

When Workers Care Dual-Earner Couples' Caregiving Strategies, Benefit Use, and Psychological Well-Being

Noelle Chesley

University of Wisconsin–Milwaukee

Phyllis Moen

University of Minnesota

This study analyzes longitudinal survey data on dual-earner couples ($N = 884$) to assess individual- and couple-level effects of caregiving on changes in well-being. The authors draw on a life course, role context, and strategic selection theoretical framework to examine positive and negative effects of individuals' own caregiving transitions and their having a spouse engaged in caregiving on well-being. The authors find that (a) caregiving is associated with well-being declines for dual-earner women and well-being increases for dual-earner men; (b) women caregivers with flexible work arrangements report higher levels of well-being than caregivers without such arrangements, although the size of this effect is small; and (c) having a spouse involved in caregiving affects employee well-being, but in different ways for women and men.

Keywords: *caregiving; dual-earner couples; employment; longitudinal; well-being*

Most care work for aging and infirm Americans is provided informally by family members (Fredriksen, 1996). However, ongoing demographic trends in longevity, women's employment, and an aging workforce are creating a disconnect between the number of older Americans needing assistance and the number of family members positioned to provide it (Moen & Roehling, 2005). This disconnect affects employees and employers, as well as families, because care providers are increasingly in the workforce (Goodstein, 1995; Moen & Roehling, 2005). Research demonstrates, for example, that employees with caregiving responsibilities tend to have greater rates of absenteeism and to experience more distractions on the job (see review in Singleton, 2000). In addition, those providing care to an elderly relative may themselves experience both

Authors' Note: This research was supported by funds from the Alfred P. Sloan Foundation (Grant Nos. 2002-6-8) and National Institute in Health (NIH U01 HD 051256-01). Please address all correspondence to Noelle Chesley, Ph.D., Department of Sociology, University of Wisconsin–Milwaukee, Bolton Hall, Milwaukee, WI 53201; phone: 414.229.2398; fax: 414.229.4266; e-mail: chesley@uwm.edu. The authors thank Jane Peterson for her assistance in preparing this manuscript.

physical and mental health problems (Singleton, 2000) that in turn contribute to performance degradation and loss of productivity. The challenge for employers, families, communities, and policy makers is how best to accommodate the growing numbers of workers who find themselves caring for aging parents or other relatives.

Many standard employer-provided benefits and policies, such as time off (through vacation, sick leave, personal or dependant care leave, and leave without pay), flexible scheduling (i.e., varying start and stop time of the work day and/or working variable hours), and working from locations outside the office (“telecommuting”), may assist employees with caregiving responsibilities in meeting both the demands of their jobs and their relatives needing care (Fredriksen, 1996). However, research that examines whether and how employer-provided benefits ease the caregiving burden faced by employees is scarce (Fredriksen, 1996; Goodstein, 1995), as is evidence capturing the effects on employee well-being of moving in, moving out, or remaining in the caregiving role (Pavalko & Woodbury, 2000). Accordingly, we draw on longitudinal data collected during a 2-year period from employees to address these issues. A second area where there is little knowledge concerns the caregiving strategies and accommodations of dual-earner couples. Because today’s “average” worker—female or male—is a member of a dual-earner household (Moen & Roehling, 2005), we study this group of employees, interviewing their spouses as well.

A Life Course Approach Linking Caregiving, Gender, and Well-Being

Research establishes that caregivers often experience subsequent changes in health and well-being (Atienza & Stephens, 2000; Elder, George, & Shanahan, 1996; N. Marks, 1998; Moen, Dempster-McClain, & Williams, 1992; Pavalko & Smith, 1999; Pavalko & Woodbury, 2000; Scharlach, 1994; Wethington, Moen, Glasgow, & Pillemer, 2000). Although many studies examining the health effects of providing care on caregivers find that both psychological and physical health suffer as a result of taking on care responsibilities (e.g., Atienza & Stephens, 2000; Elder et al., 1996; N. Marks, 1998; Pavalko & Smith, 1999; Pavalko & Woodbury, 2000), scholars who look for positive as well as negative health consequences have found that caregiving can also produce psychological benefits, even as it adds to distress levels (N. Marks, 1998; Moen, Dempster-McClain, & Williams, 1989; Scharlach, 1994). Although some previous research establishes that caregiving is associated with both positive and negative health outcomes, there are considerable theoretical and empirical questions yet to be addressed.

First is the gendered nature of employee caregiving. The scholarly literature shows that women are more likely to care for aging relatives, even if the relative is an in-law (Cancian & Oliker, 2000; Fredriksen, 1996; Gerstel & Gallagher, 1994; Lewis, 2001). Thus, many researchers have focused on the gendered nature of the caregiving role (e.g., Cancian & Oliker, 2000) and assessed the effects of caregiving

on women's, rather than men's, health (e.g., Pavalko & Woodbury, 2000). As a result, many studies examining the effects of caregiving responsibilities on caregiver health and well-being rely exclusively on samples of women (e.g., Atienza & Stephens, 2000; Moen et al., 1989; Pavalko & Smith, 1999; Pavalko & Woodbury, 2000), making comparisons of men's and women's caregiving experiences difficult (for exceptions, see Fredriksen, 1996; Gerstel & Gallagher, 1994; Scharlach, 1994). Given women's continuing attachment to the labor force and the prevalence of dual-earner households, we might expect that in some households, men (alone, or in combination with their wives) will increasingly take on the caregiving role. This suggests the need for research that examines the distribution and dynamics of care work within dual-earner couples, as well as research that examines how these dynamics influence the health and well-being of both women and men.

Second, specific contexts (such as the work environment) that may moderate or exacerbate health benefits or costs for individual caregivers are neither well understood nor documented (Wethington et al., 2000). Although growing numbers of employees are (or will be) concurrently providing adult care, we know little about how their work environments might influence the health and well-being of such caregivers (Goodstein, 1995; Singleton, 2000). Research on multiple roles shows that although roles can produce stress, they can also enhance life quality by providing access to resources that buffer the negative effects associated with increased demands (Barnett, Marshall, & Singer, 1992; S. Marks, 1977; S. Marks & MacDermid, 1996; Moen et al., 1992). However, whether and which particular work conditions directly contribute to or buffer the life quality of caregivers has not been established.

