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Introduction

- Providing care to a family member who is ill or with a disability often lasts into middle and late adulthood.
- Parents caring for sons or daughters with a developmental disability (DD) often face unique caregiving challenges (e.g., Seltzer, Greenberg, Floyd, Pettee, & Hong, 2001). Unlike other types of family caregiving, (e.g., caregiving for a parent with a mental or physical health condition (HC)), caring for a son/daughter with a DD often persists into the parent's old age.
- Yet, less attention has been directed towards the examination of daily well-being and experiences of midlife caregivers of sons/daughters with DD as compared to caregivers of parents with HC.
- By moving from a global to a daily assessment of well-being, we can better capture the periodic peaks and valleys of the individual's well-being and experiences that are reflective of the daily responsibilities, opportunities, and challenges salient to a person's role as a caregiver.
- In line with the life course perspective (Elder, Johnson, & Crosnoe, 2003), social roles, such as being a caregiver, are shaped by the contextual factors that govern them. Thus, this study examines family caregiving in the context of marital status and gender.

Goal of Study

- To assess how types of family caregiving (caregiving for a son/daughter with a developmental disability vs. caregiving for a mother/father with a mental/physical health condition) influence daily well-being and experiences.
- To investigate the moderating roles of marital status and gender on the associations between types of family caregiving and aspects of daily well-being and experiences.

Sample and Procedure

- This study utilized the second wave of the National Survey of Midlife in the United States (MIDUS-II; $N=5555$), focusing specifically on the Daily Dairy Study. The Daily Diary Study is comprised of 2022 men and women aged 35 to 84.
- Participants completed daily telephone interviews about time use, psychological distress, productivity, and daily stressors over eight consecutive days.
- To be selected into the analytic sample, participants had to complete the Daily Diary Study and indicate that they are currently providing care to a family caregiver. Caregivers were identified with the following questions in MIDUS-II:
 - During the last 12 months have you, yourself, given personal care for a period of one month or more to a family member or friend because of a physical or mental condition, illness, or disability?
 - To whom did you give the most personal care?
 - Are you still helping (him/her)?

- Only caregivers of a son/daughter with a developmental disability and caregivers of a mother/father with a physical or mental health condition, illness, or disability were retained.
- The analytic sample comprises of 23 caregivers of sons/daughters with DD and 93 caregivers of parents with HC.

Acknowledgements

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Measures

Response Variables

- Daily Negative Affect** was measured with 14 negative emotions (e.g., restless or fidgety, nervous, hopeless). Respondent indicated how frequently (0=none to 4=all of time) they experienced each emotion in past 24 hours. Score was averaged across 14 items.
- Daily Time Use.** On each study day, participant reported the total amount of time in hours and minutes they spent in each of the following activities: a) sleep, b) household chores, c) work, d) television watching, e) physical activities, and f) leisure activities.
- Daily Stressors.** Daily Inventory of Stressful Events (Almeida et al., 2002) was used to assess daily stressors. Respondents reported whether they experienced arguments, avoided arguments, network stressors, home stressors, work stressors, discrimination, and/or other stressors in past 24 hours. Number of stressors across each study day was summed.

Control Variables

- Age
- Number of chronic health conditions
- Negative affect-previous day was only included in the model assessing number of daily stressors.

Analyses

- A set of two-level multilevel models (SAS Proc Mixed), where days were nested within persons, was conducted.
- Continuous time-invariant covariates were centered at the sample mean. A random intercept only model had acceptable fit.

Results

Table 1. Descriptive Statistics of Demographic Characteristics by Caregiver Types

		Caregivers of Sons or Daughters with DD (n=23)	Caregivers of Parents with HC (n=93)	p
Caregiver's age	M	55.91	53.20	n.s.
	SD	14.30	8.62	
	Range	34-81	34-73	
Gender				n.s.
	Men	% 26.09	29.03	
	Women	% 73.91	70.97	
Marital status				n.s.
	Married	% 26.09	41.94	
	Unmarried	% 73.91	58.06	
Education ^a	M	1.48	1.40	n.s.
	SD	0.67	0.53	
	Range	0-2	0-2	
Number of chronic conditions	M	4.22	3.10	n.s.
	SD	4.35	2.60	
	Range	0-17	0-13	

^aEducation: 0=less than high school, 1=high school degree/GED or some college, 2=BA or Associate Degree or higher.

