THE CAREGIVING LESS STUDIED: UNDERSTANDING THE WORK-FAMILY CONFLICT OF EMPLOYEES WITH ELDERCARE RESPONSIBILITIES

A Dissertation

by

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ABSTRACT

Eldercare is on the rise in the US due to the aging baby boomer population, and over half of unpaid caregivers in the US (25.3 million) are also employed. The work-family literature has thoroughly investigated the effects of childcare responsibilities on work-family conflict experienced by employees, but eldercare effects are less understood. The structural, emotional, and relational differences between eldercare and childcare and their effects on work-family conflict are examined using samples of employed childcare, eldercare, and sandwiched caregivers. Two online surveys were administered one month apart via Amazon's Mechanical Turk. Results show that caregiving experiences differ structurally and emotionally, and that the emotional nuances of eldercare are related to work-family conflict. However, caregiving status (i.e., childcare, eldercare, or both [sandwiched]) was not related to work-family conflict, and the structural characteristics of eldercare being less predictable, understandable, and controllable were not found to moderate this relationship. More detailed findings, implications, limitations, and future research directions are discussed.

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NOMENCLATURE

ADL	Activities of Daily Living
FIW	Family Interference with Work
FWA	Flexible Work Arrangements
POES	Perceived Organizational Eldercare Support
WFC	Work-Family Conflict
WIF	Work Interference with Family

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INTRODUCTION

Approximately 16% of the US population—41.3 million people—provide unpaid care to someone older than 65 years of age who requires assistance due to aging-related issues (Bureau of Labor Statistics, 2017). Over half (61%) of these caregivers are also employed full time. In the U.S., the number of individuals aged 85 years and older will grow to more than 18 million by 2050 (U.S. Census Bureau, 2009). Together, these numbers suggest that eldercare should be a concern, and a growing concern, for work organizations. However, despite the current and anticipated rise in the number of workers expected to provide eldercare, the work-family literature focuses almost exclusively on the child caregiving role. Very little is known about how these two caregiving experiences differ and how these differences impact work-family conflict.

In addition to an aging US population, people are waiting longer to have children (Casper & Bianchi, 2002). Because people are having children later in their lives, eldercare providers (who are typically middle-aged women [BLS, 2017]) are more likely to have younger children while also providing care to an elder than has been the case in the past (Casper & Bianchi, 2002). Due to this combination of trends, many employees provide both childcare and eldercare, with those who care for both being labeled the "sandwiched generation" (Neal & Hammer, 2007).

Work-family researchers have largely focused on characteristics of the work domain rather than the family domain as predictors of work-family conflict. However, there has been a recent shift, with more researchers focusing on characteristics of the family domain. This new addition to the literature has primarily examined how childcare task management and partner support influence work-family conflict (WFC; e.g., Holliday Wayne, Casper, Matthews, & Allen, 2013; Lapierre & Allen, 2012; Park & Fritz, 2015). For example, Park and Fritz (2015) conclude that spousal recovery support, which the authors define as a partner supporting and/or

fostering their employed partner's recovery from work stress, leads to greater life satisfaction in dual-earner couples. Lapierre and Allen (2012) show that the amount of control and planning behavior an employee has and exhibits in each domain influences WFC. However, few of these recent studies focusing on the family aspects of WFC have investigated the type of caregiving employees provide and how different types of caregiving may result in different experiences of work-family conflict.

A handful of studies in industrial-organizational psychology have begun to investigate the influence of eldercare on WFC and work-related outcomes (e.g., Greaves, Parker, Zacher, & Jimmieson, 2015; Kim, Ingersoll-Dayton, & Kwak, 2011; Neal & Hammer, 2007; Zacher & Winter, 2011; Zacher, Jimmieson, & Winter, 2012; Zacher & Schulz, 2014). Although these studies have provided initial insight into the effects of providing eldercare, and even ways to eliminate the negative outcomes associated with providing eldercare (e.g., employer support; Kim et al., 2011), they do not examine differences between eldercare and childcare. The present study examines how the experience of caregiving and work-family conflict differ by who (children or elders) employees are caring for. Specifically, I propose that not only do the previously studied number of dependents affect work-family conflict (e.g., Michel, Kotrba, Mitchelson, Clark, & Baltes, 2011), but that *who* employees care for also matters and influences their experiences of WFC, and consequently, their well-being and work outcomes.

To that end, I will review the scant organizational psychology literature on eldercare. Then I will review the work-family conflict literature and define key terms therein. Following that, I will (1) describe and conceptualize eldercare, (2) propose factors that influence caregiving experiences and how and why those factors might differ across eldercare and childcare

responsibilities, and (3) outline expected differences in work-family conflict associated with different care responsibilities.

Literature Review

A number of studies have been published in the organizational psychology literature that focus on eldercare and how it affects the work role (e.g., Shoptaugh, Phelps, & Visio, 2004; Zacher & Winter, 2011; Zacher, Jimmieson, & Winter, 2012; Zacher & Schulz, 2014). There is some evidence that eldercare leads to negative organizational outcomes. For example, Shoptaugh et al. (2004) found that employees who are unhappy with their eldercare responsibilities are more likely to turn over. A series of studies by Zacher and colleagues (Zacher & Winter, 2011; Zacher et al., 2012; Zacher & Schulz, 2014) demonstrated that high eldercare demands negatively impact work engagement and mental health, but that these relationships can be buffered by perceived organizational support for eldercare and satisfaction with eldercare tasks, indicating that organizations can play a role in alleviating the negative effects of eldercare demands.

Much of the work by Zacher and colleagues is focused on how organizations can assist those with eldercare responsibilities by providing perceived organizational eldercare support (POES), which is conceptualized by Zacher and Schulz (2014) as "the extent to which employees believe that their organization is concerned about and supports them with regard to their eldercare responsibilities" (p. 184). Zacher and Winter (2011) used mediation and moderated mediation analyses to determine that POES weakens the relationship between eldercare demands and strain and improves work engagement, making it particularly important for employees with high eldercare demands and strain. Zacher and Schulz (2014) further examined the relationships between eldercare demands, strain, and POES. Their examination of 100 caregivers employed in Germany found that eldercare demands are positively related to

strain while POES is negatively related to strain, and that high POES reduces the relationship between eldercare demands and strain. Similar to Zacher and Winter (2011), the current study highlights the importance of organizations and people in the workplace who provide support and therefore alleviate some of the eldercare-related strain faced by employees. If employees who provide eldercare are less likely to actively seek support than those who provide childcare, this could be a critical finding with important implications for employees and their employing organizations as they are developing eldercare support programs.

The studies conducted by Zacher and colleagues provide a valuable first look into eldercare as an issue that affects employed eldercare-providers, but Zacher and colleagues do not compare childcare and eldercare (Zacher & Winter, 2011; Zacher et al., 2012; Zacher & Schulz, 2014). That is, the authors do not address the differences between eldercare and childcare and the potential reasons why their findings may differ from the broader work-family literature that largely focuses on employees with childcare responsibilities. Their studies are further limited by their cross-sectional nature and low statistical power (Zacher & Winter, 2011; Zacher et al., 2012; Zacher & Schulz, 2014). Additionally, these studies were conducted in Germany, where fewer employees provide eldercare and there is greater sociostructural support for eldercare, in comparison to the US. According to Institut Arbeit und Qualifikation (2010), estimates of employees providing eldercare ranges between 4% and 6% in Germany, while the number of employed caregivers is approximately 16% in the US workforce (BLS, 2015). More importantly, the US government systems for handling eldercare demands are structured differently than those in Germany. For example, in Germany, both organizations and their employees are required to contribute financially to universal long-term care insurance that can be used to provide home-based care for the elderly (Zacher & Winter, 2011). A similar requirement does not exist for the

US.

Similar to the work of Zacher and colleagues, Shoptaugh et al. (2004) studied organizational support for eldercare and found that although employees reported greater support for childcare programs, 75% of employees in their sample, many of whom did not have eldercare responsibilities, were also supportive of employee-sponsored eldercare programs. This finding indicates that employees who may not have eldercare responsibilities still find eldercare support valuable and an attractive benefit offered by organizations.

Hammer and Neal's (2007) study of sandwiched couples provided insight into the experiences of those with both eldercare and childcare responsibilities, finding that these caregivers experiencing higher work-to-family conflict than family-to-work conflict and are at a higher risk for depression than the average person in the US population. Their series of studies were limited by their focus on married couples earning a gross household income of at least $40,000 dollars per year with both (child and elder) caregiving responsibilities. Hammer and Neal's (2007) findings highlight the need for more eldercare research.

As the central tenet of this work, I focus on the unique experiences of those who provide eldercare and how they are different from the experiences of those who provide childcare. I primarily examine differences between those who only provide eldercare and those who only provide childcare in the present study. Sandwiched caregivers who provide care to both elders and children are also included in the study for exploratory purposes and will be discussed further in the Discussion section.

Work-Family Conflict

Work-family conflict (WFC) is often the outcome of interest in the work-family literature. WFC is broadly conceptualized as conflict that occurs when role demands from the

work and family domains are in some way mutually incompatible, making involvement in one or both roles more challenging as a result of the other domain (Greenhaus & Beutell, 1985). Role theory states that individuals have many roles in life and that interrole conflict occurs when the demands of these roles, in this case the work and family roles, conflict with one another (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964; Kelly & Voydanoff, 1985). This interrole conflict leads to role strain, which can be alleviated by resources that help individuals cope with role demands. Consistent with role theory in general, WFC is negatively related to both well-being and positive job-related outcomes (e.g., Allen et al., 2000; Burke & Greenglass, 1999; Hammer, Allen, & Grigsby, 1997; Kossek & Ozeki, 1999). Resources that alleviate role strain in the WFC domain include supervisor, coworker, and spousal support (Halbesleben, 2006), flexible work arrangements (FWAs; Hammer, Neal, Newsom, Brockwood, & Colton, 2005), and working in a family supportive work environment (Allen, 2001).

Greenhaus and Beutell (1985) indicate that there are three primary types of WFC, and that a person may experience any or all of these types of conflict: time-based, strain-based, and behavior-based. Time-based conflict occurs when the work and family roles compete with one another for an employee's time; strain-based conflict occurs when strain in either role affects performance in the other; and behavior-based conflict occurs when patterns of behavior in one role are incompatible with behavioral expectations in the other role (Greenhaus & Beutell, 1985). As an example, time-based conflict occurs if a person is working so many hours per week that there is not enough time to complete family duties. On the other hand, if a person works a very demanding job and is mentally and/or physically exhausted at the end of each workday, his or her inability to focus his or her efforts in the family role would be defined as strain-based conflict. Lastly, behavior-based conflict occurs when, for example, a person employed as a drill

sergeant finds it difficult to demonstrate the expected nurturing behavior toward his or her children at home. Based on these examples, it is conceivable that employees experience more than one form of WFC simultaneously (i.e., the drill sergeant works long hours (time-based) and comes home exhausted (strain-based) and lacks the ability to be nurturing (behavioral-based) toward his or her children).

Whereas the relationships between WFC and outcomes have been studied extensively (for meta-analytic summaries, see Allen et al., 2000; Halbesleben, 2006), the differences between childcare and eldercare demands that lead to different experiences of WFC has not received much attention. Thus, one of the fundamental questions of this work is whether employees who provide eldercare and employees who provide childcare have different amounts of WFC. As will become clear throughout the remainder of this introduction, the expectation is that eldercare creates more WFC than does childcare. There are a number of factors that explain why that might be the case, which are reviewed and hypothesized specifically below.

WFC Dimensionality

WFC was originally conceptualized and studied as a unidimensional construct (e.g., Kopelman, Greenhaus, & Connolly, 1983). Many studies examining WFC as unidimensional found it to be negatively related to well-being and work-related outcomes. For example, WFC is related to higher spousal work-family conflict (Hammer et al., 1997), psychological distress (Burke & Greenglass, 1999), work-related stress, family-related stress (Allen et al., 2000), and lower family satisfaction (Bedeian, Burke, & Moffett, 1988), as well as lower job and career satisfaction, and higher turnover intentions (e.g., Bruck, Allen, & Spector, 2002; Greenhaus, Parasuraman, & Collins, 2001; Martins, Eddleston, & Veiga, 2002).

However, it has become increasingly clear that WFC is domain-specific and should be studied as two separate but related constructs (e.g., Frone, Russell, & Cooper, 1992; Mesmer-Magnus & Viswesvaran, 2005). These constructs have been labeled as family interference with work (FIW) and work interference with family (WIF; Frone et al., 1992; MacEwen & Barling, 1994). For the purpose of clarity, the term WFC is used to refer to the unidimensional/nondirectional work-family conflict studied in general terms or in early work-family literature research and WIF and FIW when referring to a directional type of conflict or interference (work interference with family and family interference with work, respectively). Researchers have determined that the antecedents of WFC are also domain-specific such that there are both family stressors and work stressors, and that these stressors can interfere with either or both roles (Frone et al., 1992; Frone, Yardley, & Markel, 1997; Kossek & Ozeki, 1998).

Allen, Herst, Bruck, and Sutton's (2000) review of the WFC literature indicates that both WIF and FIW have far-reaching consequences for both work-related and nonwork-related outcomes. That is, both WIF and FIW have within-domain and cross-domain predictors and effects: WIF and FIW both predict family-related, job-related, and general, nondomain-specific outcomes, such as life satisfaction and general stress (e.g., Amstad, Meier, Fasel, Elfering, & Semmer, 2011). As a recent example of these crossover effects, Nohe, Michel, and Sonntag's (2014) diary study indicates that daily FIW is negatively related to daily job performance, and that this relationship is mediated by daily concentration and moderated by overall (not daily) levels of psychological detachment from work during nonwork time. Specific to sandwiched employees, Gottlieb, Kelloway, and Fraboni (1994) investigated a number of demographic and eldercare factors that affect employees' work outcomes and found that sandwiched women

(meaning women with both childcare and eldercare responsibilities) are at greatest risk of facing FIW, as well as personal and job costs, compared to other combinations of variables in the study.

As a secondary investigation of WFC, all hypotheses in the present study investigating effects on WFC will also be tested with WIF and FIW individually to understand if eldercare providers experience more WIF than FIW or more FIW than WIF. Evidence suggests that the relative strength of interference (WIF versus FIW) is dependent on the demands emanating from a domain (either family or work; Frone, Russell, & Cooper, 1992; Greenhaus & Powell, 2003). That is, people can experience both WIF and FIW, but one is likely to be higher than the other due to the differential demands in each. Because it is highly personalized (e.g., two people might have equivalent care demands, but very different work demands), it is not possible to hypothesize which (FIW or WIF) is higher.

Eldercare Conceptualization and Operationalization

One of the foundational questions of this work is whether and why employees with eldercare responsibilities experience more WFC than those with childcare responsibilities. If employees with eldercare responsibilities do experience more WFC than their childcare-only counterparts, then it is important for employees and organizations to understand the reasons why. Secondarily, it is critical for employees and organizations to understand actions they can take to alleviate WFC stemming from eldercare demands, and to acknowledge that the solutions for reducing WFC for those who provide eldercare may be different than for those who provide childcare. In this section, I describe differences between these two forms of caregiving.

Eldercare has been conceptualized by researchers in several ways. One of the first workplace surveys of eldercare defined it as caring for a family member or friend 55 years of age or older, with the elder being in need of the employee's time or assistance because he/she has is

ill or has other limitations. Caregiving was described broadly, including things such as telephone calls, transportation, in-home care, and assistance deciding on a nursing home, and the elder receiving care could live either in their own home, the employee's home, or a nursing facility (Travelers Companies, 1985). More recently, Zacher and Winter (2011) calculated eldercare demands based on the "level of care score" of the elderly person, which is determined by ratings of elders' independence with personal hygiene, eating, mobility, and housekeeping. Zacher and Schulz (2014) conceptualized eldercare demands as the amount of time spent on eldercare duties per week, regardless of whether the elder lived with the employee or in a different household. Hammer and Neal (2007) considered eldercare to be a married couple together spending three hours or more per week caring for an elderly parent. Smith (2004) defined eldercare as family and/or friends providing informal psychological and physical care to an elderly person. Brown and Pitts-Catsouphes (2016) conceptualized eldercare as providing special care or attention to a relative 65 years of age or older.

