

# Balancing the Responsibilities of Work and Family Life: Results of the Family Caregiver Survey

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*This article describes patterns of work and family balance that were examined for employed parents who give family care to children with serious emotional disorders. A secondary analysis of data from the Family Caregiver Survey was performed for a subsample of 184 caregivers employed outside the home or having a partner employed full time. Families having different work structures (patterns of part- or full-time employment and of parenting arrangements) reported significantly different levels of job stress, pleasure in work and intimate relationships, work used as coping, and satisfaction handling home responsibilities. Although reported child behaviors were significantly related to stress attributed to children and family, the behaviors were not related to work structure, job stress, or support service use.*

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Recent empirical and theoretical scholarship has addressed the rewards and difficulties of balancing the demands of employment and family life (Barnett, 1994; Bielby & Bielby, 1989; Brennan & Rosenzweig, 1990; Higgins, Duxbury, & Irving, 1992; Zedeck & Mosier, 1990). When care for dependent children is a family responsibility of an employed parent, achieving a satisfactory work-family balance becomes particularly crucial (Brennan, Rosenzweig, Koren, & Emlen, 1993; Piechowski, 1992; Shinn, Wong, Simko, & Ortiz-Torres, 1989). The study reported in this article addresses the question, What is the relationship between family caregiver work patterns and child behavior patterns, use of support services, reports of stress, and coping responses of a particularly challenged group of employed parents: those who give family care to children with serious emotional disorders?

For working parents whose children have emotional or behavioral disorders, meeting the challenges of home and employment can be particularly stressful (Brannan, Heflinger, & Bickman, 1995), and their caregiving often is done without adequate formal and informal supports (Friesen & Koroloff, 1990; Roberts & Magrab, 1991). The maintenance of suitable employment is particularly crucial for families facing the challenges of caring for children with serious emotional disorders because they must provide the financial support that will help meet their children's special needs. Furthermore, the emotional or behavioral problems of their children may interfere with their employment by requiring parents to miss work to respond to emergencies or keep appointments with their children's service providers.

Many parents who have children requiring care during working hours balance their work and family responsibilities by engaging in part-time rather than full-time employment (Emlen & Koren, 1984). For some families an optimal balance of work and family responsibilities involves part-time work and part-time daycare, or care given by the other parent, who works on a different schedule. The maintenance of a satisfactory level of employment whether full time or part time can be crucial for any family because personal development, financial stability, and family support can all depend on a suitable work and childcare situation. Because of the need for comprehensive insurance funding or to produce sufficient income to pay for mental health treatment for children, families who have children requiring mental health treatment incur additional responsibilities to hold employment. Beyond securing funding for treatment, employed family members must also find and pay for suitable childcare arrangements that nurture their children during the employees' working hours and that have staff prepared to meet the children's special needs. Additionally, parents with children engaged in formal education must have a plan in place that allows them to meet both the responsibilities of their work and the requirements of the schools to attend conferences during working hours, or to remove their children when acute emotional or behavioral problems occur.

Although many mental health professionals have called for family, centered services and for greater support for families with children with emotional and behavioral disorders (Koren, 1992; Koroloff, Elliott,

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Koren, & Friesen, 1994; Turnbull, Garlow, & Barber, 1991; Whittaker, 1991), little research has been conducted to gauge the effectiveness of support services for parents whose children have mental disorders. In light of the estimate of Fernandez (1990) that approximately 10% of the thousands of employees he surveyed in his childcare studies had children with physical, emotional, or learning disorders requiring special care arrangements, the lack of research is surprising. For families whose children have developmental disabilities, researchers have begun to demonstrate the importance of social support (Friedrich, Wilturner, & Cohen, 1985; Summers, 1988) and support services (Marcenko & Smith, 1992; Singer, Irvin, Irvine, Hawkins, & Cooley, 1989) for such benefits as improved maternal life satisfaction, enhanced coping of siblings without disabilities, and lowered maternal anxiety and stress. The present study is among the first to (a) examine the use of support services by employed parents having children with serious emotional disorders, and (b) analyze this use in terms of work-family interaction.

Two of the major theoretical models of work-family interaction were identified by Zedeck and Mosier (1990): work-family conflict and work-family spillover. Work-family conflict has been defined as the extent to which a person experiences incompatible demands due to role pressures in the work and family domains (Kahn, Wolfe, Wuinn, Snoek, & Rosenthal, 1964). Kopelman, Greenhaus, and Connolly (1983) proposed a theoretical model of work-family conflict that posited job involvement, work expectations, and work conflict (the extent to which a worker experiences role conflict within the employment domain), together with family involvement, family expectations, and family conflict, as predictors of work-family conflict. Work-family conflict was stated to be a predictor of the outcome measures of quality of work life, quality of family life, and life satisfaction. Higgins et al. (1992) tested Kopelman and associates' model and found that 15 of the 17 relationships predicted by the model were confirmed, and that work conflict was the most significant predictor of work-family conflict for their sample of career-oriented parents drawn from 21 companies. The importance of gender-role expectations for this process was also demonstrated by Gutek, Searle, and Klepa (1991), who found that employed women reported more interference from work concerns in family life than did their male counterparts.

