategy dimensions were identified from the survey data:

- *Seek help from others* (i.e. seek help from family, friends or colleagues at work, talk to friends or family or colleagues at work)
- *Problem focused coping* (i.e., work harder, prioritize and do what is important first, delegate work to others, schedule, organize and plan)
- *Escape* (i.e., spend time alone, watch TV or read)
- *Emotional eating* (i.e. eat, get exercise (negative loading))
- *Cognitive re-appraisal* (i.e., reduce the quality of what I do, buy more goods and services)
- *Substance use* (i.e., smoke cigarettes, drink alcohol, take medication to calm down)

The results on coping are presented in three ways. First, the percentage of the sample who use the 17 coping strategies noted above are reported (as percent yes and no). Data on the percentage of the sample who have low use, some use, or high use of the six coping strategy dimensions are shown. Finally, mean scores for the level of use of the six coping strategy dimensions are reported in Section 6.

The coping data can be interpreted in a number of ways. Empirical research has shown that individuals tend to use a mix of problem focused coping strategies (i.e., aimed at fixing the problem causing stress or conflict) and emotion focused coping strategies (i.e., aimed at dealing with emotions arising from these situations). Organizations/ associations should be concerned if a substantive percent of their sample of respondents fall into either the “high use” group with respect to emotion focused coping strategies (e.g. escape, emotional eating, cognitive reappraisal, and substance use) and/or the “low use” group with respect to problem focused strategies (i.e. problem focused coping). This high use of emotion focused/low use of problem focused coping strategies pattern is an indicator that employees/ members may be unable to deal with the issues causing their stress and also that stress or conflict may be chronic for these employees. Similarly, if a high percentage of respondents are regularly using maladaptive coping strategies, such as emotional eating or substance use, levels of poor physical and mental health may also become an issue for these employees/members.

Caregiving Moderators (see Section 7.4)

Figure 43, 44, & 45; Tables 33, 34, 35, 36, C24, C25

Choice to care: One measure of control specific to caregiving was included in this study: choice to care. Employees with higher levels of control are more able to cope with the stresses associated with work-life conflict. Low perceptions of control are associated with higher levels of stress and poorer well-being. Caregivers who perceive that they have the right, the power, or the chance to choose the extent to which they wish to engage in caregiving are considered to have a higher sense of perceived control than those who feel that such a choice is, for whatever reason, not available to them.

Respondents were given a number of reasons why someone might care for an elderly dependent and asked to what extent they agreed that reason applied in their case. Some of the reasons represent high control (I chose to provide care, I believe it is a family responsibility) while other reasons are indicative of low control (there is no one else available, there is a lack of health services, there is a lack of homecare services). Three dimensions of choice to care were identified in this study: lack of services (lack of health services, lack of homecare services); no one available to care (no one else available, no one else willing); and choose to care (family responsibility, chose to provide care).

The data for choice to care is presented in two ways: (1) as the percentage of respondents reporting low, moderate, and high levels of agreement that the reason listed describes why they chose to be a caregiver, and (2) as the mean agreement level score for the three dimensions of choice to care.

Organizations/associations should be concerned if a high percentage of employees express a high level of agreement that their choice to care was dictated by a lack of services and/or the fact that no one else was available. This pattern would suggest that these employees have low levels of perceived control and therefore may be less able to cope with the demands of balancing their work and caregiving roles.

Caregiver Competence

Competence is defined as the ability to perform a task with desirable outcomes, as the effective application of knowledge and skills, and as something that a person should be able to do. It is the interplay of interpersonal and technical skills with critical thinking, and it integrates the cognitive, affective and psychomotor domains of practice. This study looks at a perceptions of specific form of competence. **Caregiver competence** which is defined as the capability and skill of the caregiver(s) and the family in providing care to a family member or loved one. Several reviews have revealed that perceived competence in a role is closely related to performance of the role and that lower perceptions of competence are associated with stress and declines in wellbeing.

Caregiving Demands: Condition of the Dependent

We include a question in the survey to help us better understand the relationship between the caregiver demands and strain and the physical and mental health of the care recipient. This measure was developed by the research team and began with the following preamble:

“A person's caregiving experiences are likely to vary depending on the medical and physical condition of the person that they are caring for. Below is a list of physical and mental health conditions that are common in the elderly. For each condition, please indicate the level of demands (i.e., time, energy, emotional) that caring for someone with this condition places on you in a typical month.”