Thus, there have been numerous conceptualizations and operationalizations of eldercare. There are several features that are common across these definitions. First, most have an inclusion age for the care recipient to qualify as an elder. Secondly, many definitions focus on the type of care being provided, whether it is physical, psychological, or some other factor. Lastly, many of the definitions include an assessment of the elder's fitness to care for himself/herself. To capture all of these elements, in this study, eldercare is defined broadly as providing care to one or more persons over 65 years of age who requires assistance. The age 65 was chosen because this is the age at which most people in the US are legally eligible for Medicare. Separate from the broad definition of eldercare, I secondarily explore how specific types of eldercare (e.g., financial

management, transportation, errands, assistance with bathing, etc.) shape the experience of providing eldercare and its relationship with work-family conflict.

Childcare and Eldercare Are Different Caregiving Experiences

An underlying premise of this work is that childcare and eldercare are vastly different caregiving experiences. Through this work, three dimensions are proposed on which eldercare and childcare differ: structural (e.g., predictability, understanding, and control of care demands), relational (e.g., relationship role demands), and emotional (e.g., emotional demands.) Structural differences can be defined as differences related to the predictability, understanding, and control over caregiving duties, as well as differences in organizational support for caregiving duties. Relational differences encompass caregiving relationship differences between the caregiver and the care recipient as well as between the caregiver and others assisting in the care of the dependent (family, friends, paid nurses/aides, etc.). Emotional differences in caregiving can be described as emotions the caregiver experiences that are associated with caregiving (e.g., joy, sadness, grief). Each of these dimensions is described in further detail below, and examples of each are presented in Table 1.

Table 1

Caregiving Dimensions with Differences between Eldercare and Childcare

	Dimension	*Examples:*
1.	Structural	• Time demands are less predictable in eldercare than childcare. • Perceived control is lower in eldercare than childcare due to lack of knowledge about caring for elders and less predictability in care recipient health. • The type(s) of duties for eldercare (e.g., assistance with daily living activities, transportation to doctor appointments, ensuring medical compliance, bookkeeping, and managing finances, etc.) are potentially physically and psychologically more demanding compared with childcare duties.
2.	Relational	• The role-reversal of taking care of one's own parent can be confusing and stressful • Conflicts over care decisions may lead to strain among siblings and family members who are sharing the care responsibilities for an elder. • Elder's likelihood of cooperating with care regiments can put strain on the relationship between care giver and care recipient.
3.	Emotional	• Eldercare more often characterized by grief and sadness than childcare because of progressively degenerative physical and cognitive capacities of the care recipient and because of end-of-life prospects. • Childcare more often characterized by joy and motivation because it is an investment in the future of the recipient.

I propose that not only are childcare and eldercare different experiences, but eldercare is associated with greater WFC than childcare because of the key differences. As a general statement, the structural, relational, and emotional dimensions of caregiving are hypothesized to be more demanding for eldercare than childcare. As an omnibus test of this assumption, I propose:

Hypothesis 1: Caregiving status predicts WFC such that employees who provide eldercare have higher WFC that those who provide childcare.

The hypotheses investigated herein represent primary structural, relational, and emotional differences between eldercare and childcare that result in different caregiving experiences which interact in unique ways with the work role. This first step is necessary to establish the foundation for future research investigating eldercare and its effects on the work role. Once these key differences have been examined and understood, future research can build on these findings by examining other, more nuanced facets of the eldercare experience and determine important moderators of the eldercare and WFC relationship, such as cross-cultural differences in eldercare.

Structural Dimension

I propose that events arising from childcare are typically more predictable, controllable, and understandable (Sutton & Kahn, 1987) than those arising from eldercare. For example, most people have time (approximately 9 months) to adjust to the idea of and prepare for becoming a parent, but an individual may be thrust into an eldercare role immediately following a serious and unexpected event affecting the care recipient (e.g., a stroke, broken hip, or sudden cognitive decline). Additionally, the intensity and duration of childcare demands are rather predictable and constant from day to day, while eldercare needs vary somewhat unpredictably, depending on the elder's deteriorating mental and physical condition (Wagner, 2008). Further, the developmental trajectory of typical children[1] is often predictable, as healthy children hit predictable

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[1] Throughout this dissertation, I make the comparison between childcare of typical children and eldercare. "Typical children" refers to children who follow or are expected to follow the typical developmental trajectory. "Typical" is used instead of the word "normal," which is often used in everyday language, but which overlooks both the wide variation in children and the privilege

developmental stages, providing greater sense of control and fewer unexpected stressors for the caregiver. It is also more likely that a child lives with his/her parent(s) who provide care than an elder living with his/her caregiver. These differences affect the predictability, understanding, and control associated with the caregiving experiences.

Sutton and Kahn's (1987) Antidotes to Stress Model. Sutton and Kahn's (1987) theoretical model of antidotes to stress in the organizational context proposes that prediction, understanding, and control can act individually or in concert to reduce stress. The antidotes to stress model is useful as a framework for understanding differences between the stress experienced by employees who provide eldercare and those who provide childcare. Although empirical tests of the full model have been few and with mixed results, individual components of the model—in particular, control—have been empirically supported as moderating stress and strain outcomes experienced as a result of a variety of stressors. For example, Tetrick and Larocco (1987) determined that understanding and control do buffer the relationship between work stress and job satisfaction, but prediction does not. Further, Tetrick and Larocco found that all three antidotes had direct relationships with perceived role stress (conceptualized as role ambiguity and conflict), while only control had a direct relationship with job satisfaction, and none of the three antidotes had a direct effect on psychological well-being. Jimmieson and Terry (1993) also found partial support for the model, with predictability and understanding having effects on psychological well-being. More recent empirical research on control as an independent antidote found both objective and perceived control to be related to heart health (Bosma,

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bestowed upon children who develop typically. In the Discussion, I draw parallels between eldercare and childcare for children who do not and/or are not expected to follow the typical developmental pathway.

Stansfeld, & Marmot, 1998), as well as improved mental health and less use of medical services (Ganster, Fox, & Dwyer, 2001). This study represents an additional test of this model in the context of caregiving and WFC.

Predictability. Prediction is defined as "the ability to forecast the frequency, timing, duration, and quality of events in one's environment" (Sutton & Kahn, 1987, p. 274). Further, the lack of prediction is described as unpredictability, which some researchers have previously conceptualized as role ambiguity with a focus on unpredictable events (e.g., Beehr, 1976; Caplan, 1971). This component of the antidotes to stress model is similar to Seligman's (1975) signal/safety hypothesis, which proposes that individuals can relax between stressful events if they can predict when stressful events will (and also therefore will not) occur, and without this predictability, individuals would constantly need to be vigilant and alert (Seligman, 1975). This constant vigilance and alertness depletes resources, leading to stress and strain (Hobfall, 1989).

As noted by Wagner and Neal (1994), childcare is likely more predictable than eldercare, particularly because the intensity and duration of eldercare needs vary. Two studies have found that eldercare providers are more likely than child caregivers to miss whole days of work due to caregiving (Barling, MacEwen, Kelloway, & Higginbottom, 1994; Shoptaugh et al., 2004), indicating that eldercare is more disruptive to work than childcare. In further support of this treatise, previous research indicates that eldercare is more prone to interruptions at work than childcare (Neal, Chapman, Ingersoll-Dayton, & Emelen, 1993; Sahibzada, Hammer, Neal, & Kuang, 2005; Scott, Hwang, & Rogers, 2006). Additionally, Kotsadam (2011) found a negative relationship between employees providing eldercare and their number of working hours, indicating that eldercare providers experience time-based WFC from eldercare demands. Although few in number, the results of these studies that examined how eldercare impacts work

indicate that eldercare is disruptive, and perhaps even more than childcare (Barling et al., 1994; Neal et al., 1993; Shoptaugh et al., 2004). One can see how this might be the case. For example, when a child spends the day at daycare or school, the child is only allowed to contact his or her parent(s) in case of an emergency or illness. The same does not apply to older adults who are more likely to have the autonomy to call and interrupt the caregiver's work day at will.

Further, the needs of an elder may be more subjective than the needs of a child, which likely contributes to differences in the structure and predictability of eldercare responsibilities compared to childcare responsibilities. For example, some elders may never feel that they require eldercare from their family or friends, regardless of their health status, whereas others may perceive that they need around-the-clock care regardless of their health status. Further, even if the needs of an elder or a child are similarly subjective, an elder often has the ability to act on their perceived need for care, whereas children's access to their working caregivers is more restricted. This has the potential to be especially disruptive to work when combined with the autonomy of being an adult. Even if children believe that they need care or emotional support, they often cannot call to request that care on a whim during the work day (as mentioned above). Typically, one or more adults must evaluate the need and authorize the child's request to contact his or her parent(s), which is not the case for older adults.

Hypothesis 2a: Employees with eldercare responsibilities are less able to predict their caregiving than employees with childcare responsibilities.

Hypothesis 2b: Caregiving predictability moderates the relationship between caregiving status (eldercare vs. childcare) and WFC such that the relationship will become weaker as predictability increases.

Understanding. Understanding is being able to answer the *how* and *why* of events that

occur (Sutton & Kahn, 1987). To clarify the distinction between prediction and understanding, Sutton and Kahn (1987) further describe them: prediction is "knowledge of the timing, duration, magnitude, and quality of a future stimulus" while understanding is "knowledge of its causes and the mechanisms by which it acts" (p. 275). For eldercare, prediction represents knowing when and how much care an elder will require, while understanding represents knowing why the elder needs care and what must be done to manage the care. I propose that there will be less understanding of eldercare demands than childcare demands. While adults who provide eldercare have personally experienced the life stages from birth to adult and potentially been exposed to younger children by having younger children or babysitting, for example, they have not yet been older and perhaps have not been exposed to the sometimes unpredictable declines in health that older adults experience. Further, it is likely that even if the caregiver has some experience with caring for elders or knows others who do, they likely are not familiar with all physical and cognitive complications the elder may face during his or her final years of life because this stage is less predictable and characterized by more medical issues than younger life stages.

Hypothesis 3a: Employees with eldercare responsibilities have less understanding of their caregiving than employees with childcare responsibilities.

Hypothesis 3b: Caregiving understanding moderates the relationship between caregiving status and WFC such that the relationship will become weaker as understanding increases.

Control. Sutton and Kahn describe control in the stress antidote model broadly as "the exercise of effective influence over events, things, and persons" (Sutton & Kahn, 1987, p. 276). The notion of control is common in stress models, going by names like decision latitude (Karasek, 1979), perceived and objective control (Bosma, Stansfeld, & Marmot, 1998), and

primary and secondary control (Rothbaum, Weisz, & Snyder, 1982). Organizational research has found control to be an important mediator of the relationship between high job demands and mental strain (Karasek, 1979). More recent literature positions control as an important moderator at all stages of the occupational stress process (Spector, 2002). Recent empirical research on the topic has found both objective and perceived control to be related to heart health (Bosma et al., 1998). Additionally, Ganster, Fox, and Dwyer (2001) found that across a span of five years, having a high level of control predicted improved mental health and reduced use of medical services. Taken together, the literature on control indicates that it is an important moderator and diminishes the strain experienced from job demands.

Control is separate from understanding and predictability. In the context, of eldercare an example would be the elder's diet. A caregiver might *understand* that the elder indulges in certain foods that are not optimal for health and be able to *predict* that the elder will likely develop adverse medical effects from eating these foods (e.g., diabetes), but the caregiver likely has little control over the elder's dietary habits and medical issues that occur as a result. This differs from childcare as parents typically have more control over their child's diet (i.e., shop/order and provide food to their children).

Further, eldercare and childcare are likely to differ on control for several reasons. First, elders and children have, on average, very different levels of autonomy from their caregivers. Children are more likely than elders, with the exception of those who live in extensive care facilities, to be monitored each day by a caregiver who has considerable control over their care and activities. Second, the level of responsibility is more clearly defined among caregivers for a child than an elder, leaving those charged with caring for an elder to either agree upon level of control (e.g., three siblings provide care to their father but only one has control of his finances),

or struggle with the ambiguity. Lastly, those who provide eldercare are less likely to be knowledgeable and/or skilled regarding the various types of care the elder will need due to eldercare being less predictable than childcare.

Hypothesis 4a: Employees with eldercare responsibilities have less control over their caregiving than employees with childcare responsibilities.

Hypothesis 4b: Caregiving control moderates the relationship between caregiving status and WFC such that the relationship will become weaker as control increases.

Varied types of caregiving. As mentioned previously, researchers have defined eldercare in numerous ways. Despite these various definitions that highlight the different ways that eldercare is deployed, previous studies have not investigated the types of caregiving (e.g., assistance with activities of daily living vs. logistically handling banking and estate issues) that are provided. I propose that the forms of eldercare an individual provides will have differential impact on the work role and the caregiver's outcomes. Helping an elder manage their finances and providing transportation to healthcare appointments, for example, is likely a very different experience compared to providing in-home, physical care (e.g., bathing) to an elder because the latter is physically demanding and is also indicative of a stronger decline in the health of the care recipient.

When it comes to caring for a child, the parent typically handles both the logistics of caring for the child (e.g., taking them to and from school, grocery shopping) as well as hands-on care (e.g., bathing, feeding). This is not the case for eldercare responsibilities because tasks are often shared with healthcare professionals, other family members, and/or the older adult to whom care is being provided. As an example, an older adult who has a broken hip may be quite capable of handling his or her finances but unable to drive to an appointment or take a shower

without physical assistance, while an elder with dementia might be able to shower without assistance but needs help with finances or driving. The different tasks that may be required of a person providing eldercare may vary in time demands, but also in physical and emotional exertion. Further, some of these tasks allow for more flexibility in terms of when and how they are conducted by the caregiver. For example, if an elder has a doctor's appointment, transportation support can only be provided during business hours, but can likely be handled at a mutually agreed upon time with the doctor's office such as during the employee's lunch break, whereas some activities of daily living (ADLs) require immediate attention at unpredictable times (e.g., assistance going to the bathroom).

It is not clear based on the literature and theory which types of tasks and timing lead to the most WFC. For example, if a caregiver has to drive an elder to and from doctor's appointments once per week and the elder is otherwise capable of functioning independently, the caregiver may only experience time-based FIW and the FIW may be relatively low compared to a caregiver who has to help with ADLs for an elder with dementia and likely experiences all three forms of FIW. However, if a person provides transportation for many hours each week, it is not clear whether that leads to more or less WFC than a person who provides assistance with ADLs for one hour per week.

Research question: Are types of eldercare provided by employees differentially associated with WFC?

Predictability influencing change of structural dimensions. Due to the proposed nature of eldercare as less predictable than childcare (Hypothesis 2a), I also propose that the extent to which caregiving is predictable, understandable, and controllable will change from Time 1 to Time 2 more for those who provide eldercare than those who provide childcare.

Further, I propose that the amount of time spent caregiving per week will change more from Time 1 to Time 2 for those who provide eldercare compared to those who provide childcare.

Hypothesis 5a, b, and c: Caregiving status predicts the extent to which caregiving (a) predictability, (b) understanding, and (c) control changes from Time 1 to Time 2 such that employees who provide eldercare have more change in these factors from Time 1 to Time 2 compared to employees who provide childcare.

Hypothesis 6: Caregiving status predicts the extent to which weekly hours spent on caregiving changes from Time 1 to Time 2 such that employees who provide eldercare have more change in caregiving hours per week from Time 1 to Time 2 compared to employees who provide childcare.

Relational Dimension

There are differences inherent in the relationships between a caregiver and a dependent child versus a caregiver and a dependent elder. Typical childcare follows the expected social script: a person grows up, has a child, raises the child, and then the child goes on to live an independent life. In contrast, eldercare does not follow the social script (at least, not in the US; Kagitcibasi, 1982): elders are not supposed to burden their children and children are not supposed to parent their parents.

Additionally, eldercare is often shared among many caregivers (e.g., siblings, parents, neighbors, paid medical professionals; U.S. Department of Labor, 2014), and there is likely to be more role ambiguity that leads to relationship strain. Although it is possible for childcare to also include several caregivers and relationship strain among those providing care to the recipient, the level of responsibility and decision-making authority is much clearer in childcare situations and is an important distinguishing difference between eldercare and childcare. For example, a mother

and an aunt may disagree on the care the mother provides to her child, but the mother clearly has a higher level of decision-making authority over the child and his/her care than the aunt. However, if these same two women who would be siblings were caring for their ailing parent, the decision-making authority and control over caregiving tasks is likely less clear and has the propensity to lead to relationship strain.

