

Workers who care: Unpaid care for parents, employment and well-being among older adults across Europe

Elisa Labbas and Maria Stanfors
Centre for Economic Demography, Lund University

Background: Across Europe, older adults are increasingly faced with the dual responsibilities from paid work and unpaid caregiving to elderly and sick relatives. This is especially true for women, who traditionally have been the primary providers of unpaid family labor. That increasingly many people bear the double burden of paid work and unpaid caregiving has implications, not only for labor market outcomes, but also for the well-being of caregivers. A growing literature indicates that intensive caregiving is negatively associated with labor market participation and hours of work (e.g. Carmichael & Charles 2003; Bolin et al. 2008; Jacobs et al. 2013, 2014; Van Houtven et al. 2013; Van Houtven 2015; Skira 2015; Moussa 2019). Evidence from Europe and North America suggests that responses to caregiving depend on caregiving intensity, caregiver's gender, and relationship to care recipient. In addition, carers as a group report lower levels of health and well-being (e.g. Marks et al. 2002; van den Berg et al. 2014; Bremer et al. 2015; Schmitz & Westphal 2015). Empirical evidence around causal mechanisms and gendered patterns has, however, been mixed. Thus, it is important to study the impacts of unpaid caregiving on working-age men's and women's labor market outcomes and well-being.

Policymakers across Europe continue to place emphasis on unpaid home care because it is associated with low direct costs, while generating large benefits to society. Consequently, it is important to identify the indirect spillover effects of such care on the labor market outcomes and well-being of caregivers. Comparative studies that examine the well-being effect of unpaid caregiving suggest that caregiving effects depend on country context (Di Novi et al. 2015; Brenna & Di Novi 2016). Most studies focus on care performed by elderly spouses, who are different from working-age caregivers when it comes to facing the competing demands from paid work and caregiving. The role of employment as a potential moderator of caregiving effects on well-being is not well understood, and neither is it clear whether these are same or different for men and women. Despite the fact that working-age men engage in unpaid care (Stanfors et al. 2019), country comparative research has thus far neglected their efforts and impacts hereof. With many studies either focusing exclusively on women, or treating caregiving as gender-neutral (Kaschowitz & Brandt 2017), the potentially differential patterns in well-being effects remain undisclosed.

Aim and contribution: We examine the relationship of unpaid care for elderly parents and the well-being of working-age men and women from 2004 to 2015 in a country comparative perspective. We look at the direct role of unpaid care provision for well-being, as well as whether an additional effect runs through the interaction of caregiving and employment. Well-being is captured by measures of depression and self-rated well-being and quality of life. Employment is measured through job holding status as well as weekly hours worked. In turn, we examine caregiving at two levels of intensity. Our country comparative approach and choice of Sweden as the focal case is motivated by our interest in the moderating effect of

policy environment, especially support for work-family conflict. For decades, Swedish policy has promoted full employment and a dual-earner household model (Esping-Andersen 1990;1999), with women's paid work largely converging to that of men's (Stanfors & Goldscheider 2017). We contrast and interpret the Swedish patterns of caregiving, employment, and well-being with those in selected European countries, which represent different welfare state systems and thus manifest varying care-work configurations (Kröger & Yeandle 2013).

The research adds to the caregiving literature in three ways. First, we examine the impact of caregiving on both the paid work and well-being of older working-age individuals. We do this with special focus on policy context, comparing welfare state systems across European regions. Importantly, we examine caregiving in countries of the Central Eastern region, which previous literature has neglected. Our estimates of the well-being effects of caregiving apply also to wider context, as we consider the role of paid work and test for interactions between caregiving and employment. Second, we focus on the mature working-age population providing care for elderly parents, which is the most common caregiving configuration. Furthermore, we look at caregiving by both men and women, highlighting gender-specific patterns and differing lived experiences. Our results are consequential given the increasing group of mature men and women who combine working for pay and providing unpaid care to their parents, in Europe and elsewhere.

Theoretical considerations: We consider unpaid caregiving to elderly parents as a form of unpaid family labor, similarly to household chores and childcare. Augmented economic time allocation models and models explaining family division of labor (Gronau 1977; Graham & Green 1984) distinguish unpaid family labor from paid labor and leisure, and the three activities compete for the 24 hours that are available to each person each day. Adding a household perspective (Manser & Brown 1980; Lundberg & Pollak 1996), whereby family members make decisions in relation to each other based on each member's individual strengths, we can often predict some degree of gendered labor specialization in paid and unpaid work. Configurations of the paid-unpaid work axis depend on policy environment, with access to formal care being the most important mediating factor.

We view the link between caregiving, employment, and well-being through the lens of role theory. The well-being effect of holding the roles of employee and family caregiver may be positive or negative. The link between caregiving and well-being can run through or in conjunction with employment. *Role strain* conceptualizes holding multiple roles as leading to psychological stress and social instability, as they compete for time and energy and can cause conflicting demands and overload (Goode 1960; Sieber 1974; Marks 1977). In this vein, modern work and family are seen as "enemies" for women but not for men (Friedman & Greenhaus 2000). Role conflict is more salient for women than men due to differing expectations (Brody 1981). On the other hand, *role enhancement* suggests that holding multiple roles at once can be advantageous. Holding multiple roles may buffer against failure in one of the roles, give access to resources for status enhancement and role performance, enrich the personality, offer self-gratification (Sieber 1974), identity through guidance and

provision of meaning in life (Thoits 1983), or increased energy (Marks 1977). Since increases in the numbers of dual-earner couples, work-family intersections have been suggested to enrich the lives of men and women primarily through transfer of resources between roles and/or mood enhancement in one role facilitating functioning in the other role (Greenhaus & Powell 2006).