The respondent was given the following choices in terms of response: not applicable, almost no time/energy, a little time/energy, a moderate amount of time/energy and a lot of time/energy. These data were analyzed in various ways. We began by looking at the percent of the sample saying that they care for someone with each of these conditions (percent yes/no) as well as the percent who say that caring for someone with this condition places high demands (in terms of time, energy, emotions) on them.

We then grouped these 18 conditions into four “condition” groups using factor analysis:

Mental Health problems (5 items)

- They have dementia; They have a mental health issue; Their appetite is diminished; They have problems sleeping; They have behavioural problems

Issues with daily functioning (6 items)

- They have problems with daily functioning; They are on dialysis or catheterized; They are incontinent; They have an infection; They have difficulties going to the washroom; They have gastrointestinal problems

Heart, lungs, eyes (4 items)

- They have heart problems/cardiovascular disease; They have problems breathing; they have suffered bone loss; They are on a restricted diet due to diabetes; Their vision is impaired

We then calculated the percent of the sample who cared for someone with a physical and/or mental

illness that placed them in this group and the burden (time, emotional, physical) caring for someone with this type of condition placed on the caregiver.

Appendix C – Additional Data Tables

Table C1: Work Profile by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
Job Type - respondent				
• Manager/executive	10	6	10	8
• Professional	32	9	28	22
• Technical	13	9	11	11
• Clerical/Administrative	21	15	14	17
• Police officer	8	49	18	29
• Health care professional	3	2	2	3
• Other (includes teacher)	12	9	10	10
Job Type – respondent’s Partner				
• Manager/executive	9	10	11	10
• Professional	20	26	29	25
• Technical	13	11	13	12
• Clerical/Administrative	7	9	9	9
• Retired	17	2	3	6
• Homemaker	5	10	7	8
• Other	28	32	28	20
Work Arrangement:				
• Regular fixed hours	55	49	51	52
• Flextime	11	7	14	10
• Compressed Work Week	20	17	15	16
• Part-time	2	2	2	2
• Shift work	9	12	15	18
• Non-traditional schedule	5	4	3	3
Years with organization				
• 1 to 5	14	14	12	12
• 6 to 10	18	31	25	25
• 11 or more	73	56	63	64
Mean years with organization	18.0 (9.8)	12.4 (6.4)	14.8(8.4)	14.9 (8.7)
Years in current job				
• less than one year	14	19	13	16
• 1 to 3 years	14	23	19	20
• 4 or more years	72	58	68	64
Mean years in current job	9.8 (8.4)	6.4 (5.8)	7.6 (6.7)	7.8 (7.2)
Member of a bargaining unit	80	37	60	57
Sector				
• Public (federal, provincial, municipal)	73	77	78	74
• Private	4	3	3	3
• Not for profit	4	3	4	4
• Education	10	10	7	10
• Health Care	13	7	9	10

Table C2: Gender, Age, Marital Status, and Community by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
Gender: % female	76%	51%	62%	62%
Age:				
• 29 and younger	1	3	1	2
• 30 to 45	14	75	46	47
• 46 to 56	48	20	47	37
• 56 and older	37	2	6	15
Marital Status:				
• Never married	21	2	3	9
• Married or living with partner	63	86	86	78
• Separated, widowed, divorced	17	12	12	14
Population – community they live in:				
• Less than 24,999	22	34	26	29
• 25,000 to 99,999	16	25	19	20
• 100,000 to 249,999	15	15	16	15
• 250,000 to 499,999	12	8	10	10
• 500,000 +	35	20	30	29
Province:				
• Maritimes	9	10	11	10
• Quebec	11	7	10	9
• Ontario	41	19	34	30
• Prairies	18	26	18	21
• B.C.	17	30	21	23
• NWT/Yukon	1	1	1	1
• Other	5	6	5	5
Education – respondent				
• HS or less	25	25	18	23
• College	27	31	25	28
• University	32	37	42	36
• Post Graduate	17	7	16	13
Education – respondent’s partner				
• HS or less	39	28	27	32
• College	24	29	29	28
• University	25	32	34	31
• Post Graduate	11	10	10	11

Note. Key between-group differences associated with dependent care type are shaded

