

2012

CAREGIVING AND THE WORK-LIFE BALANCE; THE IMPACT OF GENDER EXPECTATIONS ON EMPLOYED PARENT CAREGIVERS

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[CITY COLLEGE OF NEW YORK]

**CAREGIVING AND THE
WORK-LIFE BALANCE:
THE IMPACT OF GENDER
EXPECTATIONS ON
EMPLOYED PARENT
CAREGIVERS**

[Meghan Amato]

[August 13, 2012]

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ABSTRACT

The purpose of this research is to understand how men and women differ in how they handle the division of caregiving for aging parents and children and work responsibilities. Previous literature states that gender differences in caregiving exist due to the structure of the workforce and family. The workforce is often inflexible concerning employees' personal schedules and is more welcoming for individuals who do not have to compromise career with family responsibilities. Often, one spouse must curtail his or her career to make time for child or parent care. Care work is typically seen as a "feminine" job and often pushed upon women. Previous research suggests that as a result, women may face more stress and burden managing work and care responsibilities. I analyze eight public meetings held by care professionals and community members, twenty self-help texts about caregiving, and interviews with seventeen men and women who are providing care for their parents, and in some cases, children, in the New York metro area. My interviews suggest that while women do take on a majority of child care work, there is very little difference in how men and women experience parent care. Although women are more likely to be primary caregivers of parents, both males and females are likely to experience increased tension at work and at home, curtail career opportunities, and struggle with feelings of guilt and fear. Although care is often considered to be a "female" role, the men that I interviewed did not express discomfort with fulfilling care roles. While previous research and popular literature suggest that individuals view balancing work and care as a personal problem, my research suggests that these difficulties are structural in nature and occur due to gendered expectations about family life, a lack of flexible family-friendly work policies, and insufficient state support for affordable health care.

INTRODUCTION

As life expectancy extends in the United States, many Americans are looking for affordable solutions to provide care for aging parents (Pinquart and Sorenson 2006). Nursing homes and nursing programs are becoming increasingly expensive, and affordable long-term care options are scarce. Therefore, many adult sons and daughters now provide care for the parents who once cared for them. These adult children are considered the primary caregiver for their parents. For the purpose of this research, a primary caregiver is defined as an individual who offers emotional support, provides financial assistance, or assists with physical activities and household chores on a daily basis.

Prior research has found that adult child caregivers are typically females between the ages of 43 to 54 years old (Pierret 2006). The average female caregiver is 49 years old and cares

for a parent who is an average of 69 years old (www.nfcacares.org). Nearly 71.5% of adult caregivers are daughters and wives (Pinquart and Sorenson 2006). Male caregivers are rising in numbers, but research on men who care for a parent is limited. Thus, more research comparing the experiences of male and female caregivers, including those who are simultaneously caring for children 18 years old or younger, is needed.

To address this gap in the literature, my research provides a better understanding of how men and women describe their abilities to handle work and caregiving obligations, and how caregiving is experienced with an additional caregiving role (caring for children). This paper will examine if gender plays a role in the caregiver experience, and what the sources of differences between male and female caregivers' experiences are. Do men and women differ in how they balance both work and care? If men and women do not have sufficient time for both work and caregiving obligations, policy may need to change to support their efforts. In addition, perceptions that balancing care with work and family life are a personal, rather than shared, problem indicate that changes in the work structure and policy may be needed. The purpose of this study is to understand how employed men and women who are caring for a parent and, in some cases, children, and handle work and caregiving responsibilities. In particular, how do gender norms influence how men and women handle the division of caregiving and work responsibilities? Are women more likely to report difficulties with managing work and family care because care work is often seen to be "women's work," and therefore the majority of care work is pushed onto them?

To examine these questions, I conducted a qualitative study using three methods: content analysis, observations, and interviews. First, I conducted a content analysis of twenty self-help books to better understand how men and women experience caregiving for aging parents. I

analyzed caregiving texts to better understand differences in how men and women interpret their feelings about their caregiving roles. Second, I also observed six community board meetings about aging and a five-part series of sessions on caregiving to better understand personal caregiving experiences, learn about aging concerns, and discover challenges that male and female caregivers might face. Third, I conducted interviews with seven men and ten women who were caring for parents. For interviewees who felt that they struggled with caregiving for parents (and children), I wanted to understand whether interviewees interpreted the challenges of caregiving as a personal problem or a structural problem from inflexible workplace policies or gendered norms about caregiving. Were female caregivers for older adults more likely to express difficulties with work and family than male caregivers? Did caring for children make managing work and care for aging parents more complicated?

Based on my research, I argue that although women are more likely to be primary caregivers due to the structural of work and family life, both males and females are likely to experience increased tension at work and at home, curtail career opportunities, and struggle with feelings of guilt and fear. I argue that a lack of family-friendly workplace policies and a lack of state support for caregiving forces individuals to choose between providing care and their career, which highlights a problem within the structure of the workforce. As a result, many women will take on the majority of parent and childcare work and may express higher levels of stress and burden when balancing work and family. I speculate that many individuals will feel guilt over not doing enough for their parents without realizing that insufficient governmental and workplace support may be preventing improvement of the caregiving experience and the quality of life for the caregiver's parents and children. My research suggests that women are more likely than men to reach out for support from friends, family, or community members. I speculate that

this may possibly occur because men are often excluded from popular media messages of caregiving that are found in texts, self-help books, or blogs.

LITERATURE REVIEW

Who are the Caregivers?

A study by Pierret (2006) found that “15.6% of women aged 43-54 yrs old either shared a residence with a parent, gave their parents \$1,000 or more in financial assistance a year, or spent 500 or more hours a year helping their parents with personal care, household chores, or errands” (5). Not all primary caregivers provide each kind of assistance mentioned above. Some primary caregivers may help with household chores or errands but have a brother, sister, husband, or wife who helps provide other forms of care such as providing financial assistance. Men who assume the primary care role do so because no other family members can provide those forms of care (Campbell and Martin-Matthews 2003).

These caregivers often fall into the category dubbed “the sandwich generation“(Pierret 2006). These are male and female caregivers between the ages of forty-five to fifty-six years old who have both aging parents and dependent children (Pierret 2006). Although the sandwich generation is not a new phenomenon, more adult children fall into this category because people are living longer, having children later in life, and children are residing in the home for longer. With more than 44% of 45 to 66 year olds having at least one living parent and one child under the age of 21, more middle-aged men and women may have to simultaneously care for both parents and children (Pierret 2006). Moreover, because the senior population has had fewer

children than previous generations, the current population of 45-56 years olds is likely to have fewer siblings with whom they can share parent care duties (Pierret 2006).

Research that focuses on adult sons who are caregivers is scarce. This is likely due to the fact that men compose less than 30% of the adult child caregiver population (Pinquart and Sorenson 2006). With such a smaller percentage playing a role in care, less research and media attention have considered male caregiver experiences. It is also possible that because fewer men provide care for their parents, fewer men consider providing care for a parent. Research shows that men who become caregivers often do so because they either live the closest to their parent geographically or because they do not have siblings (Campbell and Martin-Matthews 2003). This suggests that men are more likely to “fall into” caregiving roles and are more likely to become caregivers due to a lack of other options. When sons do provide care for parents, they are more likely to do so by participating in activities that are seen to be more typically masculine (Campbell and Martin-Matthews 2003). This means that men are more likely to perform the more managerial or financial work, as opposed to work that involves assistance with daily personal care or emotional support. However, Campbell and Martin-Matthews (2003) point out that the literature shows conflicting findings about whether people view emotional support as a masculine or feminine activity.

Adult child caregivers must also earn a living and provide care for themselves and others inside the home. In the current economy, most households have dual-earners, and choosing not to work full-time is not always an option (Neal et al. 1997). As the retirement age has slowly extended over the years as the numbers of seniors has increased, many individuals are working for longer periods of time while trying to provide care for parents and children. Childcare options are expensive as well, and access to affordable resources can be limited to some.

The Demands of Work and Home Make Caregiving More Difficult

Some of the literature suggests that gender differences in caregiving exist due to the structural nature of work inside and outside of the home (Sarkisian and Gerstel 2004, Williams 2000). Williams (2000) notes that workplaces are designed for an ideal worker who has a very flexible schedule and needs little time off. Since some women who have children assume the majority of duties for child rearing, they may not be able to advance in the workplace, and workplaces have little incentive to support working parents. Increasingly, the role of caring for parents is being added onto the list of unpaid jobs that many individuals undertake, often while simultaneously caring for children (Bookwala 2006). Because a larger number of women provide care for parents and children, men are more likely to fit the description of the ideal worker. Williams (2000) notes that caregivers are often alienated at work because they do not fit the mold of the ideal worker. Because the workplace favors men without such caregiving responsibilities, this encourages many women to take on more caregiving obligations than men.

Sarkisian and Gerstel (2004) found women who have better paid jobs are as likely as male caregivers to devote equivalent amounts of time to provide care. However, women with higher paid jobs devote less time to care in comparison to women who have less lucrative jobs. Perhaps because women with more lucrative jobs are more likely to have busier schedules and cannot take as much time off from work, many of these women are choosing their career over care for a parent. Many of these women may also be able to afford outside assistance, such as health aides, visiting nurses, or nursing home care. Women who don't have jobs that are as demanding may have more flexible schedules for providing care, but also may be less likely to hire others outside of the home to provide care. Care outside of the home is expensive; thus,

individuals whose work is not well compensated may be more likely to accept care as a personal obligation.