In terms of the first type of relationship strain mentioned, strain between the caregiver and elder, a few studies have found that the role reversal of the child serving as the caregiver to the parent may lead to relationship strain (Watson & Mears, 1996; Ziemba & Lynch-Sauer, 2005). For example, Ziemba and Lynch-Sauer (2005) interviewed daughters caring for their elderly mothers and found that half of their participants reported experiencing this type of role reversal between mother and daughter. Participants in this study reported feeling that the role reversal was difficult, upsetting, and a big change, characterized by both resentment and resistance. Both childcare and eldercare likely have some level of relationship strain for all involved in the caregiving process, but the role reversal component described herein is unique to eldercare and are examined in this work as an important relational component of the relationship between the caregiver and elder. In accordance with previous literature (Watson & Mears, 1996; Ziemba & Lynch-Sauer, 2005), the role reversal form of relationship strain is expected to negatively impact the quality of the relationship between the caregiver and elder, leading to WFC for the caregiver.

Hypothesis 7: Quality of the elder-caregiver relationship is negatively related to WFC.

Emotional and Mental Well-Being Dimension

Negative emotions. The emotional experiences of providing eldercare are different from the emotional experiences of providing childcare. For example, while childcare can be quite

exhausting and difficult at times, providing childcare is an investment in the child's future, and that labor is likely to pay off as the child grows more and more *independent* over time. Thus, the emotional fruits of childcare are likely to include a great deal of motivation and joy. In eldercare, the caregiver is assisting the dependent during the final part of his or her life, when the recipient will grow more and more *dependent* over time. The emotional experience of observing a parent or other elder lose their physical and cognitive capabilities and the anticipated death of that loved one is likely characterized by great sadness and a deep sense of grief.

Hypothesis 8: Employees who provide eldercare experience more negative emotions than employees who provide childcare.

The sadness and grief component of caring for and about elders has been conceptualized as anticipatory grief (Rando, 1983), which is mourning the impending death of a loved one as the dying person's mental and physical health deteriorates during the weeks and months prior to death (Fulton, 2003). Anticipatory grief has been shown to impact the physical, cognitive, and emotional health of caregivers (Anngela-Cole & Busch, 2011; Kehl, 2005; Waldrop, 2007).

Some research indicates that anticipatory grief is experienced differently depending on individual differences of the caregiver and the culture in which they operate. For example, anticipatory grief experiences have been found to differ for men and women, such that it is related to higher rates of anger, depression, and death anxiety in women, while men experience denial of the forthcoming loss of their loved one (Kehl, 2005). Anngela-Cole and Busch (2011) conducted a qualitative, multicultural study of anticipatory grief and the stress associated with caregiving. Across cultures, caregivers experienced and coped with stress through their support groups, but experiences of stress and anticipatory grief differed across the cultural groups examined (e.g., European Americans expressed grief with others in the support groups and found

this practice helpful, whereas Chinese and Japanese participants only expressed grief with their spouses so as to not appear weak).

Researchers of anticipatory grief acknowledge that the literature is rife with measurement and conceptualization inconsistencies as well as a lack of consistent findings (Anngela-Cole & Busch, 2011; Fulton, 2003). The current study represents an opportunity to further investigate the concept of anticipatory grief using an established measure and understand its effect on caregivers' experiences of WFC.

Hypothesis 9: Employees' anticipatory grief is positively related to WFC.

Positive emotions. There may also be some positive aspects of providing eldercare. For example, spending time caring for an elderly family member may increase the emotional bond between the family member and the elder in a way that might not have been possible otherwise. In a sense, caring for an elder at the end of their life may be rewarding to the caregiver as they are fulfilling their perceived role of being a "good" family member. As an effort to understand the experiences of sandwiched employees, including their well-being, Neal and Hammer (2007) conducted a qualitative and quantitative study of working couples who provide care to both children and elders. Although all individuals in their study cared for both children and elders, they found key differences in the relationships between childcare role characteristics and outcomes and eldercare role characteristics and outcomes. Specifically, Neal and Hammer (2007) found that childcare role characteristics did not have an effect on well-being outcomes and only a small effect on job-related outcomes. However, they found that parent-care role characteristics lead to better well-being outcomes but worse job-related outcomes, such as more absences from work and poorer performance ratings (Neal & Hammer, 2007). This finding is inconsistent with other literature that has found eldercare to be related to increased strain and lower caregiver well-

being (Pinquart & Sorenson, 2003; Zacher, Jimmieson, & Winter, 2012). It is possible that the positive emotional aspects of eldercare led to increased well-being in Neal and Hammer's (2007) study, but further investigation is necessary to fully understand this effect.

Zacher et al. (2012) found support for a mediated-moderation model of the relationships between eldercare demands, mental health, and work performance as rated by the employees and their coworkers. In accordance with their model, eldercare demands are negatively related to mental health, and this relationship is moderated by satisfaction with eldercare tasks. Further, mental health is positively related to work performance. These results indicate that a certain aspect of the caregiving relationship, specifically satisfaction with eldercare responsibilities, is important for mental health and thus also important to job performance.

Hypothesis 10: Employees who provide eldercare experience fewer positive emotions than employees who provide childcare.

Summary

In summary, this dissertation examines the effects of eldercare on WFC, the difference between eldercare and childcare on WFC, dimensions of eldercare and childcare that contribute to WFC, and how those dimensions differ across eldercare and childcare. This research contributes to the WFC literature because it (a) examines important factors about caregiving and investigates whether they differ across childcare and eldercare, (b) investigates the link between these components and WFC, and (c) demonstrates why WFC literature should focus on eldercare and its impact on employees separate from childcare, which has received most of the attention to date. As previously noted, the engagement of employees in eldercare is large and growing, so it is important to understand eldercare's potential impact on employees and their employing organizations.

METHOD

Participants, Design, and Procedure

This study was conducted online via Amazon's Mechanical Turk (MTurk). MTurk allows researchers to collect reliable and representative data online (Buhrmester, Kwang, & Gosling, 2011). Researchers use MTurk for several key reasons. Most notably, researchers are able to collect a lot of data in a matter of hours, as there are approximately 40,000 MTurk Workers available at any given time, and MTurk samples have been shown to be more diverse than student samples (Sheehan & Pittman, 2016).

A total of 300 participants were invited to participate in Time 1, with 100 invited to each group (childcare only, eldercare only, sandwiched). There were three levels of inclusion criteria: those set via Amazon's Mechanical Turk, those related to age and employment status, and those categorizing each participant into one of three caregiving statuses. To be recruited to participate via MTurk, participants were required to (1) be located in the United States, (2) have a Human Intelligence Tasks (HIT) approval rate greater than or equal to 98%, and (3) have had more than 100 HITs approved previously. Higher HIT approval rates are an indication of quality responding and intrinsic motivation to maintain a high HIT approval rate (Sheehan & Pittman, 2016) as MTurk workers are often rejected for failing attention checks or other forms of careless responding; having more than 100 approved HITs indicates tenure paired with quality and eliminates the possibility of a worker having a 100% approval rate because they took one survey and it was approved. Inclusion criteria asked within the surveys required that all participants (1) be 18 years of age or older, and (2) be employed at least 20 hours per week.

Participants were recruited to one of three surveys, with each having specific caregiving inclusion criteria: those providing childcare, those providing eldercare, and those providing both

eldercare and childcare (i.e., sandwiched caregivers). There were two survey waves in each group. Participants received $1.40 for participating in each survey and a $.50 bonus for completing both surveys such that each participant who completed both Time 1 and Time 2 surveys received a total payment of $3.30.

An attention check was included in each survey to detect random and/or careless responding. Participants were asked to select 'Strongly Disagree' as their choice to an item, and those selecting any other response failed the attention check. After removing those who failed the attention check and/or completed more than one of the three surveys as a result of inconsistent responses on inclusion criteria questions, a total of 286 responses from 97 eldercare providers, 93 childcare providers, and 96 sandwiched caregivers were recorded for analysis at Time 1. All 286 participants from Time 1 were invited to participant in another set of surveys at Time 2 approximately one month later. This short time lag was particularly important for understanding the caregiving and WFC process over time (Dormann & Griffin, 2015), and for reducing common method bias and attrition (Dormann & van de Ven, 2014). According to power analyses conducted in G*Power, Hypotheses 2b, 3b, and 4b require the most participants. With an alpha = .05 and power = .80, the projected total sample needed to detect a small effect (d = .20) was 102 total participants (34 per condition). The final sample sizes exceed these requirements.

Sample Demographics

The return rate for Time 2 was 49% overall, with 46 (47%) eldercare providers, 55 (59%) childcare providers, and 40 (42%) sandwiched caregivers completing both Time 1 and Time 2 surveys. All Time 2 participants passed the attention check. Of the total respondents who participated in both surveys, the majority of participants self-identified as White (77%) and

female (54%). Household incomes ranged from less than $10,000 to more than $150,000 with the modal income range (41%) between $40,000 and $69,999. Age was measured categorically, with the lowest category of 18-24 and the highest 65-74; most participants (68%) indicated that they were in the ranges covering the span of 25 and 45 years of age. About half of participants (52%) were married.

Participants who participated in Time 1 only (N = 52) were similar demographically to those who participated in both surveys. In terms of caregiving, of participants from Time 1 only, 24 (46%) were eldercare providers, 16 (31%) were childcare providers, and 12 (23%) were sandwiched caregivers. Of the total respondents who participated in both surveys, the majority of participants self-identified as White (67%) and male (54%). Household incomes ranged from less than $10,000 to more than $150,000 with the modal income range (35%) between $50,000 and $69,999. Age was measured categorically; the lowest category that respondents selected was 20-25 and the highest was 51-55; most participants (81%) indicated that they were in the ranges covering the span of 36 and 45 years of age. About half of participants (52%) were married.

Of those providing eldercare at Time 1, most were responsible for completing errands for the elder(s) (58%) and transporting the elder(s) to appointments (54%), with fewer participants helping with ADLs (39%) and financial management (38%). The pattern was similar for participants at Time 2, with most still being responsible for completing errands (42%) and driving the elder(s) to appointments (42%), and fewer participants providing assistance with ADLs (28%) and financial management (23%). Only 3% of participants reported providing only one type of eldercare at Time 1; 25% provided two types, 39% provided three types, and 34% provided all four types of care examined. Similarly, at Time 2, 6% reported only providing one

type of eldercare, with 21% providing two, 47% providing three, and 27% providing all four types of eldercare.

Procedure and Measures

As mentioned above, two sets of surveys were administered via Qualtrics one month apart (see Appendix A for all survey questions). All demographic information and predictor variables were measured at Time 1, including average time spent on caregiving per week during the past month. Additionally, predictability, understanding, and control were measured at Time 1. All outcome variables were measured at Time 2, as well as average time spent on caregiving each week during the past month (i.e., since Time 1). This research design addresses some common method bias concerns by temporally separating the predictors and outcomes (Podsakoff, McKenzie, Lee, & Podsakoff, 2003). All items outlined in the measures below are shown for each of the surveys in Appendix A.

Demographic information. Seven demographic questions were asked, including sex, age, race/ethnicity, marital status, number of dependents, type and age of dependents (elders and/or children).

Information about work. Three questions were asked regarding the participant's employment such as hours worked per week, income, and job type (professional, manual labor, etc.).

Information about caregiving. Additional questions were included regarding caregiving such as hours spent caregiving per week over the past month (i.e., time demands), number and type of dependents living in the home, and primary types of caregiving.

Types of eldercare provided. One question asked those providing eldercare about the type(s) of care they provide; similar types of care were not measured for childcare as it was assumed that people who provide childcare have to do all of these tasks (see limitations section).

Predictability. Predictability of caregiving was measured using a subset of 4 items adapted from Dwyer and Ganster's (1991) job control scale (α = .87), which others have mentioned represent predictability rather than control (e.g., Smith, Tisak, Hahn, & Schmieder, 1997).

Understanding. Understanding of caregiving was measured using 5 items adapted from Tetrick and Larocco's (1987) understanding of events at work scale (α = .75).

Control. Control over caregiving tasks was measured using a subset of 5 items adapted from Dwyer and Ganster's (1991) job control scale (α = .87).

Emotions associated with caregiving. Emotions associated with caregiving was assessed by asking participants to rate the extent to which they associate each of the following emotions with their caregiving experiences: joy, sadness, anger, pride, and hope.

Anticipatory grief. Participants who indicated that they provide care for an elder or elders received five items slightly adapted from Levy's (1991) Anticipatory Grief Index (α = .78). Two of the seven original items were specifically focused on the loss of one's husband with an emphasis on a loss of intimacy; these items were removed from the set used for this study.

Relationship quality. Quality of the relationship between the caregiver and the elder was measured using eight items from Gupta's (2009) revised Strawbridge Relationship Quality Scale for caregivers (α = .91).

Work interference with family. Work interference with family was measured with four items from Kopelman, Greenhaus, and Connolly's (1983) measure of WIF (α = 89).

Family interference with work. Family interference with work was measured with 4 items from Burley's (1989) measure of FIW ($\alpha = .79$ for study 1 and $\alpha = .83$ for study 2 in Gutek, Serle, & Klepa, 1991).

RESULTS

Tables 2 (eldercare-giving participants), 3 (childcare-giving participants), and 4 (sandwiched caregiving participants), show the descriptive statistics and correlations among all variables measured at Time 1 for each group. Tables 5 (eldercare-giving participants), 6 (childcare-giving participants), and 7 (sandwiched caregiving participants), show the descriptive statistics and correlations among the demographics and caregiving information variables measured at Time 1 and the following variables measured at Time 2 for each group: predictability, understanding, control, positive emotions, negative emotions, FIW, WIF, and WFC. Results of all hypotheses and the research question are shown in Table 8.

All hypotheses were initially tested using only eldercare providers and childcare providers (with the exception of the Research Question and Hypotheses 7 and 9 that only apply to those who provide eldercare), whereas all secondary, exploratory analyses included sandwiched caregivers. For hypotheses that included WFC as an outcome, WFC was first assessed as a unidimensional construct and then secondarily assessed with WIF and FIW separated.

Table 2

Central Tendency Measures, Standard Deviations, and Correlations among Variables for Eldercare Providers at Time 1

	CT	*SD*	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Age[a]	25-34; 25-34	--														
2. Household Income[a]	$50,000-$59,999; $30,000-$39,999	--	-.02													
3. Employment Hours Per Week[a]	36-40; 36-40	--	-.10	.29**												
4. EC Hours Per Week[a]	31-40; 50+	--	.10	-.16	.07											
5. Number of Elders Primary CG	2.01	0.51	-.15	-.13	.03	.12										
6. Elders in the Home	1.68	0.57	-.09	-.18	.01	.30**	.05									
7. EC Predictability	3.26	0.63	.07	.22*	-.01	-.09	-.18	.04	**.74**							
8. EC Understanding	3.43	0.64	.04	.16	-.01	.07	.01	.06	.38**	**.79**						
9. EC Control	3.64	0.73	.16	.24*	-.06	.07	-.05	.08	.40**	.35**	**.87**					
10. Anticipatory Grief	1.84	0.45	.07	-.01	.04	.16	.03	.24*	-.07	-.03	.06	**.75**				
11. Relationship Quality	4.17	0.71	.08	.10	.01	.06	.06	.03	.28*	.21	.32**	.18	**.91**			
12. WIF	3.23	0.97	.01	-.14	.20*	.11	-.01	.10	-.15	-.13	-.09	.33**	-.16	**.83**		
13. FIW	2.54	0.97	.02	-.10	.02	.20	.04	.13	-.09	-.13	-.18	.21*	-.21	.66**	**.85**	
14. WFC	2.88	0.88	.02	-.13	.12	.17	.02	.13	-.13	-.14	-.15	.30**	-.20	.91**	.91**	**.88**

Note. N = 81-96. T1 indicates the variable was measured at Time 1. EC = eldercare; CG = caregiver; WIF = Work Interference with Family; FIW = Family Interference with Work; WFC = Work-family Conflict

[a] These variables were measured categorically; the first CT is the median and the second is the mode.

*Correlation is significant at the .05 level. **Correlation is significant at the .01 level.