Third, although recent analyses broadening the scope of caregiving from individuals to families is advancing knowledge about caregiving (see review in Allen, Blieszner, & Roberto, 2000), a focus on the dynamics of couples' strategic caregiving behavior has been overlooked. A study of caregiving practices and impacts among married couples is called for given evidence that spousal behavior is linked to individual psychological well-being. For example, Westman and Vinokur (1998) documented that depressive symptoms experienced by one spouse can influence the psychological well-being of the other spouse when common stressors (job loss, unemployment) affect the household. Furthermore, a study by Bolger, DeLongis, Kessler, and Wethington (1989) is frequently cited as evidence that stress crosses over from one spouse to another. We know that providing care is a potentially stressful activity and that "family care" is still the dominant means of providing assistance to relatives (Cancian & Oliker, 2000). We also know that women are typically the primary caregivers for their own and their husband's relatives (Gerstel & Gallagher, 1994; Singleton, 2000). Taken together, the existing evidence suggests that an examination of a spouse's involvement in caregiving may provide new insights into any crossover effects of caregiving by one spouse on the well-being of the other.

We draw on a life course theoretical framework, emphasizing strategic selection and the contexts associated with social roles, to address these issues, postulating that

caregiving is, first, a dynamic process in which couples (rather than individuals) make *strategic selections* (Moen & Chermack, in press; Moen & Spencer, 2006) about the division of unpaid care work. Furthermore, we argue that one role (employment) constitutes the context for another role (caregiving). This theoretical focus on the workplace context as well as couples' strategic choices regarding which spouse takes on (or leaves) caregiving can help explicate when psychological health effects (both positive and negative) will accrue to caregivers. It can also elaborate any direct and indirect pathways that might link caregiving dynamics to changes in dual-earner employees' well-being when they are also informal providers of adult care.

Caregiving transitions. Much previous research considers caregiving as a static state (e.g., Atienza & Stephens, 2000; Gerstel & Gallagher, 1994), although studies that follow caregivers during an extended period of time do exist (Dentinger & Clarkberg, 2002; Moen et al., 1989; Pavalko & Smith, 1999; Pavalko & Woodbury, 2000). However, both theory (Elder et al., 1996) and empirical work (Moen et al., 1989; Pavalko & Smith, 1999; Pavalko & Woodbury, 2000) show that the health effects of caregiving, as well as the experience itself, are dynamic processes. In particular, we theorize that transitions into or out of the caregiving role are key because transitions mark situations in which the familiar strategies families use to negotiate daily routines may no longer be effective (Moen & Wethington, 1992). Thus, such transitions require that couples and families strategically negotiate whether family members or a paid caregiver will provide care, for example. Furthermore, little is known about whether the effects associated with providing adult care attenuate or accumulate with time (see Pavalko & Woodbury, 2000). Examining caregiving transitions while following caregivers during an extended period of time allows researchers to better understand whether caregivers strategically adapt to the increased demands associated with providing care and/or whether psychological costs (and benefits) accumulate with time.

Linked lives. Most survey-based care research of necessity focuses on the caregiving responsibilities of individuals, without considering care in a larger family context. Yet the majority of researchers would probably agree that when a relative falls ill or needs ongoing care, this is a problem that is faced by families as a group, rather than individual family members (see Cancian & Olicker, 2000, chap. 3). Although the evidence indicates that women tend to provide most of the care in families, we know that women's employment influences the scope and intensity of their caregiving (Gerstel & Gallagher, 1994). Yet we know very little about how dual-earner households manage care for aging relatives. Our life course approach leads us to postulate that any outcomes for caregivers are not only a function of the caregiver's own actions but also depend on the actions of close others (a spouse or one's children, for example; see Elder et al., 1996; Moen & Wethington, 1999). In particular, in married couples, caregiving may in fact be a couple-level rather than individual-level phenomenon, as

couples negotiate both work and family roles to provide care to other family members (Moen & Roehling, 2005; Moen & Wethington, 1999).

The importance of context. Wethington et al. (2000) argued that a thorough understanding of the mechanisms linking caregiving responsibilities to positive or negative health outcomes requires empirical evidence that is able to distinguish contextual variation. This is by no means a new idea, but embracing it does suggest that studies with a focus on employed caregivers must document how specific workplace characteristics both directly and indirectly influence caregiving and any subsequent health effects. Furthermore, it is becoming increasingly clear that employers themselves are taking direct action to provide supports for employees with caregiving responsibilities (Goodstein, 1995; Liebig, 1993). We theorize that occupying both employment and caregiving roles means that the work environment becomes the context in which caregiving is enacted. Accordingly, “family-friendly” benefit use by employed caregivers may be critical to buffering any well-being impacts.

The Well-Being of Employed Caregivers

Caring for an adult relative tends to produce deleterious health outcomes for employed caregivers. Palvalko and Woodbury (2000), in their pathbreaking study, analyzed data from women who ranged in age from 50 to 65 in 1987 (in the National Longitudinal Sample) to assess the effects of combining caregiving and employment on women’s physical and psychological health. They found that transitions into caregiving result in increased physical limitations for caregivers, although these effects attenuate with time in a pattern that is more indicative of a process of adaptation than accumulation. Their results also indicate that women’s transitions into a caregiving role produces increased levels of psychological distress for female caregivers and that, unlike physical limitations, these psychological effects do accumulate with time. Palvalko and Woodbury noted that the health effects of caregiving may well be influenced by characteristics of caregiver’s employment, although data limitations did not allow them to assess workplace or job context.

Other research shows that employment circumstances and experiences influence health outcomes for employed caregivers in very specific ways. Atienza and Stephens (2000) measured the perceived health and well-being of a convenience sample of 103 employed women who also cared for aging parents. They found that employees’ caregiving responsibilities were associated both with problematic interactions with coworkers and supervisors and with health and well-being. They documented that supervisor problems resulting from an employee’s caregiving responsibilities predict lower perceived health in caregivers, whereas coworker problems predict higher depression scores in caregivers. In addition, although problematic interactions with one’s supervisor or coworkers may detract from health and well-being, they did not find any health effects of supportive interactions at work. Because their data are

cross-sectional, Atienza and Stephens could not establish direction of effects. Even so, their findings suggest that specific workplace characteristics may be key to understanding employed caregivers' own health.

