

HOW THE INTERSECTION OF RACE/ETHNICITY WITH GENDER AFFECTS STRESS
AND BURDEN ON CAREGIVERS WHO PROVIDE CARE FOR THE ELDERLY

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ABSTRACT

This study examined how the intersection of race/ethnicity with gender impacted the stress/burden experienced by elder caregivers. An intersectional framework was used to analyze how the social locations of 768 caregivers affected overall stress/burden. The data examined were from the 2003 “Caregivers in the U.S.” data set distributed by the Roper Center. Through regression analyses, the findings suggest white women in this sample were the most emotionally stressed in their caregiving duties, while minority (African American, Hispanic, and Asian) men and women were most financially stressed. Minority women also seem to be slightly more burdened than other caregivers in one test. Surprisingly, children in the caregivers’ households alleviated stress/burden for elder caregivers, indicating that caregivers who have multiple care responsibilities may not be more stressed/burdened than caregivers who care only for elders. Policymakers should give attention to differences among caregivers who experience various aspects of stress/burden so their caregiving needs can be adequately met in the future.

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CHAPTER 1

INTRODUCTION

Within the United States, there is a significant shift in the population as more adults turn 60 years and older. This increase in older individuals is largely due to the aging of the “baby boomer generation,” a generation born between 1946 and 1964 that consists of about 75 million people (Pew Research Center 2005; Census Bureau 2010). In light of the aging population, it is estimated that by 2030 one in five people in the United States will be 65 years and older (Census Bureau 2010). With this increase in seniors, how will families and institutions care for this population, and more importantly, how will the responsibility of caregiving affect the lives of our nation’s caregivers?

Research has shown that being caregivers for elders can elevate stress/burden on caregivers due to the increased responsibility they have within their lives. Many factors can explain increased stress and burden among caregivers such as demographic characteristics, socioeconomic characteristics, family/relational characteristics, and the type of caretaking situation the caregivers are in (Stephens, et al. 2001; Cravey and Mitra 2011; Navaie-Waliser, et al. 2002; Rubin and White-Means 2009; Chang, et al. 2010; AARP 2001; Chappell and Reid 2002; Hughes, et al. 1999; Pavalko and Henderson 2006; Dautzenberg, et al. 1999; Williamson & Schultz 1990; Horowitz & Shindelman 1983; Cantor 1983; Gold, et al. 1995; Knight, et al. 2000; Cooney & Di 1999; Kramer & Kipnis 1995; Donaldson & Burns 1999; Spitze, et al. 1994).

While many factors explain increased stress/burden for caregivers, I am specifically interested in understanding how race/ethnicity intersects with gender to determine stress/burden levels of caregivers who care for elders. Much research has focused on either how race affects

burden and stress on elder caregivers or how gender affects burden and stress on caregivers (Navaie-Waliser, et al. 2002; Morris, et al. 1991; Almberg, et al. 1998; Kramer and Kipnis 1995; Cravey and Mitra 2011; Haley, et al. 1995; Lawton, et al. 1992; Miller, et al. 1995). While these are important studies and add significantly to sociological knowledge, there has been a lack of quantitative research that concentrates specifically on the intersection of race/ethnicity with gender and how this intersection impacts the sense of burden and stress on elder caregivers. This study, therefore, hopes to expand upon the current literature, adding knowledge about how different combinations of these characteristics affect the experience of elder caregivers.

While both men and women do care work for seniors, researchers recognize that women are usually more associated with this care work. This woman-as-caretaker phenomenon is not a new concept and has been cemented in people's minds through the idea of separate spheres where women have historically been linked with caregiving and home responsibilities in the private sphere. Today, with multiple responsibilities such as elder care, child care, and employment, women are experiencing more stress and burden within their lives. However, while research tends to focus on women in caregiving studies, we should not ignore men within research on caregivers. As the population includes more seniors, both women and men will be taking on the responsibilities of elder care work, which underscores the need to pay attention to men.

In addition, taking race/ethnicity into account is also crucial when focusing on the burden and stress of elder caregivers. Current research has some mixed results as to which racial/ethnic groups are more stressed in their caregiving roles, but many studies on caregiving have found that minority caregivers usually are less stressed and less burdened than white caregivers because they have stronger commitments to filial support as well as important cultural norms that

reinforce expectations about taking care of their aging family members more than among white caregivers (Cravey and Mitra 2011; White, et al. 2000; Connell & Gibson 1997; Lee, et al. 1998; Burr & Mutchler 1999; Martin 2000).

Cravey and Mitra (2011) explain further that structure and the cultural norms of families are reasons members of minority racial/ethnic groups do not perceive as much stress from caregiving as whites. For instance, because of cultural norms among Asians that hold caregiving for elders as honorable and family structures among Hispanics that support living in multigenerational households to care for family members, members of these groups may have lower stress levels than whites because they view family ties differently (Cravey and Mitra 2011). Similarly, because African Americans have experienced a history of family disruption most notably during enslavement one common response has been to embrace family caregiving as a significant part of their lives (Cravey and Mitra 2011). Furthermore, due to the relentless discrimination that African Americans have faced in this society, they have been required to manage and surmount feelings of distress (Cravey and Mitra 2011).

While some literature does focus on the intersection of race/ethnicity with gender in caregiving, there has been minimal research done on this subject matter. However, the few studies that have done this work find that African American women caregivers in particular may not feel as stressed/burdened. Explanations for this finding suggest they may identify more with their role as caregivers, may be more expected (by others) and prepared (themselves) to care for their aging parents, and may feel the force of the Strong Black Woman stereotype in the U.S. leading black women to deny being stressed in caretaking situations (Morycz, et al. 1987; Mui 1992 cited in Martin 2000; Parks 2012). White women, on the other hand, may be more stressed when caregiving because of the limited expectations of their cultural norms, and therefore, lack

of preparation to look after and care for their aging family members (Martin 2000; White, et al. 2000). In other words, since white women more typically take on the traditional nuclear family expectations of taking care of their children and spouses (Coontz 1992), they are less prepared to take on caregiving roles for their aging family members because these duties are outside their normal realm of care work. Similarly, the greater burden experienced by African American men may be due to their lack of preparation for caregiving, although more research needs to be done on this finding (Martin 2000).

Looking forward, by 2042, non-Hispanic whites will no longer be the majority in the U.S (Census Bureau 2010). From this increase in minority populations, there could potentially be an increase in stress and burden among members of these groups due to their larger family sizes and cultural expectations to care for elder family members. While older minorities will not be in the majority, by 2050, they still will represent 42% of the older population, which is about a 20% increase since 2010 (Census Bureau 2010). By understanding the experiences of different caregivers, we can ultimately provide more thorough-going insights into how society might handle the stressful situations that can arise from informal, that is, family elder caregiving.

To understand what causes differences in stress and burden for caregivers, this study looks to the theory of intersectionality. Intersectionality has largely been used within feminist studies to understand how the intersection of race, class, and gender creates a system of interlocking oppression (Hill Collins 2000). Put simply, through the combination of different structural characteristics such as gender and race, individuals occupy specific social locations that affect their life experiences. Understanding oppression has been an important focus of analysis framed by intersectionality, but this study uses the framework to analyze the impact that complex social locations have on the stress and burden of elder caregivers. The intent is to

determine the extent and nature of the impact of the caregiving experience on caregivers who are differently situated in the social structure. While intersectionality has been used mainly in qualitative studies, this study uses it in a quantitative analysis. I used the 2003 NAC/AARP data set from Roper Center called “Caregivers in the U.S.,” which surveyed people about their caregiving responsibilities and the level of stress and burden that caregiving has on their lives. This data set was appropriate for my research purposes because of its focus on stress/burden of caregivers and other relevant questions related to the caregivers and care recipients.

The question at hand, then, is how does the intersection of race/ethnicity with gender affect the level of stress and burden within the lives of elder caregivers? From previous research, this study expects that white women caregivers will experience the most burden/stress compared to men and other women due to differences in their social locations. As women they are expected to engage in caregiving but because norms of the traditional nuclear family are more likely to prevail in the social situations of whites, these women are less well prepared to manage the stresses/burdens that come with elder caregiving. However, there is some reason to doubt this is the full story in terms of the impact of the intersection of race/ethnicity with gender on the experience of stress/burden among elder caregivers.

I believe this study is not only important for the caregivers who are already doing care work for elders, but for caregivers who will most likely be doing this work in the future. In addition, it is important to bring awareness to institutions and policymakers so they can support those individuals who are stressed and burdened by elder caregiving responsibilities. With the increase in elderly and minority populations, it is vital for our society to understand which caregivers are currently taking on the most stress and burden in their families so that we can

come up with better ways to equip future caregivers with the resources and support they will need.

CHAPTER 2

LITERATURE REVIEW

Stress and Burden Among Elder Caregivers

While it is recognized that aging adults can be placed in nursing homes, assisted living homes, and adult day cares, it is acknowledged that many adults feel a sense of obligation to solely take care of their parents. One study points out that many adults do not want respite care for their parents because as caregivers they feel a “loss of control, sadness, guilt, and a sense of failure if respite care is needed” (Cangelosi 2009:20-21; Kellett 1999; Leland 2008). Therefore, many individuals prefer taking on informal caregiving duties rather than placing their aging family members in nursing or assisted-living homes.

Although some elder caregivers may feel a sense of relief and happiness with looking after their family members, some elder caregivers can have increased stress and burden levels due to the amount of time and energy that caregiving takes. Pinquart and Sorensen (2003), for instance, did a meta-analysis on 84 studies about stress on caregivers, finding that caregivers were more stressed, depressed, and had lower levels of well-being than non-caregivers. Stephens, et al. (2001) found that 96% of adult women caretakers who were simultaneously taking care of multiple family members and were employees experienced a higher level of conflict in trying to fulfill all their roles, which affected the women’s well-being. Similarly, Haug et al. (1999) reported that over a two-year period of caring for an elderly relative, 35% of the caregivers felt that their physical health declined while 34% believed their mental health declined. In addition, Pavalko and Henderson (2006) found that women who took on elder caregiving duties at some point in their lives were more likely to experience psychological distress than people who did not

take on caregiving duties. Through these studies, then, it is evident that increased stress and burden levels can be a consequence of elder care.

The Effect of Gender on Burden and Stress

Women, specifically, are assumed to be responsible for many care duties related to their aging parents due to cultural expectations that women are responsible for the household and considered “nurturers” for family members. According to a 1996 study by the NAC/AARP, women are more likely to be these caregivers with women identified as 72% of caregivers for aging adults (Seaward 1999). This study does note, however, that men are more likely to take on the role of caregivers in the upcoming years (Seaward 1999).