Table 3

Central Tendency Measures, Standard Deviations, and Correlations among Variables for Childcare Providers at Time 1

	CT	*SD*	1	2	3	4	5	6	7	8	9	10	11	12
1. Age[a]	25-34; 25-34	--												
2. Household Income[a]	$50,000 - $59,9999; $30,000-$39,999	--	.22*											
3. Employment Hours Per Week[a]	36-40; 36-40	--	-.10	.00										
4. CC Hours Per Week[a]	31-40; 50+	--	.01	-.05	-.30**									
5. Number of Children Primary CG	2.78	0.97	.14	.14	-.10	.15								
6. Children in the Home	2.78	0.99	.12	.11	-.13	.19	.94**							
7. CC Predictability	3.54	0.75	-.08	.00	-.10	.04	-.13	-.16	**.82**					
8. CC Understanding	3.72	0.66	.06	.02	.02	.00	-.04	-.07	.62**	**.85**				
9. CC Control	4.09	0.73	.05	.18	-.06	.16	-.12	-.15	.48**	.47**	**.91**			
10. WIF	3.16	0.96	-.22*	-.29**	.22*	.02	.12	.08	-.22*	-.12	-.24*	**.83**		
11. FIW	2.41	0.97	-.10	-.28**	-.02	.06	.04	.01	-.06	-.04	-.22*	.48**	**.85**	
12. WFC	2.78	0.83	-.19	-.33**	.11	.05	.09	.05	-.16	-.09	-.27**	.86**	.86**	**.88**

Note. N = 99-100. CC = childcare; CG = caregiver; WIF = Work Interference with Family; FIW = Family Interference with Work; WFC = Work-family Conflict

[a] These variables were measured categorically; the first CT is the median and the second is the mode.

*Correlation is significant at the .05 level. **Correlation is significant at the .01 level.

Table 4

Central Tendency Measures, Standard Deviations, and Correlations among Variables for Sandwiched Providers at Time 1

	CT	*SD*	1	2	3	4	5	6	7	8	9	10
1. Age[a]	35-44; 25-34	--										
2. Household Income[a]	$60,000 - $69,999; $100,000 - $149,999	--	.07									
3. Employment Hours Per Week[a]	36-40; 36-40	--	.07	.08								
4. CC Hours Per Week[a]	36-40; 50+	--	-.15	-.06	-.11							
5. EC Hours Per Week[a]	11-15; 6-10	--	-.09	-.18	.02	.45**						
6. Number of Children Primary CG	2.70	0.88	.10	.03	.16	.09	.16					
7. Number of Elders Primary CG	2.06	0.77	-.06	-.04	.11	-.02	.16	.12				
8. Children in the Home	2.70	0.92	.08	.04	.20*	.09	.11	.92**	.07			
9. Elders in the Home	1.72	0.70	-.26*	-.10	.10	-.16	.12	.05	.38**	.02		
10. CC Predictability	3.58	0.84	.00	.01	-.10	.01	.11	-.03	-.02	-.07	.02	**.82**
11. CC Understanding	3.73	0.81	.11	-.16	-.16	.04	.15	.11	-.08	.00	.07	.62**
12. CC Control	4.03	0.83	.20	-.07	-.12	.20*	.20	.06	.04	.00	-.02	.62**
13. EC Predictability	3.34	0.65	.01	-.09	-.09	-.07	.11	-.09	-.04	-.13	.17	.62**
14. EC Understanding	3.66	0.74	.01	-.03	-.07	.10	.18	.14	.02	.09	.12	.36**
15. EC Control	3.74	0.75	.17	-.09	.01	.11	.10	.06	-.04	.05	-.04	.60**
16. Anticipatory Grief	1.76	0.45	.04	-.03	-.10	-.03	.05	-.12	.05	-.11	.01	-.05
17. WIF	3.03	0.99	-.18	-.10	.04	.00	-.02	-.12	.04	-.08	.08	-.04
18. FIW	2.46	0.92	-.17	.09	.01	-.10	-.11	-.06	-.04	-.03	-.01	.02
19. WFC	2.75	0.87	-.19	-.02	.03	-.07	-.08	-.10	.01	-.06	.05	-.02

Note. N = 95-98. EC = eldercare; CC = childcare; CG = caregiver; WIF = Work Interference with Family; FIW = Family Interference with Work; WFC = Work-family Conflict

[a] These variables were measured categorically; the first CT is the median and the second is the mode.

*Correlation is significant at the .05 level. **Correlation is significant at the .01 level.

Table 4 (Continued)

Central Tendency Measures, Standard Deviations, and Correlations among Variables for Sandwiched Caregivers at Time 1

	CT	*SD*	11	12	13	14	15	16	17	18	19
1. Age[a]	35-44; 25-34	--									
2. Household Income[a]	$60,000 - $69,999; $100,000 - $149,999	--									
3. Employment Hours Per Week[a]	36-40; 36-40	--									
4. CC Hours Per Week[a]	36-40; 50+	--									
5. EC Hours Per Week[a]	11-15; 6-10	--									
6. Number of Children Primary CG	2.70	0.88									
7. Number of Elders Primary CG	2.06	0.77									
8. Children in the Home	2.70	0.92									
9. Elders in the Home	1.72	0.70									
10. CC Predictability	3.58	0.84									
11. CC Understanding	3.73	0.81	**.85**								
12. CC Control	4.03	0.83	.67**	**.91**							
13. EC Predictability	3.34	0.65	.54**	.49**	**.74**						
14. EC Understanding	3.66	0.74	.61**	.46**	.47**	**.79**					
15. EC Control	3.74	0.75	.47**	.69**	.53**	.51**	**.87**				
16. Anticipatory Grief	1.76	0.45	-.01	-.11	-.11	-.02	-.23*	**.75**			
17. WIF	3.03	0.99	-.25*	-.25*	-.16	-.19	-.15	.29**	**.83**		
18. FIW	2.46	0.92	-.17	-.28**	-.17	-.23*	-.20	.21*	.67**	**.85**	
19. WFC	2.75	0.87	-.23*	-.29**	-.19	-.24*	-.21*	.28**	.92**	.91**	**.88**

Note. N = 95-98. EC = eldercare; CC = childcare; CG = caregiver; WIF = Work Interference with Family; FIW = Family Interference with Work; WFC = Work-family Conflict

[a] These variables were measured categorically; the first CT is the median and the second is the mode.

*Correlation is significant at the .05 level. **Correlation is significant at the .01 level.

Table 5

Central Tendency Measures, Standard Deviations, and Correlations among Variables for Eldercare Providers from Time 1 to Time 2

		CT	*SD*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.	Age[a] – T1	35-44	--															
2.	Household Income[a] – T1	$50,000 - $59,9999	--	-.05														
3.	Employment Hours Per Week[a] – T1	36-40	--	-.13	.20													
4.	EC Hours Per Week[a]	16-20	--	.01	-.25*	-.07												
5.	Number of Elders Primary CG – T1	2.15	0.59	-.33**	-.34**	.10	.08											
6.	Elders in the Home – T1	1.66	0.56	.03	-.10	-.03	.26*	-.22										
7.	EC Prediction – T2	3.26	0.55	.00	.23	-.06	-.09	-.23	.26	**.74**								
8.	EC Understanding – T2	3.35	0.59	.01	.09	-.12	.04	.00	.22	.53**	**.79**							
9.	EC Control – T2	3.63	0.57	.07	.07	.00	.09	-.02	.34*	.33*	.62**	**.87**						
10.	EC Positive Emotions – T2	3.03	0.78	-.18	.32*	.23	.01	.05	-.03	.21	.35*	.16	**.88**					
11.	EC Negative Emotions – T2	2.26	0.85	-.04	-.19	-.07	.24	.26	.07	-.09	-.18	-.24	-.35*	**.60**				
12.	Anticipatory Grief – T1	1.86	0.43	.03	.05	-.13	.13	.05	.23*	-.02	-.03	.08	-.35*	.19	**.77**			
13.	WIF – T2	3.16	0.99	.13	-.15	.11	.23	-.05	.27	-.15	-.13	-.17	-.30*	.26	.48**	**.84**		
14.	FIW – T2	2.66	0.90	.27	-.01	.03	.29	-.03	-.02	-.11	-.04	-.17	-.07	.21	.36*	.60**	**.88**	
15.	WFC – T2	2.89	0.86	.20	-.08	.08	.29	-.04	.17	-.13	-.09	-.19	-.21	.27	.48**	.91**	.89**	**.88**

Note. N = 46-74. T1 indicates the variable was measured at Time 1; T2 indicates Time 2. EC = eldercare; CG = caregiver; WIF = Work Interference with Family; FIW = Family Interference with Work; WFC = Work-family Conflict

[a] These variables were measured categorically; the CT metric reported is both the median and the mode.

*Correlation is significant at the .05 level. **Correlation is significant at the .01 level.

Table 6

Central Tendency Measures, Standard Deviations, and Correlations among Variables for Childcare Providers from Time 1 to Time 2

		CT	*SD*	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	Age[a] – T1	25-34; 25-34	--														
2.	Household Income[a] – T1	$50,000 - $59,9999; $30,000-$39,999	--	.05													
3.	Employment Hours Per Week[a] – T1	36-40; 36-40	--	-.06	.20												
4.	CC Hours Per Week[a] – T1	31-40; 50+	--	-.02	-.02	-.22											
5.	Number of Children Primary CG – T1	2.66	0.86	.08	.15	.05	.23										
6.	Children in the Home – T1	2.65	0.88	.04	.15	.03	.26*	.97**									
7.	CC Prediction – T2	3.46	0.65	.22	-.34*	-.03	.19	.10	.08	**.82**							
8.	CC Understanding – T2	3.66	0.69	.26	-.05	.05	-.16	-.17	-.18	.60**	**.85**						
9.	CC Control – T2	4.12	0.58	.14	-.13	-.27*	.27*	.01	.02	.48**	.56**	**.91**					
10.	CC Positive Emotions – T2	3.91	0.86	-.03	.20	.04	-.13	-.09	-.09	.15	.11	.01	**.85**				
11.	CC Negative Emotions – T2	1.72	0.76	-.02	-.02	-.03	-.07	-.10	-.15	-.16	-.16	-.04	-.17	**.60**			
12.	WIF – T2	3.09	0.84	-.13	-.18	.00	.04	-.06	-.09	.02	.04	-.07	-.02	.22	**.84**		
13.	FIW – T2	2.25	0.87	.00	-.19	-.20	-.19	-.14	-.21	.05	.03	.05	.05	.49**	.48**	**.88**	
14.	WFC – T2	2.68	0.73	-.08	-.19	-.12	-.08	-.11	-.17	.02	.02	-.02	.02	.41**	.85**	.86**	**.88**

Note. N = 53-55. Variables 1-6 measured at Time 1; all other variables measured at Time 2. CC = childcare; CG = caregiver; WIF = Work Interference with Family; FIW = Family Interference with Work; WFC = Work-family Conflict

[a] These variables were measured categorically; the first CT is the median and the second is the mode.

*Correlation is significant at the .05 level. **Correlation is significant at the .01 level.

Table 7

Central Tendency Measures, Standard Deviations, and Correlations among Variables for Sandwiched Caregivers from Time 1 to Time 2

		CT	*SD*	1	2	3	4	5	6	7	8	9	10
1.	Age[a] – T1	35-44; 25-34	--										
2.	Household Income[a] – T1	$60,000 - $69,999; $100,000 - $149,999	--	.26									
3.	Employment Hours Per Week[a]– T1	36-40; 36-40	--	.28	.00								
4.	CC Hours Per Week[a]: T1	36-40; 50+	--	-.18	-.13	-.22							
5.	EC Hours Per Week: T1	11-15; 6-10	--	-.13	-.27	-.17	.34*						
6.	Number of Children Primary CG – T1	2.54	0.65	.05	.00	-.01	.14	.27					
7.	Number Elders Primary CG – T1	2.00	0.46	.00	-.02	.03	-.31*	.13	.28				
8.	Children in the Home: T1	2.60	0.74	.06	.06	.15	.15	.18	.92**	.25			
9.	Elders in the Home – T1	1.75	0.56	-.19	-.14	.02	-.35*	.07	.32*	.24	.40**		
10.	CC Prediction: T2	3.64	0.79	.16	.41*	-.02	.14	-.07	.00	-.18	.03	-.10	
11.	CC Understanding: T2	3.73	0.66	.00	.14	-.40*	.22	.18	.06	-.15	.03	-.06	.70**
12.	CC Control: T2	3.93	0.79	.22	.17	-.13	.38*	.22	.05	-.12	.09	-.17	.68**
13.	EC Prediction: T2	3.40	0.73	-.17	.09	-.05	.12	.07	-.20	-.22	-.15	.05	.52**
14.	EC Understanding: T2	3.69	0.80	-.02	-.03	-.14	.28	.17	-.06	-.17	-.02	.05	.62**
15.	EC Control – T2	3.69	0.79	.07	.06	.09	.17	.15	-.01	-.17	.04	-.07	.59**
16.	CC Positive Emotions: T2	4.12	0.78	.15	.14	-.28	.38*	.25	.30	.03	.31	-.09	.46**
17.	EC Positive Emotions: T2	3.37	1.08	-.07	.06	-.12	.11	.22	.31*	.23	.36*	.11	.29
18.	CC Negative Emotions: T2	1.64	0.72	.04	.12	.18	-.17	-.35*	-.20	-.06	-.13	.11	.05
19.	EC Negative Emotions: T2	2.09	0.91	-.09	-.14	.13	-.13	-.10	-.28	-.04	-.22	-.06	-.17
20.	Anticipatory Grief: T1	1.82	0.38	.04	-.09	-.13	-.18	.08	-.11	.10	-.16	.00	-.28
21.	WIF: T2	3.16	0.90	-.16	-.12	-.01	-.24	-.01	-.01	.14	-.10	.20	-.19
22.	FIW: T2	2.63	0.93	-.06	-.04	.16	-.36*	-.06	-.01	.26	-.13	.20	-.35*
23.	WFC: T2	2.91	0.80	-.14	-.10	.06	-.34*	-.04	-.01	.23	-.12	.23	-.31

Note. N = 39-48. Variables 1-9 measured at Time 1; all other variables measured at Time 2. EC = eldercare; CC = childcare; CG = caregiver; WIF = Work Interference with Family; FIW = Family Interference with Work; WFC = Work-family Conflict

[a] These variables were measured categorically; the first CT is the median and the second is the mode.

*Correlation is significant at the .05 level. **Correlation is significant at the .01 level.

Table 7 (Continued)

Central Tendency Measures, Standard Deviations, and Correlations among Variables for Sandwiched Caregivers from Time 1 to Time 2

	CT	*SD*	11	12	13	14	15	16	17	18	19	20	21	22	23
11. CC Understanding: T2	3.73	0.66													
12. CC Control: T2	3.93	0.79	.65**												
13. EC Prediction: T2	3.40	0.73	.55**	.43**											
14. EC Understanding: T2	3.69	0.80	.74**	.60**	.61**										
15. EC Control: T2	3.69	0.79	.55**	.75**	.71**	.66**									
16. CC Positive Emotions: T2	4.12	0.78	.55**	.66**	0.29	.50**	.47**								
17. EC Positive Emotions: T2	3.37	1.08	.28	.34*	.34*	.39*	.40*	.63**							
18. CC Negative Emotions: T2	1.64	0.72	-.22	-.35*	.10	-.17	-.15	-.33*	-.29						
19. EC Negative Emotions: T2	2.09	0.91	-.16	-.19	.12	-.08	-.03	-.03	-.19	.56**					
20. Anticipatory Grief: T1	1.82	0.38	-.19	-.33*	-.17	-.47**	-.45**	-.08	-.16	.15	.43**	**.78**			
21. WIF: T2	3.16	0.90	-.13	-.41**	-.29	-0.22	-.47**	-.34*	-.48**	.37*	.39*	.34*	**.84**		
22. FIW: T2	2.63	0.93	-.38*	-.52**	-.19	-.33*	-.36*	-.39*	-.33*	.36*	.47**	.35*	.56**	**.88**	
23. WFC: T2	2.91	0.80	-.29	-.53**	-.27	-.31*	-.47**	-.39*	-.44**	.40*	.49**	.39*	.88**	.89**	**.88**

Note. N = 39-48. Variables 1-9 measured at Time 1; all other variables measured at Time 2. EC = eldercare; CC = childcare; CG = caregiver; WIF = Work Interference with Family; FIW = Family Interference with Work; WFC = Work-family Conflict

[a] These variables were measured categorically; the first CT is the median and the second is the mode.

*Correlation is significant at the .05 level. **Correlation is significant at the .01 level.

