



Building a Programmatic Line of Research: Double-and-Triple-Duty Caregivers in the United States



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DOUBLE-AND-TRIPLE-DUTY CAREGIVERS IN THE U.S.

In 2014, women represented 60% of the estimated 43.5 million adults in the U.S. who provided unpaid care to an adult or child, and occupied 90% of paid nursing and 89% of nursing assistant positions. Although women traditionally serve as family caregivers and predominately fill caregiving occupations in the healthcare industry, women who combine paid, formal care and unpaid, family care roles remain an understudied population. In the literature, healthcare employees' occupation of informal caregiving roles for children (*double-duty-child caregiving*) or older adults (*double-duty-elder caregiving*) is called *double-duty caregiving*; healthcare employees' occupation of informal caregiving roles for dependent children and older adults is called *triple-duty caregiving*.



As a doctoral candidate at Penn State, I have built a research program dedicated to the study of double-and-triple-duty caregivers in the U.S. with the intention of enhancing current understanding of the experiences and needs of this unique workforce segment. This poster provides an overview of the work I have contributed to the literature thus far, as well as papers in progress.

PSYCHOSOCIAL IMPLICATIONS

Method. Drawing from the Work, Family, and Health Study (WFHS), we focused on a large sample of women working in nursing homes in the U.S. ($n = 1,397$). We used multiple regression analysis and analysis of covariance tests to examine a range of psychosocial implications associated with double-and-triple-duty care.

Results. Compared with workplace-only caregivers, double-duty-child caregivers reported greater family-to-work conflict and poorer partner relationship quality whereas double-duty-elder caregivers indicated more family-to-work conflict, perceived stress, and psychological distress. Additionally, triple-duty caregivers reported more work-family conflict, perceived stress, psychological distress, and partner strain as well as less partner support relative to workplace-only caregivers.

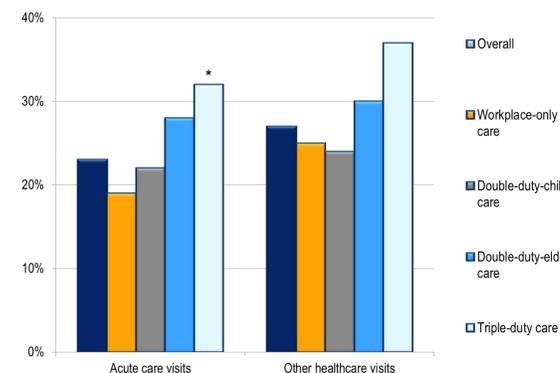
| | Long-term care employees | | | | F |
|-----------------------------------|--------------------------------------|---|---|-----------------------------------|---------|
| | Workplace-only care $n=498$ (36%) | Double-duty-child care $n=475$ (34%) | Double-duty-elder care $n=228$ (16%) | Triple-duty care $n=196$ (14%) | |
| Subjective primary stress | M | M | M | M | |
| Perceived Stress | 9.81 ^{a,1} | 10.21 | 10.34 ^w | 10.49 ^w | 2.98* |
| Psychological Distress | 12.56 ^{a,1} | 12.52 ^{a,1} | 13.82 ^{w,c} | 13.74 ^{w,c} | 8.53*** |
| Secondary stress | | | | | |
| Work-to-Family Conflict | 2.84 ^l | 2.85 ^l | 2.94 | 3.02 ^{w,c} | 2.62* |
| Family-to-Work Conflict | 2.04 ^{a,1} | 2.16 ^w | 2.19 ^w | 2.18 ^w | 5.98*** |
| Work-to-Family Positive Spillover | 3.94 | 3.90 | 3.95 | 3.90 | .40 |
| Partner Support | 17.94 ^{c,1} | 17.39 ^w | 17.72 | 17.14 ^w | 3.19* |
| Partner Strain | 9.27 ^{c,1} | 10.35 ^w | 9.77 | 10.63 ^w | 5.91** |

DePasquale, N., Davis, K. D., Zarit, S. H., Moen, P., Hammer, L. B., & Almeida, D. M. (2016). Combining formal and informal caregiving roles: The psychosocial implications of double-and-triple-duty care. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 71(2), 201-211. doi: 10.1093/geronb/gbu139

HEALTHCARE UTILIZATION

Design and Methods. A sample of 884 certified nursing assistants (CNAs) from the WFHS was drawn on to assess the number of acute care (i.e., emergency room or urgent care facility) and other healthcare (i.e., outpatient treatment or counseling) visits made during the past 6 months.