Table C3: Childcare by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
Children in the following age categories at home:				
• Under 5	0	42	18	
• 5 to 12	0	58	51	
• 13 to 18	0	26	57	
• over 18	98	13	26	
Mean number of children				
• None	43	0	0	15
• One	13	26	22	20
• Two	30	52	52	44
• Three	10	16	19	15
• Four or more	4	6	7	5
Responsibility for childcare – respondent				
• Less than 20	na	10	12	22
• 21 to 40		22	18	19
• 41 to 60		26	25	22
• 61 to 80		19	20	16
• 81 to 100		24	25	21
Mean responsibility for childcare (%)	0	57.7	57.6	51.1

Table C4: Income of Respondents and Partners and Family Type by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
Income – Before Taxes – Respondent:				
• Less than \$39,999	6	6	5	6
• \$40,000 to \$59,000	21	17	13	18
• \$60,000 to \$79,999	24	14	21	19
• \$80,000 to \$99,999	28	40	36	35
• \$100,000 +	20	22	25	22
Income – Before Taxes – Partner:				
• No employment income	11	8	7	8
• Some but less than \$20,000	9	6	8	7
• \$20,000 to \$39,999	13	11	13	12
• \$40,000 to \$59,000	23	17	18	19
• \$60,000 to \$79,999	17	19	18	18
• \$80,000 to \$99,999	15	26	19	21
• \$100,000 +	13	13	18	14
Who is the primary breadwinner?				
• Respondent is	43	40	41	41
• Both the same	49	47	45	47
• Partner is	9	13	13	12
Who has the higher income?				
• Male = female income	70	64	60	65
• Female makes more	14	6	12	10
• Male makes more	16	30	28	25
Families’ financial situation				
• Money is tight	30	33	36	33
• Live comfortably but no extras	34	37	35	36
• Money not an issue in our family	37	29	30	32
Family type:				
• Dual Career	20	12	32	20
• Dual Earner	16	29	23	23
• Dual Income – male primary earner	10	17	13	13
• Dual Income –female primary earner	14	34	24	25
• Traditional (wife at home)	1	3	2	2
• Mr Mom	3	1	3	2
• Single	38	4	4	16

Table C5 Caregiving Situation & Care Recipient by Dependent Care Group

	Eldercare	Sandwich
Who are you providing care for?		
Mother	55.3%	49.2%
Father	21.6%	22.0%
Grandmother	1.8%	3.1%
Grandfather	0.4%	1.1%
Mother-in-law	7.4%	10.5%
Father-in-law	2.5%	4.6%
Spouse	5.9%	2.8%
Other	5.6%	6.8%
How old are they?		
Under 65	8.7%	12.4%
65 to 75	15.7%	34.2%
76 to 85	41.1%	37.2%
86+	34.5%	16.2%
Mean age	80.2 (11.3)	74.3 (13.8)
How much money do you spend in a typical year fulfilling your role as a caregiver?		
Almost none	15.4%	19.1%
Less than \$1000	24.8%	26.7%
Between \$1000 and \$3000	26.4%	25.2%
Between \$3000 and \$5000	12.7%	11.9%
More than \$5000	20.9%	18.1%
Language you use to communicate with this person		
English	76.6%	74.1%
French	13.3%	12.5%
Other	10.1%	14.5%
Where does this person live?		
With me in my home	29.6%	24.0%
In their own home	53.2%	54.8%
In an assisted living facility	8.6%	12.4%
In an institution	8.6%	8.8%
Commute (in km) for caregiver to where the dependent lives (if not in their own house)		
Less than 5 KM	29.8%	26.6%
6 to 20 KM	30.3%	29.9%
21 to 100 KM	20.4%	22.1%
101 to 400KM	9.2%	10.6%
400 + KM	10.2%	10.8%
Mean commute	271.8 (1226.8)	276.3 (959.5)
Does this person have dementia?		
% saying yes	41.7%	30.9%
How Many years since diagnosis?		
0 to 1	19.6%	20.2%
2 to 5	52.2%	58.2%
6 to 10	12.4%	7.2%
11+	15.9%	14.5%
Mean years since diagnosis	4.2 (5.4)	3.9 (6.2)

Note. Key between-group differences associated with dependent care type are shaded