Because women have historically been recognized as the primary caregivers in households but have increasingly more roles to fulfill within their lives, research has found that women are usually more stressed and burdened in their caregiving tasks than men. Studies by Navaie-Waliser, et al. (2002); Morris, et al. (1991); Almberg, et al. (1998); Kramer and Kipnis (1995); Miller and Cafasso (1992); Faison, et al. (1999); Gold, et al. (1995); Yee and Schulz (2000); and Pinquart and Sorensen (2003) have all found that women caregivers tend to be more emotionally stressed and burdened than men caregivers. With the potential increase in male caregivers in the future, however, men should not be discounted from this research on elder care stress/burden.

The Effect of Race/Ethnicity on Burden and Stress

Among caregivers, many studies have uncovered another factor that plays a role in how stressed/burdened caregivers are: race/ethnicity. The AARP (2001) reported that these differences in stress/burden come from the “‘thickness’ of each ethnic culture’s conception of family responsibility, and the fact that income and life prospects are not evenly distributed across

the racial and ethnic groups” (p. 25). Therefore, due to inequities in resources among racial/ethnic groups as well as different caring expectations from particular cultural backgrounds, some minority racial/ethnic groups report being more stressed and burdened than others. Other studies have found that because different racial/ethnic groups have certain cultural values and understandings of aging, they manage caretaking demands in different ways (Dilworth-Anderson and Anderson 1994; Haley, et al. 1996 cited in White, et al. 2000). Likewise, some minority racial/ethnic groups may have different coping strategies, like religion, for instance, to better manage caretaking tasks (Aranda and Knight 1997; Picot, et al. 1997; Segall and Wykle 1988 cited in White, et al. 2000).

An AARP (2001) study focused on caregivers who were doing both elder and child care work (sandwiched caregivers), finding that minorities, specifically, African American caregivers tend to be more stressed and overwhelmed than other caregivers. This study reported that while there are currently more whites who are sandwiched (75%), many of these people do not actually care for their aging parents and in general do not feel as stressed as other caregivers who spend more time in care-related duties (AARP 2001). The study also found that Hispanics and Asians tend to be more stressed in caregiving situations because of their higher expectations to care for their aging parents (AARP 2001).

However, while this AARP study found that minority caregivers tend to be more stressed, many other studies found that white caregivers tend to be more stressed, burdened, and strained in caring for the elderly (Cravey and Mitra 2011; White, et al. 2000; Haley, et al. 1995; Lawton, et al. 1992; Miller, et al. 1995; Mintzer and Macera 1992; Fredriksen-Goldsen and Farwell 2005; Connell and Gibson 1997; Fredman, et al. 1995; Knight, et al. 2000).

Connell and Gibson (1997) reviewed twelve articles that focus on how dementia caregiving is experienced differently by race, ethnicity, and culture, finding that white caregivers tend to be more stressed, depressed, and burdened from caregiving than minority caregivers. The study also found that whites have weaker beliefs in filial support compared to minorities (Connell and Gibson 1997).

A study by Fredriksen-Goldsen & Farwell (2005) concluded that even though whites were better off financially, spent less time caring for relatives, and had more support at work, they actually reported higher levels of role strain more often than African Americans. Being members of black or Hispanic racial/ethnic groups were found as predictors of caretakers having less role strain compared to whites (Fredriksen-Goldsen & Farwell 2005).

While Navaie-Waliser, et al. (2001) did not specifically look at burden, stress, or strain, the study found that black caregivers tended to have more caregiving duties than white caregivers and had more unmet needs for care tasks than whites. However, even with this, black caregivers reported having fewer difficulties with care provision than white caregivers (Navaie-Waliser, et al. 2001).

Using data from two other studies, Cravey and Mitra (2011) also found that whites who were sandwiched (care work for both children and elders) had the highest degree of role strain compared to Asians, Hispanics, and African Americans (from Fredriksen-Goldsen and Scharlach 2001 and Fredriksen-Goldsen and Farwell 2005). They suggest this may be due to the fact that the white respondents had higher stress jobs than African Americans and Hispanics (Fredriksen-Goldsen and Scharlach 2001; Cravey and Mitra 2011).

A study by White, et al. (2000) found that African American women caretakers were less stressed and felt more rewarded in providing parent care than white women. White, et al. (2000)

reported that these results might be attributed to the fact that African Americans and whites have different expectations in caring for their parents and have different values and backgrounds. Additionally, because African Americans generally have higher degrees of religiosity, they may use this as a coping strategy to surmount stress (White, et al. 2000). Lastly, because African Americans may have more positive feelings toward the elderly and aging in general, they might feel more rewarded by caring for their parents than do whites (Haley et al. 1996; Mutran 1985 cited in White, et al. 2000).

In relation to the findings by White, et al. (2000), Burr and Mutchler (1999), White-Means and Rubin (2008), and Lee, et al. (1998) found that black adults had higher cultural expectations than white adults to take care of their aging parents, live with their aging parents, and provide financial resources for their children and aging parents. Through these cultural expectations, minority caregivers may feel more prepared and less stress/burdened when caretaking because of norms of responsibility to their families.

While some of these studies have found that blacks and Hispanics have a higher degree of filial responsibility than whites, research has also reported the opposite, finding that whites actually tend to have higher degrees of filial responsibility than other racial/ethnic groups (Hanson, Sauer, & Seelbach 1983). Despite this finding, it seems that minority caregivers tend to be less stressed and burdened in their caregiving tasks than whites and these differences may be rooted in cultural expectations to care for and look after their aging relatives.

Effects of the Intersection of Race/Ethnicity and Gender on Burden and Stress

Within the literature, there are few studies that focus on how the intersection of race/ethnicity with gender affects the level of burden and stress among elder caregivers. One study, however, does just that. Martin (2000) found that among elder caregivers, women and

African Americans were more likely to care for aging adults than men and whites. This study found that in terms of burden, women were generally more burdened than men (Martin 2000). When the level of caregiving was the same for both African Americans and whites, whites felt more burdened than African Americans (Martin 2000). When using the Race x Gender interaction term, the study revealed on the one hand that African American women felt less burdened from caregiving, and African American men and white women, on the other hand, felt much higher levels of burden (Martin 2000).

Martin (2000) concluded that African American women may feel the least burdened out of all the other respondents because they may be more experienced with juggling multiple roles within their lives and they, more than other respondents, assume responsibility for caregiving for a range of family members (Morycz et al. 1987; Mui 1992). Because of these factors – juggling roles and norms of family responsibility -African American women are both expected and prepared to care for family members, which may decrease their level of burden (Martin 2000). Moreover, the position in family structure of African American men may increase stress/burden in caregiving situations because more African American men (in comparison to white men and African American women) are not married, not living with their children, and not living with their aging parents (Tang 1995). This situation may increase stress/burden once they take on caregiving because they are not positioned to be caregivers (Martin 2000).

Additionally, in comparison to African American women, white women may further experience higher levels of stress and burden because of how the structure of the traditional nuclear family has shaped their expectations to take care of their children and spouses primarily - not aging family members. Stephanie Coontz (1992) has analyzed the traditional nuclear family in the U.S., claiming that this normative family structure - where women are primary caregivers

of their children - is an idea that has prevalently existed within white middle-class families. Therefore, through the expectations of traditional nuclear families, white women are less prepared for the care of their aging family members.

Another argument for why African American women in particular may experience the least amount of burden may be the idea of the Strong Black Woman, which is a defining concept of women within the African American community. Black women have consistently experienced discrimination not only because they are black, but because they are women. Through these intersecting oppressions, black women have faced specific challenges that white women have not faced. One response, then, to these challenges has been adopting the persona of the Strong Black Woman, or, in other words, a woman who can endure anything that life presents.

In an analysis of this phenomenon, Parks (2012) makes the point that “Black women are supposed to be strong, stoic, and selfless, a message that comes at them from all directions: black culture, the larger American culture, white women, other black women, men, the black church, the workplace, and their families” (p. 29). Because of these self-imposed and cultural expectations for African American women, they may deny their caregiving experiences for aging adults as stressful or burdensome because of the pressure to remain strong in all situations.

The Effect of Being “Sandwiched” on Stress and Burden

Another factor that can influence stress and burden on elder caregivers is the addition of care roles, for instance, caring for children. These people who are caring for children and aging family members are known as the “sandwich generation.” To fully understand who comprises the “sandwich generation,” it is useful to review the many definitions this population encompasses. One of the most specific and thorough conceptions of the “sandwich generation”

comes from a book by Neal and Hammer (2007) (cited in Callahan 2007). In their study of multigenerational caregivers, individuals are considered sandwiched when:

...couples (one member of both) were required to provide a minimum of 3 hours per week of care to an aging parent, step-parent, or parent-in-law; have a child aged 19 or under living in the household at least 3 days per week; and have been together for at least 1 year. In addition, both members of the couple had to be engaged in paid employment, with one member working at least 35 hours per week and the other at least 20 hours per week. A final criterion was that the couple's annual gross household income was \$40,000 or higher... (Neal and Hammer 2007:9 cited in Callahan 2007:569)

Some definitions are not as strict as Neal and Hammer's (2007) conception. For instance, a survey by the AARP (2001) defined the "sandwich generation" very generally as people between the ages of 45-55 who not only had children under the age of 21, but also had parents/in-laws who were aging. Likewise, Nichols and Junk (1997) conceptualize the "sandwich generation" as people aged 40-65 who help their children financially while also helping their aging parents with certain everyday tasks. Some researchers, on the other hand, have just focused on women as sandwiched caregivers because of their primary status as caregivers (Brody 1981; Grundy and Henretta 2006; Maaike, et al. 1998; Pierret 2006).

As the population continues to age, the number of people who are considered sandwiched is ever-growing. In 1994, Spillman and Pezzin (2000) found that almost 3.5 million people were considered to be in the "sandwich generation" and would at some point be responsible for caring for both their children and parents at the same time. An AARP survey (2001) found that four out of every ten people classified as sandwiched did in fact care for both their aging parents and their children at some point. A report by the Pew Research Center (2005) found that about 13% of baby boomers were in some way taking care of an aging parent and a child at the same time. In 2006, Pierret (2006) found that of women between the ages of 45-56, about 9% were taking care of both their children and aging parents in some way. More recently, numbers have shown that about 10 million people are considered sandwiched ("The Sandwich Generation"). Through

these numbers, it is evident that the number of people who will be responsible for both their children and their parents will continue to grow as the years pass.