Results. Double-duty-elder and triple-duty caregivers had higher acute care utilization rates than workplace-only caregivers. CNAs with and without family caregiving roles had similar rates of other healthcare visits.

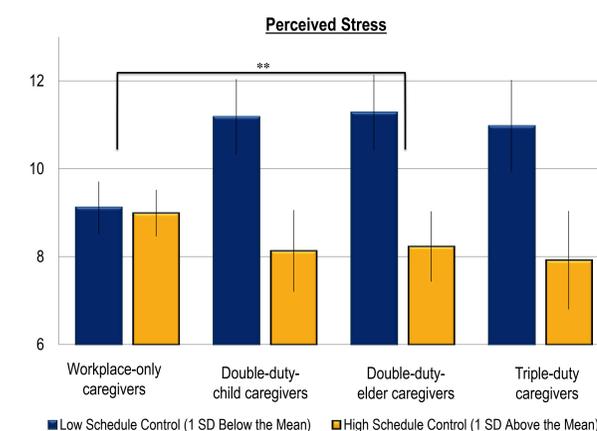


DePasquale, N., Bangert, L. R., Williams, J., & Almeida, D. M. (2015). Certified nursing assistants balancing family caregiving roles: Healthcare utilization among double-and triple-duty caregivers. *The Gerontologist*. Advance online publication. doi: 10.1093/geront/gnv081

PERCEIVED STRESS AND SCHEDULE CONTROL

Method. Survey responses from 123 men who participated in the WFHS were analyzed using multiple linear regression models.

Results. Results indicated that workplace-only and double-and-triple-duty caregivers' appraised primary stress similarly. However, several differences emerged with respect to secondary role strains. Compared to workplace-only caregivers, triple-duty caregivers reported more work-to-family conflict, and both double-and-triple-duty caregivers reported more family-to-work conflict. Triple-duty caregivers also indicated greater emotional exhaustion and double-duty-child caregivers reported lower turnover intentions. Additionally, schedule control functioned as a stress buffer, particularly among double-duty-elder caregivers. In the context of greater perceived schedule control, double-duty-elder caregivers reported less stress and lower turnover intentions as well as more work-to-family positive spillover and job satisfaction.

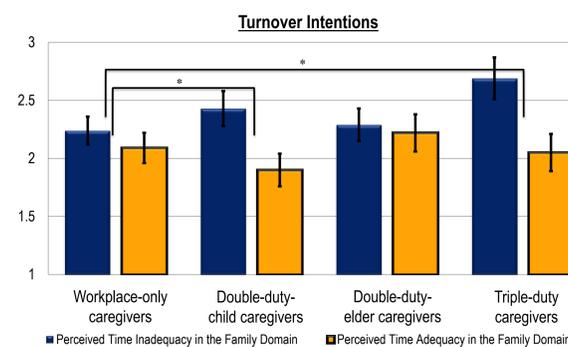


DePasquale, N., Zarit, S. H., Mogle, J., Moen, P., Hammer, L. B., & Almeida, D. M. (2016). Double-and-triple-duty caregiving men: An examination of subjective stress and perceived schedule control. *Journal of Applied Gerontology*. Advance Online Publication. doi: 10.1177/0733464816641391

THE FAMILY TIME SQUEEZE

Design and Methods. Regression analyses were conducted on survey data from 972 CNAs who participated in the WFHS.

Results: Compared to workplace-only caregivers, double-and-triple-duty caregivers reported more emotional exhaustion and perceived a less supportive work-family organizational climate. Triple-duty caregivers also reported less job satisfaction. Additionally, perceived time adequacy in the family domain buffered double-duty-child and triple-duty caregivers' emotional exhaustion and turnover intentions, as well as enhanced triple-duty caregivers' perceptions of the organizational work-family climate.

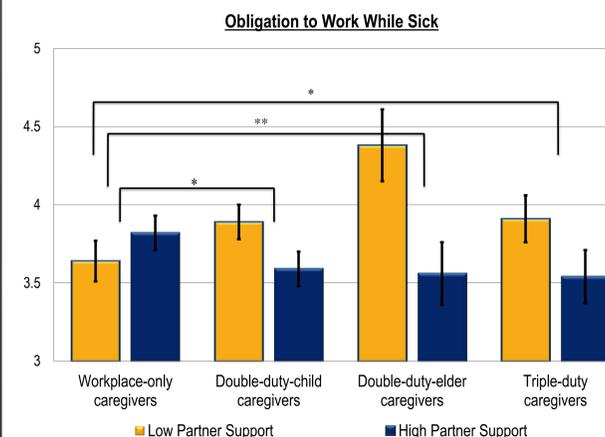


DePasquale, N., Mogle, J., Zarit, S. H., Okechukwu, C. A., Kossek, E. E., & Almeida, D. M. (Under review). The family time squeeze: Double-and-triple-duty caregiving certified nursing assistants' work outcomes and perceived family time adequacy.