Table C6 Dimensions of Caregiver Intensity – Mean scores and SD by Dependent Care Group

Demands associated with following tasks (Mean and SD)	Eldercare	Sandwich
Emotional Support	3.8 (.9)	3.6 (.9)
Personal Care	2.2 (1.2)	1.9 (1.1)
Health and Daily Living	3.4 (1.1)	3.1(1.1)

Note: SD here and in remaining tables stands for Standard Deviations

Table C7 Subjective Caregiver Demands (Burden) - Mean and Standard Deviations by Dependent Care Group

Extent caregivers experience the following emotions:	Eldercare	Sandwich
Feel Stressed and Guilty	2.2 (1.1)	2.1 (1.1)
Feel Afraid	3.5 (1.0)	3.4 (1.0)
Feel Useful	4.1 (.8)	3.9 (.9)

Table C8: Role Overload – Means & SD by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
Work Role Overload	2.5 (1.1)	2.7 (1.1)	2.7 (1.2)	2.6 (1.1)
Family Role Overload	3.3 (1.1)	3.6 (1.1)	3.7 (1.1)	3.5 (1.1)
Family Role Demands	2.8 (1.1)	2.7 (1.1)	3.0 (1.1)	2.8 (1.1)
Total Role Overload	3.8 (.86)	3.7 (.89)	3.8 (.85)	3.8 (.87)

Note: Key between-group differences associated with dependent care type are shaded

Table C9: Work Engagement - Mean and SD by Dependent Care Group

Engagement	Eldercare	Childcare	Sandwich	Total
Inspired	3.3 (.85)	3.2 (.80)	3.3 (.82)	3.2 (.82)
Energized	2.6 (.90)	2.6 (.86)	2.6 (.89)	2.6 (.88)

Table C10: Intent to Turnover - Mean and Standard Deviation by Dependent Care Group

Intent to Turnover	Eldercare	Childcare	Sandwich	Total
	2.4 (1.42)	2.4 (1.28)	2.5 (1.36)	2.4 (1.33)

Table C11: Employment Changes Index - Extent to Which Work Life Challenges Negatively Impact Work - Mean (and SD) by Dependent Care Group

Work-life challenges have caused you to:	Eldercare	Childcare	Sandwich	Total
Reduce your work hours	2.3 (1.8)	2.0 (1.6)	2.2 (1.7)	2.2 (1.7)
Reduce your productivity	2.6 (1.7)	2.3 (1.6)	2.7 (1.7)	2.5 (1.7)
Turn down job offer/promotion	1.9 (1.7)	2.0 (1.8)	2.1 (1.8)	2.0 (1.8)
Suffer a reduction in income	1.9 (1.8)	1.9 (1.6)	2.0 (1.7)	1.9 (1.7)
Be absent more from work	3.1 (1.8)	2.5 (1.7)	3.0 (1.8)	2.8(1.8)
Increase your use of benefits	2.4 (1.8)	2.1 (1.7)	2.5 (1.8)	2.3 (1.8)
Think about quitting job more often	3.3 (2.0)	3.3 (2.0)	3.4 (2.0)	3.4 (2.0)
Total Employment Changes Index	2.6 (1.2)	2.3 (1.1)	2.6 (1.1)	2.4 (1.1)

Note. Key between-group differences associated with dependent care type are shaded

Table C12: Mental Health Outcomes - Means and Standard Deviation by Dependent Care Group

Caregiver Mental Health	Eldercare	Childcare	Sandwich
Self Efficacy	3.0 (.73)	3.0 (.7)	2.9 (.7)
Perceived Stress	3.1 (.7)	3.0 (.72)	3.2 (.71)
Depressed Mood	2.7 (1.0)	2.5 (.9)	2.7 (1.0)
Mastery	2.7 (1.0)	2.3 (1.0)	2.7 (1.0)

Note. Key between-group differences associated with dependent care type are shaded

Table C13: Perceived Physical Health - Mean and Standard Deviation by Dependent Care Group

Perceived Health	Eldercare	Childcare	Sandwich
	3.1 (1.0)	3.2 (.9)	3.1 (.9)

Table C14: Caregiver Strain - Mean and Standard Deviation by Dependent Care Group

Caregiver strain	Eldercare	Sandwich
Caregiver strain	2.4 (1.0)	2.2 (1.0)

Table C15: Caregiving Challenges - Mean and Standard Deviation by Dependent Care Group

Caregiving challenges	Eldercare	Sandwich
Caregiving challenges	3.4 (1.0)	3.2 (.9)

Table C16 Work-Family Conflict - Mean Scores and SD by Dependent Care Group.