While caregiving is often linked empirically to health problems, it can also result in enhanced well-being, although benefits appear to depend on the gender of the caregiver. Nadine Marks (1998) used cross-sectional data (from follow-up interviews with participants in the Wisconsin Longitudinal Study) to assess the effects of specific types of caregiving (spousal care, parent care, care for a disabled child) on perceived health and well-being. Marks assessed effects of different types of caregiving on eight different dimensions of psychological health and on perceived physical health of employees, finding that the provision of adult care is associated with greater psychological distress and a lower sense of mastery for employed women. Marks also found that men tend to experience deleterious effects on multiple dimensions of psychological health, particularly if they are caring for a spouse. However, when employed men provide care to someone other than an immediate family member, they tend to report greater psychological well-being. Finally, Marks's study is groundbreaking in that it shows a relationship between caregiving, spillover (from work to family or family to work), and health effects, suggesting that increased spillover helps to account for the negative physical and emotional health effects experienced by employed caregivers. We build on these findings by assessing whether use of policies designed to help employees avoid work/family conflict ameliorates or reduces any negative effects of caregiving on well-being.

Employment and Use of Employer-Provided Benefits

Previous research demonstrates that one way employees accommodate to the demands associated with becoming caregivers is to leave the workforce or scale back on their work hours, although this finding is more strongly demonstrated for women than for men (Dentinger & Clarkberg, 2002; Ettner, 1995; Singleton, 2000; Stone, Cafferata, & Sangl, 1987). For those caregivers who remain in the workforce, the role that family-friendly benefits may play in facilitating the successful meshing of caregiving and employment demands is unclear. One of the contributions of work-family research to date is the general finding that workers often do not use these benefits to address personal needs for fear that this use signals a lack of commitment to a job or an employer (see review in Still & Strang, 2003). Thus, benefit use may be more of an indicator of one's job prestige, job security, or work culture (including benefit availability) than a tool employees use strategically to manage conflicts between their jobs and their family care responsibilities.

However, although the evidence is that those with access to family-friendly benefits often do not use them, there is also some evidence that benefit use can, in fact, provide support for employed caregivers. Fredriksen (1996) examined data drawn from a stratified random sample of Berkeley University employees in 1992 (including academics,

administrative personnel, and staff) to assess gender differences in endorsement of particular workplace programs as helpful in meeting caregiving needs. Using means testing, she found that women were significantly more likely than men to report that use of a series of workplace programs (flexible work schedules, unpaid family leave, the ability to work at home, sick leave/dependant care time/vacation, and others) helped them meet their caregiving needs. Furthermore, an important review of the work policy literature suggests that employee use of work policies that allow for schedule flexibility can improve employee health and can benefit organizations by increasing productivity while reducing absenteeism and turnover (Glass & Estes, 1997).

We build on the body of scholarship to date, aiming to fill gaps in the literature by using a longitudinal data set of dual-earner couples to address three research questions:

Research Question 1: What are the psychological health consequences of transitions into and out of the caregiving role for women and men in dual-earner households?

Research Question 2: Does use of employer-provided benefits moderate the effects of caregiving on the psychological well-being of employees?

Research Question 3: Does a spouse's caregiving contribute to or detract from an individual's psychological health?

In the process of answering these questions, we also consider the dynamics of dual-earner couple caregiving during a 2-year period. To help locate our workers in the broader caregiving and employment literature, we test the following two hypotheses:

Hypothesis 1: Employed dual-earner women will be more likely to move into or remain in the caregiving role than their husbands.

Hypothesis 2: Employed caregivers in dual-earner households will tend to work fewer hours, on average, than those without adult care responsibilities.

Next we test two specific hypotheses that assess the potential positive and negative health consequences of caregiving for employed caregivers. Building on the literature on employed women with caregiving responsibilities, we expect that

Hypothesis 3: For women, transitions into caregiving will tend to increase psychological distress; transitions out of caregiving will tend to decrease psychological distress.

Following N. Marks (1998), we expect that

Hypothesis 4: For men, transitions into caregiving will tend to increase psychological well-being.

Family-friendly benefits are often marketed to employees as tools they can use to help them manage their work and personal responsibilities. We assess, first, whether

those with adult caregiving responsibilities do in fact use particular benefits more than other employees. We also test whether such benefit use moderates any effects of caregiving on emotional health:

Hypothesis 5: Caregivers will be more apt to use employer-provided benefits that provide time off and flexibility than will noncaregivers.

Hypothesis 6: Benefit use will reduce deleterious effects of caregiving and/or enhance positive caregiving effects.

By contrast, a *drop-in-the-bucket* explanation suggests that the benefits available to most employees are no match for the increased strains and demands brought on by caring for an aging or infirm relative; thus, the null hypothesis that benefit use will not alleviate any of the psychological distress associated with combining employment and adult caregiving may be supported.

With respect to spousal crossover effects, we test the claim that among couples, men's caregiving responsibilities directly affect women's well-being:

Hypothesis 7a: Husbands' caregiving responsibilities will result in worse health outcomes for wives, net of the effect of wives' own caregiving responsibilities.

We offer two competing hypotheses about the direction of effect of wives' caregiving on husbands' well-being. We know that women tend to do much of the emotional and physical labor in households (see review in Gerstel & Gallagher, 1994); therefore, activities (such as caregiving) that compete with these other household activities may detract from their husbands' well-being:

Hypothesis 7b: Wives' caregiving responsibilities will result in worse health outcomes for husbands, net of any effect of husbands' own caregiving responsibilities.

By contrast, if women's caregiving responsibilities reflect a couple-level strategy in which wives are providing care for their husbands' relative, then we would expect that women's caregiving would enhance their husband's well-being:

Hypothesis 7c: Wives' caregiving responsibilities will result in better health outcomes for husbands, net of any effect of husbands' own caregiving responsibilities.

Method

Data

To examine the specific hypotheses outlined above, we use couple-level, longitudinal data from the Ecology of Careers Study ($N = 1,914$ couples). The sample is

drawn from employees working at establishments in upstate New York. Respondents were interviewed in two waves, 2 years apart, beginning in 1998 through 2002. To be eligible to participate, individuals had to be employed, on family leave, or recently retired. To capture the experiences of middle-class workers, eligible participants also had to have some college education. Because our central analyses rely on couple-level models, the final sample used here includes coupled participants where both wives and husbands were continuously employed during a 2-year time period and where we have interviews for both couples ($N = 884$ couples). The majority of these couples are married (about 3% are in "marriage-like" relationships). These couples are relatively affluent and well educated, and most respondents (95%) are White. About two thirds (61% of women and 67% of men) have a college degree. Of sample participants, 19% of employed women and 14% of employed men changed jobs between surveys. Logistic regression models (not shown) suggest that neither work status nor caregiving status was related to Time 2 survey completion. Other models (not shown) indicate that caregivers at Time 1 were no more likely to exit the workforce by Time 2 than other workers.