A second perspective on work-family interaction is spillover, in which the work life of the employee is seen as influenced by aspects of family life (Crouter & Garbarino, 1982), and the family life of an employed adult is seen as affected by work experiences (Barnett & Marshall, 1992). Spillover from work to family has been documented by research examining such work-related phenomena as flexible schedules, work-related travel, and shift work (Crouter, 1984). Additionally, the effect of family on work has been demonstrated through research documenting the recognition of employees that family responsibilities influenced them at work (Brennan, Rosenzweig, Koren, & Emlen, 1992; Williams & Alliger, 1994) and that positive family relationships buffered the negative mental health effects of a poor work experience (Barnett, 1994).

Both the work domain and the family domain can function as separate sources of stress. In the work domain, Karasek and Theorell (1990) proposed that job stress could be predicted by (a) the level of psychological demand of the work and (b) the level of control over assigned tasks. Examining the interaction of the factors of demand and control, Haynes, Fienleib, and Kannel (1980) found that a combination of a high level of demands and low levels of control produced the most severe physiological stress in workers. Additionally, Barnett and Brennan (1995) confirmed Karasek's job demand—job control model as identifying dimensions crucial for psychological distress. Karasek's model was extended by Piechowski (1992) to the role of parenting, which she posited was a high demand-low control family role.

Attempting to investigate the relationship between sources of stress for employed parents, Brennan, Koren, Rosenzweig, and Emlen (1990) examined the relationship between age of youngest child and level of stress for fathers working in health care. It was found that financial stress, childcare stress, and job stress were related to the age of the youngest child, with the highest level of both financial and childcare stress being reported by fathers with the youngest children. On the other hand, job stress tended to increase with age of youngest child, perhaps due to the greater job responsibilities of older fathers. The relationship between age of youngest child and childcare stress was predicted because the parenting role was seen to be at its most demanding and as being least under control with younger children.

In a related study Brennan et al. (1992) investigated the work roles of employed mothers in a study that contrasted managerial and nonmanagerial positions. Mothers who were employed in financial institutions were asked to rate their levels of stress due to relationships with family members (family stress), due to their jobs (job stress), and due to financial concerns (financial stress). Mothers in management reported a higher degree of family stress and job stress and lower levels of financial stress than mothers in nonmanagerial roles. Higher job stress was predicted due to the demands of managerial

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work roles; these jobs paid better, leading to lower financial stress. Higher family stress could be predicted from conflicts between parents over the use of the relative flexibility of managerial roles, which meant that dependent care could more easily spill over into the mother's workday. In fact, the managers left work early more frequently and had more job interruptions for family matters than did the nonmanagerial workers.

The purpose of the present study was to examine patterns of work and family balance for families with employed parents who were caring for children with serious emotional disorders, by performing a secondary analysis of data from the Family Caregiver Survey (McDonald, Gregoire, Poertner, & Early, this issue). The research investigated differences between families with different work structures, that is, varying levels of employment (part time versus full time) and parenting arrangements (single parenting; dual earner parenting; or one earner, one caregiver family). Work structures were divided into five types: (a) single parent, employed full time; (b) single parent, employed part time; (c) dual-earner parents, both employed full time; (d) dual-earner parents, at least one employed part time; and (e) one full-time earner, one full-time caregiver, which is called "traditional" in this article for ease of presentation. Families with different work structures were expected to demonstrate differences in (1) family, child, and caregiver characteristics; (2) financial situations; (3) supportive services used; (4) levels of work stress, satisfaction with handling work responsibilities, and pleasure with work; and (5) levels of family stress, satisfaction with handling family responsibilities, and pleasure with family. Finally, the analysis also investigated the relationship of child emotional and behavioral problems to measures of work and family stress, responsibility, and pleasure.

## METHOD

In order to investigate the work-family balance for employed caregivers of children who have serious emotional disorders, a secondary analysis of data from the Family Caregiver Survey was undertaken. Attempting to build a model of family caregiving, McDonald and his co-workers (1993) collected data on the characteristics of caregivers and their children, on social support, and on stress and coping patterns of family members caring for children with serious emotional disorders. A detailed description of the Family Caregiver study methodology can be found in McDonald et al. (this volume). As part of the data collection process, the researchers surveyed 259 family members, of whom 4496 were employed full time, 14% were employed part time, and 42% were not employed outside the home.