Sandwiched caregivers are simultaneously taking care of both their children and parents, and studies have indicated that these caregivers are more stressed in their lives than non-sandwiched caregivers. While the AARP survey (2001) found that about 70% of sandwiched caregivers felt fine with their caregiving tasks, about 20% in the survey reported that they felt stressed because of the amount of care needed by both their children and their aging parents. Rubin and White-Means (2009) who compared the stress of sandwiched versus non-sandwiched caregivers found that sandwiched caregivers had higher degrees of subjective stress and objective burden than non-sandwiched caregivers. In addition, sandwiched caregivers reported they had too much to handle in their lives compared to non-sandwiched caregivers (Rubin and White-Means 2009). Spitze, et. al (1994) also looked at sandwiched caregivers and found that both men and women seemed to be more distressed when caring for biological parents and more burdened when co-residing with dependent, minor children. Another study by Riley and Bowen (2005) focused on how women's well-being was affected because of the demands of the "sandwich generation," finding that women felt overwhelmed because of their multiple roles.

However, some studies have also reported that being sandwiched does not necessarily mean being more stressed and burdened. Dautzenberg, et al. (1999), for example, found that women who were caregivers to both children and aging parents, employed, and married did not have increased levels of distress because of their roles as caregivers. Similarly, Loomis and Booth (1995) found that multigenerational caregivers did not experience significant impacts on well-being. Some studies have even found that the responsibilities in the "sandwich generation" can actually be beneficial for both men and women (Hammer and Neal 2008). One such study,

for example, indicated that the positive relationships that the care providers had with their children and their aging parents helped maintain happy marriages for the care providers (Ward and Spitze 1998 cited in Hammer and Neal 2008). Likewise, the AARP (2001) survey found that about 72% of sandwiched caregivers who were responsible for the care of their aging relatives thought that their caregiving experiences made them closer to the people for whom they were caring.

The Effect of Employment on Burden and Stress

While some research has found that employment and other roles can help alleviate stress and depression from elder care work (Hong and Seltzer 1995; Martire, et al. 1997; Pavalko and Woodbury 2000), employment has been recognized as one factor that can increase burden and stress within elder caregivers' lives, especially among women (Marks 1998; Pavalko and Henderson 2006; Rubin and White-Means 2009). Employment can cause an increase in burden and stress for caregivers because it conflicts with the many roles that primary caregivers take on. Because of the amount of stress that can come from multiple roles such as employment and caregiving, many caregivers ultimately decide to reduce working hours or stop working (Pavalko and Henderson 2006; Pavalko and Artis 1997; Ettner 1996; Nichols and Junk 1997; Kolodinsky and Shirey 2000).

The Effect of Interrole Conflict/ Role Strain on Stress/Burden

As the above section on employment points out, many people can feel a sense of stress/burden when working and caregiving because of filling multiple roles. One theory about why this happens looks to interrole conflict and role strain. While some literature suggests that multiple roles do not necessarily cause higher levels of stress and burden for caregivers

(Dautzenberg, et al. 1999), Stephens, et al. (2001) reports the contrary. This study shows that as caregivers take on more roles in their lives (i.e. mother, wife, employee, and caregiver of parent), they are more likely to become more stressed because the roles will conflict with each other (Stephens, et al. 2001).

Goode (1960) also remarks on role strain, saying that “with respect to any given norm or role obligation, there are always some persons who cannot conform, by reason of individuality or situation: they do not have sufficient resources, energy, and so on” (p. 485). Therefore, because these people cannot conform and fulfill every role demand, they are strained in each role they maintain. These conflicts are very normal as individuals are faced with maintaining many different roles within their lives. Because of this, the “competing demands” hypothesis has been used within preexisting literature to explain how women especially are more stressed in their lives because of the many demands that are placed on them (Brody 1981, 1990 in Stephens, et al. 1994). As women take on multiple caregiving duties, they are spread thinly across their various roles.

The Effect of the Health of Elder on Burden and Stress

Many studies have found that the health status and behavior issues of the care recipient are also major factors that impact the level of stress/burden on elder caregivers’ lives (Stephens, et al. 2001; Rubin and White-Means 2009; Haley, et al. 1987; Low, et al. 1999; Han and Haley 1999; Schulz and Williamson 1991; Given, et al. 2004; Chappell and Reid 2002; Bertrand, Fredman & Saczynski 2006).

Haley, et al. (1987) concentrated on caregivers of dementia family members, finding that the caregivers were more depressed, had more health issues, and were less satisfied with their lives in comparison to a control group. Coping strategies, information seeking, and social support

networks were indicators of better health for the caregivers (Haley, et al. 1987). Bertrand, et al. (2006) also did a study on stress of caregivers of dementia patients versus caregivers of non-dementia patients, finding that dementia caregivers reported higher levels of perceived stress than non-dementia caregivers.

For Alzheimer caregivers, Schulz and Williamson (1991) concluded that caregivers of family members with Alzheimer's disease had higher depression rates than non-caregivers. These depression rates were affected by how many behavior problems the patient had, the kind of social support the caregivers had, financial resource concern of caregivers, and the gender of the caregiver (women having higher depression rates) (Schulz and Williamson 1991). Further, in another study on caregivers of Alzheimer's patients Donaldson and Burns (1999) found that being women, being children of care recipients, care recipients having behavior problems, and greater length of caregiving affected the burden of the caregivers.

Low, et al. (1999) conducted a literature review on thirty-one articles that focused on stroke patients' family caregivers, finding that caring for stroke patients usually had a negative impact on caregivers' psychological health. Similarly, Han and Haley (1999) looked at twenty articles on the effect that caregiving for stroke patients had on caregivers' well-being, concluding that these caregivers of stroke patients had higher depression levels.

Given, et al. (2004) examined how care recipients' cancer affected the depression of caregivers, finding that women caregivers, employed caregivers, and lung cancer patient caregivers were more depressed. Overall, it appears that the severity and type of care recipients' health issues majorly affect the well-being of caregivers.

Other Factors that Affect Burden and Stress

A study by Spitze, et al. (1994) found that education and income were two factors in decreasing men's and women's distress due to caregiving. Higher income was also found to lower burden for women and enhance their feelings of satisfaction with life (Spitze, et al. 1994). Likewise, age of caregivers increased life satisfaction for both men and women, with an older age also indicating less family burden (Spitze, et al. 1994).

Hughes, et al. (1999) found that objective and subjective burden for caregivers of veterans was determined by the nature of the relationship between the caregiver and care recipient as well as race/ethnicity, level of education, and co-residence with care recipient. The study discovered that if caregivers were spouses of care recipients, they were more likely to be burdened than caregivers with different relationships to care recipients (Hughes, et al. 1999). In looking at HRQOL scores (Health Related Quality of Life), being a caregiver of a spouse and having a low income were two factors that indicated poorer health quality for the caregiver (Hughes, et al. 1999).

Other research has also found that "closeness" in a relationship can affect stress/burden. However, the literature shows that both a close relationship and a distant relationship can increase stress for the caregiver. Williamson and Schulz (1990) looked at patients with Alzheimer's disease, finding that if caregivers were close with the patients before the disease started, the caregivers were more likely to feel less burdened and less depressed than if they had a distant relationship. Horowitz & Shindleman (1983) also found that if caregivers felt affection for the care recipients, they were more likely to be less stressed. Cantor (1983), on the other hand, found that if the caregiver had a close relationship with an elderly care recipient, the stress was heightened for the caregiver.

Social support has been noted in the literature as a factor that can reduce stress/strain for caregivers (Rubin and White-Means 2009). Gold, et al. (1995) found that caregivers who gave care to dementia family members had fewer problems with health issues if they had a solid support system. Spousal support may also affect stress and burden levels. While Dautzenberg, et al. (1999) found that being a caregiver did not necessarily cause more distress for women caregivers of the elderly, the study did find that being married increased women's well-being relative to those who were not married.

Several other factors are responsible for different levels of stress/burden for caregivers. Kramer and Kipnis (1995) found that burden for caregivers was affected by the taking away of vacation time, being distracted at work, having minimal resources, being an older caretaker, and the kind of caretaking duties the caregivers did. Similarly, Rubin and White-Means (2009) reported that caregivers who helped with more Instrumental Activities of Daily Living (IADL) and more Activities of Daily Living (ADL) for care recipients were more stressed/strained than if they did not have the same amount of these care duties.

Cooney and Di (1999) further discovered that caregivers in China who were taking care of impaired elderly were more burdened in their caretaking tasks if they felt tired, if they felt their personal time was cut down, if they had a need to get formal caregiving services, if they had more ADL and IADL tasks to do, if they had longer hours of caretaking duties, and if the care recipients had physical and mental impairments. This study also uncovered that caregivers who had poor health and caregivers who had a higher education (in contrast to Hughes, et al. 1999) were more likely to be burdened than those people of good health and lower education (Cooney and Di 1999).

A study by Chang, et al. (2009) also showed that the number of hours helping care recipients was a major factor in causing stress and burden for caregivers. In relation to this study, Chappell and Reid (2002) found that when caregivers performed caregiving tasks for more hours, their well-being scores decreased and their level of burden increased. The amount of social support that caregivers received and their self-esteem, however, positively affected their well-being (Chappell and Reid 2002).

Summary of Literature

Through the literature, it appears that there are some mixed conclusions about what characteristics are most influential in affecting stress/burden for elder caregivers. Overall, though, it appears women and members of the white racial/ethnic majority may carry the most burden and stress from their caregiving duties. However, from the current literature on how race/ethnicity and gender affect stress/burden levels of caregivers, it is evident that more studies like Martin's (2000) should be done so we can understand how race/ethnicity intersects with gender to create different experiences for elder caregivers. With so little information on this intersection, it is difficult to understand how and how much caregivers in different social locations are affected by their caregiving duties.

Aside from race/ethnicity and gender, it is evident that there are a multitude of factors that can cause stress for caregivers. Therefore, in this study, it is important to control for and focus on socioeconomic characteristics like education and income because these are factors that can have a significant impact on how caregivers experience stress/burden within caregiving. In addition, it is important to concentrate on family structure and composition. Factors like co-residence with aging adults and children and caretaking help from other family members or other people are important to consider as well. The kind of caretaking situation is also essential to take

into account. This may comprise things such as the health status of the elder and how much time the caretaker is putting into caretaking duties. Lastly, it is important to look at how interrole conflict may affect stress/burden for different individuals because it is acknowledged that many individuals hold multiple roles such as employees and caregivers. Because of limitations in the data set other factors mentioned in the review of research literature, such as the relationship between caregiver and care recipient, spousal support, and personal/leisure will not be focused on within this study.