Table 8

Results of Hypotheses and Research Question

Number	Hypothesis	Supported Overall?	Supported for WIF?	Supported for FIW?	Sandwiched included: Supported Overall?	Sandwiched included: Supported for WIF?	Sandwiched included: Supported for FIW?
1	Caregiving status predicts WFC such that employees who provide eldercare have higher WFC that those who provide childcare.	No	No	No	No	No	No
2a	Employees with eldercare responsibilities are less able to predict their caregiving than employees with childcare responsibilities.	**Yes**			**Yes**		
2b	Caregiving predictability moderates the relationship between caregiving status (eldercare vs. childcare) and WFC such that the relationship will become weaker as predictability increases.	No	No	No	No	No	No
3a	Employees with eldercare responsibilities have less understanding of their caregiving than employees with childcare responsibilities.	**Yes**			**Yes**		
3b	Caregiving understanding moderates the relationship between caregiving status and WFC such that the relationship will become weaker as understanding increases.	No	No	No	No	No	No
4a	Employees with eldercare responsibilities have less control over their caregiving than employees with childcare responsibilities.	**Yes**			**Yes**		
4b	Caregiving control moderates the relationship between caregiving status and WFC such that the relationship will become weaker as control increases.	No	No	No	No	No	No
RQ1	Are types of eldercare provided by employees differentially associated with WFC?	No	No	No	No	No	No
5a	Caregiving status predicts the extent to which caregiving predictability changes from Time 1 to Time 2 such that employees who provide eldercare have more change in these factors from Time 1 to Time 2 compared to employees who provide childcare.	No			No		
5b	Caregiving status predicts the extent to which caregiving understanding changes from Time 1 to Time 2 such that employees who provide eldercare have more change in these factors from Time 1 to Time 2 compared to employees who provide childcare.	No			No		

Table 8 (Continued)

Results of Hypotheses and Research Question

Number	Hypothesis	Supported Overall?	Supported for WIF?	Supported for FIW?	Sandwiched included: Supported Overall?	Sandwiched included: Supported for WIF?	Sandwiched included: Supported for FIW?
5c	Caregiving status predicts the extent to which caregiving control changes from Time 1 to Time 2 such that employees who provide eldercare have more change in these factors from Time 1 to Time 2 compared to employees who provide childcare.	No			No		
6	Caregiving status predicts the extent to which weekly hours spent on caregiving changes from Time 1 to Time 2 such that employees who provide eldercare have more change in caregiving hours per week from Time 1 to Time 2 compared to employees who provide childcare.	No			No		
7	The quality of the elder-caregiver relationship is negatively related to WFC.	No	No	No	No	No	No
8	Employees who provide eldercare experience more negative emotions than employees who provide childcare.	**Yes**			**Yes**		
9	Employees' anticipatory grief is positively related to WFC.	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
10	Employees who provide eldercare experience less positive emotions than employees who provide childcare.	**Yes**			**Yes**		

Hypothesis 1

Hypothesis 1 proposed that caregivers who provide eldercare experience more WFC than those who provide childcare. To test this hypothesis with WFC as a unidimensional construct and as a multidimensional construct separated into FIW and WIF, I conducted two analyses. The first was an independent samples t-test with caregiving status at Time 1 as the predictor and WFC as the outcome measured at Time 1. The second was a one-way multivariate analysis of variance (MANOVA) with caregiving status at Time 1 as the predictor and the two components of WFC as outcomes (FIW, and WIF) measured at Time 1.

Hypothesis 1 was not supported for WFC as a unidimensional construct. There was not a significant difference in mean WFC between eldercare providers and childcare providers ($t_{195} = .81$, $p > .05$). Further, Hypothesis 1 was not supported for WIF or FIW. Caregiving status did not have a significant effect on WIF ($F_{(1, 195)} = .24$, $p > .05$, $\eta^2 < .01$) nor on FIW ($F_{(1, 195)} = .87$, $p > .05$, $\eta^2 < .01$).

The same was found to be true with sandwiched caregivers included in the analysis. I conducted an ANOVA with caregiving status as the predictor and WFC at Time 1 as the outcome variable. Examining WFC as unidimensional, caregiving status did not have a significant effect on WFC ($F_{(2, 291)} = .64$ $p > .05$, $\eta^2 < .01$). To examine WIF and FIW individually, I conducted a MANOVA with caregiving status as the predictor and WIF and FIW at Time 1 as outcome variables. Caregiving status did not have a significant effect on WIF ($F_{(2, 289)} = .97$, $p > .05$, $\eta^2 < .01$) nor on FIW ($F_{(2, 289)} = .45$, $p < .05$, $\eta^2 < .01$). As shown in Table 9, Tukey HSD *post hoc* test results showed that the sandwiched group was not significantly different from either the eldercare group or the childcare group on FIW or WIF.

Table 9

Time 1 Means and Standard Deviations for WIF, FIW, and WFC by Caregiving Status

	WIF		FIW		WFC	
	M	*SD*	*M*	*SD*	*M*	*SD*
Eldercare (n = 96)	3.23	0.97	2.54	0.97	2.88	0.88
Sandwiched (n = 98)	3.04	0.99	2.46	0.92	2.75	0.87
Childcare (n = 100)	3.16	0.96	2.41	0.97	2.78	0.83

Note. Means that share a superscript within column are significantly different from each other at the .05 level.
All variables in table measured at Time 1. WIF = Work Interference with Family; FIW = Family Interference with Work; WFC = Work-family Conflict.

Hypotheses 2a, 3a, and 4a

Hypotheses 2a, 3a, and 4a proposed that people who provide eldercare feel that their caregiving duties are less (2a) predictable, (3a) understandable, and (4a) controllable than those who provide childcare. To test these hypotheses, I conducted a MANOVA with caregiving status at Time 1 as the predictor and the three outcomes (predictability, understanding, and control) measured at Time 1. Hypotheses 2a, 3a, and 4a were supported. Caregiving status had a significant effect on predictability ($F_{(1, 194)} = 7.38$, $p < .01$, $\eta^2 = .04$), understanding ($F_{(1, 194)} = 9.29$, $p < .01$, $\eta^2 = .05$) and control ($F_{(1, 194)} = 18.38$, $p < .01$, $\eta^2 = .09$). As shown in Table 10, participants who provided eldercare had significantly lower mean scores on predictability, understanding, and control compared to those who provided childcare.

Further, to investigate the sandwiched group, two MANOVAs were conducted, the first with eldercare predictability, understanding, and control as outcomes and the second with

childcare predictability, understanding, and control as outcomes. Means for these analyses are shown in Table 10. Caregiving status did not have a significant effect on childcare predictability ($F_{(1, 195)} = .19$, $p > .05$, $\eta^2 = .00$), understanding ($F_{(1, 195)} = .02$, $p > .05$, $\eta^2 = .00$), or control ($F_{(1, 195)} = .29$, $p > .05$, $\eta^2 = .00$). When examining eldercare, caregiving status did not have a significant effect on eldercare predictability ($F_{(1, 192)} = .58$, $p > .05$, $\eta^2 = .00$) or control ($F_{(1, 192)} = .88$, $p > .05$, $\eta^2 = .00$). However, caregiving status did have an effect on eldercare understanding ($F_{(1, 192)} = 5.23$, $p < .05$, $\eta^2 = .03$), such that the sandwiched group had higher understanding. As shown in Table 11, the sandwiched group was only significantly different from the eldercare group on understanding, which was significantly higher for the sandwiched group than the eldercare group. In summary, the sandwiched group appeared to be significantly different on only understanding of eldercare.

Table 10

Time 1 Means and Standard Deviations for Predictability, Understanding, Control by Caregiving Status

	Predictability		Understanding		Control	
	M	*SD*	*M*	*SD*	*M*	*SD*
Eldercare (n = 96)	3.27[a]	0.62	3.43[b]	0.64	3.64[d]	0.73
Childcare (n = 100)	3.54[a]	0.75	3.72[b]	0.66	4.09[d]	0.73

Note. Means that share a superscript within column are significantly different from each other.
All variables in table measured at Time 1.

Table 11

Time 1 Means and Standard Deviations for Predictability, Understanding, Control by Caregiving Status with Sandwiched Group Included

	Eldercare Predictability		Childcare Predictability		Eldercare Understanding		Childcare Understanding		Eldercare Control		Childcare Control	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Eldercare (n = 96)	3.27	0.62	--	--	3.43[a]	0.64	--	--	3.64	0.73	--	--
Sandwiched (n = 98)	3.34	0.65	3.59	0.84	3.66[a]	0.74	3.73	0.80	3.74	0.75	4.03	0.83
Childcare (n = 100)	--	--	3.54	0.75	--	--	3.72	0.66	--	--	4.09	0.73

Note. Means that share a superscript within column are significantly different from each other. All variables in table measured at Time 1.

Hypotheses 2b, 3b, and 4b

Hypotheses 2b, 3b, and 4b proposed that caregiving (2b) predictability, (3b) understanding, and (4b) control moderate the relationship between caregiving status (eldercare vs. childcare) and WFC. To test these hypotheses, I conducted several series of hierarchical regressions (see Tables 12-14) with all variables measured at Time 1. Hypotheses 2b, 3b, and 4b were not supported; the relationship between caregiving status and WFC was not moderated by predictability, understanding, or control. Further, when examining WIF and FIW individually, the relationship between caregiving status and WIF was not moderated by predictability, understanding, or control, and the relationship between caregiving status and FIW was not moderated by predictability, understanding, or control.

Another set of hierarchical regressions were conducted with sandwiched caregivers included in the analyses (see Tables 15-20). Similarly, Hypotheses 2b, 3b, and 4b were not supported; the relationship between caregiving status and WFC was not moderated by eldercare predictability, understanding, or control, or by childcare predictability, understanding, or control. Further, when examining WIF and FIW individually, the relationship between caregiving status and WIF was not moderated eldercare predictability, understanding, or control, or by childcare predictability, understanding, or control, and the relationship between caregiving status and FIW was not moderated by eldercare predictability, understanding, or control, or by childcare predictability, understanding, or control.

Table 12

Hierarchical Regressions Testing the Moderating Role of Predictability on the Effect of Caregiving Status on WFC, WIF, and FIW, with only Childcare and Eldercare Providers Included in the Analysis

			Work-Family Conflict			Work Interference with Family			Family Interference with Work		
			Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2
Model 1				.003	-.002		.001	-.004		.004	-.001
	Intercept	i_1	2.981**			3.296**			2.665**		
	CG Status (X)	b_1	-.098			-.067			-.129		
Model 2				.025	.015		.036	.026		.010	-.001
	Intercept	i_1	3.518**			4.066**			2.966**		
	CG Status (X)	b_1	-.047			.006			-.100		
	Predictability (*M*)	b_2	-.180*			-.259*			-.101		
Model 3				.025	-.010		.036	.021		.010	-.005
	Intercept	i_1	3.525**			3.760**			3.294**		
	CG Status (X)	b_1	-.052			-.200			-.309		
	Predictability (*M*)	b_2	-.182			-.167			-.200		
	X x *M*	b_3	.001			-.058			.062		

Note. Coefficients with one asterisk are significant ($p < .05$); two asterisks are significant ($p < .01$). CG Status = caregiving status.

Table 13

Hierarchical Regressions Testing the Moderating Role of Understanding on the Effect of Caregiving Status on WFC, WIF, and FIW, with only Childcare and Eldercare Providers Included in the Analysis

			Work-Family Conflict			Work Interference with Family			Family Interference with Work		
			Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2
Model 1				.003	-.002		.001	-.004		.004	-.001
	Intercept	i_1	2.968**			3.291**			2.645*		
	CG Status (X)	b_1	-.092			-.064			-.119*		
Model 2				.016	.006		.017	.006		.010	.000
	Intercept	i_1	3.441**			3.870**			3.011**		
	CG Status (X)	b_1	-.049			-.012			-.085*		
	Understanding (*M*)	b_2	-.150			-.184			-.116		
Model 3				.017	.001		.017	.001		.012	-.003
	Intercept	i_1	3.839**			3.936**			3.744*		
	CG Status (X)	b_1	-.313			-.055			-.572		
	Understanding (*M*)	b_2	-.263			-.203			-.324		
	X x *M*	b_3	.074			.012			.136		

Note. Coefficients with two asterisks are significant ($p < .01$). CG Status = caregiving status.

Table 14

Hierarchical Regressions Testing the Moderating Role of Control on the Effect of Caregiving Status on WFC, WIF, and FIW, with only Childcare and Eldercare Providers Included in the Analysis

			Work-Family Conflict			Work Interference with Family			Family Interference with Work		
			Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2
Model 1				.003	-.002		.001	-.004		.004	-.001
	Intercept	i_1	2.981**			3.296**			2.665**		
	CG Status (X)	b_1	-.098			-.067			-.129		
Model 2				.046	.036		.028	-.018		.045	.035
	Intercept	i_1	3.754**			3.986**			3.520**		
	CG Status (X)	b_1	.010			.029			-.009		
	Control (*M*)	b_2	-.242**			-.216*			-.268**		
Model 3				.049	.034		.033	-.018		.045	.031
	Intercept	i_1	3.041**			2.910*			3.176**		
	CG Status (X)	b_1	.491			.754			.223		
	Control (*M*)	b_2	-.054			.068			-.177		
	X x *M*	b_3	-.125			-.188			-.060		

Note. Coefficients with one asterisk are significant ($p < .05$); two asterisks are significant ($p < .01$). CG Status = caregiving status.

Table 15

Hierarchical Regressions Testing the Moderating Role of Childcare Predictability on the Effect of Caregiving Status on WFC, WIF, and FIW, with Both Childcare and Sandwiched Caregivers Included in the Analysis

			Work-Family Conflict			Work Interference with Family			Family Interference with Work		
			Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2
Model 1				.000	-.005		.005	.000		.001	-.004
	Intercept	i_1	2.859**			3.431**			2.296**		
	CG Status (X)	b_1	-.037			-.134			.056		
Model 2				.008	-.002		.020	.010		.001	-.009
	Intercept	i_1	3.175**			3.955**			2.380**		
	CG Status (X)	b_1	-.033			-.127			.057		
	CC Predictability (*M*)	b_2	-.092			-.152			-.024		
Model 3				.013	-.002		.029	.014		.003	-.013
	Intercept	i_1	4.624**			6.089**			3.228**		
	CG Status (X)	b_1	-.602			-.964			-.276		
	CC Predictability (*M*)	b_2	-.499			-.753			-.263		
	X x *M*	b_3	.160			.235			.094		

Note. Coefficients with two asterisks are significant ($p < .01$). CG Status = caregiving status; CC = childcare.

Table 16

Hierarchical Regressions Testing the Moderating Role of Childcare Understanding on the Effect of Caregiving Status on WFC, WIF, and FIW, with Both Childcare and Sandwiched Caregivers Included in the Analysis

			Work-Family Conflict			Work Interference with Family			Family Interference with Work		
			Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2
Model 1				.000	-.005		.005	.000		.001	-.004
	Intercept	i_1	2.859**			3.431**			2.296**		
	CG Status (X)	b_1	-.037			-.134			.056*		
Model 2				.029	.019		.041	.031		.012	.001
	Intercept	i_1	3.580**			4.357**			2.785**		
	CG Status (X)	b_1	-.034			-.130			.057		
	CC Understanding (*M*)	b_2	-.196**			-.251**			-.132		
Model 3				.033	.018		.043	.028		.014	-.001
	Intercept	i_1	2.262**			3.157**			1.458		
	CG Status (X)	b_1	.476			.334			.571		
	CC Understanding (*M*)	b_2	.158			.071			.224		
	X x *M*	b_3	-.137			-.125			-.138		

Note. Coefficients with one asterisk are significant ($p < .05$); two asterisks are significant ($p < .01$). CG Status = caregiving status; CC = childcare.

Table 17

Hierarchical Regressions Testing the Moderating Role of Childcare Control on the Effect of Caregiving Status on WFC, WIF, and FIW, with Both Childcare and Sandwiched Caregivers Included in the Analysis

			Work-Family Conflict			Work Interference with Family			Family Interference with Work		
			Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2
Model 1				.000	-.005		.005	.000		.001	-.004
	Intercept	i_1	2.859**			3.431**			2.296**		
	CG Status (X)	b_1	-.037			-.134			.056		
Model 2				.079	.070		.063	.054		.064	.054
	Intercept	i_1	4.143**			4.697**			3.567**		
	CG Status (X)	b_1	-.056			-.152			.038		
	CC Control (*M*)	b_2	-.305**			-.301**			-.302**		
Model 3				.079	.065		.063	.049		.064	.049
	Intercept	i_1	4.102*			4.819**			3.469		
	CG Status (X)	b_1	-.040			-.200			.077		
	CC Control (*M*)	b_2	-.295			-.331			-.278		
	X x *M*	b_3	-.004			.012			-.009		

Note. Coefficients with one asterisk are significant ($p < .05$); two asterisks are significant ($p < .01$). CG Status = caregiving status; CC = childcare.