The fact that so many men and women are working right now and must do so to earn a large enough income to support children, suggests that the majority of care work may often be pushed onto paid workers rather than an unpaid family member (England 2005). Both women and men of the sandwich generation are more likely to be married and have higher incomes (Pierret 2006). Individuals who have higher paying jobs are more likely to devote more hours to work outside of the home and have more resources to provide care for their parent. For this reason, these individuals are more likely to be able to pay for hired help to avoid competing demands of roles inside and outside of the home (Stephens et al 2001; England 2005).

Much of the work in the home heavily relies upon women's labor because of the structure of the labor market. Women spend more time than men outside of the labor market to provide domestic work, particularly providing care for children (Williams 2000). Care work is often thought to be a predominantly female-dominated profession. For this reason, providing care is often considered a more "feminine" career choice (England 2005). Many men are uninterested in working in "feminine" occupations. The belief that care work is a feminized position reinforces gender norms of what constitutes "male" and "female" work both in the workplace and at home.

The gendered division of labor at home and at work can be partially attributed to the labor market. Jobs that are female-dominated often have a wage penalty of between 5 to 10 percent (England 2005). This statistic is inclusive of childcare work as well. Unfortunately for predominantly female positions, employees receive lower pay. This leads to the "devaluing" of care work (England 2005). According to England (2005), the devaluation framework suggests that "how well a society rewards care work impacts gender inequality" (381). If a position is

viewed as a predominantly “female” occupation, society is less likely to reward this position under this model. This is demonstrated through the wage penalty that is associated with care work provided by women. Because care work is less rewarded, these jobs are less likely to be desired by men. This contributes to increases in gender inequality in care work and in the workforce as a whole. Even as an unpaid job, men may see this work as “too feminine” and may push caring for their own parents onto their sister or wives. As mentioned earlier, men are more likely to accept a caregiving role if there are no other siblings to take on the role (Campbell and Martin-Matthews 2003).

More women are dropping out or spending time out of the labor market to care for a parent (Sarkisian and Gerstel 2004). The literature seems to suggest that as more women spend time out of work to provide care, men are more likely to advance in their careers. This may make it easier for men to push the majority of domestic care work onto women, and allow men to be more focused on the work in the office. This may be one reason why wage penalties exist as women spend more time out of work, and retreat to care obligations in the home. However, many men and women do not even question how the labor market may be gendered, reinforcing inequalities in the work and home. Thus, how men and women view work and caregiving, particularly, whether this involves a gendered division of labor, is an area that needs further research.

Gender Differences in Care Work Done by Men and Women

Previous research has suggested that one way that men differ from women in regards to providing care is based upon the amount of social support that men have. Stoller (1990) found

that men were more likely to reach out for social support because they are not as comfortable with their caregiving roles. However, Pinquart and Sorenson (2006) found that no difference in social support between women and men. They found that both genders have equal numbers of social support systems. However, the researchers recognize that many women start off caregiving with a larger social network, and in turn, more social support systems to begin with. Men may have equal numbers of social support systems, but this could be because they did not initially have such a large network and had to reach out to others in their time of need (Pinquart and Sorenson 2006).

Most researchers agree that women provide more caregiving tasks than men (Pinquart and Sorenson 2006; Gerstel and Gallagher 2001; Campbell and Martin-Matthews 2003). Pinquart and Sorenson (2006) found through their study that women are more likely to perform greater numbers of care tasks such as taking their parent out to the doctor or running errands with them. However, Campbell and Martin-Matthews (2003) point out that part of the reason that men may perform less care tasks may be based on the gender of the care recipient. Campbell and Martin-Matthews (2003) found that men were less likely to be willing to provide personal care tasks for their mothers. Sons felt that helping with many activities such as bathing their parent was too personal and made them feel uncomfortable. Daughters were more willing to help their fathers with more personal care tasks (Campbell and Martin-Matthews 2003). Campbell and Martin-Matthews speculate that this may be because while growing up, girls were socialized to be more nurturing and thus are more willing to care for their fathers as well as mothers.

Campbell and Martin-Matthews (2003) also found through their research that men were more likely to provide care if the activity was seen to be more “masculine.” Adult sons were more willing to take on care obligations that involved managerial or financial work because these

were seen to be more “masculine” tasks according to gender norms. American gender norms suggest that men are more likely to be better with finances and with managerial positions; so many men are more willing to take on these roles in terms of care as well. Because care work is often seen as a typically “female” occupation, many men are resistant to participating in care activities that are too “feminine” because American gender norms deem these as inappropriate for men (Campbell and Martin-Matthews 2003). Many men may feel embarrassed by taking on such roles or may feel that they do not work in an environment that is flexible or understanding towards parent care needs.

Gerstel and Gallagher (2001) also attribute gender towards differences in the amount of caregiving tasks performed. However, Gerstel and Gallagher (2001) argue that this may be a result of personality differences males and females develop through socialization as young children, as mentioned earlier. The authors argue “because of their early experiences, connection and nurturance characterize women’s relationships, while separation and even distance characterize men’s” (Gerstel and Gallagher 2001:198). According to this belief, men are more likely to be able to separate themselves and detach from these situations. This information suggests that men may be more likely to care only when others are not willing to do so and they can no longer detach themselves from the situation. This may also explain why men are less willing to participate in care for their mothers and more willing to participate in care for fathers. It may be easier to detach oneself from roles that are uncomfortable and push such responsibilities onto females who are socialized to be more nurturing.

For roles that are not thought to be typically masculine or feminine, research has shown no differences of significance in gender participation (Campbell and Martin-Matthews 2003). Tasks such as shopping or providing transportation are not seen to be traditionally male or

female, and as a result, there are no known differences in regards to who participates the most in these roles. Campbell and Martin-Matthews (2003) note, however, that the literature is mixed in regards to the neutrality of emotional support. For those studies in which women have reported more participation in providing emotional support for parents, the researchers recognize that the results may be skewed due to the fact that women are more willing to admit to providing emotional support due to the more “feminine” nature of the activity.

Surprisingly, Campbell and Martin-Matthews (2003) found that men who have older children are more willing to participate in care activities that are typically seen as feminine. The researchers attribute this to the fact that men who have older children have less time constraints and are less likely to be burdened with multiple caregiving obligations. Men who have younger children may have more demands to provide care for their children, and as a result may have less time to provide care. These men are also less likely to pursue possible resources and caregiving networks. In addition, “younger children also tend to have younger parents” (Campbell and Martin-Matthews 2003). Younger parents may not need as much support from their children. These younger parents are more likely to be independent or have less health and aging issues that require assistance from others.

One of the biggest differences in caregiving between men and women concerns mental health. Researches tend to largely agree that women who provide care are more likely to feel burden and depression and face an overall decline in health as compared to women who do not provide care (Pinquart and Sorenson 2006; Yee and Schulz 2000; Bookwala 2006; Stephens et al 2001). These levels of depressive symptomology are higher for women who provide care than they are for men (Bookwala 2009; Stephens et al 2001). This is often because many women face burnout due to having such an extensive number of care obligations. As mentioned earlier,

women do spend more time than men on caregiving tasks. Although which gender spends more time on specific tasks remains to be determined, women must still take on a majority of the work and therefore more likely to develop symptoms of stress and depression (Bookwala 2009).

In Bookwala's study (2009) of the impact of marital quality in adult son and daughter caregivers, the author found that women were more likely to develop symptoms of depression over the course of caregiving. Bookwala, a psychologist, attributed this to "wear and tear" and "adaptation" models. Bookwala (2009) found that men were more likely to enjoy and adapt to caregiving activities over time, whereas women were more likely to feel burnt out. This may be because women tend to take on more hours of care and more personal care activities, which can be very exhausting. This may also be because women tend to start caregiving with a large number of resources but then feel discouraged as they deplete resources, whether these are financial or social (Bookwala 2009). Men, according to previous research mentioned earlier, are more willing to reach out for help to others and continue to seek out additional resources. This may help to the adaptation of caregiver roles for men.

The "competing demands perspective" attributes the increase in depressive symptoms for women to stress related to having too many competing social roles. This research suggests that "individuals have limited personal resources and that roles and role partners demand all of these resources" (Stephens et al 2001: 24). Personal resources include time, money, and the ability to participate in leisure activities. According to Stephens et al (2001), caregivers are often limited in their opportunities to participate in leisure activities. As a result, the caregiver often feels as though all of his or her obligations are too demanding. This may result in burnout of the caregiver and increased stress and depression. Since women take on most responsibilities, particularly personal

care, depressive symptoms are more likely to play a role on the well being of female caregivers as compared to male caregivers.

Part of the reason that many women may be more likely to experience depression and burden may be because often, women are more likely to spend more time providing care tasks (Stephens et al 2001). Sarkisian and Gerstel (2004) found that adult daughters spend more time giving assistance to their parents than do sons. Not only are these women more likely to spend more hours of time providing help to their parents, but they are also more likely to spend time providing care for their in-laws as well. Women are more likely to take on care tasks that are often more instrumental in nature. Instrumental care tasks require the care provider to give assistance with daily living. Because women are more likely to provide these instrumental care tasks while men are more likely to take on the more managerial tasks (Stephens et al 2001), the levels of stress, and in turn, depression are likely to increase.