CHAPTER 3

THEORY

Why Intersectionality?

Choo and Ferree (2010) explore the many conceptions of intersectionality, making the point that the scholarship on intersectionality understands that "...experiences of oppression cannot be separated into those due to gender, on the one hand, and race, on the other, but rather are simultaneous and linked" (p.132; Brewer 1993; Espiritu 2000; Glenn 1999). In other words, through the interlocking of race/ethnicity with gender, an individual is placed in a specific social location, which can either disadvantage or advantage that person. This idea of the interlocking of characteristics is vital to analyze in this study because of its major impact on how caregivers experience caregiving.

Thus, it is essential to get a complex view of individuals who are affected by caregiving responsibilities, not just look independently at men and women *or* whites and minorities. These kinds of studies have already been done in reference to elder caregiving and do not tell the whole story as to why caregivers are stressed/burdened to different degrees from their caregiving duties. These studies need to be expanded upon in order to better understand how caregivers' race/ethnicity and gender interlock together to create advantages and disadvantages within caregiving experiences. Because intersectionality can reveal how people placed in different social locations experience the social world, this theory offers analytical insights about why certain caregivers in particular social locations are more/less stressed from their elder caregiving duties than others.

Intersectionality in Feminist Thought

Intersectionality was initially used as a theory in feminist thought to understand and explain the oppression and social location of black women within academia and society. Choo and Ferree (2010) recognize this saying,

Part of the utility of an intersectional analysis, therefore, was to give voice to the particularity of the perspectives and needs of women of color who often remained invisible as women even when they were organizing “on separate roads” to express feminist demands (Roth 2004) and invisible as blacks despite their significant leadership in the American civil rights movement (Robnett 1997). Because women of color argued that their oppression was experienced in a qualitatively different way, their experiences required distinctive attention in order to see “how race, gender, and class, as categories of difference, do not parallel but instead intersect and confirm each other” (Espiritu 2000:1). (P. 132)

Through the linkage of race, class, and gender, both privilege and oppression can be discovered.

The first person to develop intersectionality as a theory was Kimberle Crenshaw (1989). Crenshaw (1989) focuses on the intersection of race and gender in order to understand how and why black women are oppressed within society. Within her analysis, she shows that black women are not just oppressed because of their gender or because of their race, but because of the intersection of both. She states “Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated” (Crenshaw 1989:140).

Within society, it is recognized that African Americans as a whole and women as a whole have both been discriminated against and oppressed in society specifically because of their race and gender. However, black women are oppressed in a different, more extreme way because of being both black and female. Crenshaw (1989) explains this difference saying:

I am suggesting that Black women can experience discrimination in ways that are both similar to and different from those experienced by white women and Black men. Black women sometimes experience discrimination in ways similar to white women’s experiences; sometimes they share very similar experiences with Black men. Yet often they experience double-discrimination- the combined effects of practices which discriminate on the basis of race, and on the basis of sex. And sometimes, they experience discrimination as Black women-not the sum of race and sex discrimination, but as Black women. (P. 149)

Therefore, in order to understand the oppression of black women, Crenshaw concludes the intersection of oppressive systems such as race and gender have to be analyzed. How black women are located in society because of their race and gender, in other words, significantly impacts their life outcomes.

Patricia Hill Collins (2000) is another important feminist theorist that uses intersectionality to analyze the experiences and oppression of black women. Within her second edition of *Black Feminist Thought*, Hill Collins (2000) not only uses the intersection of race, gender, and class to understand black women's oppression, but also uses sexuality as a way to understand the full extent to which black women are oppressed within society. Again, like Crenshaw, Hill Collins (2000) uses the complexity of the intersection of oppressive systems to analyze how black women's social location affects their life experiences.

Elizabeth Spelman (1988) also discusses the importance of intersectionality in thinking about different experiences of women. Spelman (1988) understands that just because white women, African American women, Hispanic women, for example, are all women does not mean that it is acceptable or useful to talk about their experiences through one singular lens because characteristics like both race and gender are responsible for affecting these women's experiences and social locations. Spelman's view on women, however, can further be applied to men with the point that not all men experience life in the same ways. We must view the intersection of dimensions of difference in order to fully understand complex life experiences.

Thus, intersectionality is an important theory through which to analyze how multiple dimensions of social differentiation interlock to position people in social structures. Through these social locations, people experience the social world in different ways due to the differentiations that both privilege and oppress them.

Intersectionality and Caregiving

From the above discussion of intersectionality in the literature, it appears that feminist thinkers have primarily used intersectionality to explain how intersecting characteristics can create oppressive or privileged experiences for people depending on their social location. In this study, intersectionality will be used to understand how complex social locations affect differences in stress and burden for elder caregivers.

Kirk and Okazawa-Rey (2010) expand on the idea of social location, saying “it is a way of expressing the core of a person’s existence in the social and political world. It places us in particular relationships to others, to the dominant culture of the United States, and to the rest of the world” (p. 100). Social location, then, can help explain why certain caregivers are more stressed/burdened over others because it explores how social differentiations among caregivers intersect to influence caregiving experiences. While a person’s social location is determined through a variety of factors, race/ethnicity and gender are two major factors structuring life experiences, which is why these dimensions of difference are the focus of analysis in this study.

Within society, women are usually more stressed/burdened in elder caregiving situations than men because their primary roles as caregivers assigns this responsibility to them. When considering the intersection of race/ethnicity with gender, the literature suggests that white women are the group of caregivers who have the most stress and burden while caring for elders (Martin 2000; White, et al. 2000). While white women usually have more resources, higher educations, and higher status jobs than people of color, they seem to be more stressed because caregiving for their aging parents typically has not been included as a normal, expected part of their lives (Martin 2000; White, et al. 2000). This lack of expectations to care for aging family members may arise because white women generally think of their caregiving responsibilities

primarily in reference to their children and spouses within the context of the traditional nuclear family ideal prevalent in U.S. society as Coontz (1992) argues. Therefore, based on expectations of the traditional nuclear family ideal, white women are less prepared for the care of their aging family members.

Minority women, on the other hand, perceive caregiving for their aging family members as part of cultural norms that entail expectations that at some point in their lives they will be caring for their parents/grandparents (White, et al. 2000; Morycz, et al. 1987 and Mui 1992 cited in Martin 2000). With this normative expectation and gendered acceptance of the role of caregiver, women of color do not generally express the same levels of stress and burden from caregiving as white women do. Furthermore, it is important to keep in mind the stereotype of the Strong Black Woman, which may lead black women in particular to downplay stress about things like caregiving because they are subject to sociocultural expectations that they can handle these kinds of family duties (Parks 2012). Therefore, when different normative expectations intersect with gender, it appears that women of different racial/ethnic groups may not experience caregiving in the same ways.

It is also important to understand how the social location of male caregivers affect their stress/burden levels. As pointed out earlier, in one study by Martin (2000), African American men as well as white women appear to have higher burden levels than other caregivers. Martin (2000) discusses explanations for these high levels of burden for African American men in their disengagement with the role of caregiver for their aging parents and the low expectation in the African American community for men to take on such caregiving responsibilities. Again, because of different normative expectations all men in the study did not experience caretaking in the same ways.

Currently, it is important to analyze how this intersection of social differences affect people's stress/burden not only because of the growing aging population, but also because of the need for awareness of how race/ethnicity and gender link together to affect people's ultimate well-being in caregiving situations. We, as a society, need to understand the implications of caregiving and how we can give support to those who experience the greatest stress and burden in their families. While race/ethnicity and gender affect people's level of stress and burden in independent ways, they also affect people differently and importantly because of their varying linkages and, in turn, positioning of people in the social structure. This social positioning, I believe, should be analyzed further to understand the ways in which race/ethnicity and gender intertwine to impact caregivers' overall well-being.

CHAPTER 4

METHODS

Data

This study used a quantitative approach to analyze available survey data. The 2003 NAC/AARP data set from Roper Center, “Caregivers in the U.S.,” seemed to be the most useful for this study because it asks specific questions related to stress and burden of caregivers as well as demographic questions related specifically to the caregivers and care recipients. Through these data, I was able to analyze how social location affected stress/burden for different elder caregivers. This data set used a national survey of 6,139 interviews of caregivers over the age of 18, finding that 1,247 of the respondents were classified as caregivers. In this survey, there were about 200 interviews done with African Americans, with Hispanics, and with Asian Americans.

Sample

The sample of caregivers was narrowed down to those caregivers who were giving/gave care in the last twelve months to mothers, fathers, mothers-in-law and fathers-in-laws, grandmothers, grandfathers, grandparents-in-law, and aunts and uncles (Table 1). It appeared that most of the caregivers in this sample were giving care to their own mothers (47.3%). The sample size for these caregivers is 768.

Table 1: Sample of Care Recipients

	Frequency	Percent	Valid Percent	Cumulative %
Mother	363	47.3	47.3	47.3
Father	106	13.8	13.8	61.1
Mother-In-Law	72	9.4	9.4	70.4
Father-In-Law	23	3.0	3.0	73.4
Grandmother	101	13.2	13.2	86.6
Grandfather	30	3.9	3.9	90.5
Grandparent-In-Law	7	.9	.9	91.4
Aunt/Uncle	66	8.6	8.6	100.0
Total	768	100.0	100.0	

Note: Data from 2003 NAC/AARP data set from Roper Center, “Caregivers in the U.S.”

Measures

Independent Variables

The two main independent variables in this study are race/ethnicity and gender of the caregiver. Within the data set, gender is classified as male or female; race is classified as, white, black or African American, Asian or Pacific Islander, and Hispanic (See Appendix for coding). For this study, I recoded race as whites and minorities because initial regression tests indicated that members of minority racial/ethnic groups did not have significantly different experiences of stress based on that characteristic alone (See Table 17).

Dependent Variables

The dependent variables are stress and burden. The stress levels of caregivers were determined through three scales: physical strain, emotional stress, and financial hardship that are posited as reflecting stress related to care of care recipient (See Appendix for coding). These three scales are recognized as valid scales for stress in the literature because of findings that caretaking can have a major impact on a caregiver's own finances, emotions, and physical well-being (Haug, et al. 1999; Pavalko & Henderson 2006).