Taking into account the diversity of family structures and employment levels, the secondary analysis reported here involved drawing a subsample of families that were heavily involved in balancing work and family responsibilities. In particular, family work structures were investigated. Work structure refers to the levels of employment (part time vs. full time) held by adults in a family who take on parenting roles (single parents; dual earners; or traditional one-earner, one-caregiver families) for children under 18 (see Table 1). To be included in this study of work and family balance, the families had to have caregivers devoting a substantial portion of their time to employment outside the family. Therefore, families in which neither parent was employed, and families with two parents, only one of whom was employed part time or less, were excluded from this analysis. Single parents were defined as caregivers who did not report another parent for the child being considered.

For the investigation, questionnaire items were identified that addressed six aspects of the balance between employment and family for the caregivers surveyed: work responsibilities, family responsibilities, financial situation, supportive services used, caregiver characteristics, and child characteristics.

A subsample of 184 caregivers was selected for the secondary analysis reported here. To be included in the subsample, a caregiver had to be employed full time or part time or had to have a spouse or partner who was employed full time outside the home. Each caregiver was asked to fill out instruments, keeping in mind a child between the ages of 4 and 12 who was identified through public mental health services as having atypical development or a serious emotional disorder.

## Data Collection and Measurement

Caregivers responded in writing to the North Carolina Family Caregiver Survey, which is an extensive instrument more fully described in McDonald et al. (this volume). The survey included 21 closed-ended items that were used to collect demographic information on child, caregiver, and family characteristics.

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Demographic characteristics collected for the child included age and gender. All the children in the study were receiving mental health services. To obtain more specific information on the children's behaviors, caregivers were asked to complete the Child Behavior Checklist/4-18 (CBCL; Achenbach, 1991). The CBCL asks caregivers to assess a wide range of specific behaviors that are grouped according to three scales (Total Problems, Internalizing Problems, Externalizing Problems).

The formal supports available to and used by caregivers were assessed by the Service Utilization Scale. The scale includes a listing of the following 19 services: counselor, lawyer, minister, nurse, psychiatrist, psychologist, and social worker services; day treatment, respite care, residential care, psychiatric hospital care, foster care, special education, general education classroom services, crisis intervention, support groups and self-help for parents, support groups and self-help for siblings, advocacy services, and financial assistance. Caregivers reported current use of the service and whether they had ever used the service. A continuous variable indicating the total number of services currently used by each caregiver was calculated for the analysis.

Stress was measured through the Quick Stress Inventory developed by Press (1990), three scales that consist of ratings of stress, satisfaction with handling responsibilities, and pleasure in 13 different life areas. The life areas include job or career, family relationships, marriage or primary relationships, child, and caring for home and family. Respondents were asked to rate the degree of stress on a 6-point scale (1 = none to 6 = high or extreme amount of stress). Participants were also asked to rate on a 6-point scale (1 = extremely well to 6 = very poorly) how well they had handled responsibilities in a particular life area. Additionally, they were asked to give judgments regarding their level of pleasure with each of the life areas over the past few months on a 5-point scale (1 = extreme pleasure to 5 = discomfort). Adequate reliability and validity estimates have been reported for these scales (Press, 1989).

Finally, the Coping Health Inventory (CHIP; McCubbin, 1987) was used to assess the work-related methods of coping used by parents trying to deal with difficult health situations. The CHIP consists of 45 items that assess parents' patterns of strengthening family life, working on social support, building self-esteem and psychological stability, and understanding health-care situations. For example, parents are asked to indicate whether or not they have used "investing time and energy in my job" in coping with difficult situations. CHIP has participants rate items on a 4-point scale (1 = not used to 4 = used a great deal).

## RESULTS

### Child, Caregiver, and Family Demographics

Characteristics of the children, caregivers, and families are reported in Table 1. Of the 184 employment-involved caregivers responding to the study, the children receiving mental health services who were being considered in their answer included 168 males, 91% of the sample. The mean age of the children in mental health services was 8.9 years ( $SD = 2.7$ ) and the mean grade level was 2.6 ( $SD = 2.7$ ). The vast majority of the children were biologically related to the caregiver ( $n = 160, 87%$ ) and were living at home with the caregiver ( $n = 168, 91%$ ). Considering the CBCL scores, the children had a mean total social competency score of 14.81 ( $SD = 3.7$ ), which is in the clinical range. The mean score for total child behavior problems was found to be 70.14 ( $SD = 33.3$ ); the mean for internalizing problems was 16.75 ( $SD = 10.6$ ); and the mean for externalizing problems was 24.54 ( $SD = 12.09$ ). All three of the problem scores were well above the clinical cutoff points (Achenbach, 1991), indicating that the caregivers were coping with numerous difficult behaviors on the part of their children.