Table 18

Hierarchical Regressions Testing the Moderating Role of Eldercare Predictability on the Effect of Caregiving Status on WFC, WIF, and FIW, with Eldercare and Sandwiched Caregivers Included in the Analysis

			Work-Family Conflict			Work Interference with Family			Family Interference with Work		
			Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2
Model 1				.006	.001		.011	.005		.002	-.004
	Intercept	i_1	2.950**			3.330**			2.573**		
	CG Status (X)	b_1	-.068			-.101			-.036		
Model 2				.031	.021		.034	.023		.018	.008
	Intercept	i_1	3.652**			4.076**			3.181**		
	CG Status (X)	b_1	-.058			-.091			-.028		
	EC Predictability (*M*)	b_2	-.218*			-.232*			-.105		
Model 3				.032	.017		.034	.018		.019	.003
	Intercept	i_1	3.412**			4.027**			2.844**		
	CG Status (X)	b_1	.060			-.066			.141		
	EC Predictability (*M*)	b_2	-.145			-.217			-.087		
	X x *M*	b_3	-.036			-.007			-.51		

Note. Coefficients with one asterisk are significant ($p < .05$); two asterisks are significant ($p < .01$). CG Status = caregiving status; EC = eldercare.

Table 19

Hierarchical Regressions Testing the Moderating Role of Eldercare Understanding on the Effect of Caregiving Status on WFC, WIF, and FIW, with Eldercare and Sandwiched Caregivers Included in the Analysis

			Work-Family Conflict			Work Interference with Family			Family Interference with Work		
			Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2
Model 1				.005	.000		.010	.005		.001	-.004
	Intercept	i_1	2.941**			3.326**			2.557**		
	CG Status (X)	b_1	-.064			-.099			-.031		
Model 2				.042	.032		.036	.026		.033	.023
	Intercept	i_1	3.741**			4.083**			3.368**		
	CG Status (X)	b_1	-.036			-.073			-.003		
	EC Understanding (*M*)	b_2	-.241**			-.228			-.244*		
Model 3				.043	.028		.037	.021		.035	.019
	Intercept	i_1	3.403**			3.836**			3.001*		
	CG Status (X)	b_1	.123			.044			.171		
	EC Understanding (*M*)	b_2	-.144			-.157			-.139		
	X x *M*	b_3	-.045			-.033			-.049		

Note. Coefficients with one asterisk are significant ($p < .05$); two asterisks are significant ($p < .01$). CG Status = caregiving status; EC = childcare.

Table 20

Hierarchical Regressions Testing the Moderating Role of Eldercare Control on the Effect of Caregiving Status on WFC, WIF, and FIW, with Eldercare and Sandwiched Caregivers Included in the Analysis

			Work-Family Conflict			Work Interference with Family			Family Interference with Work		
			Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2	Coefficient	R^2	ΔR^2
Model 1				.006	.001		.011	.005		.002	-.004
	Intercept	i_1	2.950**			3.330**			2.573**		
	CG Status (X)	b_1	-.068			-.101			-.036		
Model 2				.037	.027		.026	.015		.037	.027
	Intercept	i_1	3.705**			3.915**			3.448**		
	CG Status (X)	b_1	-.057			-.092			-.023		
	EC Control (*M*)	b_2	-.210*			-.163			-.244**		
Model 3				.038	.023		.027	.011		.037	.022
	Intercept	i_1	3.474**			3.600**			3.395**		
	CG Status (X)	b_1	.058			.064			.004		
	EC Control (*M*)	b_2	-.147			-.077			-.230		
	X x *M*	b_3	-.031			-.042			-.007		

Note. Coefficients with one asterisk are significant ($p < .05$); two asterisks are significant ($p < .01$). CG Status = caregiving status; EC = eldercare.

Research Question 1

Research Question 1 sought to understand if the type(s) of eldercare a person provides has a relationship with WFC, and if so, which types of care result in the most WFC. Using data provided from both types of eldercare providers (eldercare and sandwiched caregivers) at Time 1 in the analysis, I combined individual caregiving type variables to create one combination variable with all potential types of care to use as a predictor variable in a MANOVA (i.e., transportation only, financial management only, financial management and transportation, financial management and assistance with ADLs, etc.; see Table 21 for full list of combinations with WFC, WIF, and FIW means). However, many of the groups contained only between 1 and 5 participants so a MANOVA was not feasible. I omitted the groups with very low *n* sizes from the analysis and conducted a MANOVA using only the five largest groups (1. Transportation and Errands, 2. Errands, Financial, and Transportation, 3. ADLs and Errands, 4. ADLs, Errands, and Transportation, 5. All types: ADLs, Errands, Financial, and Transportation), which had *n* sizes ranging from 10-43, with WFC as the outcome variable. Caregiving type did not have a significant effect on WFC ($F_{(4, 161)} = 1.07$, $p > .05$, $\eta^2 = .03$). To examine both components of WFC individually, I conducted the same MANOVA with the three largest groups as the predictor and WIF and FIW as outcome variables. Caregiving type did not have a significant effect on FIW ($F_{(4, 159)} = 1.22$, $p > .05$, $\eta^2 = .03$) nor on WIF ($F_{(4, 161)} = 1.37$, $p > .05$, $\eta^2 = .03$).

To further explore the effect of type of care provided on WFC, an independent samples *t*-test was conducted comparing those who provide assistance with activities of daily living (ADLs) compared to those who do not provide assistance with ADLs, regardless of whether other types of care were also provided (e.g., financial, transportation), due to the physically demanding and potentially more time-consuming aspect of this type of care. There was not a

significant effect of providing ADLs on WFC, $t_{192} = 1.01$, $p > .05$. To examine both components of WFC individually, I conducted a MANOVA with those who do/do not provide assistance with ADLs as the predictor and WIF and FIW as outcome variables. Providing/not providing ADLs did not have a significant effect on WIF ($F_{(1, 190)} = 2.07$, $p > .05$, $\eta^2 = .01$) nor on FIW ($F_{(1, 190)} = .34$, $p > .05$, $\eta^2 = .00$).

To determine if simply the number of types of care provided affects WFC, a MANOVA was conducted with the sum of types of eldercare provided as the predictor and WFC as the outcome (i.e., financial only or transportation only is one type, financial and transportation is two types, etc.). Sum of caregiving types did not have a significant effect on WFC ($F_{(2, 163)} = 2.06$, $p > .05$, $\eta^2 = .03$). To examine both components of WFC individually, I conducted a MANOVA with the sum of types of eldercare provided as the predictor and WIF and FIW as the outcomes. Sum of caregiving types did not have a significant effect on FIW ($F_{(2, 161)} = 2.31$, $p < .05$, $\eta^2 = .03$) or WIF ($F_{(2, 161)} = 2.05$, $p > .05$, $\eta^2 = .03$).

Table 21

Means and Standard Deviations for WFC, WIF, and FIW by Eldercare Type(s) Provided

	WFC		WIF		FIW	
Types of Eldercare Provided	*M*	*SD*	*M*	*SD*	*M*	*SD*
ADLs and Transportation (*n* = 1)	3.50	--	3.75	--	3.25	--
ADLs and Financial (*n* = 1)	2.00	--	2.00	--	2.00	--
ADLs Financial and Transportation (*n* = 1)	3.50	--	3.50	--	3.50	--
Only Transportation (*n* = 2)	3.94	0.44	4.13	0.53	3.75	0.35
Only ADLs (*n* = 3)	2.33	0.38	2.67	0.63	2.00	0.25
Transportation and Financial (*n* = 4)	2.38	0.47	2.75	0.79	2.00	0.46
Only Errands (*n* = 4)	2.75	0.96	3.06	0.88	2.44	1.13
Errands and Financial (*n* = 6)	2.48	0.92	2.79	1.11	2.17	0.92
ADLs Errands and Financial (*n* = 6)	2.54	0.65	2.88	1.02	2.21	0.68
ADLs and Errands (*n* = 10)	2.58	0.99	2.88	1.20	2.28	0.85
Transportation and Errands (*n* = 29)	2.59	0.85	2.91	0.98	2.23	0.86
Errands Financial and Transportation (*n* = 41)	2.87	0.83	3.10	0.84	2.63	0.97
ADLs Errands and Transportation (*n* = 43)	2.95	0.78	3.41	0.91	2.51	0.88
ALL - ADLs Errands Financial and Transportation (*n* = 43)	2.94	1.04	3.19	1.14	2.68	1.10

Hypotheses 5a, 5b, 5c

Hypotheses 5a, 5b, and 5c proposed that caregiving status predicts the extent to which caregiving predictability, understanding, and control of caregiving duties from Time 1 to Time 2 such that those who provide eldercare have more change (regardless of direction) in caregiving predictability, understanding, and control compared to those who provide childcare. To test these hypotheses, I calculated three absolute value difference variables between caregiving predictability, understanding, and control at Time 1 and Time 2 to be used as outcome variables. I conducted a MANOVA with type of caregiving provided as the predictor and the absolute value difference variables between caregiving predictability, understanding, and control at Time 1 and Time 2 as outcome variables. Caregiving type did not have a significant effect on the absolute difference of caregiving predictability from Time 1 to Time 2 ($F_{(1, 99)} = .00$, $p > .05$, $\eta^2 = .00$), the absolute difference of caregiving understanding from Time 1 to Time 2, ($F_{(1, 99)} = 1.55$, $p > .05$, $\eta^2 = .02$), or the absolute difference of caregiving control from Time 1 to Time 2 ($F_{(1, 99)} = .00$, $p > .05$, $\eta^2 = .00$).

To examine this hypothesis with sandwiched caregivers included in the analysis, I conducted two MANOVAs, one with type of caregiving provided as the predictor and the absolute value difference variables between caregiving predictability, understanding, and control of childcare at Time 1 and Time 2 as outcome variables, and another with type of caregiving provided as the predictor and the absolute value difference variables between caregiving predictability, understanding, and control of eldercare at Time 1 and Time 2 as outcome variables. Caregiving type did not have a significant effect on the absolute difference of childcare predictability from Time 1 to Time 2 ($F_{(1, 93)} = .55$, $p > .05$, $\eta^2 = .01$), the absolute difference of childcare understanding from Time 1 to Time 2, ($F_{(1, 93)} = .76$, $p > .05$, $\eta^2 = .01$), or

the absolute difference of childcare control from Time 1 to Time 2 ($F_{(1, 93)} = .01$, $p > .05$, $\eta^2 = .00$). Caregiving type did not have a significant effect on the absolute difference of eldercare predictability from Time 1 to Time 2 ($F_{(1, 84)} = .46$, $p > .05$, $\eta^2 = .01$), the absolute difference of eldercare understanding from Time 1 to Time 2, ($F_{(1, 84)} = .11$, $p > .05$, $\eta^2 = .00$), or the absolute difference of eldercare control from Time 1 to Time 2 ($F_{(1, 84)} = .01$, $p > .05$, $\eta^2 = .00$).

Hypothesis 6

Hypothesis 6 proposed that caregiving status predicts the extent to which weekly hours spent on caregiving changes from Time 1 to Time 2 such that those who provide eldercare have more change in caregiving hours per week compared to those who provide childcare. To test this hypothesis, I calculated the absolute value difference between weekly hours spent on caregiving at Time 1 and Time 2 to be used as the outcome variable. I conducted an independent samples t-test with caregiving status as the predictor and this new variable as the outcome. There was not a significant difference in mean absolute value difference of weekly caregiving hours from Time 1 to Time 2 between eldercare providers and childcare providers ($t_{99} = .06$, $p > .05$).

To examine this hypothesis for the sandwiched caregivers, I conducted two independent samples t-tests, one comparing the eldercare and sandwiched groups on absolute value difference of weekly hours providing eldercare and another comparing the childcare and sandwiched groups on absolute value difference of weekly hours providing childcare. There was not a significant difference in mean absolute value difference of weekly eldercare hours from Time 1 to Time 2 between eldercare and sandwiched providers ($t_{87} = 1.21$, $p > .05$). There was not a significant difference in mean absolute value difference of weekly childcare hours from Time 1 to Time 2 between childcare and sandwiched providers ($t_{93} = 1.00$, $p > .05$).

Hypothesis 7

Hypothesis 7 proposed that, among eldercare-providers, the quality of the elder-caregiver relationship is negatively related to WFC. To test this hypothesis, I conducted a Pearson's correlation of relationship quality between the elder and caregiver at Time 1 with WFC at Time 2. Hypothesis 7 was not supported; relationship quality reported at Time 1 was not significantly correlated with WFC at Time 2, ($r = .01$, $p > .05$), and similar results were found with both eldercare providers and sandwiched providers included in the analysis, ($r = -.17$, $p > .05$).

Additionally, Hypothesis 7 was conducted with WFC separated into FIW and WIF. Hypothesis 7 was not supported for FIW ($r = .08$, $p > .05$), or WIF ($r = -.06$, $p > .05$), and similar results were found with sandwiched providers included in the analysis FIW: ($r = -.13$, $p > .05$), and WIF ($r = -.18$ $p > .05$).

Hypothesis 9

Hypothesis 9 proposed that, among eldercare providers, anticipatory grief is positively correlated with work-family conflict. To test this hypothesis, I conducted a Pearson's correlation using anticipatory grief at Time 1 and WFC at Time 2. Hypothesis 9 was supported; anticipatory grief reported at Time 1 is significantly correlated with WFC at Time 2, ($r = .48$, $p < .05$). Similar results were found with both eldercare providers and sandwiched providers included in the analysis, ($r = .44$, $p < .01$).

Additionally, Hypothesis 9 was conducted with WFC at Time 2 separated into FIW and WIF. Hypothesis 9 was also supported for FIW ($r = .36$, $p = .01$), and WIF ($r = .48$, $p = .01$), with similar results with sandwiched providers included in the analysis FIW: ($r = .36$, $p < .01$), and WIF ($r = .42$, $p < .01$).

Hypotheses 8 and 10

Hypotheses 8 and 10 proposed that those who provide eldercare only experience more negative emotions and less positive emotions than those who provide childcare only. To test these hypotheses, I conducted a MANOVA with caregiving status at Time 1 as the predictor and negative and positive emotions at Time 2 as the outcomes. Participants' emotions were measured at Time 2 as the outcome with instructions requesting that participants think about their caregiving experiences during the past month and report the extent to which they associated each of the emotions with their caregiving. Hypotheses 8 and 10 were supported, with those providing eldercare reporting more negative emotions ($F_{(1, 98)} = 11.26$, $p < .01$, $\eta^2 = .10$) and less positive emotions ($F_{(1, 98)} = 28.34$, $p < .01$, $\eta^2 = .22$). Means and standard deviations are shown on Table 22.

To investigate the sandwiched group, two MANOVAs were conducted, the first with positive and negative emotions associated with eldercare as the outcome and the second with positive and negative emotions associated with childcare as outcomes. Caregiving status did not have a significant effect on negative emotions associated with eldercare ($F_{(1, 84)} = .64$, $p > .05$, $\eta^2 = .01$) or positive emotions associated with eldercare ($F_{(1, 84)} = 2.82$, $p > .05$, $\eta^2 = .03$); the sandwiched group was to the eldercare group on positive emotions and negative emotions. Caregiving status did not have a significant effect on negative emotions associated with childcare ($F_{(1, 92)} = .30$, $p > .05$, $\eta^2 = .00$) or positive emotions associated with childcare ($F_{(1, 92)} = 1.47$, $p > .05$, $\eta^2 = .02$). Thus, the sandwiched group appeared to be similar to the childcare group on positive emotions and negative emotions. Means and standard deviations are shown on Table 23.

Table 22

Means and Standard Deviations for Negative and Positive Emotions by Caregiving Status for Eldercare and Childcare

	Negative Emotions		Positive Emotions	
	M	*SD*	*M*	*SD*
Eldercare (*n* = 46)	2.26[a]	0.85	3.03[b]	0.78
Childcare (*n* = 54)	1.72[a]	0.76	3.91[b]	0.86

Note. Means that share a superscript within column are significantly different from each other.

Table 23

Means and Standard Deviations for Negative and Positive Emotions by Caregiving Status with the Sandwiched Group Included

	EC Negative Emotions		EC Positive Emotions		CC Negative Emotions		CC Positive Emotions	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Eldercare (*n* = 46)	2.26	0.85	3.03	0.78	--	--	--	--
Sandwiched (*n* = 40)	2.09	0.91	3.37	1.08	1.64	0.72	4.12	0.78
Childcare (*n* = 54)	--	--	--	--	1.72	0.76	3.91	0.86

Note. EC = eldercare; CC = childcare.