Burden suggests the encumbrances on caregivers that follow from caring for an aging relative. Burden in this study is measured by combining two variables 1) hours of care and 2) type of care. Both increased hours of care and multiple types of care are two indicators found in the literature that create more burden for caregivers (Cooney & Di 1999; Kramer & Kipnis 1995; Chang, et al. 2009; Chappel & Reid 2002). To get the final burden score from these two indices, participants had to indicate how many hours of care they did per week on a scale of 1-4 and the type of care they did on a scale of 1-4 (Instrumental Activities of Daily Living and/or Activities of Daily Living). These two scores were added to get the final burden score on a scale of 1-5 (See Appendix for coding).

Control Variables

The literature indicates that there are a variety of factors that can contribute to stress/burden on caregivers. For instance, individuals with higher income, higher education, without interrole conflict, who do not co-reside with a parent/grandparent, who are caregivers of people with minimal health problems, who have outside help and spend less time caring for their family member, and are not sandwiched (taking care of elders and children) will most likely be less stressed/burdened in their caretaking situations (Stephens, et al. 2001; Cravey and Mitra

2011; Navaie-Waliser, et al. 2002; Rubin and White-Means 2009; Chang, et al. 2010; AARP 2001; Chappell and Reid 2002; Hughes, et al. 1999; Pavalko and Henderson 2006; Dautzenberg, et al. 1999; Williamson & Schultz 1990; Horowitz & Shindleman 1983; Cantor 1983; Gold, et al. 1995; Knight, et al. 2000; Cooney & Di 1999; Kramer & Kipnis 1995; Donaldson & Burns 1999; Spitze, et al. 1994).

Therefore, income, education, interrole conflict due to both employment and caregiving, residence of care recipient (within caregiver's household or outside), the health status of the care recipient, outside help for caregiver, children in the household, and hours of care (use in analysis of stress only) are the control variables used in this analysis (See Appendix for coding). These control variables were used to see how much, if at all, they influenced caregivers' stress and burden levels. Hours of care, however, was used as a control variable only for the analysis of stress because hours of care is part of the composite measure of level of burden.

Procedure

Simple regression tests were first used to analyze the separate effects that the variables of gender and race had on stress and burden. Because there were three stress scales and one burden scale, four linear regression tests had to be run for both the gender and the race independent variables. Second, in order to see the effects of the eight control variables, four more multiple regression tests had to be analyzed with each of the independent variables of gender and race. As indicated earlier, hours of care was excluded from the burden tests because hours of care partly makes up the burden variable.

Once these tests were accomplished, the gender and race variables needed to be combined into interaction terms in order to analyze how the interaction of these variables, indicating social location, affected stress/burden of caregivers. This was done by computing the

gender and race variables into four interaction terms: white women, minority women, white men, and minority men. As is typical in caregiving samples, there were more women in this sample than men (Table 2).

Table 2: Sample Size of Each Interaction Term of Caregivers

White Women	Minority Women	White Men	Minority Men
248	217	144	159

Note: Data from 2003 NAC/AARP data set from Roper Center, “Caregivers in the U.S.”

After the interaction terms were created, multiple regression tests were used to determine the effect that the interaction terms had on the four dependent variables. To compare interaction terms, one reference group had to be left out of the multiple regression tests. Because white women was hypothesized as being the group with the most stress/burden, the white women interaction term was used as the reference group for all four dependent variables. By leaving white women out of the multiple regression tests, all other interaction terms could be compared to white women to see which groups of people were the most stressed/burdened. Multiple regression tests with the reference group of white women were also used for the eight control variables, again with hours of care only being used for analysis of the stress scales.

CHAPTER 5

RESULTS/DISCUSSION

Impact of Gender on Stress and Burden Scales

After completing the initial linear test with gender as the independent variable, it appears that gender does have a slight impact on the reports of physical strain and emotional stress by elder caregivers (See Table 3). However, financial hardship and burden were not significantly impacted by gender. (Control variable effects for these two scales are not included in this section because they did not change the significance of the tests.) Women, in particular, report being more physically strained and emotionally stressed than men. Although this is consistent with the research literature, women's greater likelihood of being caregivers is not the "gender" effect contributing to higher levels of these aspects of stress since all members of the sample are caregivers. Something else about gender and its relations to caregiving is operating here. Indeed, the R-square values suggest that very little of the variation in physical strain or in emotional stress is accounted for by the relationship with gender, as only .6% and 1.8% of the variation in physical strain and emotional stress, respectively, is explained by the variation in gender (See Table 3). Other factors, then, are operating to influence the variation in these scales.

Table 3: Gender's Impact on Stress and Burden

Variables:	R Square	Sum of Squares	F	Sig (P)	B	Standard Error	Beta	T
Physical Strain	.006	Regression: 6.844 Residual: 1102.311	4.8	.030	.193	.089	.079	28.590 (constant) 2.181
Emotional Stress	.018	Regression: 28.074 Residual: 1562.406	13.764	.000	.391	.105	.133	31.456 (constant) 3.710
Financial Hardship	.001	Regression: .603 Residual: 1009.210	.457	.499	.057	.085	.024	25.776 (constant) .676
Burden	.004	Regression: 5.276 Residual: 1389.763	2.813	.094	.172	.103	.061	32.280 (constant) 1.677

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Gender and Physical Strain

After adding in control variables, the results show that there is a very small increase in the level of physical strain on average for women, which is not significantly different from the regression analysis without control variables. This indicates that the control variables did not have a major impact on the relation between gender and reports of physical strain. It does appear, though, that 1) the more disabled/ill the seniors are, 2) the more hours of care the caregiver puts in, and 3) not having children in the household lead caregivers to report more physical strain (See Table 4).

While the poor health of the seniors and increased hours of care were expected to increase physical strain, it is surprising that having children in the household actually alleviates this stress for caregivers. By having children in the household, there is on average a decrease in physical strain of .184. While this is not a major decrease in physical strain, children still have an impact on how much strain caregivers report. This was unexpected for this study because much

of the literature on caregiving suggests that sandwiched caregivers are more stressed than non-sandwiched caregivers because of the extra care that is required of them (Rubin and White-Means 2009; Spitze, et al. 1994; Riley and Bowen 2005). However, the opposite appears in this study, providing evidence that children may be good relievers of physical strain for sandwiched caregivers. One possible reason for this decrease in physical strain for the caregivers could be explained by the fact that older children may take on some of the responsibility to care for elders, helping their parents who must juggle multiple roles.

Table 4: Effect of Gender and Control Variables on Physical Strain

Variables:	Sig (P)	B	Std. Error	Beta	T
Gender	.018	.200	.084	.081	2.367
Education	.401	.024	.029	.031	.839
Income	.978	-.001	.044	-.001	-.028
Residence of Senior	.557	-.020	.035	-.021	-.588
Health of Senior	.000	.133	.038	.121	3.512
Interrole Conflict	.136	.126	.084	.051	1.493
Outside Help	.401	-.077	.091	-.029	-.840
Hours of Care	.000	.312	.037	.302	8.520
Children in Household	.027	-.184	.083	-.076	-2.210

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Gender and Emotional Stress

Similarly, the control variables did not have a major impact on the relationship between gender and emotional stress. For women, there is on average an increase in emotional stress of .430 (See Table 5). The results from this test were similar to the physical strain test, showing that 1) as care recipients are more disabled/ill, 2) as caregivers do care work for more hours, and 3) with no children in the household, caregivers are more emotionally stressed. One additional

factor that increased stress was the distance the senior lives from the caregiver. The farther away the senior lives, the more emotionally stressed the caregiver. While the literature shows that having the care recipient in the household can be more stressful for the caregiver (Hughes, et al. 1999), the results here suggest the opposite. This may be explained by the fact that caregivers could worry more about the seniors when they know they have to travel farther to reach them. As with physical strain, it is surprising that children alleviate emotional stress for caregivers, indicating again that sandwiched caregivers may be less emotionally stressed than non-sandwiched caregivers.

Table 5: Effect of Gender and Control Variables on Emotional Stress

Variables:	Sig (P)	B	Std. Error	Beta	T
Gender	.000	.430	.099	.146	4.327
Education	.084	.058	.034	.063	1.729
Income	.059	.098	.052	.069	1.893
Residence of Senior	.001	.140	.041	.120	3.439
Health of Senior	.000	.210	.045	.159	4.717
Interrole Conflict	.286	.106	.099	.036	1.067
Outside Help	.097	-.179	.108	-.056	-1.661
Hours of Care	.000	.385	.043	.311	8.928
Children in Household	.030	-.213	.098	-.073	-2.176

Note: Data from 2003 NAC/AARP data set from Roper Center, “Caregivers in the U.S.”

Impact of Race on Stress and Burden Scales

After completing the linear regression test for the impact of race on stress and burden, it seems that race does have an impact on emotional stress, financial hardship, and burden (See Table 6). Race did not have a significant impact on physical strain. (Control variables for this scale were not added in this section because they did not change the significance of the test.) The

results indicate that while whites are more emotionally stressed than minorities, minorities (African Americans, Hispanics, and Asians) are actually more financially stressed and more burdened than whites. Like gender, though, it does not seem that race has a major impact on stress and burden levels because only .8%, 2.8%, and 1.2% of the variation in emotional stress, financial hardship, and burden, respectively, is explained by the variation in race. While the literature suggests that whites are generally more stressed and burdened than minorities, (Cravey and Mitra 2011; White, et al. 2000; Haley et al. 1995; Lawton, et al. 1992; Miller, et al. 1995; Mintzer and Macera 1992; Fredriksen-Goldsen and Farwell 2005; Connell and Gibson 1997; Fredman, et al. 1995; Knight, et al. 2000), the findings here indicate that minorities are more financially stressed and burdened than whites. Disparities in wealth and income between whites and minorities may result in more reports of financial hardship among minorities in this sample. The burden results, on the other hand, seem to contradict most of the literature on caregivers that shows whites are usually more burdened. This contradiction may be due to the design of the burden scale in this data, which puts hours of care and type of care together. As measured by this scale, more minorities may have higher burden levels because they typically put in more hours and do more intensive care for seniors than whites as a result of differing normative expectations (White, et al. 2000; Martin 2000; Lee, et al. 1998; Navaie, Waliser, et al. 2001; Fredriksen-Goldsen & Farwell 2005).