Some researchers have found that the amount of time men and women who serve as primary caregivers put in towards caring for a parent is equal (Miller and Cafasso 1992), while others argue that women spend a significantly larger amount of time providing care (Sarkisian and Gerstel 2004). Researchers have speculated that the amount of time that men and women are able to put in to work may be a result of the gendered nature of the job. Campbell and Martin-Matthews (2003) found that men who are involved in work that is more traditionally characterized as female are more likely to require time away from work. These men may also need more accommodations in the workplace to assist them with caregiving duties. This is a significant finding because it further supports the idea that the workplace is more structured towards men. If men in more female-dominated jobs are more likely require time away from

their jobs, then this means that there is a gendered division of labor that makes caregiving duties different for employed men and women based upon their gender.

Similarities and Differences between Male and Female Caregivers

Previous research has shown that women are more likely than men to provide care for parents (Pinquart and Sorenson 2006; England 2005; Sarkisian and Gerstel 2004). In addition, women are likely to spend more time caring directly for parents. This is often because of gender norms and expectations, as well as the structured nature of work. Previous research results show inconsistencies in demonstrating significant differences in kinds of care tasks that are more likely to be provided by men and women. However, it is more likely that married men with older children and older parents will participate in similar caregiving activities that women participate in (Stephens et al 2001). This is because there is more time to participate in helping parents and because older children need less help in the home.

As for use of social support systems, men and women show very little differences (Pinquart and Sorenson 2006). Although women are more likely to maintain larger social networks and thus enter caregiving with a substantial network, men may be more likely to recognize that they need help are more willing to reach out and ask for social support. The use of support outside of the home is also more common for those who are employed (Campbell and Martin-Matthews 2003) due to higher salaries, which allow for a better ability to pay for assistance outside of the home. In addition, those who are employed are more likely to have other demands, and are more likely to focus on work over care responsibilities. Research shows that when the demands of work and care are competing with one another, that hours of care are

more likely to be reduced and work hours are more likely to remain the same (Pinquart and Sorenson 2006).

However, access to resources may play a role in regards to the depressive symptoms of the caregivers (Bookwala 2009; Stephens et al 2001). Although the social support networks of men and women are similar in size, women may be more likely to resist asking for additional social support if resources they have are not adequate or run out. This may increase the changes of caregiver burnout and depression for women. Men, who may be more willing to request additional help, may be able to adapt to their caregiving roles and avoid depression (Bookwala 2009).

Although the literature review has documented some differences in caregiving by gender, this topic needs to be explored further. With more women than ever in the workforce, it seems as though women should not be faced with doing more care work than men. Does this occur simply because it is expected that women should provide the majority of care work due to gender norms? Or may this be a result of the structure of the labor market, which is very much geared towards men?

METHODS

To understand how men and women provide care for parents while working, I conducted a qualitative study using three different methods: content analysis, observations, and interviews.

Content analysis

First, I conducted a content analysis of self-help books to better understand how providing care for aging parents is portrayed in popular culture. I selected self-help books from

Amazon and the *New York Times* best-seller lists and through recommendations made by popular aging websites such as Aging Parents and Elder Care (www.aging-parents-and-elder-care.com) and the National Family Caregivers Association (www.nfccares.org). I also consulted with librarians at the New York Public Library (NYPL) by using the 24/7 chat feature on the NYPL website. These librarians directed me towards the most popular and relevant titles available at the library. I found that using this library was very important because of its extensive collection, it was located in the geographic region I was researching, and the librarians are knowledgeable about sources within the library. I accumulated a master list of the most popular twenty titles (Table 1) that I found across the best-selling lists and through recommendations. I selected popular titles as opposed to less commonly purchased texts because I felt that more frequently purchased texts were more likely to be representative of the more common concerns of individuals who were caring for parents. Authors of these texts included doctors, psychologists, and other caregivers.

I coded these texts by popular trends, ideas, and feelings expressed about the experience of providing care for a parent. The first step of this process was to define key words that expressed the frequent emotions of caregivers. To qualify as an emotion expressed by a caregiver, I looked for statements that were prefaced with “I felt,” “I feel,” or “I am,” followed by the expressed sentiment. Common emotions that I documented were: burden, anger, stressed, happy, guilt, joy, relief, and blessed. As I read through each text, I put any word that showcased caregiver sentiments into a spreadsheet. This spreadsheet had individual columns for frequently used words, the title in which the word could be found, the page number, and the gender of the speaker. As I read through each text, I kept a tally of how frequently the words appeared in each book.

I was interested in understanding how the men and women quoted in self-help books reported their feelings about caregiving and how these might differ by gender. To discern whether men and women reported similar or dissimilar emotions, I entered the gender of the speakers who expressed the sentiments and key words documented in the spreadsheet. While reading through these texts, I also kept a count of how many males and females were interviewed by the authors. To avoid miscounting the number of male and female speakers, I documented the individuals' names into a separate spreadsheet and kept count of how often each person provided commentary throughout each text. This spreadsheet had a column for the title of each book and a list of every speaker who provided an interview that was documented throughout the text. It is important to note that these were views selected by the self-help authors to illustrate their points, so I am really measuring authors' representations and portrayals of the caregiving experience.

I anticipated that many caregivers are unlikely to challenge the structure of work and family and a lack of family-friendly policies as possible reasons for increased stress and difficulties in handling work and family obligations. By analyzing these texts, I hoped to determine if authors and interviewed individuals viewed caregiver stress or burden as an individual problem or as the result of a gendered division of labor in the workplace and home and a lack of family-friendly policies that help to ease caregiving responsibilities. I captured any quotes that I thought were significant to understanding if a person felt as though providing care to a parent was a personal problem, rather than a structural problem into a Word document. I also documented any quotes that I thought were essential to understanding the contrary view. If a speaker felt as though working and caring for a parent was difficult because workplaces did not offer enough flexible options, I documented that quote as well.

For my content analysis, I also wanted to determine how often men are excluded from public perceptions of caregivers. I paid attention to the language used in the text to determine if the authors assumed that most caregivers are women. This would help provide insight as to why so many individuals feel that caregiving is “women’s work.” I examined the front cover of the texts for their depictions of caregiving. Three of the covers did not have human images on the front, so I substituted these texts with what I determined to be the next three most popular caregiving pieces of literature. These substitutes were only analyzed for their covers. I also specifically searched for books concerning male caregivers and analyzed the covers as well.

Observations

I also conducted and analyzed observations of community events. From September 2010 to May 2011, I attended six community board meetings about aging and a five-part series of sessions on caregiving to better understand the personal issues faced by those who are working and caring for their parents. The majority of these meetings included presentations by health care professionals, such as visiting nurses, physicians, elder care attorneys, and care specialists, who helped me better understand topics such as long-distance caregiving, long-term care, end-of-life decisions, aging in place, and public policies. Most presentations were followed by a question and answer session, which helped reveal attendees’ personal experiences. The meetings that I attended were events open to the public and lasted approximately 90 minutes long. I chose to attend both the caregiving series and community board meetings because the topics were central to understanding the issues that seniors and their caregivers living in New York City face.

I initially attended these meetings while assisting a professor with a larger research project on organizations that provide human services, education, or advocacy for older adults in

the New York City. Under her guidance, I wrote field notes based on my observations of meetings hosted by such organizations or local elected officials. As I was developing my own research proposal, I realized that I was interested in the concerns about work and providing care expressed during these meetings. Therefore, I have included analysis of these observations to examine my own research questions. By attending these events, I hoped to gain insight into people's experiences with caregiving obligations, professionals' suggestions of how to manage caregiving, caregivers' feelings about providing care, and questions and challenges that caregivers might have. By observing these meetings, I was better prepared to better understand common concerns that caregivers, specifically in the New York metro area, may have. In addition, these meetings provided information about what kinds of resources are available for caregivers and care recipients, and what kind of resources are needed to make aging easier for both caregivers and their recipients as well.

When attending these meetings, I used two different methods to help write my field notes. First, and more frequently, I used my laptop to quickly type everything that I had heard or seen during and after the meeting. I made sure to capture direct quotes and make note of information that was pertinent to understanding the caregiver experience. I also made frequent observations of how many men and women attended these meetings, as well as the approximate age range of the attendees. I observed attendees' facial expressions, body language, and verbal reactions to sentiments expressed by others at each meeting. I also audio recorded meetings when possible. This helped ensure that I could better document direct quotes and names of individuals that attended the sessions.

Interviews

The third component of my research was based upon interviews with adult caregivers of aging parents. Interviewed caregivers lived in the New York City metro area, which I defined using a 25 mile radius. I chose this radius after examining maps and transportation routes that link people living in this radius to New York City. I felt that this distance qualifies as being part of the metro area because many individuals living in this distance either work in New York City or rely on hospitals or transportation that is funded by the city. I chose this location because the observed meetings that I attended were also in New York City, and I wanted to understand if the concerns that caregivers had about healthcare, transportation, policy, shelter, and access to resources were unique to the individual caregiver's experience, or common concerns of New York City residents in care providing positions.