The caregivers were mainly young ( $M = 34.7$  years,  $SD = 7.2$ ), mothers ( $n = 153, 83%$ ), and White ( $n = 134, 73%$ ). The majority were married ( $n = 102, 55%$ ), whereas 39 (21%) were divorced, 22 (12%) were separated, and 21 (12%) were never married. Of the 183 caregivers indicating their educational level, 27 (15%) stated that they had not completed high school, 46 (25%) were high school graduates, 86 (47%) had some college or vocational training, and 24 (13%) had attained at least a bachelor's degree.

Families tended to be large, with the mean number of children being 2.6 ( $SD = 1.4$ , range = 1-10 children). The youngest children in the families were generally of school age ( $M = 6.7$  years,  $SD = 3.4$ ) and oldest children were in the early preteen years ( $M = 10.5$  years,  $SD = 4.0$ ). Family incomes were generally in the lower-middle income range, with the most frequently reported annual family income range being \$15,000-\$24,999 ( $n = 43, 24%$ ). Ninety-eight of the families (53%) reported that they lived in a city, whereas 30 families (17%) lived in rural areas, and the remaining 52 families (29%) resided in small towns.

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**TABLE 1**  
*Distribution of Demographic and Educational Characteristics by Family Work Structure*

Characteristic	Single parent				Dual earners				Traditional unemployed caregiver <sup>e</sup>	
	Full-time employment <sup>a</sup>		Full-time employment <sup>b</sup>		Full-time employment <sup>c</sup>		Part-time employment <sup>d</sup>		No.	%
	No.	(%)	No.	(%)	No.	(%)	No.	(%)		
Demographics										
Mother	29	(83)	12	(100)	48	(75)	17	(77)	47	(92)
Black	12	(35)	4	(33)	10	(16)	4	(18)	11	(22)
Hispanic							1	(4)		
Native American					2	(3)	1	(4)	1	(2)
White	21	(62)	8	(67)	51	(81)	16	(73)	38	(75)
Highest level caregiver education*										
High school or less	7	(21)	5	(42)	25	(39)	6	(27)	30	(59)
Vocational/technical	9	(26)	1	(8)	8	(12)	3	(14)	6	(12)
Some college	14	(41)	4	(33)	21	(33)	7	(32)	13	(26)
College or graduate school	4	(12)	2	(17)	10	(16)	6	(27)	2	(4)
Highest level partner education										
High school or less					38	(59)	15	(68)	32	(63)
Vocational/technical					1	(2)	1	(4)	3	(6)
Some college					17	(27)	2	(9)	6	(12)
College or graduate school					8	(12)	4	(18)	8	(16)
Median family income*** (thousands)	\$10-\$14.9		< \$5		\$25-\$34.9		\$15-\$24.9		\$10-\$14.9	

Note. N = 184.

<sup>a</sup>n=35. <sup>b</sup>n=12. <sup>c</sup>n=64. <sup>d</sup>n=22. <sup>e</sup>n=51.

\*p<.05. \*\*\*p<.001.

### Family Work Structures

Five different work structures were identified for the families included in the study: (a) single caregivers employed full time; (b) single caregivers employed part time; (c) dual-earner caregiver employed full time with other parent or partner employed full time; (d) dual-earner employed caregiver with employed other parent or partner, at least one of whom works part time; and (e) traditional-caregiver not employed outside the home with other parent or partner employed full time.

Striking differences in family characteristics were found in the five types of family work structures (see Table 1). Although mothers predominated as the principal caregiver in all categories, they were most highly represented in the single-parent families, particularly those with part-time employment, and in the traditional families with unemployed caregiver and partner employed full time. The highest proportion of White caregivers was found in the dual-earner families with both parents employed full time.

There were significant differences in the educational levels of caregivers with different family work structures (Pearson  $\chi^2 = 21.40$ ,  $df = 12$ ,  $p < .05$ ). The highest proportion of caregivers with high school educations or less were found in the traditional families, and the highest proportion of college graduates were in dual-earner families with part-time employment held by the primary caregiver. Educational level of the caregivers' partners did not differ significantly.

Income levels were found to be in the lower-middle income level, with the median income range of the caregivers reported as between \$15,000 and \$24,999 per year. A Kruskal-Wallis ANOVA by Rank revealed that caregivers in different work structures reported different income levels,  $\chi^2 = 39.00$ ,  $p < .001$ .

