

Eldercare in the Workforce

An Honors Thesis (HONRS 499)

by

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A handwritten signature in black ink that reads "Ronald Dolon". The signature is written in a cursive style with a large, prominent initial "R".

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Abstract

This paper discusses the growing number of elderly in the United States and how important it is to businesses in the United States to incorporate policies that help employees who are family caregivers. The first part of the paper introduces the problem of eldercare in society. The paper's second part discusses the demographics of caregivers. Moreover, the third part of the paper reviews different programs that have been tested within the nation. Finally, the third part of the paper discusses what should be done within businesses to help the family caregivers.

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Introduction/Problem

In today's society, there are 33 million elderly and this number is growing at an incredibly rapid pace. Many of these elderly face physical problems, medical problems, and many other problems. As a result of all the problems the elderly face, many elderly people need someone to help them in their daily activities. The responsibility of helping the elderly usually falls to a family member(s) who becomes the primary family caregiver for that elderly individual.

According to the Executive Director of Children of Aging Parents, "caregiving' has become the fastest growing unpaid profession in America and it has had a profound impact on families, employers, and the national economy." It has been estimated that 14.4 million people in the United States who work either full or part-time are balancing work with a caregiving role (Metropolitan Life 1997). By the year 2020, one in three workers will be providing caregiving for an aged parent or relative (www.orion.org). Having an aged parent or relative that needs taken care of requires a lot of time, which can take away time from the caregivers job responsibilities. The majority of the low productivity, absenteeism, decreased morale, and turnover that company's experience can be linked to the inability of the family caregiver to meet the demands of both family and work. Caring for an elderly parent or relative has cost businesses in the United States at least \$11.4 billion per year in time off from work and stress related injuries and illnesses (www.centerforhealthyaging.com). In order for businesses to be family

friendly and flexible, businesses have to deal with the impact that family concerns have on productivity and start to develop programs that accommodate the schedules and situations of the increasing number of caregivers (Hunt 1998).

Many businesses have policies that are in place for caregivers of children, but have not paid attention to the fact that our society, as a whole, is growing older. A study that was taken of ninety-six New York area companies found that only ten percent of these companies had some kind of policy that was designed to help the employee caregiver (Kola and Dunkle 1988).

Employees who are elder caregivers face many of the same problems as those employees who have young children (Kola and Dunkle 1988).

However, there are clear differences between the two situations. One of the differences is that there is a possibility of geographical distance between the caregiver and the elder. There is an estimated seven to eight million elderly that live beyond an hour's ride away from at least one child (www.careerpoet.com). Another difference is financial strain. Many caregivers also have children for whom they have responsibilities. It is hard on the caregivers budget to add another person who might require any number of costly medications, doctor's visits, medical equipment, etc. that is required for an elderly person. There is also the health of the aged parent or relative that has to be a concern. The emotional history of the family, and the incomplete role shift between parent and adult child needs to be taken into

consideration. All of these differences play a role in how an employee functions in the work setting.

As mentioned earlier, caring for an elderly demands that the caregivers give up great amounts of her personal time. In addition, lacking the proper training, knowledge, and information of resources that are available, can cause a tremendous amount of stress and anxiety for the caregiver.

Caregivers face many challenges when it comes to caring for an elderly individual. One of the challenges that a caregiver faces is that they are living by someone else's schedule. The caregiver has to plan her day around when medication has to be given, meal times, bathing and dressing times, if there is a doctor's appointment etc. A second challenge that is faced by a caregiver is that there is a lack of respect and appreciation for what she is doing to help the elderly individual by the individual and by other family members.

Caregivers also face the challenge of trying to find services that are affordable and that benefit the elderly individual and the family caregivers.

When a caregiver is over-stressed from caring for the elder, both the caregiver and the person that is receiving the care are at risk. The family caregiver is at risk for being susceptible to illnesses, such as colds or flu. There have been some studies done that have shown that "prolonged stress may increase the chance of developing a serious illness, such as cancer and heart disease" (www.caregiving.com). In addition, the person who is receiving the care may not be cared for properly if the caregiver is over-stressed. The caregiver may lack the patience, and also the ability to think

clearly enough, to handle the vast needs of the elder receiving the care. For example, the care recipient might not get the right medications at the right times, could miss an important doctor's office visit, or, in rare instances, not get their food at meal times.