I recruited interviewees through two methods. The first method was through posting a request for research participants on five different discussion boards on the popular professional networking website LinkedIn. I chose this website because of the many message boards that were dedicated to adults who were caregiving for parents. The website also contains message boards that are dedicated to professional elder care providers, such as visiting nurses, living assistants, and senior center staff members. I was interested in making connections with those who were in the care profession as well, in hopes that these professionals would be able to refer me to possible clients or acquaintances who were caring for aging parents. I specifically looked for message boards that had the words "caregiving" or "elder care" in the titles, and had members that posted messages within the past three days before my initial search. Each board had approximately 500 to 1,200 members that were in the group. All of the respondents who replied and provided an interview were chosen because they were of middle age, providing care

for a parent, currently employed, and living in the New York City area. One interviewee did not meet this criterion, but was chosen because she resided in Michigan but provided long-distance care to a parent in a New York metropolitan area nursing home. The second method that I used was through snowball sampling. I reached out to friends over a social networking site and asked them to refer anyone who was middle-aged, living in New York City, and caring for a parent.

During March 2012 to June 2012, I interviewed 7 men and 10 women about their caregiving experiences. Table 2 describes their characteristics, including their age, the age of their parents, and number of children. Half of these women and four of the men had children under the age of 18 living in the home. I decided to limit interviewees to those whose children were 18 years of age or younger because those older than 18 are more likely to be independent and may have a permanent address at home, but may be living at college. Those who are under the age of 18 are more likely to rely on assistance from parents with daily tasks, emotional support, to provide meals, or for transportation needs. I specifically chose half of the population to have children because I wanted to better understand how providing care for children in the home may play a role in how caregivers view their responsibilities and satisfaction with their caregiving roles. I was interested to find out if there was a difference in how caregivers with children manage their care responsibilities in comparison to those who did not have children.

I conducted my interviews either over the phone or in person. I did in-person interviews with individuals who lived in the Manhattan, Queens, and Brooklyn boroughs because it was much easier to arrange a time and meeting place that was convenient for both the interviewee and me. Interviews conducted over the telephone were tape-recorded using the speakerphone while I took notes on my laptop. I later filled in gaps in my initial notes of the respondents'

answers by transcribing the interview. Interviews conducted in person were tape recorded and later transcribed by myself.

Interviews lasted between forty-five minutes to an hour. During this time, I asked participants forty questions about work and family responsibilities, the division of household labor between themselves and their spouse, personal emotions, and about the utilization of self-help books, blogs, support groups, and access to other community or health resources.¹ When each interview was done, I made Word documents with headings such as “family life,” “work life,” or “financial problems.” On these documents, I copied and pasted quotes by the interviewees that were related to these topics. This allowed room for me to compare and contrast the experiences of the interviewees.

RESULTS

I originally hypothesized that many caregivers would view the struggles of balancing parent care and work as a personal problem, rather than a structural problem. The individuals that I interviewed all expressed feeling guilty at times for not doing enough. However, I was surprised to find that all seventeen of the interviewed expressed feelings that they preferred to personally possess care responsibilities, and that caregiving is their duty to their parents. Although fifteen of the seventeen caregivers expressed a desire for increased help from health care professionals or other family members, all caregivers expressed a preference for taking on the majority of caregiving duties for a parent, rather than placing their responsibilities primarily into the hands of other family members or health care professionals. Unlike the popular caregiving guides I analyzed, the interviewees did not express these responsibilities as a

¹ See Appendix 1. Interview questions for caregivers without children and Appendix 2. Interview questions for caregivers with children.

“burden.” Some said that they felt burdened at times, but none of the caregivers expressed notions of being consistently burdened on a daily basis. All interviewees admitted that it was not easy and was a struggle, despite the fact that most of them were glad to do it for their parent. When asked the question, “How has it gotten easier?” Interviewees responded with a unanimous “it hasn’t.”

Interviewees recognized structural problems that made juggling caregiving and careers difficult. Work options are not flexible enough for many individuals who provide parent care, as indicated by interviewees who had to quit or lose jobs to care for parents. All of the women I interviewed had husbands who had jobs that were too demanding for parent care. In addition, Medicare insurance has not been enough - Angela had to sell her mother’s house, Camryn struggles with paying for her mother’s nursing home care, Maya couldn’t get hospital care for her mother because she was uninsured. As their parents’ retirement funds thinned, Joanne, Angela, and Camryn all had to contact elder attorneys for guidance on how to protect their parents’ assets from being taken away by government agencies.

Work Life in Conflict

The interviewees often saw work and parent care conflict. Many had to give up jobs, pass up career opportunities, and spend time away from work. Angela, who had worked in a senior center for eight years, was forced to quit her job when she was living in Michigan and had to travel home to New York to care for her parents.

They said, 'Then you need to hand in your resignation.' I'm like, 'you've got to be kidding me, I'm working for a senior center, and now I'm coming home to take care of elderly parents, and they want my resignation?' I gave in because I thought, 'Screw it; my parents come first. Mom and dad come first'... I love this job, but upper management gave me a hassle. So I walked from it.

Maya used all of her vacation and sick time at work to care for her parents. She did not realize that during the time her mother was sick, she had the option to use family leave at work. Only before her mother's death did she find out about this option and was considering using it.

It was very stressful. It's difficult to see your parents in that shape, concentrating on work, and balancing your whole life. You can't get your parents back, and your job, you have to do it. It was very hard but I was able to do that. I didn't take extra time off other than vacation or personal time but it was very overwhelming...The most I could do is take vacation time off.

Robert was laid off from his job right before his mother became sick. He has since begun his own company and has chosen to work from home. However, he had to give up many career opportunities to care for his mother.

A couple of people reached out with CEO jobs in nonprofit human service organizations the past year and half to three years that have been enticing. Being a CEO is something I wanted to do for a long time, but my priorities have changed. I don't want to give all of myself to one organization anymore. While enticing, I thought about it and realized this isn't fit for me right now. Could my mind change in future? Absolutely, yes. But, now I can pay full attention to Mom.

Such quotes illustrate how interviewees had to compromise on their work and jobs.

Angela was let go from her job because her employers did not want to hold a position for someone who had to travel for parent care, Maya did not even know that she had options to leave for family care and had to use all her vacation and sick time for her parents, Camryn's job requires overtime and is too demanding for her to spend more than once a week in the physical presence of her mother, Joanne was let go of her job and does not feel it would be wise to return because of her father's health, and Robert had to quit his job and start a new career that would allow him to work from home. Three of the interviewed caregivers were not aware that they could take time off to care for their parent, while others felt that their jobs were too demanding to take time off. Three caregivers, Angela, Robert, and Joanne, had to look for a new job that

allowed for a more flexible schedule while caring for parent, and in Angela's case, children as well.

Only one interviewee, Rick, felt that his work provided enough time for him to balance parent care. He was a schoolteacher who had summers and school holidays off. However, he did note that he had to turn down a summer coaching position. Although he was able to maintain his primary work position, he still had to pass up a desired coaching opportunity. Unfortunately, during this time, Rick also began to feel tensions rising with his wife. She had recently had a baby and felt as though he was not spending enough time caring for his children while he was caring for his mother and working. Rick told me,

During the time that my mom first got sick, my wife was pregnant, and I was running back and forth across the city and Westchester to care for her. My wife felt like I wasn't there, and I felt like I was missing out on her pregnancy. Our marriage suffered for almost two years.

Even with a job that allowed for more flexible time off, caregiving took a toll on Rick's marriage and his spouse's assessment of how he handled parenting responsibilities. Working a full-time job, caring for a child, and caring for parent not only affected Rick professionally when he had to turn down a desire opportunity, but affected his family life as well.

Family Life Under Stress

For some people, family life has become more difficult to balance since providing care for a parent. Angela was travelling for weeks at time from Michigan to New York to care for her mother, who fell and broke her hip only days before her father was diagnosed with lung cancer. Angela explains that not only was she struggling with the sickness of two parents, but her family life at home was becoming difficult as well. Angela had expected her husband to take

responsibility for her children. However, because of his long work hours, he didn't. Angela explains,

I went to New York to oversee mom while in rehab because dad was down. My son had just come back from 2 ½ months in Europe. He had a bad transition back. I didn't realize how bad it was. My husband wasn't telling me. While I was away, my husband was working long shifts and not paying attention to the kids. My kids were left at home with a dad who worked twelve hours, didn't pay attention, and wasn't even cooking dinner. They were running their own lives, and not so well. I didn't know because I thought Dad was holding his end of bargain. He dropped the ball.

Unlike Rick, Angela's marriage never recovered from this stressful period. Within a few years, Angela was divorced from her husband.

While sixteen out of the seventeen people I interviewed were married, only two had reported marital problems as a result of parent care. Both individuals had children at home as well. Of the seven people I interviewed who had children under the age of 20 under their home while caring for a parent, all asserted that having children did add to the stress of caring for a parent. However, I did not find that these stressors caused considerable damage to family relationships. Work life, however, did seem to be affected.

Insurance/Financial Problems Increase

Every interviewee expressed concerns about paying for the care of their parent. The caregivers that I interviewed, as well as the caregivers I observed at community meetings, frequently expressed doubts, concerns, and worries with the system that is supposed to help provide affordable care for older adults, Medicare. Medicare is a federally run program that covers some medical expenses for those who are 65 years of age or older. Many retired adults who are of senior age rely on Medicare for health services. Although the program will provide coverage for home health services and medical visits, often the requirements to obtain these

services are complicated. A service must be considered “medically-necessary” to be covered by Medicare, which means that often this care is only recognized as essential after a patient has been hospitalized or is at the end of life. Medicare does not cover personal care activities such as bathing, eating, dressing, or using the bathroom, which are the kinds of services that would most benefit adult caregivers and their parents (www.medicare.gov).