In order to determine whether family characteristics differed significantly, univariate ANOVAs were carried out with work structure as a grouping variable, with results reported in Table 2. The Duncan Multiple Range Test was used to detect significant differences in characteristics between families with different work structures, with alpha levels set at  $p < .05$ .

Although single-parent families with part-time workers tended to be smaller, and traditional families larger, the differences in family sizes for families with different work structures were not significant. Families with a child with emotional and behavioral disorders (EBD) of the youngest child, F

(4,177) = 3.29,  $p < .01$ . Caregivers in traditional family work structures had youngest children who were significantly lower in age than caregivers who worked fulltime and were single or in dual-earner families. The age of the oldest child differed significantly for families with different work structures,  $F(4,177) = 2.78$ ,  $p < .03$ . Families with full-time workers, whether single parents or dual earners, had oldest children whose ages were significantly greater than those in families with single parents employed part time. The age of the oldest child in families with a single caregiver who was a full-time employee was greater than that of the oldest child in traditional families. Finally, caregiver age differed significantly by work structure,  $F(4,174) = 4.44$ ,  $p < .002$ . Caregivers in traditional families were significantly younger than those in all other family work structures, except for single caregivers who worked part time.

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**TABLE 2**  
*Means of Family Characteristics, Work and Family Measures for Different Family Work Structures*

<i>Characteristic and measure</i>	<i>Single parent</i>		<i>Dual earners</i>		<i>Traditional full-time earner, unemployed caregiver<sup>e</sup></i>	<i>F(p)</i>	<i>Post-hoc</i>
	<i>Full-time employment<sup>a</sup></i>	<i>Part-time employment<sup>b</sup></i>	<i>Full-time employment<sup>c</sup></i>	<i>Part-time employment<sup>d</sup></i>			
<b>Family characteristics</b>							
Number of children							
M	2.4	1.9	2.6	2.7	2.9	ns	ns
SD	1.3	.8	1.5	1.2	1.6		
Youngest child's age							
M	8.0	5.7	7.0	6.7	5.5	3.29	5 < 1 & 3
SD	3.3	3.2	3.3	3.7	3.2	(p < .01)	
Oldest child's age							
M	11.6	8.2	11.0	10.9	9.4	2.78	2 < 1 & 3
SD	3.8	2.3	4.5	3.6	4.1	(p < .03)	5 < 1
Caregiver's age							
M	36.0	33.0	36.2	37.2	31.4	4.44	5 < 1, 3 & 4
SD	6.9	5.3	7.1	8.6	6.6	(p < .002)	
<b>Work measures</b>							
Job stress							
M	4.14	3.75	3.81	4.13	2.50	79.7	5 < 1, 2, 3 & 4
SD	1.14	1.76	1.32	1.32	1.80	(p < .001)	
Dissatisfaction vs. satisfaction handling work responsibilities							
M	2.26	2.45	2.03	2.61	2.40	Ns	ns
SD	.96	1.04	.76	1.28	1.45		
Pleasure vs. discomfort with job							
M	2.59	2.45	2.91	3.00	3.22	8.92	1 & 2 < 5
SD	.82	.82	.93	.87	1.16	(p < .05)	
Work as coping							
M	2.18	2.17	2.58	2.59	1.41	10.69	5 < 1, 2, 3 & 4
SD	1.26	1.03	1.03	1.10	.79	(p < .001)	
Investment in job							
M	2.59	2.42	2.50	2.73	1.59	11.05	5 < 1, 2, 3 & 4
SD	.93	.90	.80	1.03	.90	(P < .001)	
<b>Family measures</b>							
Dissatisfaction vs. satisfaction handling home responsibilities							
M	2.48	2.75	2.34	2.77	2.06	2.80	5 < 1 & 3
SD	.98	1.22	.86	1.23	.95	(p < .01)	
Dissatisfaction vs. satisfaction handling family responsibilities							
M	3.17	3.27	2.89	2.77	2.63	Ns	ns
SD	1.10	1.10	.80	1.11	1.08		
Pleasure vs. discomfort with primary relationships							
M	3.63	3.50	2.68	3.10	2.49	5.25	3 & 5 < 1 & 2
SD	1.04	1.69	1.13	1.29	1.17	(p < .01)	5 < 2

Note. N = 184.

<sup>a</sup>Group 1; n = 35. <sup>b</sup>Group 2; n = 12. <sup>c</sup>Group 3; n = 64. <sup>d</sup>Group 4; n = 22. <sup>e</sup>Group 5; n = 51.