Demographics of Caregivers

According to the Wall Street Journal, there are 22 million adult family caregivers. Of these 22 million adults, 18 million of the family caregivers are middle-aged women who hold jobs and have children who are still in school (www.careerpoet.com). These women are what are becoming known as the "sandwich generation" or "women in the middle" (Kola and Dunkle 1988). In addition, there is starting to be an increase in the number of men who are becoming the primary caregiver. Family caregivers provide two-thirds of all the home care services in the United States and wish to keep the aging person in the home for as long as possible (www.caregiving.com).

Caregivers spend between five to forty hours or more per week taking care of the elderly family member. Nearly fifteen percent of caregivers are forced to take an unpaid leave of absence and fifty percent already miss work, or are late to work, as a result of caring for the elder individual (www.caregiving.com). Occasionally, the family caregiver has to quit her job in order stay home and take care of the elder in order to fulfill caregiving responsibilities. Many caregivers do not receive help from other family members or friends. As a result of caring for the elder person alone, many

caregivers feel isolated and alone (www.caregiving.com). Primary family caregivers are three times more likely than are other relatives to report symptoms of depression and four times more likely to report feeling anger (Kola and Dunkle 1988).

Programs

The Center for Healthy Aging developed a pilot program called “When Mother Calls...” that was based on needs and preferences that had been identified in a focus group with employed caregivers. This program was set up in response to the number of caregivers in the work setting, an estimated 14.4 million workers balancing caregiving and job responsibilities nationwide. The program was hosted by three of the major local employers, City of Santa Monica, RAND, and Saint John’s Hospital. “When Mother Calls...” consisted of ten weekly sessions that alternated educational classes and support groups, which were held at the job site. The educational classes covered the topics of normal aging, identifying problems, obtaining financial, legal, and housing resources, dealing with problem behaviors, and grief and emotional responses to discuss caregiving experiences, problems, and solutions with others that were, or had already experienced, the same problems (www.centerhealthyaging.org).

There were a total of seventy-nine people who participated in the pilot program. Of those seventy-nine people, forty-eight filled out the questionnaires before and after the pilot program. The return rate for the

post-test was sixty-eight percent. About eighty-two percent of the people who participated in the program were women. The majority of participants were either caregivers for more than one year or anticipating to be caregivers and had an annual income of less than \$60,000. Approximately fifty-six percent of the care recipients lived long-distance and was an average age of eighty years old. The average age of the caregiver was fifty years old (www.centerforhealthyaging.org).

The results of the pilot program demonstrated positive impacts on both caregivers' competence and job performance. People who responded with the questionnaire reported that there was significant improvement on caregiving knowledge, communication skills, and the ability to find information and resources. More than half of the respondents felt that they had a better relationship with their care recipient and were managing the elders' life better. Fifty-six percent of the respondents indicated that they felt better about balancing between work and personal life, fifty-four percent felt better managing stress or worries at work, and seventy-three percent of the respondents felt better about their own general well-being. There was an increase from thirty-seven hours before the pilot program to forty-one hours at the conclusion of the pilot program that the caregiver spent in caregiving tasks in the past six months (www.centerforhealthyaging.org).

At the conclusion of "When Mother Calls..." the majority of the participants, eighty-nine percent, was satisfied and liked the pilot program. Seventy percent of the participants liked the design of the program and forty

percent of the participants were already using the knowledge and skills that were learned in "When Mother Calls..." The participants felt that the class material and presentations were very useful and the support group helped people realize that they are not alone in facing the problem of caring for an elderly parent or relative. However, the participants did feel that there could be a few changes in the program. Several of the participants suggested that the educational classes should be held in six to eight weeks and the support group should be conducted separately, not in alternating weeks. Other participants suggested that they have the opportunity to make up missed classes or have classes available during off-work hours and allow family members to attend. The participants also suggested having more hands-on materials or workbook. A final suggestion was to have more outside expert speakers, case studies, and materials for long-distance caregivers (www.centerforhealthyaging.org).

A second program was tested in a two-phase project of thirty-three companies in the Portland, Oregon area. The first phase of the study was to survey the thirty-three participating companies concerning their dependent care, which included elder care, child care, and disabled adults. There were a total of 9,573 people who responded. Of those who responded, twenty-three percent replied that they provided care to an elder parent or relative (Ingersoll-Dayton, Chapman, & Neal 1990).

The second phase of the study involved "the provision of services to employees at four worksites" (Ingersoll-Dayton et al. 1990). The four

worksites where the program was offered included a manufacturing company with around 1,000 employees, a consortium of two public agencies, a bank, and a utility company, and an insurance company. The services that were provided included a seven-week educational seminar series, which included the participant's choice of three service options that ran for eight weeks.