Christine and Maya both were greatly concerned about Medicare. Maya struggled with getting Medicare for her mother. Maya’s parents had lived with her oldest sister upon becoming ill. When her older sister could not manage working and caring for her parents, Maya’s younger sister took her parents into their homes. The sisters all worked and struggled with making time to care for their parents. Maya recognized that having the assistance of a full-time nurse at home would have been ideal, but this was not feasible because her mother had great difficulties with getting Medicare to cover home help. Maya stated,

If we were given a full-time nurse, then we definitely would have kept them (her parents) home instead of in hospitals. Mom never wanted to die in nursing home. Because of circumstances, she had to... If it were not as expensive, then we would have kept them at home.

An individual must meet four qualifications to be covered for home care services. First, a doctor must determine the need for medical care at home and must outline a health plan that will be regularly reviewed by the physician. Second, a doctor must certify that the patient has a required need for skilled nursing care, physical therapy, speech-language therapy, or occupational therapy. Third, the care that the recipient is receiving must be through a Medicare-certified home health agency. Finally, the client must be homebound and unable to leave his or her residence without a significant source of help (www.medicare.gov). Since Maya’s mother did not meet all of the requirements, she could not remain in her home throughout the duration of her life, as she wished. Despite being a constant support for her mother during her illness, Maya

struggled with the guilt of her mother dying outside of her home.

As a result of the strict terms of Medicare, caregivers reported difficulties in paying for the care of their parents. After moving her mother into a nursing home, Angela had to put her mother's house up for sale to pay for her care.

I don't want to do math. I don't want to know how much I paid. And we still have to beg for Medicare. We don't have that savings potential. People who have to go on Medicare earlier will have to live in homes or forced government assisted housing. Not pretty. It's understaffed; grossly understaffed. As a certified dementia practitioner who has worked in home health care for 8 years, I have seen how ugly it can be, and if you have money, how good it can be. If you don't have money, it stinks.

Angela and Maya both wanted the best for their parents but had difficulties with finding affordable care. Both felt a strong sense of duty towards their parents and searched for options that would allow them to be a constant support to their parent while also providing the highest level of comfort for their loved one.

Feelings of Guilt and Regret

One common trend for men and women is that most caregivers did experience a sense of guilt and regret. Through my content analysis of 20 popular caregiving texts, I discovered that the five most common words associated with care were: fear, angry, alone, guilty, and burden (Table 3). Male and female caregivers frequently used these words to express emotions regarding care activities. Women tended to use the word "guilty" more often than men. Many women felt guilty for not being able to be with their parent enough, for making decisions that weren't well planned, or for taking away their parent's self-sufficiency. It appeared that many women were eager to step in and make decisions for their parents even if she knew she would experience guilt afterwards. Men appeared less likely to take control out of the hands of their parents, which may have reduced a significant amount of caregiver guilt.

While I counted the words “guild” and “regret” over twenty times throughout most self-help books, I found that these words were used at some point during my conversations with caregivers as well. Even the most supportive of caregivers, like Robert, who gave up his job to work from home, felt as though he could never do enough to care for his mother. He expressed that he often felt guilt for walking away “even for five minutes,” because he knew his mother was so reliant on him. Maya, who used up all her vacation time and travelled from New York to New Jersey every weekend, even expressed guilt and fear that she could never do enough for her parents. She explained,

I wish I could do more for them. They were so good to me. I could take care of them, yes, I feel that way. Yes, I did my best whenever I could and with whatever time I had. I wish I could do it more. That’s the only regret I have.

Maya is not unusual in her expression of regret and guilt. My observations of meetings also revealed that attendees expressed feelings of fear and guilt, despite playing an active role in their parent’s care. Whether the session was on end of life care, long-distance caregiving, or aging in place, many individuals vocalized their fears of making wrong decisions for their loved ones, and the subsequent guilt that they faced or anticipated facing. “Burden” was another word that was frequently used, albeit hesitantly, by both meeting hosts and attendees with questions. In the first session that I attended, one of the primary hosts of the event, Mary, shared her own experience, in which her mother had to care for her father before she had to ultimately care for both parents. Before the caregiving duties for both parents were given to Mary, she then had to ask herself, “Does my father stay home? Can my mother handle, and I apologize for using this word, the ‘burden’?” Ultimately, Mary decided to accept “the burden.”²

When attending a session on long-term care as part of the five-part series, one of the

² Senior Roundtable December 16, 2010.

speakers shared a similar view of care as a burden, although this speaker's view was overwhelmingly negative. The speaker, a health resource assistant and long-term care planner named Dara, described caregiving as a "24-hour responsibility that has a direct impact on the caregiver's emotional and physical well-being, which inevitably forces a child to step in, causing her to reorient her life."³ Dara then put up two slides during her presentation that said, "Put simply, if you ever need care over a period of years, your life won't end... someone else's life will likely end." Dara continued to talk about the sacrifice that comes with care for the next twenty minutes, and stressed how most people don't choose to become caregivers. She then described a scenario about a woman who has been recently diagnosed with Alzheimer's but cannot qualify for Medicare. Because she does not qualify, her husband must become her caregiver, and "her husband and children must suffer from it." Many of the people in the audience nodded their heads in agreement. Dara was not criticized for her characterization of this family's outlook as negative.

At these observed meetings, caregivers commonly expressed concerns about their inability to instantaneously attend to emerging problems. Approximately ten out of fifty individuals at the sessions I attended expressed that they were caring for someone else at a distance, meaning that he or she did not live with the care recipient and did not physically see him or her on a daily basis, which provided sources of guilt, worry, and fear. At a session on long-distance caregiving, one of the speakers discussed "how many caregivers face guilt. They cannot enjoy themselves as they worry about the decisions that are being made when they are not around. Many caregivers have to worry about family members."⁴

³ Senior Roundtable February 17, 2011.

⁴ Senior Roundtable February 17, 2011.

While popular literature suggests that men may be more adaptable to the stresses and burdens of care (Bookwala 2009), my interviews suggest that feelings of guilt and regret are not only expressed by women. Although men were greatly underrepresented in my observations and content analysis, I found that men too experienced similar feelings of guilt and regret. While I had previously speculated that women would be more likely to experience increased levels of stress and face stronger feeling of guilt and burden than male caregivers, I found that all of the interviewed caregivers wished that they could do more for their parent.

Gender Differences in Caregiving

Four out of seven men that I interviewed assumed their caregiver positions due to their physical proximity to their parent or because they had no siblings. The two men who were not only children fell into the primary caregiver role because they had chosen it. Both men felt that although they had siblings who also lived in close proximity, they were more reliable and would provide better care. Both men had sisters and expressed that their sisters were involved in care, however, the sons were more willing to accept the primary care role. While previous literature suggests that men mostly fall into care roles due to proximity or birth status, these two interviewees suggest that some male caregivers actively chose these responsibilities. On the contrary, three out of seven men had chosen to be primary caregivers. 7 out of 10 women voluntarily took on the majority of caregiving obligations.

When analyzing caregiving texts, I found that men were often not included in the cover images. From the over 20 covers of best-selling caregiving texts that I compiled through Amazon and *New York Times* best seller lists, as well as popular recommendations provided by librarians at the New York Public Library, I found only two covers that included images of men. One text

displayed an image of a son sitting with his father at a kitchen table. The other text displayed a young man and young woman with an elderly man and woman, posing for a picture. The other eighteen covers displayed a middle-aged woman with an older woman, most likely of senior age, in a variety of positions. The younger woman was either standing by a bedside, linking arms and walking, or simply posing cheek to cheek with the older woman. Two titles portrayed the young woman with an older male figure on the cover. Such imagery suggests that the self-help text market is geared towards women. Given these representations, I was curious about whether men were less likely to refer to self-help texts than women.

When conducting my interviews, I asked the seven men and ten women I interviewed if they had read any self-help texts. One woman and one man told me that they had purchased a self-help text since becoming a caregiver, although neither could remember any of the titles of the self-help books. All interviewees had searched online for answers to their questions and referred to the Internet for more information about caregiving. None of the interviewees could provide me with specific websites to refer to, as most seemed to look up answer for concerns as the situation arose. I did not find that more men or women were more likely to search for outside help or information.

However, I did notice that men were underrepresented at community meetings. When observing the five-part series of caregiving meetings, which occurred on weekday mornings, I noticed that while there were always nearly forty to fifty women in the room, less than ten men attended each session. It was unclear to me exactly how many men and women in the room were caregivers and how many were care professionals, but I was nonetheless surprised to see how few men were reaching out for more information about caregiving. I recognized the same gender disparity at the two different community board committee meetings that I attended, which were

also held on weekday mornings. These committees focused primarily on issues related to aging. While one committee, which I will refer to as CB01, always had a very small turnout of less than ten people each meeting, only one male was present at each meeting. He was a board member that strongly believed in advocacy for those who are aging, but he was not a caregiver himself. The other community board, which I will refer to as CB02, always had a much larger turnout. Nearly thirty-five to forty individuals attended each meeting, typically including five to seven men. Most of these attendees appeared to be of senior age themselves. The handful of men always appeared to be the youngest in the room, with two of the regular male attendees appearing to be between the ages of forty to fifty. It was unclear whether many of these younger men were attending the meetings on behalf of a parent, or if some were organizational representatives or elected officials' staff. One possible reason for the lack of men in attendance may be because men have less flexible schedules that would allow for off from work to attend meetings on weekday mornings. Another possibility may be that fewer men network with other caregivers in seek of support and guidance outside of the home.