Procedure

Respondents were recruited through their workplaces (11 participating employers in all). Employers sent out an initial recruitment letter to employees, and those employees interested in participating returned a postcard to research staff. Because of confidentiality concerns, participating employers did not communicate any information about the employees receiving initial study information, including the actual number contacted, making it difficult to estimate a study response rate. Employees and their spouses were interviewed separately. Telephone interviews took about an hour to complete.

Measures

Psychological distress. We use a negative affect measure to tap psychological distress. The 4-item scale (responses are averaged) asks respondents to rate how often in the past month they felt "sad," "restless or fidgety," "nervous," or that "everything was an effort" ($\alpha = .65$). This scale is an abbreviated form of a 6-item scale used in the Midlife in the United States Survey (MIDUS). The 6-item MIDUS scale was developed by culling items from other well-known and valid instruments and is positively associated with work and relationship stress (for details, see Mroczek & Kolarz, 1998).

Psychological health. Two scales capture different dimensions of psychological health. We use a 4-item mastery scale (responses are averaged) to tap a sense of competence (Lachman & Weaver, 1998; Ryff & Keyes, 1995). Respondents were asked to rate their level of agreement (from 1 = *strongly disagree* to 4 = *strongly agree*) to

questions such as “I can do anything I set my mind to” and “What happens to me in the future depends mostly on me” ($\alpha = .77$). The abbreviated scale used one item from Pearlin and Schooler’s (1978) mastery scale and three items developed by Lachman and Weaver (1998). A 3-item personal growth scale (responses are averaged) measures continued adult development (Ryff & Keyes, 1995). Respondents were asked to rate their level of agreement (from 1 = *strongly disagree* to 4 = *strongly agree*) to questions such as “For me, life has been a continuous process of learning, changing, and growth” ($\alpha = .69$). The short version of this scale behaves similarly to a longer 20-item version across multiple samples (Ryff & Keyes, 1995).

Adult caregiving. Respondents were asked, “Within the past year, have you provided regular special attention or care to any family members because they were elderly, disabled, have a chronic illness or are infirm in some way?” In cases of an affirmative response, a follow-up question asked the respondent to describe whether this person was a parent, an in-law, a grandparent, a spouse, a child, or some other relative. This information was used to create a binary variable to flag cases of adult caregiving.

Benefit use. A series of binary variables capture use of paid vacation, paid personal time/dependant care time, flextime (defined as “the ability to choose or arrange a regular work week schedule to meet personal or family needs”), and telecommuting/work at home for some portion of work time during each survey period. For each of these variables, a 1 indicates the respondent uses the benefit, whereas a 0 indicates otherwise.

Other caregiving. We include a binary dummy variable to indicate the presence of a child younger than age 12 to capture any effects related to caring for children to differentiate these from adult care responsibilities.

Results

The Dynamics of Caregiving in Dual-Earner Households

For most of the middle-class, dual-earner men and women in this sample, caring for an adult relative means providing care or assistance to a parent or an in-law. At both time periods, about 80% of men and women with caregiving responsibilities said this care was for a parent or an in-law. The remainder provides assistance to other relatives, spouses, or in very few cases, adult children (those 21 years of age and older). Rarely do the people in our study provide care for nonrelatives—less than 1% of the sample provided care to close friends or neighbors in either time period. Consistent with past research (see review in Elder et al., 1996; N. Marks,

Table 1
Caregiving Continuity and Change for Dual-Earner
Women, Men, and Couples

	Women (%)	Men (%)		Couples (%)
Persistent caregiving	13.4 _a	9.6 _a	Both persistent caregivers (at T1 & T2)	4.7
Caregiving (T1 only)	10.8	11.1	Wife is only caregiver	17.8
Caregiving (T2 only)	14.0 _b	12.0 _b	Husband is only caregiver	12.3
No caregiving	61.8 _a	67.2 _a	Neither provides care (at T1 or T2)	49.4
Total	100.0	100.0		84.2
Caregiving change (during 2-year time period)	24.8	23.1		39.9

Source: Ecology of Careers Panel Study ($N = 884$).

Note: For means sharing subscript a, difference is significant at 1% (paired, two-tailed test); for means sharing subscript b, difference is significant at 10% (paired, two-tailed test). T1 = Time 1; T2 = Time 2.

1998; Moen, 2001; Singleton, 2000), we find that more women than men provide care consistently during the 2-year time period between surveys, whereas more men than women have no caregiving responsibilities at either time period (see Table 1). These gendered patterns of care provision support our expectation that employed wives in dual-earner households are more likely than their husbands to have caregiving responsibilities (Hypothesis 1).

Table 1 also shows that although roughly one third of men and women have adult caregiving responsibilities at some point during the survey period, half of the dual-earner couples have at least one spouse providing care at one or both time periods. But note that few couples (5%) have both the husband and the wife providing care constantly during the 2 years. In addition, whereas wives are more apt to be the only care providers, more than 12% of husbands reported engaging in care during at least one study time period. These descriptive statistics also point to the dynamics of caregiving. Approximately 1 in 4 employees, male or female, and 2 in 5 couples experienced a caregiving transition during the 2-year time period between surveys.

Do Employed Caregivers Put in Fewer Hours on the Job Than Noncaregivers?

Although some research finds that providers of adult care are more likely to leave the workforce (e.g., Dentinger & Clarkberg, 2002; Ettner, 1995), labor force exits are not the only strategy that employees may use in the face of the added demands of providing adult care. An alternative employment strategy may involve *scaling back* on time at paid work, rather than withdrawing from employment altogether

(Becker & Moen, 1999). Accordingly, we tested whether average hours on the job differ by caregiving status (1 = adult care responsibilities) at both survey waves for this sample of employees (using one-way ANOVA). Results (not shown) indicate that mean work hours are equivalent for caregivers and noncaregivers (analyzed separately for women and men). We also examined whether the amount of time on the job changes across surveys based on caregiving at both time periods (i.e., persistent, Time 1 only, Time 2 only, none) for both men and women, separately. Again, there were no differences. Taken together, these results provide no evidence that caregivers in this sample scale back their time in paid work as a response to adult caregiving demands (Hypothesis 2).

Well-Being Consequences of Combining Care and Work

Earlier we reviewed research documenting that caring for an older person is associated with emotional distress for the care provider. However, the existing evidence does not make clear (a) whether employment exacerbates or moderates the strains associated with caregiving or (b) the work conditions that allow employed caregivers to best manage their multiple obligations. Because our sample follows employees during an extended period of time, we are able to assess whether moving into or out of caregiving matters for the well-being of men and women in dual-earner households, as well as whether family-friendly benefit use serves to ameliorate any negative impacts of combining unpaid family care work with paid work. We focus first on the relationship between caregiving transitions and the psychological well-being of working women and men. We then assess whether use of specific workplace benefits alleviates any deleterious effects or enhances any positive effects associated with combining paid work and adult care responsibilities.