Data and method: We use data from five waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), a multidisciplinary, cross-national panel on health, socio-economic status, and social and family networks covering individuals aged 50+ in 27 European countries and Israel. Our sample (n=10,591) consists of European¹ men and women aged 50 to 64 who have at least one living parent and thus are potential caregivers. We divide caregiving into non-intensive (care taking place weekly or less often with care recipient living in a separate household), and intensive (daily care to a parent living in a different household or care to a parent who lives within the respondent's own household). We define employment status as currently employed or non-employed (unemployed, homemaker, or retired). In addition, we look at a continuous variable for weekly hours worked in order to capture the work-care trade-off at the intensive margin. Depression is captured by a variable that indicates whether the respondent was experiencing clinically significant depression or not at the time of the interview (0-1), defined as reporting more than three depressive symptoms on the 12-step EURO-D scale. Well-being is captured by the (log-transformed) CASP-12 index of well-being and life quality, which ranges from 20 to 48.

We analyze the data with Ordinary Least Squares (OLS) regression², using Linear Probability Models (LPM) when the dependent variable is binary, adding control variables in a stepwise manner, and estimating our models as both pooled and separated by gender. In the fullest models, we estimate employment status and weekly hours worked as functions of caregiving, personal characteristics (\mathbf{X}_i), family characteristics (\mathbf{Z}_i), educational attainment, and overall health of the respondent.

$$Employment/Hours\ worked_i = \alpha_0 + \beta_1 Caregiving_i + \beta_2 \mathbf{X}_i + \beta_3 \mathbf{Z}_i + \beta_4 Education_i + \beta_5 Health_i + \varepsilon_i$$

For well-being, the full models include caregiving, personal characteristics (\mathbf{X}_i), employment status, family characteristics (\mathbf{Z}_i), educational attainment, and overall health. We include an interaction term for caregiving and employment status in order to test whether the effect of caregiving is dependent on work status.

$$Well - being_i = \alpha_0 + \beta_1 Caregiving_i + \beta_2 Employment_i + \beta_3 Caregiving_i * Employment_i + \beta_4 \mathbf{X}_i + \beta_5 \mathbf{Z}_i + \beta_6 Education_i + \beta_7 Health_i + \varepsilon_i$$

¹ Our selected countries are Sweden, Denmark (Nordic region), Germany, France, Belgium (Continental region), Spain, Italy (Southern region), the Czech Republic, and Poland (Central Eastern region).

² A common theme in the literature on caregiving and individual labor supply is endogeneity. We account for selection into caregiving with an instrumental variables approach. The first stage of our proposed instruments was, however, weak in the case of Sweden. Results for the rest of our selected countries as well as interpretation of the first stage are forthcoming.

Results: In Sweden (results available so far), both men and women commonly provide care to elderly parents, and the overwhelming majority of the care provided is non-intensive. Neither intensive nor non-intensive caregiving are linked to lower employment. Further, there is no evidence for negative selection into caregiving based on labor market status. There is a mental health impact of caregiving, which is gendered and not moderated by employment status. Employment is for women associated with a reduced risk of experiencing clinically significant depression (-12.6%), while caregiving is not related to an increased risk. For men, caregiving (both non-intensive and intensive) is associated with an elevated risk of experiencing clinically significant depression (5.5% and 33.9%, respectively). This relationship holds when controlling for employment status, which by itself does not matter for men's depression. Those who are employed report higher levels of well-being as measured by the CASP-12 index (women 5.6%, men 5.4%), and caregiving is not statistically important for this outcome. The results for Sweden highlight a gendered pattern in the impacts of unpaid caregiving on well-being, suggesting 1) that the implications for men are more important than previously thought, and 2) that employment may have a protective effect on the mental health of women who are caregivers. Our forthcoming work presents and interprets these results in context with the remainder of our selected European countries.

References (selected)

- Bolin, K., Lindgren, B., & Lundborg, P. (2008). Your next of kin or your own career? Caring and working among the 50+ of Europe. *Journal of Health Economics*, 27(3), 718-738.
- Brody, E. M. (1981). Women in the middle and family help to older people. *Gerontologist*, 21(5), 471-480.
- Carmichael, F., & Charles, S. (2003). The opportunity costs of informal care: Does gender matter? *Journal of Health Economics*, 22(5), 781-803.
- Friedman, S.D. & Greenhaus, J.H. (2000). *Work and family – Allies or enemies? What happens when business professionals confront life choices*. Oxford University Press, USA.
- Greenhaus, J.H. & Powell, G.N. (2006). When work and family are allies: A theory of work-family enrichment. *Academy of Management Review*, 31(1), 72-92.
- Gronau R. (1977). Leisure, home production and work: The theory of the allocation of time revisited. *Journal of Political Economy*, 1099-1124.
- Kröger, T. & Yeandle, S. (eds.) (2013). *Combining Paid Work and Family Care*. Bristol: Policy Press.
- Lundberg, S. & Pollak, R.A. (1996). Bargaining and distribution in marriage. *Journal of Economic Perspectives*, 10(4), 139-158.
- Marks, N.F., Lambert, J.D. & Choi, H. (2002). Transitions to caregiving, gender, and psychological well-being: A prospective US national study. *Journal of Marriage and Family*, 64(3), 657-667.
- Van Houtven, C.H. (2015). Informal care and economic stressors. In J.E. Gaugler & R.L. Kane (eds.), *Caregiving in the New Normal* (pp. 105-136). London: Academic Press.
- Van Houtven C.H., Coe, N.B. & Skira, M.M. (2013). The effect of informal care on work and wages. *Journal of Health Economics*, 240-52.