Table 6: Race's Impact on Stress and Burden Scales

Variables:	R Square	Sum of Squares	F	Sig (P)	B	Standard Error	Beta	T
Physical Strain	.001	Regression: 1.367 Residual: 1107.788	.945	.331	-.084	.087	-.035	34.350 (constant) -.972
Emotional Stress	.008	Regression: 12.746 Residual: 1577.733	6.188	.013	.258	.104	.090	36.293 (constant) 2.488
Financial Hardship	.028	Regression: 28.437 Residual: 981.376	22.196	.000	-.385	.082	-.168	33.078 (constant) -4.711
Burden	.012	Regression: 17.008 Residual: 1378.031	9.146	.003	-.303	.100	-.110	39.930 (constant) -3.024

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Race and Emotional Stress

For white caregivers, there is on average an increase in emotional stress of .313 with inclusion of the control variables, indicating that being white does slightly affect emotional stress levels for caregivers. Additionally, emotional stress for caregivers based on race is increased if 1) the senior lives farther from the caregiver, 2) if the senior is more disabled/ill, and 3) if the caregiver spends a lot of time doing care work (See Table 7). These results reiterate what was found in the gender tests, showing that the more intensive the care situation is, the more emotionally stressed the caregivers are.

Table 7: Effect of Race and Control Variables on Emotional Stress

Variables:	Sig (P)	B	Std. Error	Beta	T
White Race	.001	.313	.097	.109	3.216
Education	.057	.065	.034	.070	1.905
Income	.224	.063	.052	.044	1.217
Residence of Senior	.002	.126	.041	.108	3.059
Health of Senior	.000	.216	.045	.164	4.831
Interrole Conflict	.278	.109	.100	.037	1.086
Outside Help	.061	-.203	.108	-.064	-1.878
Hours of Care	.000	.394	.043	.317	9.058
Children in Household	.120	-.153	.098	-.052	-1.556

Note: Data from 2003 NAC/AARP data set from Roper Center, “Caregivers in the U.S.”

Race and Financial Hardship

After adding in control variables, for white caregivers there is on average a decrease in financial hardship of .318 (See Table 8). This indicates minority caregivers are more stressed in terms of handling finances in the context of caretaking situations. This analysis further indicates only 1) outside help and 2) hours of care impact stress levels: having outside help alleviated stress while more hours of care work increased stress for caregivers. These results make sense because outside help for caregivers can take the form of monetary contributions to whatever finances are needed for the care of the care recipient. On the other hand, the more hours of care work the caregivers do may increase financial hardship because they have less time to make income through their jobs.

Table 8: Effect of Race and Control Variables on Financial Hardship

Variables:	Sig (P)	B	Std. Error	Beta	T
White Race	.000	-.318	.078	-.139	-4.053
Education	.153	.039	.027	.053	1.429
Income	.088	-.071	.042	-.063	-1.709
Residence of Senior	.435	.026	.033	.028	.781
Health of Senior	.310	.037	.036	.035	1.015
Interrole Conflict	.425	.064	.081	.027	.798
Outside Help	.023	-.199	.087	-.079	-2.286
Hours of Care	.000	.306	.035	.309	8.730
Children in Household	.397	.067	.079	.029	.847

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Race and Burden

With the addition of control variables, for whites there is on average a decrease in burden of .227 (See Table 9). This most likely indicates minorities experience more intensive caregiving situations than whites since the burden scale includes hours of care and type of care for care recipients. This relationship with intensity of caregiving appears in the research literature (Martin 2000; White, et al. 2000; Lee, et al. 1998; Navaie, Waliser, et al. 2001; Fredriksen-Goldsen & Farwell 2005). The results also show burden is increased when 1) the senior lives closer to the caregiver, 2) if the senior is more disabled/ill, and 3) when caregivers have interrole conflict. All of these results are consistent with results found in the literature on caregiving (Hughes, et al. 1999; Low, et al. 1999; Schulz and Williamson 1999; Stephens, et al. 2001). However, given the measure of burden in the study one could argue that interrole conflict (measured here as doing both elder care work and paid work) is exacerbated by intensity of caregiving activities.

Table 9: Effect of Race and Control Variables on Burden

Variables:	Sig (P)	B	Std. Error	Beta	T
White Race	.019	-.227	.097	-.083	-2.353
Education	.197	-.043	.033	-.049	-1.291
Income	.874	-.008	.051	-.006	-.159
Residence of Senior	.001	-.138	.041	-.122	-3.369
Health of Senior	.000	.318	.044	.252	7.189
Interrole Conflict	.016	.240	.099	.085	2.421
Outside Help	.609	.055	.108	.018	.512
Children in Household	.067	-.179	.098	-.064	-1.835

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

With the control variables, the relationship between race and emotional stress, financial hardship, and burden did not significantly change (See Tables 7-9). The major difference between these multiple regression tests and the multiple regression tests with gender and the control variables is that presence of children is not a significant factor in impacting stress and burden for caregivers based on race of caregivers. Therefore, children seem to mostly only have a mitigating impact on stress and burden levels when focusing on gender of caregivers.

Summary/Discussion

Through these initial regression tests, it appears that both gender and race have a slight impact on stress and burden levels, though other factors are also responsible for influencing the stress and burden of elder caregivers. Factors such as hours of care, the health of the senior, residence of the senior, interrole conflict, children in the household, and outside help seemed to affect stress and burden levels for this sample of caregivers. However, within this sample, women are more physically strained and emotionally stressed than men. In addition, whites are more emotionally stressed than minorities, while minorities are more financially stressed and burdened than whites.

The results for gender were consistent with the literature that indicates women are more stressed from their caring responsibilities than men. This may be because men get rewards for engaging in something that is not expected of them as men unlike women who are subject to gendered expectations for caregiving. Analysis of race, on the other hand, had some revelatory outcomes in light of the literature about minorities and caregiving: minorities report more burden than whites. Recall that the scale measuring burden uses both hours of care and type of care, indicating intensity of care, and minorities appear to be shouldering this burden in line with cultural norms demanding care for aging parents (White, et al. 2000; Lee, et al. 1998; Navaie-Waliser, et al. 2001; Fredriksen-Goldsen & Farwell 2005). But minorities are also more financially stressed than whites, although this likely reflects the fact that whites as a group have higher incomes than minorities. The results regarding white caregivers' higher levels of emotional stress do line up with the research literature (Cravey and Mitra 2011; White, et al. 2000; Haley et al. 1995; Lawton, et al. 1992; Miller, et al. 1995; Mintzer and Macera 1992; Fredriksen-Goldsen and Farwell 2005; Connell and Gibson 1997; Fredman, et al. 1995; Knight, et al. 2000). Whites appear to be more oriented to the norms of the traditional nuclear family, which do not emphasize the role of caregiver for aging adults and do not prepare adult children to be caregivers for these family members. Thus, they are more likely to be emotionally stressed than minority caregivers (White, et al. 2000; Morycz, et al. 1987 and Mui 1992 cited in Martin 2000).

The one surprising aspect of these results is the presence of children actually decreasing stress for caregivers when considering caregiving as a gendered experience. I initially expected that caregivers who were sandwiched would report higher levels of stress and burden because of their multiple care roles. Various studies have provided evidence for this outcome (Rubin and

White-Means 2009; Spitze, et al. 1994; Riley and Bowen 2005). While some studies find sandwiched caregivers are no more stressed than non-sandwiched caregivers (Dautzenberg, et al. 1999; Loomis & Booth 1995), this was an unanticipated outcome because children in this study appear to be alleviating stress for elder caregivers. Because relationships provide emotional support for caregivers who care for aging adults, children may be a positive factor to help caregivers cope with any stress they have from elder caregiving (AARP 2001). An explanation for the decrease in physical strain for elder caregivers with the presence of children may be that older children take on some of the work of caring for their aging family members, which relieves some of the potential strain of care work.

Impact of the Interaction of Race x Gender on Stress and Burden

Physical Strain

The results for the interaction term of race x gender with physical strain show the impact of the social location of minority women, white men, and minority men on physical strain is not significantly different from the impact of white women's social location on physical strain because none of the p values (for significance) reach the criterion for significance (See Table 10). From these results, it is evident that the interaction terms did not have a major impact on physical strain. (Control variables for this test were not added in this section because they did not change the significance of the test.) However, because the unstandardized coefficients (B) are negative for white men and minority men, it appears that both white and minority men are slightly less physically strained than white women. The physical demands of taking care of their aging family members may be more than some women can manage –which should not be read as unrelated to their social location as white women. However, the lack of significance between interaction terms indicates there is no statistical difference in physical strain levels.

Table 10: Effect of Interaction (Gender x Race) on Physical Strain

	R Square	Sum of Squares	F	Sig	B	Standard Error	Beta	T
Whole test	.009	Regression: 9.507 Residual: 1099.648	2.202					
Minority Women				.175	.151	.112	.057	1.358
White Men				.311	-.127	.126	-.041	-1.014
Minority Men				.334	-.118	.122	-.040	-.967

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Emotional Stress

Next, it appears that the interaction terms do have an impact on emotional stress (See Table 11). However, only 2.5% of the variation in emotional stress is due to the interaction of race with gender. From these results, though, one can see that white women are the most emotionally stressed compared to minority women, white men, and minority men because all three groups are significantly different from white women in their reports of emotional stress. From the unstandardized coefficients (B), it appears that minority men are the least emotionally stressed in comparison to white women. For minority men, there is on average a decrease in emotional stress of .604, while there is on average a decrease in emotional stress for minority women of .276 and for white men of .427. Therefore, from these results, both groups of men are less emotionally stressed than are minority women in comparison to white women. Between groups of men, minority men indicated slightly lower stress levels than white men. This is most likely attributed to the fact that even among men norms of cultural expectations around responsibilities in the traditional nuclear family lead white caregivers to have more emotional stress. While the results for white women are similar to those in Martin's study on burden (2000), it appears minority men are not as overwhelmed in this sample as Martin found in her

study. This may be explained in part by the fact that this study includes men from minority groups in addition to African Americans.

Overall, it seems both groups of women are more emotionally stressed than men, but the interaction of race with gender indicates that white women are the most emotionally stressed. Because of the social location of white women, these results are most likely due to the fact that the white women are most oriented to the norms of the traditional nuclear family and find it more emotionally taxing than minority women to take on the responsibility of caregiver for their aging family members. The social location of minority men, however, seems to reduce emotional stress levels, possibly indicating minority men are prepared to accept the same kinds of expectations as minority women when it comes to caring for their aging family members.

Table 11: Effect of Interaction (Gender x Race) on Emotional Stress

	R Square	Sum of Squares	F	Sig	B	Standard Error	Beta	T
Whole test	.025	Regression: 39.246 Residual: 1551.234	6.443					
Minority Women				.038	-.276	.132	-.086	-2.083
White Men				.004	-.427	.149	-.116	-2.862
Minority Men				.000	-.604	.145	-.170	-4.172

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Adding in the control variables did not significantly change the impact that the interaction terms of race and gender had on emotional stress. White women still report the most emotional stress as caregivers (See Table 12). The results show that 1) the farther away the senior lives from the caregiver, 2) the more disabled/ill the senior is, 3) the more hours of care work the caregiver does, and 4) the absence of children in the household all contribute to higher

levels of emotional stress, which is similar to the results for race and gender independently. Interestingly, having children in the household once again seems to slightly alleviate stress for caregivers, showing that being sandwiched may actually be beneficial to caregivers who are the most stressed. As discussed earlier, emotional ties to children may lead caregivers to be more satisfied in their caregiver roles.