DISCUSSION AND CONCLUSION

Although eldercare has not been studied to the same extent as childcare in the work-family literature, the need for eldercare is on the rise, with more than 41 million people in the US providing care to an elder who requires assistance (Bureau of Labor Statistics, 2017). Because more than half of these caregivers are also employed, eldercare should be of utmost importance to the work-family literature and organizations who employ those who also provide care to elders. As mentioned herein, a few relatively recent studies in the work-family literature have focused on understanding how eldercare impacts outcomes (e.g., Greaves et al., 2015; Kim et al., 2011; Neal & Hammer, 2007; Zacher & Winter, 2011; Zacher et al., 2012; Zacher & Schulz, 2014), but this type of caregiving has not garnered as much attention from researchers or organizations relative to childcare. As a result, it has not been clear how these two caregiving experiences differ and how these differences affect employees' work-family conflict or other aspects of their work and lives.

The purpose of this study was to undertake an initial examination of several key differences between eldercare and childcare and whether these differences impact WFC, as well as some nuances of the eldercare experience and their effects on WFC (e.g., anticipatory grief). In general, hypotheses regarding the structural differences between eldercare and childcare were supported, but these differences did not moderate the relationship between caregiving and WFC. That is, although eldercare is less predictable, understandable, and controllable than childcare, this does not result in more WFC for those providing eldercare compared to childcare. Results regarding the unique aspects of eldercare and their relationships with WFC were mixed and are discussed further below.

This study further contributes to the work-family literature by outlining a framework for describing caregiving and identifying how they might differ and how they potentially impact the work role. As a way of understanding the key differences between eldercare and childcare, I proposed that they differ on at least three dimensions. First is structurally, including the predictability, understanding, and control over caregiving duties, as well as differences in organizational support for caregiving duties. Second is relationally, focusing on the caregiving relationship between the caregiver and the care recipient as well as between the caregiver and others assisting in the care of the dependent (e.g., family, friends, or paid nurses/aides). Third is emotionally, focusing on emotions the caregiver experiences that are associated with caregiving, such as joy, sadness, or grief). Beyond the scope of this dissertation was a fourth dimension: culturally, or the extent to which aspects of one's culture supports or reinforces expectations of caring for elders. Prior studies of eldercare in the work-family literature (e.g., Neal & Hammer, 2007; Zacher & Winter, 2011; Zacher et al., 2012; Zacher & Schulz, 2014) have not investigated the specific differences between eldercare and childcare experiences as part of their work. This theoretical model and its dimensions provide a framework for studying and understanding the impact caregiving components have on caregiver well-being and job-related outcomes.

Key findings from this study show ways in which eldercare is distinct from childcare. This was demonstrated in multiple ways. For example, caregiving status was found to affect the predictability, understanding, and control of caregiving duties such that those who provided eldercare-only had significantly lower scores on all three of these proposed antidotes to stress compared to those who provided childcare-only. Regarding the emotional component of caregiving, those with eldercare responsibilities only had more negative emotions and less positive emotions than those who provided childcare-only. These results paint a picture of

eldercare as a different and more demanding type of caregiving compared to childcare. Specific findings and implications will be discussed below.

Structural Aspects of Eldercare

Although my results supported the hypotheses regarding key differences in structural aspects of eldercare and childcare, the results did not support the proposition that these differences would result in more WFC for eldercare providers. Results show that eldercare and childcare do not differ significantly on WFC (nor FIW and WIF individually). Further, although Hypotheses 2a, 3a, and 4a propose that those who provide eldercare feel that they have less ability to predict, control, and understand their caregiving than those providing childcare, these components were not shown to moderate (Hypotheses 2b, 3b, and 4b) the Hypothesis 1 relationship. These findings indicate that although eldercare and childcare are different, these differences are not associated with different levels of WFC.

Propositions regarding prediction, understanding, and control drew on Sutton and Kahn's (1987) antidotes to stress model. Although this model is popular as a heuristic, it has not been thoroughly tested empirically (Jimmieson & Terry, 1993; Tetrick & LaRocco, 1987) and the literature is mixed regarding the utility of different components (control, e.g., Bosma et al., 1998; Spector, 2002). This work was the first study to apply this framework in the work-family area with WFC as the manifestation of stress. Findings from this study indicate that predictability, understanding, and control do not function as antidotes to WFC.

Sutton and Kahn's (1987) model does not account for a fourth potential antidote to stress: resources. In accordance with the job demands-resources (JD-R) model (Bakker & Demerouti, 2007; Bakker, Demerouti, & Schaufeli, 2003; Demerouti & Bakker, 2011) job resources buffer experiences of strain. The JD-R model could be applied to the experience of caregiving in the

future to further understand how social support, organizational benefits, and other resources buffer effects of the demanding aspects of caregiving.

Future research on eldercare should seek to determine why these factors do not function as antidotes to WFC and investigate other potential impacts of these factors (e.g., on the well-being of caregivers). It is possible that the structural differences in caregiving affect only the nonwork domain and do not cross over and impact the work role. For example, perhaps the caregiver only provides care one day per week on a nonwork day and the structural differences in caregiving are contained to that nonwork time (e.g., he/she may be unable to predict when care is needed and what type of care is required that day, but he/she knows it is confined to just that day when work is not a competing demand). Alternatively, it could be the case that those providing eldercare do not perceive it as having an impact on the work role, but others in the work domain do. Having additional input from people in both work and family domains of the caregiver would be useful. For example, interruptions from eldercare could seem to be small (e.g., a quick phone call to a doctor's office, etc.) and to not interfere with the work role from the caregiver's perspective, but the caregiver's supervisor could interpret these interruptions as problematic and observe reduced productivity due to interruptions in focus (see additional future research directions section below). Finally, it is possible that these factors, consistent with previous research, are not good antidotes to stress. Numerous studies have indicated that resources are an important buffer for reducing strain, perhaps more so than the antidotes in Sutton and Kahn's (1987) model. As an example from the work-family literature, a meta-analysis has shown that one particular resource, social support at work, is important for WFC (Kossek et al., 2011).

Change in Structural Aspects of Caregiving from Time 1 to Time 2

Although participants rated eldercare as less predictable than childcare, many of the structural components of caregiving did not change more from Time 1 to Time 2 for those providing eldercare relative to those providing childcare. Specifically, Hypotheses 5a, 5b, and 5c proposed that there would be more change between Time 1 and Time 2 in eldercare compared to childcare in terms of (a) predictability, (b) understanding, and (c) control. None of these hypotheses were supported. Additionally, Hypothesis 6 proposed that there would be more change in weekly caregiving hours from Time 1 to Time 2 for those providing eldercare compared to those providing childcare. This hypothesis was also not supported.

There are several possible explanations for these findings. Although these factors were measured at both Time 1 and Time 2 approximately one month apart, information was not collected about the length or phase of the caregiving experience and these therefore cannot be ruled out as confounding variables. For example, early in the caregiving experience, it is likely that there will be more volatility in prediction, understanding, and control than when the caregiving experience has been on-going and become established. Further, it is likely that those who provide eldercare become more skilled over time at managing their caregiving. This is probably an important component of the caregiving experience and a predictor of caregiving self-efficacy, which should also be investigated further.

Additionally, information was not collected about important caregiving events that might or might not have occurred during the course of the study. For example, perhaps most people who provide eldercare experience a somewhat stable (although lower compared to childcare) levels of predictability, understanding, and control of their caregiving responsibilities until a sudden event affects the caregiving experience (e.g., the elder has a stroke and requires

significantly more care). Due to the unpredictable nature of eldercare, the phases of progression are likely less uniform and predictable relative to childcare, but there could be a predictable series of events following a major health-related event affecting the elder's functioning. Capturing this information in future studies could be important and explain why WFC did not differ between eldercare and childcare. Perhaps those caring for elders intensively after a major health-related event experience high levels of WFC. Ideally, I would be able to use experience sampling methods to capture day-to-day challenges in caregiving following severe and unexpected events, but this would be difficult to accomplish because (a) identifying and recruiting individuals following unexpected events would be difficult to plan due to their unexpected nature and (b) few people would want to participate because, practically, as caregivers they would be busy with more immediate and important needs.

Future research should examine how these events impact the caregiving experience and subsequent outcomes of caregivers. These events could function similarly to the unfolding model of voluntary employee turnover (Lee & Mitchell, 1994) in the work context, where employees experience different events as "shocks" that lead them down different decision paths to voluntary turnover. It is possible that the sudden health-related events in eldercare represent "shocks" to caregiving that vary in intensity and type and accordingly lead to different and more or less drastic changes to the caregiving experience that have potential to negatively affect the caregiver in both their work and personal lives.

Types of Eldercare

As a research question, types of eldercare provided was examined as an additional investigation of the eldercare and WFC relationship. Results show that the top 5 combinations of types of eldercare provided did not significantly predict WFC (or FIW or WIF individually).

Interestingly, providing ADLs versus other types of care was also not a significant predictor of WFC (or FIW or WIF individually), indicating that more hand-on care of the elder does not lead to more WFC than the other types. The sum of types of care provided (ranging from 1 type to all 4) was also examined and found to not be a predictor of WFC, and the same was found when examining the two components of WFC individually. These findings show that although there is variance in the type(s) of eldercare provided, there does not seem to be a particular type of eldercare that leads to a higher level of WFC than others.

Although this study examined the relationship between types of caregiving provided and WFC in numerous ways and did not find a significant effect on WFC, the list of caregiving types in the survey was neither a granular nor an exhaustive set. A larger sample size and a more detailed list of caregiving types with time spent on each type of care would allow for a more extensive investigation of how types of eldercare impact work-family conflict and other important outcomes.

Emotional Aspect of Caregiving

The experiences of providing childcare vs. eldercare were shown to be different emotionally. As proposed, those providing eldercare were found to associate more negative emotions (Hypothesis 8) and less positive emotions (Hypothesis 10) with their caregiving experiences. Anticipatory grief (i.e., feeling grief regarding the approaching death of a loved one; Rando, 1983) was examined as a unique component of the eldercare experience and was found to be positively related to WFC (Hypothesis 9). Anticipatory grief and negative emotions associated with caregiving were the only two variables in the present study that were positively related to WFC. These findings taken together are important and highlight the emotional toll that

comes with providing care to elders during the final stages of life. Additionally, they show that the emotional component of caregiving impacts both the work and family roles.

There are likely wide-reaching implications of these findings that should be studied. Experience sampling methods could be used to collect rich data and understand more about the emotional aspects of eldercare. For example, some of the most emotional moments of providing care likely relate to the decline of the elder's health, particularly when the decline is salient, such as after a major health event requiring an increase in care. A daily diary study could detect these emotional shifts and examine both their antecedents and effects on those providing eldercare, including depletion of resources and experiences of strain.

Another important area worthy of further research is the toll that negative emotions and anticipatory grief have on the caregiver. These negative emotional experiences likely drain resources that need replenishing via more positive experiences (Hobfoll, 1998). Because these findings suggest that eldercare providers have more negative emotions, it is likely that they need more time or positive experiences to replenish the resources spent on caregiving than those with childcare responsibilities. Future research should examine how recovery experiences differ between these two caregiving roles: Do eldercare givers experience enough recovery to offset the negative emotional aspects of eldercare? Are they slower to recover from their caregiving duties than childcare providers? Do eldercare providers actively seek enough positive experiences to replenish their resources? Do childcare providers experience recovery from some positive aspects of caregiving that eldercare providers do not? Answering these questions would provide valuable insight into the (likely) unique recovery needs of eldercare providers.

Relational Aspect of Caregiving

The relational aspect of eldercare was examined herein as the eldercare experience is likely complicated by role reversal of the child and elder in cases where the elder is a parent of the caregiver. To investigate the relational aspect, I measured the relationship quality of the caregiver-care recipient relationship and proposed that the quality of the relationship would be negatively related to WFC (Hypothesis 7). This hypothesis was not supported. Overall, the relationship quality of elders and their caregivers was high ($M = 4.17$), and relationship quality was not negatively related to WFC.

While the relational aspects of eldercare were examined in this work in the form of relationship quality between the caregiver and the elder, the relational aspects of childcare were not measured for comparison purposes. This was a narrow operationalization, and future research should test the relational components of both caregiving experiences and measure more facets of the caregiving relationship. Although role reversal is not a factor for childcare, there are likely other kinds of relational issues that arise in childcare that might be contingent on several factors, such as the age of the child, the marital status of the parents, the custody arrangements for parents who live in separate households, etc. For these reasons, it is possible that varied caregiving circumstances result in eldercare and childcare having similar levels of relationship strain overall (e.g., divorced parents of teenagers might experience similar levels of relationship strain relative to those serving as the sole caregiver to an elder who is resistant to care).

The relational differences between eldercare and childcare are likely quite impactful for caregivers. Expanding the narrative to include others involved in the caregiving process is essential for a holistic understanding. Similar to collecting employee attitude data from employees, it is often useful to collect additional information from managers and peers. Having

these additional data points provides a more comprehensive understanding of the situation. These 360-type evaluations provide insights into how people influence, and are influenced by, others that they interact with.

This study focused solely on the caregivers' perspective, framing the relational aspect of caregiving as an individual characteristic. For a richer understanding of the relational component of eldercare, it is important to understand the care recipient's perspective, that is, a dyadic and interactive characteristic. Future research in this area should study (a) the relationship quality between the caregiver and recipient more extensively, (b) the nature and quality of care received, and (c) his/her perceived level of independence/care he/she requires. As described briefly in this work, the role reversal component of a son/daughter caring for their ailing parent is an interesting factor worthy of further examination. It is also possible that in some cases (1) an elder is resistant to care and does not perceive that care is needed despite the advice of medical professionals, or (2) the potential caregiver does not perceive eldercare is needed despite the advice of medical professionals. In either situation, the caregiving experience is likely stressful and relationally complex.

Cultural Differences in Caregiving

This dissertation focused on structural, emotional, and relational factors that could describe and influence caregiving experiences. However, these are not the only factors that are relevant to caregiving. As is obvious in the introduction to this work, caregiving expectations and supports differ across cultures. The cultural context is likely a higher-order factor influencing the caregiving experience. The cultural context affects caregiving in such a pervasive way that it influences all components of the caregiving framework described herein. Rather than being a fourth component worthy of investigation, it is more like a box that should be drawn around the

entire model. This is because culture shapes the structure of eldercare as well as the expectations of family members to provide care as will be described in more detail below. The following two studies (Kagitcibasi, 1982; Kagitcibasi & Ataca, 2015) establish culture as a strong, influencing factor of the eldercare experience.

Recent initial research demonstrates that culture plays a role in caregiving to elders in several ways (e.g., Kagitcibasi & Ataca, 2015; Zacher & Winter, 2011). First, a caregiver's own cultural expectations, beliefs, and values appear to play a role in how they view the elderly and how they view their role and obligations as eldercare providers. The responsibility of employees to care for elders may be influenced by their religious, moral, and cultural beliefs, as well as by the public policies of their location/in their area regarding eldercare. For example, Zacher and Winter (2011) note that in Germany, it is expected that the immediate (usually female) family members provide eldercare, and that elderly family members often live with their immediate families (in part due to mandatory, universal long-term care insurance that is paid by both employees and employers to benefit in-home eldercare and prevent elder institutionalization). No such mandatory, government-funded long-term care insurance for the elderly exists in the US, which likely results in a very different experience for those who provide eldercare in the US.

Few studies have examined eldercare cross-culturally. One notable exception is Kagitcibasi and Ataca (2015), who recently conducted a descriptive cross-cultural study of the value of caregiving regarding the interactive effect of culture and socio-economic status (SES) on value of children (VOC; as perceived by parents) and caring for elders across cultural contexts. This study used the two VOC studies from the 1970s and 2005 (Bulatao, 1979; Albert, Trommsdorff, Mayer, & Schwarz, 2005). Their analyses show that families with high SES provide more emotional support care to elders rather than financial or utilitarian support, and that

this care is usually provided by daughters of the elders. Similarly, as the SES of a country developed over time and wealth increased, emotional interdependence and independent values increased, while interdependence values of family members decreased (Kagitcibasi & Ataca, 2015).

These results indicate that SES influences the type(s) of care provided, with those living in wealthier cultures and having higher SES being more likely provide emotional support and those in cultures with lower SES provide more hands-on and financial support to elders. Indeed, elders from rural, low-SES areas of Turkey reported requiring that sons take care of their parents as a basic duty, while wealthier elders from more developed areas of the United States only wanted their children to be self-sufficient (Kagitcibasi, 1982). These initial investigations indicate that eldercare experiences differ by culture, partially due to differences in SES and government-funded programs and support for caregiving, but probably also due to cultural expectations of what eldercare should look like. Further investigation is needed to determine all of the ways culture shapes the eldercare experience and work-related outcomes of employed caregivers.