## Support Services

Of the seven formal support services that provide care for children during employment hours, only general education classroom services, n = 86 (47%), and special education services, n = 56 (30%), were

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being used extensively by the employment-involved parents. Few of the children were in psychiatric hospitalization,  $n = 3$  (2%), residential treatment services,  $n = 8$  (4%), foster care,  $n = 7$  (4%), day treatment;  $n = 8$  (496), or respite services,  $n = 6$  (3%) at the time of the survey. When an index of the complexity of service use was computed by counting all the different types of services used by the families, the median count was 2, with the range of service use extending from 0 ( $n = 28$ , 15% of families) to 11 ( $n = 1$ , .5%). Complexity of total service use was not found to be related to family income, work structure, level of employment, or child behavior scores. Only 27 families (15%) reported that they were currently using financial assistance. Chi-square analysis revealed no significant differences between families with different incomes or different work structures with respect to use or lack of use of financial assistance.

### Stress, Pleasure, and Coping

Univariate ANOVAs were calculated to determine whether families having different work structures responded differently to items regarding work as coping and concerning stress, satisfaction with handling responsibilities, and levels of pleasure versus discomfort with the following areas of life: job, child, marriage or primary relationship, other family relationships, and care for home and family. The Duncan Multiple Range Test was used to determine which work structures differed significantly, with alpha levels set at  $p < .05$ .

*Work Measures.* Job stress was highly related to work structure,  $F(4, 177) = 79.7, p < .001$ . Caregivers in traditional families reported much less stress related to their job of homemaking than did caregivers employed outside the home. Mean job stress ranged from a high of 4.14 for single caregivers employed full time, indicating reports of a moderate level of stress as average, to the low mean of 2.5 for caregivers in traditional families, which is midway between *a little stress* and *some or occasional stress*. Although there was no statistically significant relationship between overall family work structure and satisfaction with handling of job responsibilities, dual earners employed full time reported higher levels of satisfaction than did families in other work structures, particularly compared with dual earners working part time. When asked to report their level of pleasure with their work, the caregivers responded on a 5-point scale (1 = *extreme pleasure* to 5 = *discomfort*), and caregivers with different work structures differed significantly,  $F(4, 158) = 8.92, p < .05$ . The lowest means were reported by single parents, whether they were employed part time or full time, whose average ratings indicated that they took *very much pleasure* in their work. These ratings contrast significantly with those given by traditional caregivers working only in the home.

Work was used significantly more often as a coping mechanism by single caregivers and dual earners than by caregivers in traditional families whose work was childcare and home management,  $F(4, 173) = 10.69, p < .001$ . Caregivers who were working single parents or workers in dual-earner families also were significantly more likely to cope by investing themselves in their work than were caregivers in traditional families,  $F(4, 178) = 11.05, p < .001$ .

*Family Measures.* Few of the measures related to family life were significantly different by work structure. The caregivers differed most notably with respect to their satisfaction with handling their home care responsibilities,  $F(4, 179) = 2.80, p < .03$ . The caregivers least satisfied with their care of home and family were the part-time workers, who differed significantly from caregivers in traditional families, who were, on average, very well satisfied with their home care. Although not significantly different in overall analysis,  $F(4, 177) = 2.04, p < .09$ , there was a trend for single parents to be less satisfied with their handling of family responsibilities than were caregivers in traditional family structures. Levels of pleasure versus discomfort in marriage or primary relationship differed significantly for caregivers in different family structures,  $F(4, 161) = 5.25, p < .001$ . Caregivers who were in traditional family work structures reported significantly lower scores, indicating higher levels of pleasure with their partners, than did single parents who had intimate partners. Among caregivers employed full time, single parents reported significantly higher scores, indicating less pleasure in their relationships with their partners than did caregivers in dual-earner families. Caregivers reported substantial stress levels attributable to their children with child stress ( $M = 4.00; SD = 1.5$ ). No measures pertaining to children differed significantly by work structure.



*Child Behavior Measures.* Pearson product moment correlations were computed for stress measures and the CBCL scores (see Table 3). Although the measures of child stress and family relationship stress from the Press (1990) scales were significantly correlated with job stress, no CBCL measure was found to be related to work-related stress. The CBCL total competency measures had a significant negative correlation with child stress, and all three CBCL problem measures were substantially related to child stress.

Family stress was found to be related to stress attributable to marriage and primary relationships (partner stress) and child stress, and significantly related to both the CBCL total problem and internalizing problem scores. Child stress was also found to be significantly related to stress attributed to marital or partner relationships. Not surprisingly, the CBCL total competency scores had significant negative correlations with all CBCL problem scores. The CBCL total problem scores were highly correlated with both internalizing and externalizing scores; and internalizing and externalizing scores were significantly correlated with each other. Neither CBCL total competency nor any of the CBCL problem scores were significantly related to family work structure or level of employment.