Perhaps the individuals in attendance were only aware of the events because of their involvement in existing social networks. Is it possible that the people in attendance are already linked into caregiving networks that often exclude men, just as the self-help texts so often do? Not only were the images of men nearly absent from the covers of self-help books, but testimonials and interviews with men were often less well-represented in the self-help texts as well. When reading *Eldercare 911*, a 640-page guidebook that includes four to five direct quotes from caregivers in each chapter, I had expected to gain insight about how men as well as women provide emotional support and assist with financial planning. However, I found that nearly 64% of those who provided interviews were women. Other texts, including Claire Berman's (1996)

self-help guide, *Caring for Yourself While Caring for Aging Parents*, were more oriented towards representing women's experiences. In this book's introduction, Berman acknowledges that earlier versions of the text did not include the image of men in the caregiving spectrum. However, she notes that as our elderly population increases and lives longer, our numbers of male and female caregivers increase as well (10). Berman gives mention about the inclusion of male as well as female caregivers, and she follows out on this promise throughout the text as she writes about the son who found his father medical help (37) or assisted with the financial planning (149). However, the number of female caregivers who provide their personal anecdotes still greatly outnumbers the number of males portrayed as sharing the caregiver experience in these books.

The males who are highlighted in *Caring for Yourself While Caring for Your Aging Parents* share stories that display highly gendered divisions of care labor. We read about Ken, Phillip, and Richard, who help with financial planning and assistance, which are more traditionally "male" tasks. In the sections that address talking to elders about fear and depression, we meet female caregivers Georgina and Matty, who provide more emotional and nurturing support, which is often considered a more "female" task. Although the author does speak to female caregivers who express concerns over financial troubles, the men who were interviewed appeared to be more likely to take control of their parent's financial planning.

We can see this gendered view of caregiving through the interviews provided in *Eldercare 911* as well. Samantha talks about how she cares for her in-law:

I am always the one who prepares holiday parties, and I am the one who buys the presents and sends the birthday cards. My husband just signs the cards. When my father in-law had a stroke, I visited him in the hospital, and my husband offered our house as his private rehabilitation center... I worked, cooked, cleaned, supervised his aides, and took him to the doctor. You know that I got criticism from my brother-in-law and husband.

There is nothing worse or more hurtful than being criticized for doing something kind (41).

Samantha takes care of the primary emotional and domestic duties. She cooks, cleans, and provides emotional comfort for her father-in-law. Her husband contributed by putting up his home as a place for his father to stay. He has helped by giving him a place to live, but leaves the everyday care work to his wife. While he may be a primary caregiver because he is spending multiple days a week with his father and is offering his father a place to stay, his wife has taken on the majority of the care work. Samantha appears as though she is beginning to feel overwhelmed by taking on so many care tasks and not receiving the proper credit when due.

The men who provided interviews in *Eldercare 911* appeared to often be stressed by the demands of care as well. However, these men were more likely to step back during times of high stress rather than intervening. Robert from Michigan shared his experience with letting his mother maintain her self-sufficiency, despite the worry that it causes him.

My mother is determined to remain in her apartment. She's still pretty self sufficient; the problem is the neighborhood is now a dump... She's so naïve. But she's her own boss and I can't budge her on this. I don't now what to do. I can't stop going to see her (73).

Caregivers like Robert preserve their parent's autonomy but still extend care through visits. Nick from Maryland, on the other hand, expressed strong feelings of discouragement about providing care for his mother.

I'm over it. I give up. My mother can rot in that house for all I care now. I pay for a great homemaker/companion and she fires her. She says the woman was lazy and sat around all day. Yeah, right. That house never looked so good. She just doesn't want help (85).

Based on these interviews, one can assume that perhaps men possess different coping strategies than women. Women may be more likely to become more deeply engaged, while men

may be more likely to distance themselves and dismiss their loved one. In addition, as mentioned previously in the discussion of guilt and regret, men are more likely to allow their loved one to maintain their autonomy. This is likely due to the fact that many women assume emotional care roles and are more likely to conform to expected gender roles, which casts them as “nurturers” (Aumann et al 2010: 30). Aumann et al (2010) found that care responsibilities are often unequally distributed, as women take on a larger share than male family members due to gender role expectations. As a result, women often feel a larger sense of frustration. Individuals who are likely to provide emotional support may be less likely to step away from a situation in which the parent requires frequent and higher levels of assistance.

Like the caregivers quoted in the self-help texts, 9 out of 10 women that I interviewed expressed that they felt that the majority of the care work was placed on their shoulders, rather than their husband’s, even if the wife was caring for her spouse’s parent. However, when speaking to the male caregivers, all seven men felt that they held responsibility for most the carework. None of these men had experience caring for their wives’ parents. This did not help me understand if men or women were more likely to take on the majority of caregiving roles because I was specifically interviewing primary caregivers. However, I did find that when speaking to the four men with children and the five women with children, the women were more likely to take on the primary child care role in addition to caring for parents. The three women that I interviewed who felt as though their husband could help more experienced higher levels of stress in their family lives.

Having the responsibility of helping a loved on get out of bed, go to the bathroom, bathe, and get dressed may seem like small tasks, but for some caregivers, particularly those who are caring for a parent of the opposite gender, these tasks may be difficult and burdensome. Of those

I interviewed, three men were taking care of mothers and three women have cared for fathers. One of these women also took care of a father-in-law in the past. Two men have expressed discomfort only when it comes to bathing issues, with Robert stating that that is the only time he wishes he had additional help. Angela expressed discomfort about caring for her husband's father when he suffered from incontinence. She made sure that that was the one issue her husband dealt with despite his busy schedule. Joanne's husband had to step in and take her father to the doctor when he had a urinary tract infection. These interviewees were the only subjects that implied that at times care was difficult because of gender differences. Robert expressed that he felt that "another woman should help Mom with bathing." Joanne thought that her father felt awkward about her presence at the doctor's office because of her gender, and that is why he preferred her husband to take him to the doctor. While half of my subjects were providing cross-gender care, only three individuals verbalized moments of slight discomfort in their role due to their gender.

I asked all seventeen caregivers that I interviewed if they felt that their gender played a role in how they perceive of their ability to provide care for their parent. Although three individuals had concerns about helping with certain personal tasks, none of the caregivers felt that their gender played a role in whether or not they chose to provide care, or how they perceived of their abilities to provide care. The men that I interviewed provided financial, emotional, and support tasks, and did not feel that any of the tasks performed were specifically "female" or "male" tasks. All interviewees simply saw their duties as human tasks, that any son or daughter who was a primary caregiver would naturally carry out for a parent.

DISCUSSION/CONCLUSION

Originally, I had hypothesized that women are more likely to take on caregiving roles because such work is considered to be part of the home and a gendered division of labor. Through my research, I found that although women do take on the majority of childcare responsibilities, men are just as likely as women to take on the majority of parent care responsibilities. Although caregiving guides portray caregiving as a “burden” carried mostly by women, the majority of the male and female caregivers I interviewed viewed caring for a parent as their duty and responsibility and not as a job specific to women. In addition, the interviews revealed issues shared by both genders, such as insufficient medical insurance support for caregiving assistance, career curtailment, and stressors on marriage/family life.

The men that I interviewed did not express discomfort with fulfilling care roles, which are often considered predominantly “female” roles. Many were surprised when I asked if they believed that their gender played a role in their ability to provide care for parents. In the eyes of the interviewed men and women, providing care for a parent was not a job specific to women. Many recognized that both men and women provide care for parents, and that the population of parent care providers is growing. However, this does not explain why men are still often underrepresented in popular depictions of who provides parent care, or why they do not reach out for assistance as often as women. I speculate that the numbers of men who provide care for a parent are probably higher than reported and will continue to grow in number. Future research should examine why so many men are underrepresented in popular images of caregiving, and also pose the question as to why men are less likely than women to reach out for care assistance and participate in caregiving networks and public meetings.

My research suggests that although caregiving is not a responsibility that is exclusively done by men or women, there are certain aspects of care that are gendered and may have an

influence on how men and women deal with care. Based on the content analysis and interviews, I recognized that men were more likely to be able to step back and allow their loved one a greater sense of autonomy. Many of the women felt as though it were more important to maintain a consistent presence for their parent, which may allow for female caregivers to become more emotionally and physically deeply engaged in care. This can be not only time-consuming, but also significantly stressful for the caregiver. Women are more likely to conform to expected gender roles and play the “nurturing” role (Aumann et al 2010). Yet, regardless of how much of an emotional role a man or woman plays in parent care, my research suggests that both sexes must negotiate time at work for care.