Regarding the structural component, Kagitcibasi's (1982) findings indicate that caregiving differs structurally across cultures based on wealth and governmental support. Regarding the emotional dimension of the model, Kagitcibasi and Ataca (2015) demonstrate that culture shapes expectations of caregiving and the emotional aspects of eldercare. It is plausible that culture impacts the relational component as well. As an example, if one's culture is such that multigenerational households are the norm, the role reversal and resulting strain described herein may not be unexpected or lead to relationship strain. The caregiver and recipient are likely to be more accepting as they learned this eventuality as small children watching their grandparents age

in their homes. Future studies in this space should consider the cultural context and seek to understand how it changes the eldercare and/or childcare experiences of working adults.

Sandwiched Caregivers

Although sandwiched caregivers were not the focus of this work, they were examined as a third group of caregivers in addition to childcare and eldercare providers. The pattern of results indicate that sandwiched caregivers have better caregiving experiences (slightly more predictability, understanding, and control of caregiving, and positive emotions) and better outcomes than eldercare providers in most ways (lower WFC and negative emotions), but generally not as high as childcare (only) providers. This pattern of results indicates that sandwiched caregivers generally fall somewhere between childcare and eldercare on the structural components and WFC, with childcare having the highest scores, then sandwiched caregivers, then eldercare providers.

The explanation for these findings is unclear, but there are several plausible explanations. It is possible that sandwiched caregivers are more skilled or confident in their caregiving compared to those who only provide eldercare due to the variety of their caregiving duties and experiences caring for children. For example, feeding a young child is likely similar to feeding an adult with diminished motor skills. It is also plausible that the more positive emotional experiences of childcare and the more negative emotional experiences of eldercare identified in the present study even out and result in neutral outcomes for sandwiched caregivers relative to childcare and eldercare providers. Perhaps a middle-aged woman living in a multigenerational household caring for both her young daughter and elderly mother experiences the resource depletion of having to provide care to both, but also finds one or both of the caregiving experiences to be rewarding and a source of resources at times, and thus experiences resource

gain. There could be joy in seeing her daughter and mother interact. It might even be the case that sandwiched caregivers have resources from this caregiving that eldercare-only caregivers do not have. Elders who need care are not necessarily unable to help with childcare, household chores, and the like. Additionally, some children (depending in part on age) may be able to help with some eldercare duties. Thus, an investigation into the resources and not just the deficits of caregiving is warranted.

Implications

This study represents an initial investigation of fundamental differences between eldercare and childcare and has many implications for both researchers and organizations employing eldercare providers.

Organizational support

Results of this work indicate that those who provide eldercare have more difficult caregiving experiences than those who provide childcare. Although future research should examine further how this impacts the work role, organizations should be aware of these differences and plan to support these employees in their efforts to balance both their caregiving and work responsibilities. Although these results indicated that eldercare and childcare givers did not differ in WFC, organizations should still provide support for employees because providing support will benefit employees with eldercare responsibilities and might also make the organization more attractive to potential candidates who may need support in the future or simply prefer to work for organizations that are socially progressive.

Many companies offer some form of support for childcare (e.g., onsite childcare, flexible work arrangements for childcare activities, etc.), but organizations have only recently started implementing eldercare support policies and programs. For example, Neal and Hammer (2007)

examined 500+ U.S. companies and found that 20% offered eldercare referral services, 15% provided eldercare leave to employees, 3% provided emergency eldercare services, and 2% subsidized eldercare. Interestingly, more recent research indicates a reduction of eldercare referral services, with only 9% of corporations offering these services in 2011 compared to 22% in 2007 (SHRM, 2011). According to AARP (2015), 60% of employed eldercare providers in the US adjust their work roles or withdraw from the workforce altogether due to caregiving demands. Adjustments to the work role include taking leaves of absence, reducing working hours, switching jobs, or withdrawing from the workforce completely. These findings underscore the importance of organizations providing support for eldercare.

Further, there is some evidence that employees are in favor of organizations adopting these policies regardless of their personal need for them. For example, Shoptaugh et al. (2004) found that 75% of participants in their study supported organization-sponsored eldercare programs independent of their current need for the programs. These findings indicate that providing eldercare support to existing employees could be a win-win for employees providing eldercare and their employing organization: current employees would receive support with caregiving and the organization could promote this is a desirable job benefit to attract talent.

Social Support for Eldercare Providers

Results from this work show that those providing eldercare experience anticipatory grief, which has a positive relationship with WFC. Anticipatory grief is unique to the eldercare role (i.e., the care recipient is at the end of his/her life, which is sad and leads to preemptive grief for the loss of the elder) and likely not always shown to or understood by those working with employees who have eldercare responsibilities. It is likely that this is a silent burden, unnoticed by others in the work domain--particularly in organizations that do not provide eldercare

resources and support. Providing resources, such as social support, to those experiencing anticipatory grief could reduce their WFC and improve their well-being. To this end, future research should examine if social support from coworkers, supervisors, or others improves outcomes.

Limitations and Additional Future Research Directions

This study is limited by all data being self-reported. Further, this study included two surveys conducted one month apart. Separating the collection of details regarding the caregiving experience from the outcomes of interest was intentional for reducing common method bias and demonstrating effects over time but was not as useful as an experience sampling study would be for examining caregiving experiences. An experience sampling method might be a better methodology for understanding the uniqueness of these caregiving experiences and their effects on the family and work roles, and well-being of employees. Further, technologically-advanced methods could be used to track and further understand caregiving-related activity directly, such as fitness trackers, body cameras, or other devices that capture and record physical activity.

Some trade-offs were made between the participant experience and having the most useful data. For example, age data were collected categorically so a participant would not have to scroll through a very lengthy dropdown of years. Collecting it this way is less useful for statistical analysis and does not permit the calculation of mean age but resulted in a better participant experience due to reduced time spent taking the survey (i.e., less dropdown menu options to scroll through).

As this study is an initial examination, there are likely many more distinct characteristics of providing eldercare that were not captured in the present study, many of which can and should be directly compared to childcare. Examples include the effects of cultural differences,

organizational support for eldercare, the type and quality of relationships with co-caregivers, various aspects of caregiving types and tasks, information regarding third-party caregivers, and a focus on more work-related outcomes, which are discussed in further detail below.

Segmentation

One interesting aspect that could explain the eldercare and childcare differences not resulting in more or less WFC could be differing levels of segmentation of the work and family roles. It is possible that those providing eldercare develop higher levels of segmentation of their work and caregiving roles than those providing childcare due to the unpredictable nature of providing eldercare. Because eldercare is structurally unpredictable, some eldercare providers might intentionally take shifts or arrange to be "on call" for eldercare needs only after working hours if they are able to arrange for other care during working hours. It is possible that those providing eldercare are able to have other caregivers on hand for eldercare more often relative to childcare (e.g., siblings, paid healthcare professionals, etc.) due to the less defined responsibility and roles of eldercare.

Work-related Outcomes

A fruitful avenue for future research is determining if the differences between eldercare and childcare are predictive of other important individual and organizational outcomes such as caregiver life satisfaction, well-being, absenteeism, work disruptions, job performance, and turnover. Indeed, some eldercare providers report being given warnings regarding performance concerns or attendance issues (AARP, 2015), but it is unclear if this is experienced more for those who provide eldercare compared to childcare. Because eldercare responsibilities are less predictable, understandable, and controllable than childcare responsibilities, eldercare providers likely experience more frequent interruptions at work and absenteeism relative to childcare

providers. Organizations providing less support for this type of caregiving relative to childcare combined with the more negative emotional effects of eldercare might lead those with these responsibilities to be less likely to request support in the work domain, leading to eventual turnover. Understanding more about these effects could be beneficial for both employees and their organizations, as discussed in detail below.

Organizational Support for Caregiving

The current study did not investigate organizational support received by caregivers, although it likely plays an important role in the outcomes of both eldercare and childcare providers. Future research should examine the role organizations play in supporting those with eldercare responsibilities, the types of eldercare support they provide, and how well employees with eldercare responsibilities compared to those with childcare responsibilities are supported by organizations. For organizations offering these benefits and accommodations, future research should seek to fully understand how often they are utilized by employees and their effects, including how useful they are at reducing the WFC experienced by employees.

Conclusion

The present study provides a fundamental understanding of the structural and emotional differences between childcare and eldercare as caregiving experiences. Further, it provides an initial investigation of these differences as related to WFC. Notably, the results of this study indicate that eldercare is often fraught with anticipatory grief, too many negative emotions, and not enough positive emotions, all of which are related to WFC. The initial findings in this work serve as a catalyst for the future studies of eldercare in the work-family literature and for organizations to provide more support to employees with these caregiving responsibilities.

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APPENDIX A

Survey Materials

General Demographic Items

Please select your employment status from the list below.

- Employed full time (35+ hours per week)
- Employed part time (20+ hours per week)
- Unemployed and looking for work
- Unemployed and not looking for work
- Unemployed and not looking for work due to disability
- Unemployed student
- Retired

How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or older

Do you have children?

- Yes
- No

Do you provide care to one or more persons over 65 years of age who requires assistance?

- Yes
- No

Please select your gender.

- Male
- Female
- Transgender Male
- Transgender Female

Please select your race/ethnicity from the list below.

- American Indian or Alaska Native
- Asian
- Black or African-American
- Latina/o or Hispanic
- Middle Eastern
- Native Hawaaian or Pacific Islander
- White
- Not listed (please specify): _____

How many hours do you work per week at a paying job on average?

- 20-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61+

Please select your household income from the list below.

- Less than $10,000
- $10,000 - $19,999
- $20,000 - $29,999
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $80,000 - $89,999
- $90,000 - $99,999
- $100,000 - $149,999
- More than $150,000

Please select your marital status from the list below.

- Never married
- Separated
- Divorced
- Widowed
- Married

Please select your job type.

- Hourly worker
- Salaried worker
- Other (please specify): _____

Childcare Demographic Items

How many children do you serve as the primary caregiver for? (Please note: Being a primary caregiver means that you are the person who is most responsible for the health and well-being of the child(ren).)

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

How many children do you have?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

How old is your child?/How old are each of your children?

- Less than one year old
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18+

How many of your children currently live in your home?

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

How many hours do you spend per week, on average, providing childcare?

- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 50+

Eldercare Demographic Items

How many elders do you care for?

- 1
- 2
- 3
- 4
- 5
- More than 5

How old is the elder?/How old is each elder?

- 65-70
- 71-75
- 76-80
- 81-85
- 86-90
- 91-95
- 96-100
- 100+

How many of these elders currently live in your home?

- None
- 1
- 2
- 3
- 4
- 5
- More than 5

How many elders do you serve as the primary caregiver for? (Please note: Being a primary caregiver means that you are the person who is most responsible for the health and well-being of the elder(s).)

- None
- 1
- 2
- 3
- 4
- 5
- More than 5

How many hours do you spend per week, on AVERAGE, providing eldercare?

- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 50+

What type(s) of care do you provide to the elder(s)? Please select all that apply.

- Transporting the elder(s) to/from appointments
- Completing errands on behalf of the elder(s) (e.g., grocery shopping)
- Financial management and/or estate planning (e.g., bookkeeping, etc.)
- Assistance with activities of daily living (e.g., feeding, bathing)

Eldercare Survey Questions

Predictability of Eldercare
(*Not at all, A little, A moderate amount, A lot, A great deal*)

1. How much are things that affect you during eldercare predictable, even if you can't directly control them?
2. How much can you generally predict the amount of eldercare work you will have to do on any given day?
3. How much are you able to predict what the results of decisions you make during eldercare will be?
4. How much control do you have personally over how much eldercare work you get done?

Understanding of Eldercare
(*Not at all, A little, A moderate amount, A lot, A great deal*)

1. To what extent do you know why the elder(s) you care for act the way they do?
2. To what extent do you know why others who assist with caregiving for your elder(s) act the way they do?
3. To what extent do you understand the reasons underlying changes to your eldercare tasks?
4. To what extent do you understand the reasons underlying decisions made by others that affect your eldercare tasks?
5. In general, how much overall understanding do you have of your eldercare and eldercare-related matters?

Control of Eldercare
(*Not at all, A little, A moderate amount, A lot, A great deal*)

1. How much control do you have over the variety of methods you use in completing your eldercare tasks?
2. How much control do you have personally over the quality of your eldercare tasks?
3. How much control do you have over the sources of information you need to do your eldercare tasks?
4. How much control do you have over how you do your eldercare tasks?
5. In general, how much overall control do you have over eldercare and eldercare-related matters?

Work Interference with Family
(*Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree*)

1. After work, I come home too tired to do some of the things I'd like to do.
2. On the job I have so much work to do that it takes away from my personal interests.
3. My family/friends dislike how often I am preoccupied with my work while I am at home.
4. My work takes up time that I'd like to spend with family/friends.

Family Interference with Work
(*Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree*)

1. I'm often too tired at work because of the things I have to do at home.
2. My personal demands are so great that it takes away from my work.
3. My superiors and peers dislike how often I am preoccupied with my personal life while at work.
4. My personal life takes up time that I'd like to spend at work.

Positive and Negative Emotions Associated with Eldercare
Thinking about your experiences providing care to an elder(s) during the past month, to what extent do you associate each of the following emotions with your caregiving?
(*Not at all, A little, A moderate amount, A lot, A great deal*)

1. Joy
2. Sadness
3. Anger
4. Pride
5. Hope

Eldercare Relationship Quality
Regarding the elder/each elder you care for, please rate the extent to which you agree or disagree with each of the following statements:
(*Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree*)

1. The elder shows that he/she loves me.
2. We like each other.
3. Our lives are better because of our relationship.
4. The elder is important to me.
5. We care about each other's well-being.
6. We have accepted each other's gentle criticism of our faults and mistakes.
7. The elder has made some real sacrifices for me in the past.

Anticipatory Grief
How often have you experienced each of the following thoughts/feelings/behaviors since you began providing care to an elder?
(*Not at all, Occasionally, Frequently*)

1. Felt overwhelmed at the thought of being without the elder(s).
2. Thought of plans that you had for the future that will likely not come to pass because of the elder's impending death.
3. Experienced anger or bitterness over what you were losing.
4. Found yourself grieving in anticipation of the loss of the elder(s).
5. Thought about what your lifestyle will be like without the elder(s).

Childcare Survey Questions

Predictability of Childcare
(*Not at all, A little, A moderate amount, A lot, A great deal*)

1. How much are things that affect you during childcare predictable, even if you can't directly control them?
2. How much can you generally predict the amount of childcare work you will have to do on any given day?
3. How much are you able to predict what the results of decisions you make during childcare will be?
4. How much control do you have personally over how much childcare work you get done?

Understanding of Childcare
(*Not at all, A little, A moderate amount, A lot, A great deal*)

1. To what extent do you know why the child(ren) you care for act the way they do?
2. To what extent do you know why others who assist with caregiving for your child(ren) act the way they do?
3. To what extent do you understand the reasons underlying changes to your childcare tasks?
4. To what extent do you understand the reasons underlying decisions made by others that affect your childcare tasks?
5. In general, how much overall understanding do you have of your childcare and childcare-related matters?

Control of Childcare
(*Not at all, A little, A moderate amount, A lot, A great deal*)

1. How much control do you have over the variety of methods you use in completing your childcare tasks?
2. How much control do you have personally over the quality of your childcare tasks?
3. How much control do you have over the sources of information you need to do your childcare tasks?
4. How much control do you have over how you do your childcare tasks?
5. In general, how much overall control do you have over childcare and childcare-related matters?

Work Interference with Family
(*Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree*)

1. After work, I come home too tired to do some of the things I'd like to do.
2. On the job I have so much work to do that it takes away from my personal interests.
3. My family/friends dislike how often I am preoccupied with my work while I am at home.
4. My work takes up time that I'd like to spend with family/friends.

Family Interference with Work
(*Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree*)

1. I'm often too tired at work because of the things I have to do at home.
2. My personal demands are so great that it takes away from my work.
3. My superiors and peers dislike how often I am preoccupied with my personal life while at work.
4. My personal life takes up time that I'd like to spend at work.

Positive and Negative Emotions Associated with Childcare
Thinking about your experiences providing care to a child(ren) during the past month, to what extent do you associate each of the following emotions with your caregiving?
(*Not at all, A little, A moderate amount, A lot, A great deal*)

1. Joy
2. Sadness
3. Anger
4. Pride
5. Hope