TABLE 3  
Pearson Coefficients of Stress and Child Behavior Measures

Measure	Job stress	Child stress	Family stress	Partner stress	CBCL competency	CBCL internal	CBCL external	CBCL problems
Job stress	-	.29***	.25**	.07	.18	.07	.02	.02
Child stress		-	.42***	.31***	-.29***	.37***	.51***	.47***
Family stress			-	.33***	-.09	.36***	.22	.28***
Partner stress				-	.02	.18	.12	.16
CBCL total competency					-	-.28**	-.55***	-.51***
CBCL internal						-	.53***	.84***
CBCL external							-	.87***
CBCL total problems								-

Note. N=136. CBCL = Child Behavior Checklist (Achenbach, 1991).

\*\*p < .01. \*\*\*p < .001.

## DISCUSSION

Caregivers who are primarily responsible for children with serious emotional disorders report considerable amounts of both work- and child-related stress. The work structures that have been investigated were shown to be related to levels of job stress, with higher levels of stress ratings found for caregivers employed outside the home, and lower levels for caregivers who work in the home. However, single caregivers attributed significantly higher levels of pleasure to their work than did caregivers in traditional family structures, demonstrating that work-family balance is replete with trade-offs. In fact, employed caregivers reported using work and their personal investment in their job as ways of coping with difficulties they face. So although employment may add stress to their lives, caregivers also reaped personal rewards, as well as monetary benefits, from their work.

On the other hand, an examination of family-related measures shows that single caregivers who work full time outside the home report significantly less satisfaction with the way they handle home responsibilities than do caregivers in traditional families. Caregivers in traditional family structures also report the highest level of satisfaction with their primary relationship, particularly compared with single parents. Of full-time workers, dual earners also reported higher levels of satisfaction with partner relationships than did single parents. These results point to the complexity of combining work and family responsibilities and the potential for work-family conflicts (Higgins et al., 1992), as well as for positive spillover.

Family characteristics were also found to vary by work structure. Younger mothers with larger families, and oldest and youngest children lower in age tended to be found in traditional family structures in which they were the principal caregiver and had an employed partner working outside the home. Single parents who worked full time had oldest and youngest children greater in age than did single parents who worked part time. For dual-earner families, full-time caregivers also reported older and younger children

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greater in age than did part-time workers. These patterns imply that for caregivers of children with serious emotional disorders, the amount of time they work may be related to the age of their youngest child and the presence in the family of children who can actually assist in the care of younger siblings.

Income levels differed dramatically for the families based on the presence of one or two earners in the family and whether the caregiver engaged in full or part-time work outside the home. Although the majority of single parents who worked part time had some training beyond high school, they had incomes below the poverty level due to their partial employment. Dual earners in this sample attained a middle-class income and did quite well financially if both partners were employed full time.

When examining the formal supports used by the families, most of their children were served in general education classrooms or by special education and not by other services. Few families were currently using more than three sources of service, and only 15% reported using financial assistance despite low incomes. These working families then were not consumers of many support services outside educational services and were coping with their children's problems with little respite care or other supports. Although data on the accessibility and affordability of services were not collected from these caregivers, it is possible to speculate that lack of access and expense may have posed genuine barriers to obtaining family support services.

With so few supports in place, it seems likely that effects of child problems such as calls from educators, involvement with juvenile authorities, and exhaustion from providing home care would spill over into the workday for these employed caregivers. In fact, there was a modest correlation found between stress attributed to children and stress attributed to job or career as rated by these caregivers. Notably absent was any confirmation of a connection between work stress or work structures and level of child behavior problems as measured by the Child Behavior Checklist. This may be attributable to the employed caregivers' reported use of work as coping and their personal investment in work. In fact, they may have become expert at compartmentalizing the unpredictability and stress of their home life and their work stress. An alternative explanation would be that because the CBCL measures only the overall presence of child problems and competencies rather than their perceived severity and frequency, it is not a measure that can detect the relationship between work stresses and child behaviors that might affect parental employment.

#### Future Research Directions

Several limitations in this study mean that the findings are tentative and that support for working caregivers is a rich area for future research. The study sample is a large and diverse group of caregivers, but was a convenience sample. The difficulties of identifying a child with a serious emotional disorder meant that the public mental health system needed to be used to select the study population, and this procedure may not have produced a sample that reflected the total range of children and caregivers who face the challenges of emotional disorders.