Work-Family Conflict	Eldercare	Childcare	Sandwich	Total
Work Interferes Family	3.3 (.93)	3.5 (1.01)	3.5 (.97)	3.4 (1.02)
Family Interferes Work	3.2 (.79)	3.1 (.71)	3.3 (.77)	3.2 (.75)

Table C17: Job-Caregiving Conflict - Mean and Standard Deviation by Dependent Care Group

Job-Caregiving Conflict	Eldercare	Sandwich
Caregiving Interferes with Work	3.1(.9)	3.0 (.9)

Table C18: Employee Changes Index - Mean (and SD) by Dependent Care Group

Work-life challenges have caused you to:	Eldercare	Childcare	Sandwich	Total
Reduce time for yourself	4.0 (1.7)	3.7 (1.8)	4.2 (1.7)	3.9 (1.8)
Reduce the amount of sleep	4.1 (1.7)	4.0 (1.7)	4.3 (1.7)	4.1 (1.7)
Reduce the amount of energy	4.4 (1.6)	4.1 (1.7)	4.4 (1.6)	4.3 (1.6)
Reduce time spent in recreation	4.3 (1.7)	4.0 (1.7)	4.4 (1.7)	4.2 (1.7)
Total Employee change index	4.2 (1.5)	3.9 (1.6)	4.3 (1.6)	4.1(1.6)

Note. Key between-group differences associated with dependent care type are shaded

Table C19: Perception of Family Supportive Culture - Means and SD by Dependent Care Group

Family Supportive Culture	Eldercare	Childcare	Sandwich	Total
	3.3 (.85)	3.5 (.83)	3.4 (.87)	3.4 (.86)

Table C20: Evaluation of Immediate Managers' Effective and Supportive Behaviours – Means and SD by Dependent Care Group

Manager	Eldercare	Childcare	Sandwich	Total
Effective	3.3 (.97)	3.4 (.90)	3.3 (.94)	3.3 (.94)
Supportive	3.4 (1.04)	3.4 (1.03)	3.4 (1.01)	3.4 (1.02)

Table C21: Perceived Flexibility – Means and SD by Dependent Care Group

	Eldercare	Childcare	Sandwich	Total
Flexibility: Predictable	2.6 (.98)	2.3 (.88)	2.6 (1.1)	2.5 (.92)
Flexibility: Unpredictable	2.9 (.98)	2.9 (.91)	3.0 (.98)	2.9 (.95)

Table C22: Perceived control at home – Means and SD by Dependent Care Group

Control at home	Eldercare	Childcare	Sandwich	Total
	3.9 (1.1)	3.9 (.99)	3.7 (1.1)	3.8 (1.1)

Table 23: Coping strategy dimensions – Means and SD by Dependent Care Group

Mean and SD	Eldercare	Childcare	Sandwich	Total
Seek Help From Others	2.3 (.8)	2.3 (.9)	2.3 (.9)	2.3 (.9)
Problem Focused Coping	3.2 (.8)	3.2 (.7)	3.3(.7)	3.2(.7)
Escape	3.3 (.9)	3.0 (.8)	3.0(.9)	3.1 (.9)
Emotional Eating	3.2 (1.0)	3.0 (1.0)	3.2 (.9)	3.1 (.9)
Cognitive reappraisal	2.4 (.9)	2.4 (.9)	2.6 (.9)	2.5 (.9)
Substance Use	1.8 (.8)	1.7 (.7)	1.7 (.8)	1.7 (.7)

Table C24: Choice to Care – Means & SD by Dependent Care Group

Choice to care (Mean and SD)	Eldercare	Sandwich
Choose to care	4.4 (.8)	4.3 (.8)
No one else available	3.6 (1.1)	3.6 (1.1)
Lack of services	3.4 (1.1)	3.3 (1.1)

Table C25: Caregiver Competence – Means & SD by Dependent Care Group

Caregiver competence	Eldercare	Sandwich
Caregiver competence	3.7 (1.0)	3.5 (.9)