* $p<.05$, ** $p<.01$, *** $p<.001$

Table 2. Multilevel Models Predicting Daily Negative Affect and Time Spent on Daily Leisure

	Daily Negative Affect		Time Spent on Daily Leisure	
	Model 1a	Model 1b	Model 2a	Model 2b
<i>Fixed Effects</i>				
Intercept	0.451 (0.098)***	0.671 (0.134)***	3.508 (0.554)***	4.777 (0.761)***
Age	-0.009 (0.003)**	-0.008 (0.003)**	0.016 (0.016)	0.017 (0.016)
Number of chronic conditions	0.021 (0.010)*	0.022 (0.010)*	0.082 (0.055)	0.089 (0.054)
Marital status ^a	-0.102 (0.062)	-0.397 (0.139)**	-0.428 (0.350)	-2.116 (0.786)**
Gender ^b	0.007 (0.067)	-0.002 (0.066)	-0.805 (0.378)*	-0.854 (0.371)*
Caregiver status ^c	-0.213 (0.072)**	-0.460 (0.126)***	0.189 (0.402)	-1.235 (0.716) [†]
Caregiver status x marital status		0.354 (0.150)*		2.029 (0.850)*
<i>Random Effects (variance components)</i>				
Between-person intercept (Level 2)	0.078 (0.012)***	0.074 (0.012)***	1.992 (0.381)***	1.888 (0.366)***
	d.f.=104	d.f.=103	d.f.=105	d.f.=104
Within-person (Level 1)	0.043 (0.003)***	0.043 (0.003)***	5.176 (0.274)***	5.172 (0.274)***

[†] $p<.10$, * $p<.05$, ** $p<.01$, *** $p<.001$.

^aMarital status: 0=not married, 1=married.

^bGender: 0=men, 1=women.

^cCaregiver Status: 1=Caregivers of sons/daughters with developmental disabilities, 2=Caregivers of parents with health conditions.

Table 3. Multilevel Models Predicting Daily Stressors

	Model 3a	Model 3b	Model 3c
	<i>Fixed Effects</i>		
Intercept	0.737 (0.163)***	1.123 (0.224)***	0.353 (0.221)
Age	-0.002 (0.005)	-0.002 (0.005)	0.001 (0.005)
Number of chronic conditions	0.045 (0.016)**	0.048 (0.016)**	0.044 (0.016)**
Marital status ^a	0.038 (0.102)	-0.465 (0.229)*	0.051 (0.100)
Gender ^b	0.249 (0.108)*	0.237 (0.106)*	0.764 (0.231)**
Negative affect-previous day (WP)	0.156 (0.108)	0.152 (0.108)	0.156 (0.108)
Negative affect-previous day (BP)	0.739 (0.178)***	0.680 (0.176)***	0.715 (0.174)***
Caregiver type ^c	-0.379 (0.119)**	-0.8093 (0.211)***	0.083 (0.218)
Caregiver type x marital status		0.598 (0.244)*	
Caregiver type x gender			-0.632 (0.253)*
<i>Random Effects (Variance components)</i>			
Between-person intercept (Level 2)	0.143 (0.032)***	0.133 (0.030)***	0.132 (0.030)***
	d.f.=104	d.f.=103	d.f.=103
Within-person (Level 1)	0.541 (0.030)***	0.541 (0.030)***	0.541 (0.030)***

Note: BP=between-person, WP=within-person.

[†] $p<.10$, * $p<.05$, ** $p<.01$, *** $p<.001$.

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^cCaregiver Status: 1=Caregivers of sons/daughters with developmental disabilities, 2=Caregivers of parents with health conditions.