Table 12: Effect of Interaction (Gender x Race) and Control Variables on Emotional Stress

Variables:	Sig (P)	B	Std. Error	Beta	T
Minority Women	.021	-.288	.124	-.090	-2.315
White Men	.003	-.412	.139	-.112	-2.959
Minority Men	.000	-.695	.135	-.196	-5.148
Education	.056	.064	.034	.070	1.913
Income	.081	.090	.052	.063	1.746
Residence of Senior	.002	.126	.041	.108	3.074
Health of Senior	.000	.215	.044	.163	4.836
Interrole Conflict	.223	.121	.099	.041	1.220
Outside Help	.092	-.181	.107	-.057	-1.690
Hours of Care	.000	.392	.043	.316	9.081
Children in Household	.042	-.199	.098	-.068	-2.037

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Financial Hardship

The results for the financial hardship regression were interesting compared to the emotional stress regression because the p values (for significance) indicate both minority women and minority men are more financially stressed in caregiving than white women (See Table 13). These results indicate that race plays a major role in affecting financial stress even when it interacts with gender. As presented earlier, this is most likely due to the racial wealth and income gap that is present in U.S. society. The unstandardized coefficient for minority women shows

there is on average an increase in financial stress of .404 and for minority men there is on average an increase of .306, which means that minority women have slightly higher levels of financial stress on average than minority men. It is also interesting to look at the stress level for white men because on average they have a decrease in stress of .062 relative to white women. Although this is a very slight decrease, this shows that white men in this sample report the lowest perceived financial stress. Because of the privilege white men have in society, it is likely that they do not have as much worry about finances when caregiving. In thinking about social location, it is clear that race/ethnicity plays a major role in affecting stress revolved around finances. However, overall, only 2.9% of the variation in financial stress is due to the interaction terms, which suggests that other factors are responsible for causing higher levels of financial stress.

Table 13: Effect of Interaction (Gender x Race) on Financial Hardship

	R Square	Sum of Squares	F	Sig	B	Standard Error	Beta	t
Whole test	.029	Regression: 29.666 Residual: 980.146	7.708					
Minority Women				.000	.404	.105	.159	3.835
White Men				.604	-.062	.119	-.021	-.519
Minority Men				.008	.306	.115	.108	2.656

Note: Data from 2003 NAC/AARP data set from Roper Center, “Caregivers in the U.S.”

With the control variables, it appears that the relationship between the interaction terms and financial hardship do not significantly change. Minority women and minority men still report being more financially stressed than white women. The only other variables that affected financial stress in this test were 1) outside help and 2) hours of care. More hours of care work increased stress for caregivers, and having outside help decreased stress. This is similar to the

findings of the independent race and gender regression tests. The presence of children is not a factor in affecting financial hardship as it is for emotional stress. It should also be noted that the unstandardized coefficient for white men turned positive when controlling for hours of care (See Table 14). This seems to show with more hours of care work, white men are slightly more financially stressed. This could be due to the fact that with more hours of care work, white men reduce the amount of time they work for income leading to financial strain.

Table 14: Effect of Interaction (Gender x Race) and Control Variables on Financial Hardship

Variables:	Sig (P)	B	Std. Error	Beta	T
Minority Women	.001	.354	.101	.139	3.489
White Men	.976	.003	.114	.001	.030
Minority Men	.013	.274	.110	.097	2.486
Education	.159	.039	.027	.052	1.411
Income	.103	-.069	.042	-.060	-1.632
Residence of Senior	.415	.027	.033	.029	.815
Health of Senior	.322	.036	.036	.034	.992
Interrole Conflict	.421	.065	.081	.028	.805
Outside Help	.027	-.194	.087	-.077	-2.216
Hours of Care	.000	.307	.035	.310	8.732
Children in Household	.440	.062	.080	.027	.773

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Burden

The results for the interaction term's effect on burden is similar to the results of the regression on physical strain. The p values from this regression show that none of the interaction terms are significantly different from each other, meaning that the interaction terms do not significantly impact burden levels (See Table 15). However, with this said, the p value for minority women is close to being significant (.053), which shows minority women in this sample

may be the most burdened in comparison to white women. The design of the burden scale may be the reason this result differs from the literature (Martin 2000), showing that women of color are possibly doing more intensive care work than white women. Lastly, while neither white men nor minority men are burdened significantly differently from white women, it does appear white men are the least burdened because of the negative unstandardized coefficient (-.275). Therefore, because of the interaction of race with gender, white men are seemingly least likely to have responsibility for intensive care work with aging adults in their family which can be attributed to their social location. In other words, because care work is not normal for white men, they are less likely to have responsibility for intensive care work for aging family members.

Table 15: Effect of Interaction (Gender x Race) on Burden

	R Square	Sum of Squares	F	Sig	B	Standard Error	Beta	T
Whole test	.018	Regression: 24.704 Residual: 1370.335	4.441					
Minority Women				.053	.249	.129	.082	1.936
White Men				.060	-.275	.146	-.078	-1.883
Minority Men				.326	.138	.140	.041	.983

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Because the p value for minority women was close to being significant, I added in control variables to see if any changes occurred in the relationship between the interaction terms and burden. After adding the control variables, an interesting change occurred for white men. It appears that adding the variable of health of the senior significantly reduces the burden of white men relative to white women (.023) (See Table 16). That is, for white men, there is on average a decrease in burden of .320 in comparison to white women. In other words, when care recipients are more disabled or more ill and require more intensive care, white women take on this burden

to a much greater extent than white men. White men appear to be doubly protected – by race and by gender – from the most burdensome care work for their aging family members.

In term of the effects of other control variables, it appears that the farther away the senior lives from the caregiver, the less burdened the caregiver is by intensive care work. However, if seniors are very ill or disabled the burden of work increases, and caregivers with interrole conflict also report higher levels of burden. These results reproduce those in the race regression tests for burden. Regarding the latter finding one might argue that, given the measure of burden in the study, interrole conflict - measured here as doing both elder care work and paid work - is exacerbated by intensity of caregiving activities.

Lastly, the presence of children decreases burden levels for caregivers, indicating that non-sandwiched caregivers in this study generally exhibit higher levels of burden than sandwiched caregivers likely because (older) children can take on some of the work of intensive caregiving.

Table 16: Effect of Interaction (Gender x Race) and Control Variables on Burden

Variables:	Sig (P)	B	Std. Error	Beta	T
Minority Women	.244	.146	.125	.048	1.166
White Men	.023	-.320	.141	-.091	-2.274
Minority Men	.640	.063	.135	.019	.468
Education	.213	-.042	.033	-.047	-1.246
Income	.918	.005	.052	.004	.102
Residence of Senior	.001	-.142	.041	-.126	-3.464
Health of Senior	.000	.318	.044	.253	7.217
Interrole Conflict	.013	.246	.099	.087	2.485
Outside Help	.553	.064	.108	.021	.593
Children in Household	.041	-.201	.098	-.072	-2.051

Note: Data from 2003 NAC/AARP data set from Roper Center, “Caregivers in the U.S.”

Summary/Discussion

From the results of the interaction term regressions, it appears white women are more emotionally stressed than members of other groups, while minority men and women are more financially stressed. With the addition of control variables, white men seem to be least burdened in comparison to white women while minority women appear to exhibit the highest burden levels without the addition of control variables. Through these results, it appears that different combinations of race with gender affect how stressed/burdened caregivers are for the various measures of stress and burden. Therefore, the results from this study seem to indicate that social location due to the intersection of race/ethnicity with gender has an impact on which groups of people are most/least stressed/burdened in caregiving situations. However, despite a number of significant relationships between variables of interest and stress/burden of caregivers, the amount of variation accounted for was limited, indicating that other factors are also responsible for differences in stress/burden among caregivers. Nonetheless, factors such as the health of the senior, hours of care, children in the household, residence of the senior, interrole conflict, and outside help do affect stress and burden levels in this study. The results of these factors are useful for making the case that there are a number of factors involved in creating stress/burden for caregivers.

In this study, it makes sense that minority men and women have more financial stress than white caregivers because minority men and women generally have lower incomes than whites. Therefore, minority caregivers are most likely to need assistance with finances in conjunction with their caregiving duties. As minority women appear to have slightly higher levels of financial hardship on average, it appears the interaction with gender creates slightly more stress for these women than for minority men. As minority women generally are more

disadvantaged in terms of income than white men, white women, and minority men, this result makes sense. In contrast, white men appear to have the lowest financial hardship levels, meaning the privilege that comes with being both white and male protects this group with regard to this aspect of the caregiving experience.

As far as emotional stress, women as a whole are more likely to be stressed than men, but race clearly has an impact on which women are more emotionally stressed. This study reported the same results as others, finding white women are more likely to experience higher levels of stress than other groups of caregivers (White, et al. 2000; Martin 2000). Because white women do not have the same cultural expectations as minority women to take care of aging parents, they are typically less emotionally ready for and less identified with the caregiver role (White, et al. 2000; Morycz, et al. 1987 and Mui 1992 cited in Martin 2000). As white women are generally more likely to following the normative expectations of the traditional nuclear family- taking care of their children and spouses but not aging family members- they are most likely to experience this care work as stressful. Through the interaction of race/ethnicity with gender, then, white women are located in specific positions that affect how they handle caregiving situations.

Among men, it appears minority men are the least emotionally stressed in comparison to white women. While both white men and minority men generally do not take on intensive elder care work positions because of their normative gendered experiences, white men may still exhibit higher emotional stress levels than minority men because of their racial position as whites and their expectations within the traditional nuclear family to care for children not aging family members.

Focusing on burden, it appears that white men are least burdened in the sample when controlling for health of the senior. This result is likely due to the fact that white men in general

do not have the same intensive caregiving duties for disabled/sick elders as white women, minority women, and minority men because of gendered expectations for men and racial expectations for whites. Without the added control variables, it does appear that minority women may be more burdened than other groups. This is likely due to the fact that minority women experience higher expectations for caring for their aging parents which requires them to take on more intensive caregiving duties than members of other groups. Because of cultural expectations, their caregiving duties are more involved than whites who do not experience the same caregiving expectations. This particular finding cannot be generalized to the population, however, because of the lack of statistical significance of this relationship in the study.