The first service option was designed to represent the professional peer continuum that involved relying on professionals. This was a case management approach that was called "care planning." With the care planning option, the employees met three times with the care planner, a social worker, who helped them assess the caregiving situation and suggested possible resources. During the first session, the employees divided into groups of two or three and met with the care planner to complete a needs assessment. The needs assessment covered such areas as: the elder person's physical and emotional needs, housing, activities of daily living (ADL's), the caregiver's goals, and what was done in the past to help meet the needs of the care recipient and caregiver. After this session, the care planner developed an individualized care plan which outlined areas of need that was identified by the caregiver, the goals for the caregiver and elder person, identified resources that would help in achieving those goals, and presented steps to help obtain the needed caregiver information. Next, the care planner met with each caregiver individually. Finally, at the last session, which was held about eight weeks after the assessment, participants completed a final questionnaire and talked individually, and together, about

their experiences. There were eighteen employees who participated in this option, all of whom were women (Ingersoll-Dayton et al. 1990).

The second option included a support group made up of co-workers that was facilitated by two professionals. This group allowed the co-workers to discuss their caregiving situations. Depending on the concerns and preferences of the participants at each worksite, the structure of the group changed. Some of the topics that were discussed in the support groups were ways to handle the ever-increasing dependence of the elder parent or relative, the importance of asking others for help, and how to take care of themselves as caregivers. For this option, there were thirty-two people who participated, twenty-nine were women and three were men (Ingersoll-Dayton 1990).

In addition, the third option was a “caregiver” buddy system (Ingersoll-Dayton et al. 1990). This option paired each employee with a co-worker who had a similar caregiving situation. The pair was able to maintain contact with each other either in person or by using the telephone. The buddy system was designed to help provide caregivers with emotional support to each other and also to provide information (Ingersoll-Dayton 1990). This option was the least favorite of the employees. There was hardly any interest and there was not any employee participation in this option. The designers of this program believe that the “caregiver” buddy system was unattractive to employees because the employees feared that there would be too much personal

commitment. Moreover, the employees feared that there might be a bad match between them and their “buddy” (Ingersoll-Dayton 1990).

At the first three sites, the seminar series was offered for free. However, at the fourth site, the participants had to pay either three or ten dollars per session to attend. Except for the manufacturing plant where the sessions were held in late afternoon between shifts, the sessions were offered during the lunch hour.

At each site, the seminar series followed the same format. The seven presentations were given by local professionals, in which afterwards there was time for questions from the audience. Although topics varied at each worksite, the general areas that were covered were relatively the same. The topics included normal physical aging, common emotional problems of elderly people, communication with elderly family members, community services for elderly people, financial and legal concerns or Medicare, Medicaid, and long-term care insurance, residential options, and caregiver wellness and how to manage family and work obligations (Ingersoll-Dayton et al. 1990).

The four worksites publicized the seminar series to all employees. However, the three options that were available were only publicized to those employees who attended the seminar services. There were a total of 256 employees who attended the seminar series at the four worksites. Approximately three percent of employees came from the two worksites where the size of the workforce was available. Even though over twenty-three percent of all surveyed employees had identified themselves as

caregivers, the actual number of employees attending the seminar series was small (Ingersoll-Dayton 1990). Over one-third of the participants who completed the pre-test questionnaire anticipated having to care for an elder parent or relative; they did not have any caregiving responsibilities at the time. The participants who identified themselves as current family caregivers “sixty-three percent were the ‘only’ or ‘main’ caregiver; twenty-five percent lived with the person for whom they were providing care, and seventy-eight percent lived within twenty-five miles of that person” (Ingersoll-Dayton 1990). The ages of the participants ranged from twenty-five to seventy-three years of age, with an average age of forty-five years old. Of all the participants, only fourteen point seven percent were men (Ingersoll-Dayton 1990).

Depending on the worksite, the average number of seminar sessions an employee attended was between two and four. The fourth worksite had the most consistent attendance of all worksites. It is thought that charging ten dollars was a motivator for participants to attend more sessions. Topics that related to age-related physical changes, emotional problems, and Medicare, Medicaid, and long-term insurance were some of the most attended seminar sessions. Those topics that were least attended were those on caregiver wellness and managing family and work responsibilities (Ingersoll-Dayton 1990).

The participants of the seminar series were positive in their evaluations of the helpfulness of the series for the most part. There were some sessions though, that were rated as being more helpful than others. There were two

very important findings that emerged in this study. The first finding was that the participants' knowledge of available services for the elderly had significantly increased by the end of the series. The second significant finding was that the participants missed more days of work in the last four weeks of the series because of caring for an elderly parent or relative. The designers of the study believe that this might be because the seminar series helped to confirm the importance of caring for an elderly individual and the employees took time off of work to pursue some of the resource and services that became available to them.