Through my research, I found that both men and women were likely to miss out on career opportunities. When men were providing care for a parent, they were just as likely as women to negotiate time at their jobs or pass up on new work ventures. This complicates our understanding as to why there are so many more female caregivers than male caregivers. In actuality, are more women giving up their careers to take care of parents? Or are the numbers of male caregivers underreported? It is likely that the numbers of male caregivers are catching up to the number of female caregivers as the aging population grows. However, because of the underrepresentation of men in popular caregiving images, research, and in social networks, it is hard to ascertain to what extent the male caregiving population’s experiences are similar or different from female caregivers’ experiences. More research must be done on the male caregiver population to fully understand if men or women are more likely to negotiate careers to make more time for care.

The majority of individuals interviewed saw struggles with making time and financing care as a structural problem as well as a personal problem. I had speculated that based upon the frequent notions of burden and guilt that were expressed in self-help texts, many people would

see caregiving for parents as a personal problem. The analyzed texts specifically engaged readers in understanding how they could cope with their own personal feelings and change their own personal habits, rather than how they could take action to alter the structure of the workforce or family. The meetings I attended and the interviews with my research subjects suggested that many people did not consider an inability to balance work and care as a personal problem. They often saw problems to be a result of inadequacies within the health care system or within workforce policies. However, all who were interviewed did face feelings of guilt and fear, no matter how hard they tried to please their parents. This was a common issue that was expressed as a personal problem among interviewees.

In the analyzed texts, suggestions of financial planning, time management, and health care choices were main themes. Policy recommendations, suggestions, and concerns about how the structure of the workforce could be changed were scarce. The interviewees in the self-help books frequently mentioned struggles with Medicare and a lack of flexibility in the workplace. Medicare is supposed to be a system in which families can rely on for assistance with financing and providing care for an aging loved one. Instead, people experience Medicare as a confusing and complicated system that only provides more burdens. Medicare often does not provide enough financial support for care, and individuals have difficulties meeting the stringent eligibility requirements for a desired type of assistance, such as home health care as opposed to hospital care. The struggle with Medicare coverage often allows caregivers to feel an increased sense of stress and feelings of guilt for “not doing enough.” Financial and emotional tensions could play a role in family relationships and work life, particularly for those with children. Perhaps if more affordable Medicare options did not have such strict eligibility requirements, fewer men and women would have to negotiate their career with parent care.

A lack of flexible workplace options often drives men and women to curtail career opportunities. This could place a stress on marriages, as one spouse often works while the other spends significant time away from work. Many men and women are not aware of their rights to take time off from work for care, and some employers will not support time off. As demonstrated by Maya's case, she was not aware that her job guaranteed her paid time off for care of a family member. Angela, on the other hand, could not return to work after she had taken weeks off to care for her mother.

Policies for better health care options and more flexible work schedules would help relieve the stresses of parent care upon sons and daughters. Perhaps if there were fewer requirements to be met for an individual to be covered by Medicare programs such as home health aides, then fewer children of aging parents will have to miss work and pass up career advancement opportunities. This may also help alleviate some stress in the home. In addition, policies should allow workers to take longer periods of time off for care. A policy that requires that companies inform their workers about their paid leave rights should be instituted as well. With these proposed changes in health care options and workplace policies, more caregivers will be able to provide a better quality of life for themselves, children, and parents.

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Table 1. 20 Popular Self-Help Book Titles for Content Analysis

Author	Title	Publisher	Place of Publication	Year
Abramson, Alexis	<i>The Caregiver's Survival Handbook</i>	Berkley Publishing Group	New York, NY	2011
Arrington, Candy and Kim Atchley	<i>When Your Aging Parent Needs Care: Practical Help for This Season of Life</i>	Harvest House Publishers	Pittsburgh, PA	2009
Barg, Gary	<i>The Fearless Caregiver: How to Get the Best Care for Your Loved One and Still Have a Life of Your Own</i>	Capital Books	Herndon, VA	2003
Beerman, Susan and Judith Rappaport-Munson	<i>ElderCare 911: The Caregiver's Complete Handbook for Making Decisions</i>	Prometheus Books	Amherst, NY	2002
Berman, Claire	<i>Caring for Yourself While Caring for Aging Parents, Third Edition: How to Help, How to Survive</i>	Owl Books, Henry Holt and Company, LLC	New York, NY	2001
Comer, Jim	<i>When Roles Reverse: A Guide to Parenting Your Parents</i>	Hampton Roads Publishing Company	Charlottesville, VA	2006
Gross, Jane	<i>A Bittersweet Season: Caring for Our Aging Parents and Ourselves</i>	Random House	New York, NY	2011

Hogan, Paul and Lori	<i>Stages of Senior Care: Your Step by Step Guide to Making the Best Decisions</i>	McGraw Hill	New York, NY	2009
Jacobs, Barry J.	<i>The Emotional Survival Guide for Caregivers</i>	Guilford Press	New York, NY	2006
Kramer, Betty J.	<i>Men as Caregivers</i>	Prometheus Books	New York, NY	2005
Lebow, Grace and Barbara Kane	<i>Coping with Your Difficult Older Parent</i>	Avon Books Inc.	New York, NY	1999
Loverde, Joy	<i>The Complete ElderCare Planner</i>	Three Rivers Press	New York, NY	2009
Mace, Nancy L. and Peter V. Rabins	<i>The 36-Hour Day, 5th Edition: A Family Guide to Caring for People Who Have Alzheimer's Disease, Related Dementias, and Memory Loss</i>	John Hopkins University Press	Baltimore, MD	2011
Marcell, Jacqueline	<i>Elder Rage, or Take My Father...Please!</i>	Impressive Press	Irvine, CA	2001
Morris, Virginia	<i>How to Care for Aging Parents</i>	Workman Publishing	New York, NY	1996, 2004
Russo, Francine	<i>They're Your Parents, Too!</i>	Bantam Book	New York, NY	2010
Schiff, Harriet Sarnow	<i>How Did I Become My Parent's Parent?</i>	Penguin Group	New York, NY	1996

Sheehy, Gail	<i>Passages in Caregiving: Turning Chaos into Confidence</i>	Harper Collins	New York, NY	2010
Span, Paula	<i>When the Time Comes: Families with Aging Parents Share Their Struggles and Solutions</i>	Springboard Press	New York, NY	2009
Taylor, Daniel	<i>The Parent Care Conversation: Six Strategies for Dealing with the Emotional and Financial Challenges of Aging Parents</i>	Penguin Books	London, England	2006

Table 2. Caregivers Interviewed

Caregiver Name	Gender	Age	Age of Parent(s)	Gender of Parent(s)	Children Under 18
Joanne	Female	52	85	Male	Yes
Maya	Female	50	80, 80	Male and Female	Yes
Christine	Female	55	85	Female	No
Robert	Male	60*	89	Female	No
Rick	Male	46	65	Female	Yes
Camryn	Female	55	79, 80	Male and Female	No
Melissa	Female	?	78	Female	No
Angela	Female	54	85	Female	Yes
Taye	Male	40	71	Male	No
Dominick	Male	53	75	Female	Yes
Chris	Male	45	77	Male	Yes
Jordan	Male	50	71	Male	Yes
Mary	Female	52	80	Male	Yes
Lisa	Female	48	?	Female	Yes
Donna	Female	54	74	Female	No
Wayne	Male	42	65	Male	No

Note: Names of interviewees are pseudonyms.

* Interviewee indicated that he is “around” the age of 60, but did not offer an exact age.

Table 3. Popular Word Content in Content Analysis of Twenty Texts (in order of highest to lowest frequency)

Words used to describe attitudes toward caregiving	Frequency
Fear	135
Alone	114
Angry	110
Guilty	84
Burden	62

Appendix 1

Interview Questions for Caregivers Without Children

Thank you for agreeing to be interviewed about your experiences as a caregiver for your parents. The purpose of this study is to understand how men and women caring for a parent handle work and family responsibilities. I will first ask you some questions about your work and family background. I will then ask you questions about your work experience since becoming a caregiver of your parent. Next, I will ask you about your relationship with the parent you are providing care for, as well as other members of your family. I will then ask you about your feelings in regards to being a primary caregiver. This research will be used in my master's thesis, which will be stored in database that will be accessible to other researchers. This research may also be presented at a conference.

In writing up this research, I will also construct a pseudonym and alter your identifying characteristics instead of using your real name.

Questions:

- 1) Who are you currently caring for in your family?
- 2) What is the age of the parent you are caring for?
- 3) How long have you been caring for your parent?
- 4) Does anyone help with the care, such as another parent, sibling, or hired help?
- 5) How many children are you currently caring for?
- 6) What are the ages of the children you are providing care for?
- 7) Are you married?
- 8) How long have you been married?
- 9) Who lives with you in your household?
- 10) Does your parent live with you, or separately?
- 11) If separate: Does your parent live alone or with other people, such as other family members or aides?
- 12) What are your responsibilities as a caregiver?
- 13) How did you decide that these are your responsibilities?
- 14) Walk me through a typical day in your life as a caregiver.
- 15) How many hours a day do you provide care?

Work:

- 1) What do you do for a living?
- 2) Describe a typical workday for you.
- 3) When you are at work, do you think about your other responsibilities, such as caregiving for your parent? Do you have to attend to your caregiving responsibilities while at work?
- 4) What do you do to make sure you can devote enough attention to both your parent(s) and work?
- 5) How has your work life been affected since you started taking care of your parent(s)?
- 6) Give me an example. What has happened most recently?
- 7) Have you ever had difficulties with your job because of your family responsibilities?