One of the most interesting findings from this study is that children seem to alleviate emotional stress and burden for caregivers, indicating that sandwiched caregivers may possibly be less stressed/burdened than non-sandwiched caregivers. As mentioned previously, sandwiched caregivers may feel less stress/burden in this sample because relations with children may be part of positive coping mechanisms for these caregivers (AARP 2001). This was an unanticipated finding due to the research that has explored the high stress levels of sandwiched caregivers (Rubin and White-Means 2009; Spitze, et al. 1994; Riley and Bowen 2005). With this finding, it appears that more studies need to be done in the future that look at single caregivers who may not have emotional support within their households. A lack of emotional ties within the household may be a leading factor in causing higher levels of stress and burden for caregivers.

CHAPTER 6

CONCLUSIONS AND DIRECTIONS FOR RESEARCH

With this study, I am analyzing how caregivers experience certain advantages and disadvantages in elder caregiving because of their social location. In other words, through the intersection of race/ethnicity with gender, caregivers are placed in specific locations that affect how they experience elder caregiving. While this study found results that are consistent with previous research literature on elder caregiving, in particular, that white women are generally more emotionally stressed by caregiving than caregivers in other social positions (White, et al. 2000; Martin 2000), I also found that white women are not the most stressed/burdened in all aspects of stress and burden that I measured. Through this study I uncovered more insights into elder caregivers because of the more complex measures of stress/burden that the data set allowed.

The results from the analysis of financial stress, for example, extend the existing research literature on stress/burden of elder caregivers by showing the greater financial strain experienced by minority men and women compared to that experienced by white men and women. This finding can be understood in the context of the substantial economic disadvantages that minorities face in U.S. society because of their position in the structure of race/ethnic relations. The large wealth and income gaps existing between minority groups and the white majority ensure that minority caregivers will be economically disadvantaged and their incomes limited in comparison to white caregivers. In contrast, because of white men's economic advantage and privileged status in society, they are the group of caregivers reporting the least stress as far as their financial security in the face of providing care for aging family members. In sum, this

study provides evidence for the negative impact of minority race/ethnic social location on the financial stress experienced with elder caregiving.

This study, like many others, found that white women are more emotionally stressed by elder caregiving than caregivers in other groups (White, et al. 2000; Martin 2000). A possible explanation for this consistent finding is the greater salience for white women of traditional nuclear family norms that emphasize women's care for children and spouses far more than care for aging parents or other senior family members. When they are obliged to take on the responsibility of care work for elders they are less socially prepared and thus more stressed by the experience. In contrast, the familial norms influencing women of color from various racial/ethnic groups and the social structures that condition their lives create social expectations regarding their care for aging family members (White, et al. 2000; Martin 2000). Their acceptance of norm of responsibility for elder care may suppress any tendencies to report the experience as stressful.

The burden of intensive elder care weighs most lightly on white men in this study, in particular, with regard to caring for seniors who are the least healthy or most disabled. Privileges of both their gender and race/ethnic positioning allow white men to avoid taking a significant role in intensive elder caregiving in comparison to members of other groups. White men in this study reported a combination of fewer hours devoted to caregiving and less involvement in the most demanding types of elder care. Being positioned as a white man, then, provides insulation from the burdens of intensive care for an aging family member. Conversely, minority women positioned at the bottom of the social hierarchy are the most burdened group of elder caregivers. Expectations rooted in both their gender and their race/ethnic backgrounds coalesce in the burden of longer hours and more demanding types of care reported by minority women relative

to other caregivers in the study. The intersection of race/ethnicity with gender, then, seems to influence caregiving experiences in ways that systematically advantage certain elder caregivers and disadvantage others.

This study contributes to the literature in several ways. First, it expands upon Martin's (2000) study on the impact of race and gender on the differential burden of caregivers; it not only considers categories of caregivers in addition to white and African American men and women, but it also employs more complex indicators of stress and burden to measure wider range of effects on caregivers of the caregiving experience. Through the use of intersectionality and the different stress/burden scales, I was able to analyze how gender interacts with race/ethnicity to create greater or lesser degrees of different forms of stress and burden for caregivers in particular social locations. By focusing on men in addition to women positioned as members of race/ethnic majority and minority groups, I was able to fill in some gaps in the literature on how men can be advantaged and disadvantaged in caregiving situations. For example, structures of racial/ethnic economic disadvantage underlie the greater degree of financial stress found among minority men engaged in elder caregiving.

The impact of children's presence on elder caregivers' stress/burden levels represents another important contribution to the research on the well-being of caregivers. The finding that children may actually be responsible for decreasing stress for caregivers was unanticipated in that it contrasts with most of the research literature on sandwiched caregiving (Rubin and White-Means 2009; Spitze, et al. 1994; Riley and Bowen 2005). This study offers additional support for findings in previous studies that suggested that sandwiched caregiving may not be more stressful than non-sandwiched caregiving (Dautzenberg, et al. 1999; Loomis & Booth 1995). This finding should encourage other investigators to expand analysis on how the presence of children

alleviates stress for sandwiched caregivers. Notably, a recent study by the Pew Research Center (2013) found that sandwiched caregivers are just as happy with their lives as non-sandwiched caregivers, presenting a further challenge to the idea that children only add to the stress experienced by caregivers of aging adults.

This study also adds to the awareness of policymakers and organizations in terms of the caregivers most in need of assistance in the context of their caregiving duties. My findings suggest that policymakers need to consider financial assistance for minority men and women caregivers who experience financial hardship as they fulfill familial obligations for elder care. Likewise, those individuals and organizations that support informal caregivers need to focus on the emotional well-being of white women, in particular, due to their higher levels of emotional stress. Minority women also need assistance with caregiving responsibilities since they appear to shoulder somewhat higher levels of the burden of intensive elder care than other caregivers in this study. Policymakers and organizations should also concentrate their attention on caregivers who have few other familial ties, for example, without children in their households, because these caregivers may need more emotional support for their caregiving.

Directions for Research

The social location of caregivers produced through the intersection of race/ethnicity with gender does have an impact on stress/burden of elder caregivers, but there are factors in addition to race/ethnicity and gender that explain variation in levels of stress and burden for caregivers. More studies, then, should be done to uncover what other social forces are operating to impact the lives of caregivers. As this study reveals, hours of care and health of the senior are two major factors that affect stress/burden, and more research should be done on these factors. In addition, because children may be able to alleviate some stress for caregivers, the value of social support

for caregivers is an important factor to explore further. While there has been research done on social support for caregivers (Rubin and White-Means 2009; Gold, et al. 1995; Knight, et al. 1998), this factor deserves more systematic attention in order to broaden understanding of the well-being of caregivers.

Because I did not explore how the intersection of additional dimensions of social differentiation affect stress and burden for elder caregivers this line of investigation is ripe for study. For instance, I believe it would be useful for a further study to examine how race, gender, and income intersect to affect stress/burden outcomes given these initial findings on financial strain among minority caregivers.

In addition, it would be useful for future research to explore the differences in stress/burden between the interaction of specific racial/ethnic groups with gender. Because a preliminary regression test showed that there were not major differences in stress among African Americans, Hispanics, and Asians in this sample, I did not pursue the line of analysis further (See Table 17). However, more research should be done on this issue to determine what if any stress/burden differences there are among various racial/ethnic groups.

Table 17: Effect of Race/Ethnicity on Emotional Stress (Example)

Whole Test:	R-Square	Sum of Squares	F		
	.010	Regression: 16.214 Residual: 1574.265	2.623		
Variables:	Sig (p)	B	Standard Error	Beta	t
Hispanic	.489	.127	.184	.033	.693
Asian	.563	-.105	.181	-.028	-.578
White	.080	.263	.150	.091	1.752

Note: Data from 2003 NAC/AARP data set from Roper Center, “Caregivers in the U.S.”

Lastly, it might be useful for a future study to focus on intersectionality applied to caretaking through a mixed-methods study, for example conducting interviews to complement available survey data. I believe that interviews with elder caregivers could give researchers broader insight as to why certain caregivers in specific social locations are more stressed than others. Through these interviews, fuller information could also be uncovered with regard to the issue of how children affect stress levels of caregivers.

In essence, more research needs to be accomplished on elder caregivers so we can more systematically understand caregivers' needs and be able to provide them with the appropriate resources to support them in their caregiving responsibilities. Through an increase in knowledge within this field of research, we not only can ensure the health of our caregivers in the future, but also the health of our aging relatives.

APPENDIX

Table 18: Coding of Independent and Dependent Variables

Gender	Race	Interaction terms	Physical Strain	Emotional Stress	Financial Hardship	Burden (add indexes for combined score)		
0=male	0=non-white	White women=1 All other=0	1=not at all strained	1=not at all stressful	1=not at all of a hardship	Hours of Care Index 0-8 hours=1	Type of Care Index 1 IADL/0 ADL=1	Combined Score Level 1=2, 3
1=female	1=white	White men=1 All other=0 Minority women=1 All other=0	2 3	2 3	2 3	9-20 hours=2	2+ IADLs/ 0 ADLs=2	Level 2=4
		Minority men=1 All other=0	4	4	4	21-40 hours=3	1 ADL (with or without IADLs) =3	Level 3=5
			5=very much of a strain	5=very stressful	5=great deal of a hardship	41+ or constant care=4	2+ ADLs (with or without IADLs) = 4	Level 4=6,7
								Level 5=8

Note: Data from 2003 NAC/AARP data set from Roper Center, "Caregivers in the U.S."

Table 19: Coding of Control Variables

Education	Income	Residence of Senior	Health of Senior (Is your x frail, sick, disabled, or none)	Interrole Conflict (Employed & Caregiver)	Outside Unpaid Help	Hours of Care per week	Children/ Grandchildren under 18 in household
1=less than high school	1=<\$30 k	1= in your house	1=none	0=no	0=no	1=0	0=no children
2=high school grad	2=\$30-49k	2=within 20 min.	2=frail	1=yes	1=yes	2=1-8 hrs.	1=yes children
3=some college	3=\$50-99k	3=b/w 20 min. and 1 hour	3=sick			3=9-20 hrs.	
4=technical school	4=\$100k+	4=1-2 hour drive	4=disabled			4=21-39	
5=college grad		5= >2 hours				5=40+	
6=graduate school							

Note: Data from 2003 NAC/AARP data set from Roper Center, “Caregivers in the U.S.”

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