There were two common themes that emerged from this study. The first common theme that came up at the end of the seminar series is that there was a change in the way the participants communicated with the elder person they were caring for and with other family members (Ingersoll-Dayton 1990). Another common theme that was reported by the participants is that they learned that it was important to not take over all the tasks and decisions the elder person was still capable of handling. This helped the elder feel that he or she was still able to keep some control over what was going on in his or her life (Ingersoll-Dayton 1990). The participants also felt that it would be beneficial if the seminar series were available to, not only employees, but to employees families as well.

There were several common findings that emerged from both studies. The first finding that applied to both was that the majority of participants were female, which should not be surprising considering the majority of caregivers

in the United States are women. The second common finding was that the participants in both studies wished to include other family members. Moreover, there was an increase in the time taken off work following both programs.

What Should be Done

Since the American population is growing older, businesses have to start adapting to the fact that many of their employees are caregivers, not only to children, but also to aging parents or relatives. Businesses need to start adding policies that help relieve the stress and burden of caregiving off of the employee. One of the best policies that businesses can offer are flexible work options. One flexible work option is regular part-time work. This option allows employees to temporarily switch to part-time if a personal, family situation demands time off work. A second option is flextime. Flextime allows an employee to have a work schedule that allows for flexible starting and quitting times, as well as flexible lunch hours. Flextime usually occurs in connection with core hours, or the hours that the employee has to be at the workplace. Going along with flextime is flex place, which is working at home. Job sharing is also another option in which two people share the same job. In addition, allowing an employee the flexibility to take time off of work for unanticipated events is another option. Finally, there is the option of a compressed workweek where a standard workweek is condensed into fewer than five days (www.orion.org). Other options that would help relieve the stress of a

caregiving employee would be: to have telephone access, paid sick leave to care for sick care recipients, family leave, the right to refuse overtime, a resource and referral program, a workplace educational program, dependent care assistance program, a voucher program, a vendor program, and an employee assistance program (www.afscme.org).

Employee assistance programs, or EAP's, can be very beneficial to companies and their employees. EAP's are information sources for employees that link employees to the appropriate services in the community and to provide emotional support for caregivers. One of the most important goals of the EAP's is to strengthen coping and adaptive capacities in response to stress at work and at home (Kola and Dunkle 1988). The role of the employee assistance program practitioner is "not only to offer direct services, but to advocate for the client in the workplace and the community to obtain benefits or services and to effect policy changes concerning the development of those benefits and the delivery of those services" (Kola and Dunkle 1998).

An example of an employee assistance program is the E-Eldercare program. This program is used by employers to allow their employees to care for their elderly family members without taking up valuable time. In order for the E-Eldercare program to work, there must be thorough and accurate information on the individual caregiving situation, which results in the Initial Eldercare Assessment (IEA). The IEA helps to guide a family through all of the concerns and issues that they are facing so that an accurate picture can be

drawn of the elder person's needs. Once the IEA is done, the E-Eldercare program can then give recommendations that will help the elder and their caregiver. The E-Eldercare program can offer a company many benefits.

One of the benefits that would be gained is that the costs and benefits associated with implementing an eldercare program would be estimated. Also, the E-Eldercare program can identify how eldercare related problems impact the company's workforce. The E-Eldercare program also provides long-term care and planning and insurance to meet the needs of the employee and the care recipient, helps employees cope with family stress, and helps to determine if the employee is eligible for any additional cash benefits from entitlements and other sources (www.e-eldercare.com). The E-Eldercare program and other EAP's are beneficial resources to employees who are family caregivers; however, there is more that can be done.

Conclusion

In the many years to come, the American population will be growing older. As a result, there will be many people, mostly middle-aged women, who will become caregivers and will be caught in the "sandwich generation," women who are taking care of their children and their elderly parent or relative. These women will need many resources and supportive services that are available. The largest support system that would help the caregiver would be her employer. This is not only beneficial to the caregiver, but to the employer as well. Businesses that support their employed caregivers will

save the company millions of dollars since the employees will be less likely to miss work or be tardy to work.

There are many options that are available to businesses seeking to incorporate policies concerning caregivers of the elderly. If the businesses take the time to look into seminars or other pilot programs that discuss ways to assist family caregivers, it would be beneficial to them. It does not cost much for businesses to incorporate many of the options that were discussed earlier, and in the long run, can save businesses money.

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