
Employed Family Caregivers: Workplace Supports, Work-family Conflict and Health

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Abstract

Providing typical care for children or exceptional care for older adults with disabilities may heighten work-family conflict and increase health-related stress and depression for employed caregivers (Stewart, in press). Workplace supports, such as a family-friendly workplace culture or supportive supervisor may decrease the effects of care demands and lessen work-family conflict (Hammer & Zimmerman, 2010). Using a nationally representative sample of employed adults, our study investigates two questions. (1) Do employees with differing types of care responsibilities differ on work-family conflict? (2) Do *care responsibilities* (care for children under 18, care for older adults with disabilities), *workplace supports* (family-friendly supervisors, family-supportive workplace culture), *work-family conflict* (family-to-work [FWC] and work-to-family [WFC] conflict), predict *health problems* (depression and health-related stress)? **Method.** We conducted secondary analysis of data on 1,624 wage and salaried employees from the 2008 National Study of the Changing Workforce (FWI, 2008). Mean age of participants was 40.6 years; 51.9% were male, 45.9% cared for children, and 6.6% provided regular care for older relatives with disabilities. Standard measures were used for work-family conflict (Anderson et al, 2002), family supportive supervisor behaviors (FSSB, Hammer et al, 2009), workplace culture (FWI, 2003), health-related stress (Cohen et al, 1998), and depression (CES-D, Short, Whooley et al., 1997). **Results.** ANOVA revealed that employees with different caregiving situations (no care, child only, elder only, or both child/elder care) differed significantly on FWC, $F(3, 1620) = 13.54, p < .001$, and WFC, $F(3, 1619) = 12.16, p < .001$. Using MRA, after controlling for age and gender, providing elder care, but not child care, significantly predicted depression. Workplace supports and work-family conflict also added to this prediction and explained unique variance in depression scores, $F(8, 1413) = 34.41, p < .001; R^2 = .16$. Similarly, elder care, but not child care, was a significant predictor of health-related stress. Workplace supports and work-family conflict also added significantly to the prediction of health-related stress, $F(8, 1413) = 52.14, p < .001, R^2 = .22$. **Discussion.** Findings highlight the importance of developing workplace supports responsive to unique needs of employed family caregivers, and interventions that mitigate work-family conflict and promote caregiver health.

Statistical Tables and References Handout

Table 2
Correlations of Major Study Variables (N = 2,769)

Variable	1	2	3	4	5	6	7	8	9	10
1 Gender	1									
2 Age	.069***	1								
3 Children <18	-.009	-.336***	1							
4 Eldercare	.040*	.064**	-.036	1						
5 Workplace Culture	.022	.003	.029	-.025	1					
6 Family-friendly Supervisor	-.035	.020	.025	-.026	.548***	1				
7 Work-family Conflict	.004	-.123***	.119**	.060**	-.371***	-.255***	1			
8 Family-Work Conflict	.056**	-.111***	.141**	.096***	-.163***	-.103***	.510***	1		
9 Health-related stress	.151***	-.097**	.025	.097***	-.211***	-.176***	.420***	.374***	1	
10 Depression	.051*	-.068**	-.020	.075***	-.224***	-.175***	.307***	.306***	.453***	1
<i>M</i>		45.73	0.40	0.07	3.09	3.28	2.54	2.10	2.75	0.4685
<i>SD</i>		12.12	0.49	0.26	0.63	.96	0.86	0.67	0.62	0.739
Range		18-99	0-1	0-1	1-5	1-4	1-5	1-5	1-4	0-2
α					.65	.87	.86	.79	.67	

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 3
 Summary of Hierarchical Regression Analysis for Variables Predicting Health-related Stress ($N = 2,424$)

Variable	Model 1		Model 2			Model 3			Model 4			
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Gender	.19	.02	.15***	.19	.02	.15***	.19	.02	.15***	.17	.00	.14***
Age	-.00	.00	-.11***	-.00	.00	-.11***	-.00	.00	-.11***	-.07	.00	-.07***
Children <18				-.00	.02	-.00	.00	.02	.00	-.07	.02	-.05**
Eldercare				.23	.04	.10***	.21	.05	.09***	.13	.04	.05**
Workplace Culture							-.17	.02	-.17***	-.05	.02	-.05*
Family-friendly Supervisor							-.05	.01	-.07***	-.03	.01	-.05*
Work-family Conflict										.20	.01	.28***
Family-Work Conflict										.19	.01	.20***
R^2		.03			.04			.09			.24	
F for change in R^2		41.92***			26.93***			40.53***			98.03***	

* $p < .05$; ** $p < .01$; *** $p < .001$

The main effects model accounted for 24% of the variance in stress-related health. On step 1, the demographic variables predicted a modest 3% of stress-related health, $F(2, 2421) = 15.82, p < .001$. When types of family care responsibility (child <18 years, eldercare) were added to the equation, the proportion of variance accounted for by the model increased by 1%, (F Change (2, 2419) = 11.56, R^2 Change = .009, $p < .001$). When workplace supports (workplace culture, family-friendly supervisor) were added, the model increased by 5%, (F Change (2, 2417) = 64.89, R^2 Change = .05, $p < .001$). When work-family conflict were added the model increased by 15%, (F Change (2, 2415) = 245.91, R^2 Change = .15, $p < .001$). The most significant contribution made to the prediction of health-related stress was work-family conflict ($b = .28, p < .001$), followed by family-work conflict ($b = .21, p = .001$). Having eldercare but not care of a child under 18 predicted health-related stress ($b = .05, p < .01$). The interaction model did not achieve statistical significance.

Table 4
 Summary of Hierarchical Regression Analysis for Variables Predicting Depression ($N = 2,423$)

Variable	Model 1			Model 2			Model 3			Model 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Gender	.08	.00	.05***	.08	.03	.05**	.08	.03	.05**	.06	.03	.04*
Age	-.00	.03	-.07***	-.00	.00	-.09***	-.00	.00	-.09***	-.00	.00	-.06***
Children <18				-.07	.03	-.05*	-.06	.03	-.04	-.12	.03	.08***
Eldercare				.21	.06	.08***	.19	.06	.07***	.11	.03	.04**
Workplace Culture							-.21	.03	-.18***	-.12	.03	-.10***
Family-friendly Supervisor							-.05	.02	-.07**	-.04	.02	-.05**
Work-family Conflict										.13	.02	.15***
Family-Work Conflict										.23	.02	.21***
R^2		.007			.04			.07			.15	
F for change in R^2		9.55			9.58			29.42			54.36	

* $p < .05$; ** $p < .01$; *** $p < .001$

The main effects model accounted for 15% of the variance in depression. On step 1, the demographic variables predicted a modest 1% of depression, $F(2, 2420) = 9.55, p < .001$. When types of family care responsibility (child <18 years, eldercare) were added to the equation, the proportion of variance accounted for by the model increased by 5%, (F Change (2, 2418) = 9.56, R^2 Change = .008, $p < .001$). When workplace supports (workplace culture, family-friendly supervisor) were added, the model increased by 5%, (F Change (2, 2416) = 68.01, R^2 Change = .05, $p < .001$). When work-family conflict were added the model increased by 8%, (F Change (2, 2414) = 120.45, R^2 Change = .15, $p < .001$). The most significant contribution made to the prediction of depression was family-work conflict ($b = .28, p < .001$), followed by family-work conflict ($b = .21, p = .001$). Having eldercare but not the care of a child under 18 predicted depression ($b = .04, p < .001$). The interaction model did not achieve statistical significance.

Key References

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