Care work and well-being for women in dual-earner households. Consistent with other studies examining the health effects of caregiving among employed women (e.g., Atienza & Stephens, 2000; N. Marks, 1998; Pavalko & Woodbury, 2000), our longitudinal data show that taking on caregiving responsibilities is associated with increased levels of negative affect for wives. This result supports the claim that transitions into caregiving will be connected to increased psychological distress (Hypothesis 3; see Model 1, Table 2). However, we find no evidence linking transitions out of caregiving to reductions in employed wives' distress, contrary to Hypothesis 3. Caregiving transitions were unrelated to changes in mastery or growth for women.

To better understand how caregiving status might influence overall benefit use, we first estimated ANOVA models to examine whether caregivers use more mean benefits (vacation time, personal time, flexible work programs, or telecommuting) than noncaregivers. Caregiving did not distinguish overall benefit use, providing no support for Hypothesis 5. To assess whether use of particular benefit moderates the

Table 2
OLS Regression Results: The Effect of Caregiving Transitions and Benefit Use on Changes in Well-Being for Dual-Earner Wives and Husbands

	Dual-Earner Wives		Dual-Earner Husbands	
	Model 1 Negative Affect ^a	Model 2 Negative Affect ^a	Model 1 Personal Growth	Model 2 Personal Growth
Negative affect, T1 ^a	1.009** (0.009)	1.009** (0.009)		
Personal growth, T1			0.460** (0.035)	0.453** (0.035)
Child younger than 12? (1 = yes)	0.015** (0.005)	0.015** (0.005)	0.016 (0.031)	0.016 (0.031)
Persistent adult care (1 = yes; comparison is no care)	0.002 (0.008)	0.002 (0.008)	0.030 (0.052)	0.030 (0.051)
Leaving adult care role (1 = yes; comparison is no care)	-0.002 (0.008)	-0.002 (0.008)	0.004 (0.049)	0.013 (0.049)
Entering adult care role (1 = yes; comparison is no care)	0.021** (0.008)	0.034** (0.009)	0.118* (0.046)	0.158* (0.046)
Used flextime at T2? (1 = yes)		0.003 (0.006)		
T2 Flex * Entering Adult Care		-0.037* (0.015)		
Used telecommuting at T2? (1 = yes)				0.077* (0.034)
T2 Tele * Entering Adult Care				-0.113 (0.095)
Constant	0.013 (0.007)	0.011 (0.007)	1.757** (0.117)	1.755** (0.117)
<i>n</i>	784	784	748	748
Adjusted <i>R</i> ²	.94	.94	.20	.20

Source: Ecology of Careers Panel Study (*N* = 884 working couples).

Note: Unstandardized coefficients (b) are reported; standard errors are in parentheses. A series of models that estimated the effects of use of a range of benefits (vacation time, personal time, etc.) on a range of well-being outcomes (negative affect, perceived constraints, mastery, growth) for both women and men were estimated. Only those models with significant caregiving or benefits variables are reported. T1 = Time 1; T2 = Time 2.

a. The natural log of negative affect was used to improve model fit.

p* < .05. *p* < .01.

effects of caregiving on well-being for these employed wives, we estimated a series of models incorporating information on specific benefit use, as well as interactions between benefit use and caregiving status. The benefits models make clear that use of vacation, personal time, or telecommuting arrangements neither reduces nor eliminates

employed women caregivers' higher distress levels. Although there is evidence of a significant interaction between use of flexible work arrangements and transitions into caregiving for employed women caregivers (see wives' Model 2, Table 2), a comparison of predicted values suggests that accounting for this interaction produces a negligible decrease in negative affect levels for women caregivers (from 1.93 to 1.86). In all, the evidence that benefit use moderates the negative effects of caregiving on well-being for employed women caregivers is weak.

Care work and well-being for men in dual-earner households. The transition into caregiving is significantly associated with increases in personal growth for husbands during the 2-year time period (see Table 2). This is consistent with past research on employed men in the Wisconsin Longitudinal Study where a (cross-sectional) positive association was found between caregiving and men's personal growth using a similarly worded personal growth scale (N. Marks, 1998). We also estimated a set of ANOVA models (similar to those for women) to examine whether employed male caregivers had higher mean overall benefit use than noncaregivers. As with wives, caregiving status did not distinguish differences in husbands' overall benefit use, contrary to Hypothesis 5.

We find no evidence that use of particular benefits moderates the effects of caregiving on the psychological health of dual-earner men (see husbands' Model 2, Table 2). Only telecommuting has a direct, positive effect on husbands' growth (use of other benefits had no statistically significant effects). As our interaction model shows, telecommuting combined with caregiving does not significantly enhance husbands' well-being, providing no evidence that growth effects are stronger for telecommuting caregivers than nontelecommuting caregivers.

Overall, the evidence for both the working wives and husbands in this sample provides little support for Hypothesis 6, which states that benefit use would moderate any negative effects of caregiving. Rather, this lack of moderation is consistent with the null drop-in-the-bucket expectation that the benefits that are used are not enough to lessen any detrimental affects associated with adult caregiving. Our analysis shows that benefit use rarely interacts with caregiving status to produce well-being changes for employees. When it does (as in the case of use of flexible benefit programs and wives' caregiving), the size of the overall effect is negligible.

Caregiving as a Couple-Level Phenomenon

Caregiving by its very nature is relational; one cannot be a care provider unless there is someone receiving care. But we believe that caregiving is relational in other ways as well. Specifically, dual-earner couples make strategic selections about the division of unpaid adult care work, and given findings from previous research, their joint strategies are often highly gendered, with women most apt to be the care providers even when both spouses work. Moreover, we argued earlier that the caregiving

responsibilities of one spouse may influence health outcomes of another through a process of crossover. In particular, noting the tendency for women to be primary caregivers for both their own and their husbands' relatives, we expect that men's transitions into and out of caregiving will be linked to women's psychological health, especially when husbands' responsibilities are shifted to (or from) their wives.