PERCEIVED PARTNER SUPPORT AND WORK OUTCOMES

Design and Methods. Regression analyses were conducted on survey data from 573 married, heterosexual women from the WFHS. There were 195 (34%) workplace-only caregivers, 213 (37%) double-duty-child caregivers, 73 (12%) double-duty-elder caregivers, and 92 (16%) triple-duty caregivers.

Results. Compared to workplace-only caregivers, double-duty-elder and triple-duty caregivers reported more emotional exhaustion. Perceived partner support also functioned as a buffering resource for job satisfaction, turnover intentions, and obligation to work while sick. For every one-unit increase in perceived partner support, double-duty-child caregivers reported greater job satisfaction and lower turnover intentions. Double-duty-child caregivers, double-duty-elder caregivers, and triple-duty caregivers who perceived more partner support reported less of an obligation to work while sick.



DePasquale, N., Polonick, C., Davis, K. D., & Almeida, D. M. (In Progress). Stand by me: Husbands' support buffers negative work domain outcomes among double-and-triple-duty caregiving wives.

LONG-TERM AND IMMEDIATE SLEEP OUTCOMES

Background. Sleep is increasingly recognized as a significant public health issue. An estimated 50 to 70 million adults in the U.S. chronically suffer from sleep or wakefulness disorders linked to a rising number of health problems, including heart disease, stroke, diabetes, obesity, cancer, and high blood pressure. Sleep-related problems can affect all areas of life, one of which is employment. Although the implications of sleep disturbances are detrimental for any employee, they are particularly important for healthcare employees given their responsibilities of providing quality care and maintaining patient safety. Yet, healthcare employees commonly experience fatigue and poor sleep quality due to long work hours and exposure to physically and psychologically demanding work tasks. Additionally, healthcare employees may have caregiving responsibilities at home that interfere with sleep.



Purpose of Dissertation. My dissertation will extend double-and-triple-duty caregiving literature to encompass different sleep outcomes based on data from women who participated in the WFHS.

Study 1. A longitudinal or macro-level examination of how family caregiving role continuity and transitions affect subjective (sleep quality, sleep sufficiency, insomnia symptoms, sleep duration, number of hours in bed) and wrist actigraphic (total sleep time and wake after sleep onset) indices of sleep among long-term care employees with unpaid child (double-duty-child care), elder (double-duty-elder care), and sandwiched (triple-duty care) caregiving roles at home.

| | Self-report Sample (n=999) | | Actigraphy Subsample (n=681) | |
|--|-------------------------------|-----------|---------------------------------|-----------|
| | Baseline | 12 Months | Baseline | 12 Months |
| Workplace-only caregiver | 361 (36%) | 382 (38%) | 239 (35%) | 261 (38%) |
| Double-duty-child caregiver | 339 (34%) | 367 (37%) | 239 (35%) | 255 (37%) |
| Double-duty-elder caregiver | 160 (16%) | 135 (14%) | 114 (17%) | 94 (14%) |
| Triple-duty caregiver | 139 (14%) | 115 (11%) | 89 (13%) | 71 (10%) |
| Continuing workplace-only caregiver | -- | 303 (30%) | -- | 199 (29%) |
| Continuing double-duty-child caregiver | -- | 288 (29%) | -- | 204 (30%) |
| Continuing double-duty-elder caregiver | -- | 81 (8%) | -- | 56 (8%) |
| Continuing triple-duty caregiver | -- | 68 (7%) | -- | 42 (6%) |
| Decreased caregiving role transition | -- | 148 (15%) | -- | 108 (16%) |
| Increased caregiving role transition | -- | 105 (10%) | -- | 69 (10%) |
| Reversible caregiving transition | -- | 6 (1%) | -- | 3 (1%) |

Study 2. A daily diary or micro-level investigation of bidirectional associations between work-family stressors (work-to-family conflict and the average number of work-specific and family-specific stressors) and subjective sleep outcomes (sleep duration, latency, disturbances, and quality), with double-duty-child and triple-duty caregiving role occupancy examined as a potential moderator of these associations.

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