This study also has measurement problems. Although the best available instruments were used in this research, many of the underlying concepts and measurements are developing and imprecise. For example, as McDonald, Poertner, and Donner (1992) pointed out, the literature on coping is not well developed and is sometimes contradictory. As measurements of coping, stress, and service utilization are made more precise, the value of research in the area of family support will increase. Additionally, McDonald and Gregoire (1995) identified difficulties with the Child Behavior Checklist that also need to be addressed. Finally, the McDonald et al. (this volume) study asked only one family caregiver to rate the child's behavior. Studies that include ratings of other collateral adults would contribute to the research on work and family.

Many questions remain about the ways in which working caregivers with children having serious emotional disorders can be supported. The present study was limited in that data were not collected about the childcare arrangements made by working parents and the ways in which they were able to ensure that their children were being cared for while they worked outside the home. It would be helpful in future research to have information about the use of family care, after-school care, and center care by working caregivers and the extent to which their care arrangements meet their children's needs and their own as workers. For these families to balance high levels of demand, it is crucial to investigate the quality, affordability, manageability, and availability of childcare services (Emlen & Koren, 1994).

The research reported here was a secondary analysis focused on work patterns. Because work and family balance was not the central focus of the original study, additional studies are needed to collect data

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more crucial for the understanding of the types and arrangements of work in which employed caregivers engage. In order to plan adequate support services, questions must be asked about the flexibility of working hours, the level of job demands, the overtime worked, and employment policies of the workplace of caregivers. The relationship of the frequency, intensity, and severity of child behavior problems to the work stress experienced by their family members must also be examined. Furthermore, investigators need to probe the process and outcome of the job and career decisions people have made in order to balance their work life with the demands of caring for children with serious emotional disorders. Palma (1994) found in a survey of families, involved in intensive case services in New York that although the majority of respondents did not change their employment level after their child exhibited serious emotional problems, 13% reported that they quit their jobs, and 8% reduced their hours. It is important to determine in future work-family studies the type and level of support necessary for caregivers to retain their desired level of employment.

It is clear from the results that child behavioral problems are at least moderately related to the family stress and child stress reported by working parents. Piechowski (1992) found that parenting roles with high demand and low control resulted in higher levels of stress for the caregivers who participated in them. Child behaviors that lack predictability and that require parents to use their highest level of coping and parenting skills surely add to both stress attributable to their children and to stressful relationships with other family members who may be called on time after time to assist these working caregivers.

A careful examination of work and family roles, together with the role expectations carried by both partners who give care to children with serious emotional disorders is also necessary. To investigate the dynamics of striking a balance between work and family responsibilities, all partners with work and family responsibilities must be included (Barnett, Brennan, & Marshall, 1994). Examination of the elements of psychological demand and control over performance of tasks for both parents may yield the information needed to reduce harmful stress and improve satisfaction with both work and family life for caregivers by providing education and support services.

#### Implications for Working with Caregivers

A troubling finding from analysis of the Family Caregiver Survey data is that work structure and job stress are not related to service use. For example, one might expect that a single caregiver working full time outside the home, who is also the parent of a child with a serious emotional disorder, might need and use more services than other caregivers. Although a mental health professional might give several possible explanations for this finding, it appears that the services are either not available or are not doing what caregivers need to manage the stress of caregiving as well as of work. In fact, employed parents of children with serious emotional disorders may have learned to be their own case managers (K. Dennis, personal communication, October 12, 1995), to negotiate systems within both their work and family life, and to use resources to meet both work and parenting responsibilities. Parents must plan for regular caregiving and anticipate and have plans in place for crises in caregiving during their working hours. Mental health professionals can assist caregivers in developing plans and acquiring additional case management skills to strike a comfortable balance that ensures that work, child care, and home care tasks are done to each caregiver's satisfaction.

Another area of considerable concern is respite care for children of working caregivers. Elements of trust and involvement are critical for caregivers who participate in respite care arrangements (G. Fine, personal communication, October 12, 1995). When mental health professionals are assisting parents in planning for respite care, they must acknowledge the uniqueness of each child and the fact that children often change dramatically in a short time. This makes it essential to establish a system of respite care that has parents selecting and training alternate caregivers.

Besides support in care management, the working caregiver of a child with a serious emotional disorder needs social and emotional support. It becomes the job of the mental health professional to work with each caregiver to acquire the informal sources of social and emotional support that are important for all working parents. Led by the caregiver, professionals can assist in forming connections between extended family members, friends, neighbors, and other caregivers in similar situations. Both informal and formal support networks are crucial for parents who struggle on a daily basis to satisfy their own needs and those of their children while performing at an effective level in their employment.

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