Adding information about husbands' caregiving patterns to the individual-level models for wives (see wives' Model 1, Table 3), does not change the (statistically significant) link between women's care provision and increases in their ratings of negative affect. Thus, there is no support for the claim that husbands' caregiving responsibilities add to women's distress, at least in terms of this negative affect measure (Hypothesis 7a). However, husbands' caregiving patterns do influence wives' sense of mastery in ways that are consistent with Hypothesis 7a. Specifically, women's transitions out of caregiving are linked to increases in their mastery, whereas husbands' transitions into caregiving detract from wives' mastery (see wives' Model 2, Table 3). The results from the main effects model are consistent, therefore, with the notion that men's caregiving responsibilities detract from their wives' psychological health. We found no evidence that combined caregiving by both spouses influences wives' well-being (see wives' Model 3, Table 3).

Couple-level results are straightforward for husbands. Recall that models of husbands' caregiving patterns indicate that taking on the caregiving role is connected to increases in men's sense of growth (see husbands' Model 1, Table 2). Adding information about wives' caregiving to these models (husbands' Model 1, Table 3), we find that wives' transitions out of caregiving promote husbands' growth, independent of the men's own care patterns. When we add a couple-level interaction term (see husbands' Model 2, Table 3), it becomes clear that it is a couple-level "trading-off" caregiving strategy that is producing this link between wives' care and husbands' well-being (see Figure 1). To better substantiate this finding, we examined data documenting which individuals were engaged in caregiving and for what type of family member (i.e., parent, in-law, etc.) at each time period (not shown). These data support the trading-off hypothesis: Wives typically report caring for an in-law/parent at Time 1, whereas their husbands report caring for a parent/in-law at Time 2. Taken together, these models clearly support Hypothesis 7c (that wives' caregiving benefits their husbands' emotional health) over Hypothesis 7b (that wives' caregiving detracts from their husbands' emotional health). This evidence suggests that in dual-earner households, strategic couple-level caregiving behavior may tend to benefit men's psychological well-being.

Discussion

Changes in America's workforce, along with multilayered changes in the economy, longevity, and gender norms, mean that most employees today are members of

Table 3
OLS Regression Results: The Effect of Spousal Adult Care Responsibilities on Changes
in Dual-Earner Wives' and Husbands' Well-Being

	Dual-Earner Wives			Dual-Earner Husbands	
	Model 1 Negative Affect ^a	Model 2 Mastery	Model 3 Mastery	Model 1 Growth	Model 2 Growth
Negative affect, T1 ^a	1.009** (0.009)				
Mastery, T1		0.525** (0.032)	0.524** (0.032)	0.461** (0.035)	0.463** (0.033)
Growth, T1				0.017 (0.031)	0.015 (0.031)
Child younger than 12 (1 = yes)	0.015** (0.005)	0.014 (0.005)	0.013 (0.005)		
Wife provides persistent care (1 = yes; comparison is no care)	-0.001 (0.009)	0.075 (0.049)	0.073 (0.050)	0.000 (0.052)	0.004 (0.052)
Wife leaving adult care role (1 = yes; comparison is no care)	-0.005 (0.009)	0.104* (0.050)	0.124* (0.057)	0.126* (0.050)	0.089 (0.053)
Wife entering adult care role (1 = yes; comparison is no care)	0.021* (0.008)	-0.036 (0.045)	-0.036 (0.045)	0.008 (0.045)	0.012 (0.045)
Husband provides persistent care (1 = yes; comparison is no care)	-0.004 (0.010)	-0.052 (0.055)	-0.051 (0.055)	0.030 (0.056)	0.027 (0.056)

(continued)

Table 3 (continued)

	Dual-Earner Wives			Dual-Earner Husbands	
	Model 1 Negative Affect ^a	Model 2 Mastery	Model 3 Mastery	Model 1 Growth	Model 2 Growth
Husband leaving adult care role (1 = yes; comparison is no care)	0.015 (0.009)	-0.095 (0.050)	-0.075 (0.057)	-0.023 (0.051)	-0.016 (0.051)
Husband entering adult care role (1 = yes; comparison is no care)	0.005 (0.008)	-0.100* (0.048)	-0.100* (0.048)	0.114* (0.048)	0.080 (0.050)
Wife Leaving * Husband Entering			-0.084 (0.114)		0.304* (0.146)
Constant	0.013 (0.007)	1.531** (0.106)	1.532** (0.106)	1.743** (0.118)	1.739** (0.117)
<i>n</i>	784	784	784	748	748
Adjusted <i>R</i> ²	.94	.27	.27	.21	.21

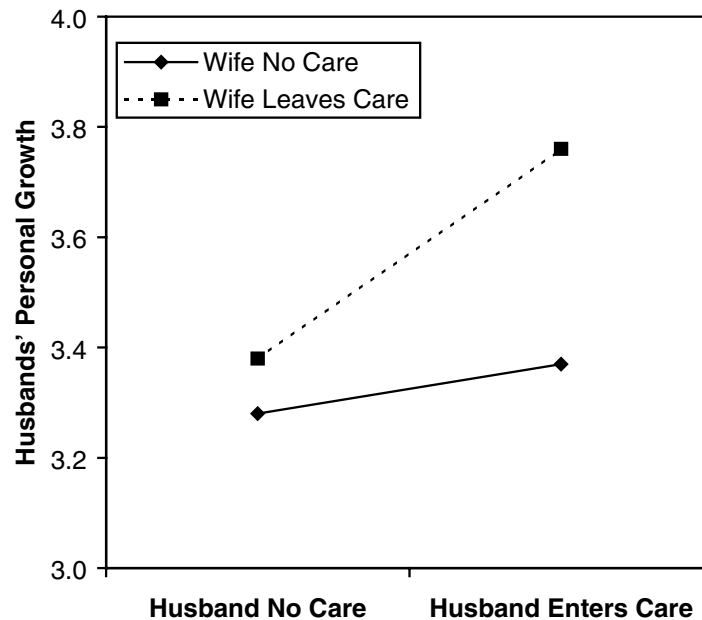
Source: Ecology of Careers Panel Study (*N* = 884 working couples).

Note: Unstandardized coefficients (b) are reported; standard errors are in parentheses. We estimated a series of models that tested the role of spousal caregiving, including relevant interaction terms, on a range of well-being outcomes (negative affect, perceived constraints, mastery, growth) for wives and husbands separately. Only those models with a significant spousal effect are reported. T1 = Time 1; T2 = Time 2.

a. The natural log of negative affect was used to improve model fit.

p* < .05. *p* < .01.