- 8) Give me an example. What has happened most recently?
- 9) Have you taken any time off from work since becoming a caregiver of your parent(s)?
- 10) How did you decide to take time off/not to take time off?
- 11) What kinds of accommodations have you made to your schedule since becoming a caregiver of your parent(s)?
- 12) Provide me with an example of how caring for a parent has helped you gain any opportunities at work.
- 13) Provide me with an example of how caring for a parent has caused you to miss any opportunities at work.
- 14) If you could adjust your schedule to meet your caregiving needs, what would the new schedule look like?
- 15) How have these experiences of caring for your parent affected how you see your career now?

Personal/Relationships:

- 16) How did you become a caregiver for your parent?
- 17) Are there any other caregivers for your parent, such as your spouse, sibling, or parent's spouse?
- 18) Do you have siblings?
- 19) What is the gender of your siblings?
- 20) What role do your siblings (if any) play in the role of caregiving for your parents?
- 21) Why do you think your sibling was given this role?
- 22) Do you think the fact that you are a woman/man plays any role in why you have certain caregiving responsibilities instead of your sibling?
- 23) What kind of roles do other members in your family play in caring for your parent?
- 24) If your parent needs help for the day and you have somewhere else to be, who will provide the care for you?
- 25) Why will this person do the job?
- 26) How have these experiences of caring for your parent affected how you feel about your abilities to provide care?

Marriage:

- 27) How do you and your spouse divide the caregiving duties?
- 28) How was a decision made that this will be his/her duties?
- 29) Do you think that certain caregiving responsibilities are considered to be women's work?
- 30) Do you think that certain caregiving responsibilities are considered to be men's work?
- 31) Do you think that has affected what responsibilities you have?
- 32) If you could change anything about the division of your home duties, what would you change?
- 33) Who spends more time caring for your parent?
- 34) Why is there a difference in time spent caring for your parent?
- 35) Does your spouse ever take time off from work to care for a parent?
- 36) Does your spouse's job allow flexibility to provide parent care?
- 37) Tell me about your spouse's relationship to your parents.
- 38) In what ways has your spouse's relationship with your parents changed since you began providing care?

- 39) Give me an example of a time when your spouse displayed great help when caring for your parent.
- 40) Give me an example of a time when you and your spouse had a disagreement about caring for your parent.
- 41) Is your spouse usually agreeable about helping you with caregiving duties if you ask?
- 42) Why or why not?

Emotions:

- 43) If you are feeling stressed about your caregiving duties, what do you do to alleviate the stress?
- 44) How has caring for your parent become easier over time?
- 45) How has caring for your parent become harder over time?
- 46) What would you change about your role as a caregiver if you could?

Outside Resources:

- 47) Are there any programs at your workplace to help support you with caring for your parents?
- 48) Are you involved in any programs elsewhere to help you?
- 49) What kind of programs or services would be most beneficial to help you work and provide care?
- 50) Have you ever used any self-help books to help you with your caregiving responsibilities? What are some of the titles of these books?
- 51) How have these books helped you?
- 52) Have you ever referred to any blogs to help you with your caregiving responsibilities? What is the name of the blog(s)?
- 53) How have these blogs helped you?
- 54) Let's pretend for a moment that all services for the aging were easily accessible and have low cost. You and your spouse have no other time commitments. Who would serve as the primary care provider for your parent?
- 55) In the ideal world, what would a day in your life look like? Give me an idea of what your schedule would look like and what roles the people in your daily life would play.

Appendix 2

Interview Questions for Caregivers With Children

Thank you for agreeing to be interviewed about your experiences as a caregiver for your parents and children. The purpose of this study is to understand how men and women caring for a parent and children handle work and family responsibilities. I will first ask you some questions about your work and family background. I will then ask you questions about your work experience since becoming a caregiver of your parent. Next, I will ask you about your relationship with the parent you are providing care for, as well as other members of your family. I will then ask you about your feelings in regards to being a primary caregiver. This research will be used in my master's thesis, which will be stored in database that will be accessible to other researchers. This research may also be presented at a conference.

In writing up this research, I will also construct a pseudonym and alter your identifying characteristics instead of using your real name.

Questions:

- 1) Who are you currently caring for in your family?
- 2) What is the age of the parent you are caring for?
- 3) How long have you been caring for your parent?
- 4) Does anyone help with the care, such as another parent, sibling, or hired help?
- 5) How many children are you currently caring for?
- 6) What are the ages of the children you are providing care for?
- 7) Are you married?
- 8) How long have you been married?
- 9) Who lives with you in your household?
- 10) Does your parent live with you, or separately?
- 11) If separate: Does your parent live alone or with other people, such as other family members or aides?
- 12) What are your responsibilities as a caregiver?
- 13) How did you decide that these are your responsibilities?
- 14) Walk me through a typical day in your life as a caregiver.
- 15) How many hours a day do you provide care?

Work:

- 1) What do you do for a living?
- 2) Describe a typical workday for you.
- 3) When you are at work, do you think about your other responsibilities, such as caregiving for your parent or children? Do you have to attend to your caregiving responsibilities while at work?
- 4) What do you do to make sure you can devote enough attention to both your parent(s) and work?
- 5) What do you do to make sure you can devote enough attention to both your parent(s) and work?

- 6) How has your work life been affected since you started taking care of your parent(s)?
- 7) Give me an example. What has happened most recently?
- 8) Have you ever had difficulties with your job because of your family responsibilities?
- 9) Give me an example. What has happened most recently?
- 10) Have you taken any time off from work since becoming a caregiver of your parent(s)?
- 11) How did you decide to take time off/not to take time off?
- 12) What kinds of accommodations have you made to your schedule since becoming a caregiver of your parent(s)?
- 13) Provide me with an example of how caring for a parent has helped you gain any opportunities at work.
- 14) Provide me with an example of how caring for a parent has caused you to miss any opportunities at work.
- 15) Provide me with an example of how caring for your children has helped you gain any opportunities at work.
- 16) Provide me with an example of how caring for your children has caused you to miss any opportunities at work.
- 17) If you could adjust your schedule to meet your caregiving needs, what would the new schedule look like?
- 18) How have these experiences of caring for your parent affected how you see your career now?

Personal/Relationships:

- 19) How did you become a caregiver for your parent?
- 20) Are there any other caregivers for your parent, such as your spouse, sibling, or parent's spouse?
- 21) Do you have siblings?
- 22) What is the gender of your siblings?
- 23) What role do your siblings (if any) play in the role of caregiving for your parents?
- 24) Why do you think your sibling was given this role?
- 25) Do you think the fact that you are a woman/man plays any role in why you have certain caregiving responsibilities instead of your sibling?
- 26) What kind of roles do other members in your family play in caring for your parent?
- 27) If your parent needs help for the day and you have somewhere else to be, who will provide the care for you?
- 28) What kind of roles do other members in your family play in caring for your children?
- 29) If your child needs help for the day and you have somewhere else to be, who will provide the care for you?
- 30) Why will this person do the job?
- 31) How have these experiences of caring for your parent and children affected how you feel about your abilities to provide care?

Marriage:

- 32) How do you and your spouse divide the caregiving duties?
- 33) How was a decision made that this will be his/her duties?
- 34) Do you think that certain caregiving responsibilities are considered to be women's work?
- 35) Do you think that certain caregiving responsibilities are considered to be men's work?

- 36) Do you think that has affected what responsibilities you have?
- 37) If you could change anything about the division of your home duties, what would you change?
- 38) Who spends more time caring for your parent?
- 39) Who spends more time caring for your children?
- 40) Why is there a difference in time spent caring for your parent or children?
- 41) Does your spouse ever take time off from work to provide care?
- 42) Does your spouse's job allow flexibility to provide parent care?
- 43) Tell me about your spouse's relationship to your parents.
- 44) In what ways has your spouse's relationship with your parents changed since you began providing care?
- 45) Give me an example of a time when your spouse displayed great help when caring for your parent.
- 46) Give me an example of a time when you and your spouse had a disagreement about caring for your parent.
- 47) Is your spouse usually agreeable about helping you with caregiving duties if you ask?
- 48) Why or why not?

Emotions:

- 49) If you are feeling stressed about your caregiving duties, what do you do to alleviate the stress?
- 50) How has caring for your parent become easier over time?
- 51) How has caring for your parent become harder over time?
- 52) What would you change about your role as a caregiver if you could?

Outside Resources:

- 53) Are there any programs at your workplace to help support you with caring for your parents?
- 54) Are you involved in any programs elsewhere to help you?
- 55) What kind of programs or services would be most beneficial to help you work and provide care?
- 56) Have you ever used any self-help books to help you with your caregiving responsibilities? What are some of the titles of these books?
- 57) How have these books helped you?
- 58) Have you ever referred to any blogs to help you with your caregiving responsibilities? What is the name of the blog(s)?
- 59) How have these blogs helped you?
- 60) Let's pretend for a moment that all services for the aging were easily accessible and have low cost. You and your spouse have no other time commitments. Who would serve as the primary care provider for your parent?
- 61) In the ideal world, what would a day in your life look like? Give me an idea of what your schedule would look like and what roles the people in your daily life would play.