Figure 1
Couples' Trading Off Caregiving and Increases in Men's Growth



Source: Ecology of Careers Panel Study ($N = 884$).

dual-earner households and that most are, or will be, in formal care providers of infirm kin, especially parents or parents-in-law (Moen & Roehling, 2005). Although there is a growing body of research on caregiving, it is not clear how dual-earner couples strategically divide their unpaid care work, given that both spouses also have paid work responsibilities. Nor do we understand how couple-level dynamic caregiving influences both the psychological well-being of an individual and his or her spouse. Furthermore, there is scant evidence on whether workplace policies intended to help employees better manage care responsibilities effectively reduce any deleterious impacts of caregiving on employees' emotional health or whether such benefit use constitutes a mere drop in the bucket, given the demands and strains of combining employment and care work. Accordingly, we draw on longitudinal couple-level data to examine relationships between benefit use and well-being for caregivers, as well the potential for spousal caregiving to influence individual well-being.

Consistent with results from previous studies (N. Marks, 1998; Pavalko & Woodbury, 2000), our longitudinal data show that individual and spousal caregiving detracts from

dual-earner women's well-being (using both negative affect and mastery scales as indicators). By contrast, husbands' transitions into caregiving are connected to increases in their sense of personal growth. Thus, our longitudinal results substantiate N. Marks's (1998) cross-sectional findings linking caregiving to higher distress and lower mastery for employed women and to higher growth for employed men, relationships that hold in our own longitudinal sample.

Does use of employer-provided benefits by employed caregivers alleviate any negative health consequences associated with caregiving? Consistent with the broader research on the effects of benefit use (see review in Still & Strang, 2003), we find little evidence that such use makes a difference in improving employee health for women or men caregivers. It may be that the options that are currently available are not sufficient to offset the time and emotional demands of caring for ailing parents or in-laws. However, research examining the role of flexible work arrangements in improving outcomes for employees is scarce (see review in Hill, Hawkins, Ferris, & Weitzman, 2001), and we believe future research should continue to examine the circumstances under which flexible arrangements can help employees with caregiving responsibilities successfully manage their multiple obligations.

Our sample of dual-earner couples enables us to identify crossover effects (as one spouse's caregiving status influences the other's well-being) that are largely consistent with previous work documenting the gendered nature of caregiving. However, our findings also indicate that adult caregiving may well reflect a strategic selection process, rather than denoting a taken-for-granted assignment of caregiving responsibilities among individuals in dual-earner couples. Our analyses suggest that this conjoint strategic behavior may enhance well-being for one spouse while detracting from the other's well-being. For example, we find that when husbands take on caregiving responsibilities (and wives relinquish it), husbands' sense of growth is enhanced. Yet we also find that wives' sense of personal mastery suffers when their husbands become caregivers, independent of wives' own caregiving responsibilities. Although our models do not test a specific mechanism linking husbands' caregiving and declines in well-being for wives, this sort of pattern is consistent with the claim that husbands' caregiving responsibilities "spill over" onto their wives, causing a decrease in wives' well-being as a result. It may also be that husbands "take over" caregiving when their wives are too stressed to manage, a hypothesis that requires further examination. Models that test the main and interactive effects of husbands' and wives' caregiving transitions indicate that increases in men's growth occur, in part, because of a trading-off strategy used by some dual-earner couples. Taken together, our results underscore the importance of crossover and couple-level interaction effects in furthering an understanding of how caregiving is allocated in dual-earner households and how caregiving transitions influence changes in psychological well-being for individual spouses. Teasing out the mechanisms that link couples' caregiving responsibilities and health outcomes is an important direction for future research.

There are several design limitations that must be considered in interpreting our results. First, we use a regionally based sample of employed adults who are predominantly White and relatively affluent and well educated. Whether these same patterns will be observed in a national sample of dual-earner couples with different demographic characteristics is unknown. However, we take comfort in the fact that our longitudinal patterns closely replicate cross-sectional relationships documented using a different regionally based data set, the Wisconsin Longitudinal Study (see findings in N. Marks, 1998). Even so, replicating our results in a national sample of employees is an important future task. We were also limited by our data in our ability to capture differences in the intensity of the caregiving experience and to delineate the timing of benefit use relative to the onset of caregiving demands within the same survey time period. This limitation may explain why we find limited effects of benefit use on caregiver health; but again, this absence of effect is also consistent with existing research evidence examining the utility of benefit use for multiple employee outcomes (Still & Strang, 2003).

Even with these limitations accounted for, the longitudinal, couple-level design of our study provides new insights into the caregiving–emotional health relationship among a growing and important group of caregivers—those in dual-earner households. Our results provide further evidence of the different psychological health consequences that accrue to male and female employed caregivers. In addition, although there was limited evidence to suggest that use of employer-provided benefits can reduce distress levels for caregivers, we are cautiously optimistic that organizations can make a difference in restructuring the workplace to meet the challenge of a workforce with caregiving responsibilities, given other research evidence that documents the positive effects that often result from employer programs that promote flexibility (see Glass & Estes, 1997).

Our dynamic, couple-level analysis also has implications for theoretical development outlining processes of role allocation, role shifts, and health impacts. We show not only that what spouses do matters for individual well-being but also that the concept of linked lives, so often touted by life course researchers, is important theoretically. Expanding caregiving research to include strategic selection processes concerning the caregiving “division of labor” among closely linked family members would promote better understanding of how both individuals and families negotiate and use strategic actions to adapt to the increased demands associated with providing assistance and care to family members while maintaining two jobs.

References

- Allen, K. R., Blieszner, R., & Roberto, K. A. (2000). Families in the middle and later years: A review and critique of research in the 1990s. *Journal of Marriage and Family, 62*, 911-926.
- Atienza, A. A., & Stephens, M. P. (2000). Social interactions at work and the well-being of daughters involved in parent care. *The Journal of Applied Gerontology, 19*, 243-263.

- Barnett, R. C., Marshall, N. L., & Singer, J. D. (1992). Job experiences over time, multiple roles, and women's mental health: A longitudinal study. *Journal of Personality and Social Psychology*, *62*, 634-644.
- Becker, P. E., & Moen, P. (1999). Scaling back: Dual-earner couples' work-family strategies. *Journal of Marriage and the Family*, *61*, 995-1007.
- Bolger, N., DeLongis, A., Kessler, R. C., & Wethington, E. (1989). The contagion of stress across multiple roles. *Journal of Marriage and the Family*, *51*, 175-183.
- Cancian, F. M., & Olicker, S. J. (2000). *Caring and gender*. Walnut Creek, CA: AltaMira Press.
- Dentinger, E., & Clarkberg, M. (2002). Informal caregiving and retirement timing among men and women. *Journal of Family Issues*, *23*, 857-878.
- Elder, G. H., Jr., George, L. K., & Shanahan, M. J. (1996). Psychosocial stress over the life course. In H. B. Kaplan (Eds.), *Psychosocial stress: Perspectives on structure, theory, life course, and methods* (pp. 247-291). Orlando, FL: Academic Press.
- Ettner, S. L. (1995). The opportunity costs of elder care. *The Journal of Human Resources*, *31*(1), 189-205.
- Fredriksen, K. (1996). Gender differences in employment and the formal care of adults. *Journal of Women and Aging*, *8*, 35-53.
- Gerstel, N., & Gallagher, S. (1994). Caring for kith and kin: Gender, employment, and the privatization of care. *Social Problems*, *41*, 519-539.
- Glass, J. L., & Estes, S. B. (1997). The family responsive workplace. *Annual Review of Sociology*, *23*, 289-313.
- Goodstein, J. (1995). Employer involvement in eldercare: An organizational adaptation perspective. *Academy of Management Journal*, *38*, 1657-1671.
- Hill, J. E., Hawkins, A. J., Ferris, M., & Weitzman, M. (2001). Finding an extra day a week: The positive influence of perceived job flexibility on work and family balance. *Family Relations*, *50*, 49-58.
- Lachman, M. E., & Weaver, S. L. (1998). Sociodemographic variations in the sense of control by domain: Findings from the MacArthur studies of midlife. *Psychology and Aging*, *13*, 553-562.
- Lewis, J. (2001). Legitimizing care work and the issue of gender equality. In M. Daly (Ed.), *Care work: The quest for security* (pp. 57-75). Geneva, Switzerland: International Labour Office.
- Liebig, P. S. (1993). Factors affecting the development of employer-sponsored eldercare programs: Implications for employed caregivers. *Journal of Women and Aging*, *5*, 59-78.
- Marks, N. F. (1998). Does it hurt to care? Caregiving, work-family conflict, and midlife well-being. *Journal of Marriage and the Family*, *60*, 951-966.
- Marks, S. R. (1977). Multiple roles and role strain: Some notes on human energy, time, and commitment. *American Sociological Review*, *42*, 921-936.
- Marks, S. R., & MacDermid, S. M. (1996). Multiple roles and the self: A theory of role balance. *Journal of Marriage and the Family*, *58*, 417-432.
- Moen, P. (2001). The gendered life course. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (5th ed., pp. 179-196). San Diego, CA: Academic Press.
- Moen, P., & Chermack, K. (2005). Gender disparities in health careers: Cycles of control. *Journal of Gerontology*, *60 B*, 99-108.
- Moen, P., Dempster-McClain, D., & Williams, R. M., Jr. (1989). Social integration and longevity: An event history analysis of women's roles and resilience. *American Sociological Review*, *54*, 635-647.
- Moen, P., Dempster-McClain, D., & Williams, R. M., Jr. (1992). Successful aging: A life-course perspective on women's multiple roles and health. *American Journal of Sociology*, *97*, 1612-1638.
- Moen, P., & Roehling, P. (2005). *The career mystique: Cracks in the American dream*. Lanham, MD: Rowman & Littlefield.
- Moen, P., & Spencer, D. (2006). Strategic selection in the third age. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (pp. 127-144). San Diego, CA: Elsevier Academic Press.
- Moen, P., & Wethington, E. (1992). The concept of family adaptive strategies. *Annual Review of Sociology*, *18*, 233-251.
- Moen, P., & Wethington, E. (1999). Midlife development in a life course context. In S. L. Willis & J. D. Reid (Eds.), *Life in the middle* (pp. 3-23). San Diego, CA: Academic Press.

- Mroczek, D. K., & Kolarz, C. M. (1998). The effect of age on positive and negative affect: A developmental perspective on happiness. *Journal of Personality and Social Psychology, 75*, 1333-1349.
- Pavalko, E. K., & Smith, B. (1999). The rhythm of work: Health effects of women's work dynamics. *Social Forces, 77*, 1141-1162.
- Pavalko, E. K., & Woodbury, S. (2000). Social roles as process: Caregiving careers and women's health. *Journal of Health and Social Behavior, 41*, 91-105.
- Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior, 19*, 2-21.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*, 719-727.
- Scharlach, A. E. (1994). Caregiving and employment: Competing or complementary roles? *The Gerontologist, 34*, 378-385.
- Singleton, J. (2000). Women caring for elderly family members: Shaping non-traditional work and family initiatives. *Journal of Comparative Family Studies, 31*, 367-375.
- Still, M., & Strang, D. (2003). Institutionalizing family-friendly policies. In P. Moen (Ed.), *It's about time: Couples and careers* (pp. 288-309). Ithaca, NY: Cornell University Press.
- Stone, R., Cafferata, G. L., & Sangl, J. (1987). Caregivers of the frail elderly: A national profile. *The Gerontologist, 27*, 616-626.
- Westman, M., & Vinokur, A. D. (1998). Unraveling the relationship of distress levels within couples: Common stressors, empathic reactions, or crossover via social interaction? *Human Relations, 51*, 137-156.
- Wethington, E., Moen, P., Glasgow, N., & Pillemer, K. (2000). Multiple roles, social integration, and health. In K. Pillemer, P. Moen, E. Wethington, & N. Glasgow (Eds.), *Social integration in the second half of life* (pp. 48-71). Baltimore: Johns Hopkins University Press.

Noelle Chesley is an assistant professor in the Department of Sociology at the University of Wisconsin–Milwaukee and a former postdoctoral associate in the Department of Sociology at the University of Minnesota. Her research interests include the work-family interface, sociology of health, and gender and the life course. Her current research seeks to assess how individual involvement in both work and family roles shape life quality at midlife and beyond.

Phyllis Moen holds the McKnight Presidential Chair in Sociology at the University of Minnesota. She studies and has published numerous books and articles on occupational careers, retirement, health, gender, policy, and families as they intersect and as they play out during the life course. Her two most recent books are *It's About Time: Couples and Careers* (Cornell University Press, 2003) and with Pat Roehling, *The Career Mystique: Cracks in the American Dream* (Rowman & Littlefield, 2005). Both report findings from a study on couples and careers funded by the Alfred P. Sloan Foundation. She is currently engaged in a study of a large corporation involving the health and productivity impacts of changing its policies with regard to where and when employees work; this is part of a larger National Institutes of Health–funded network initiative.