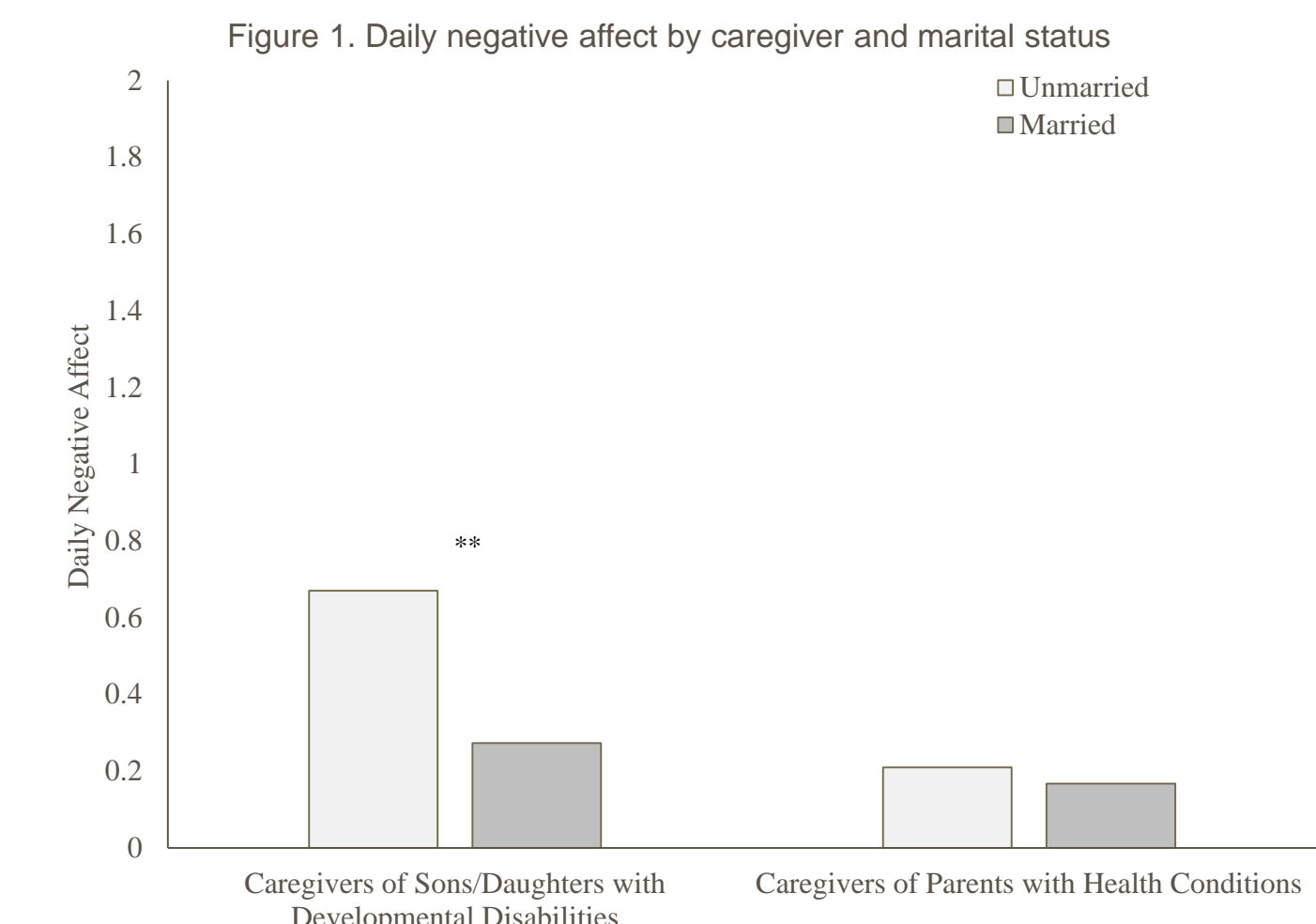


Figure 2. Time spent on daily leisure by caregiver and marital status

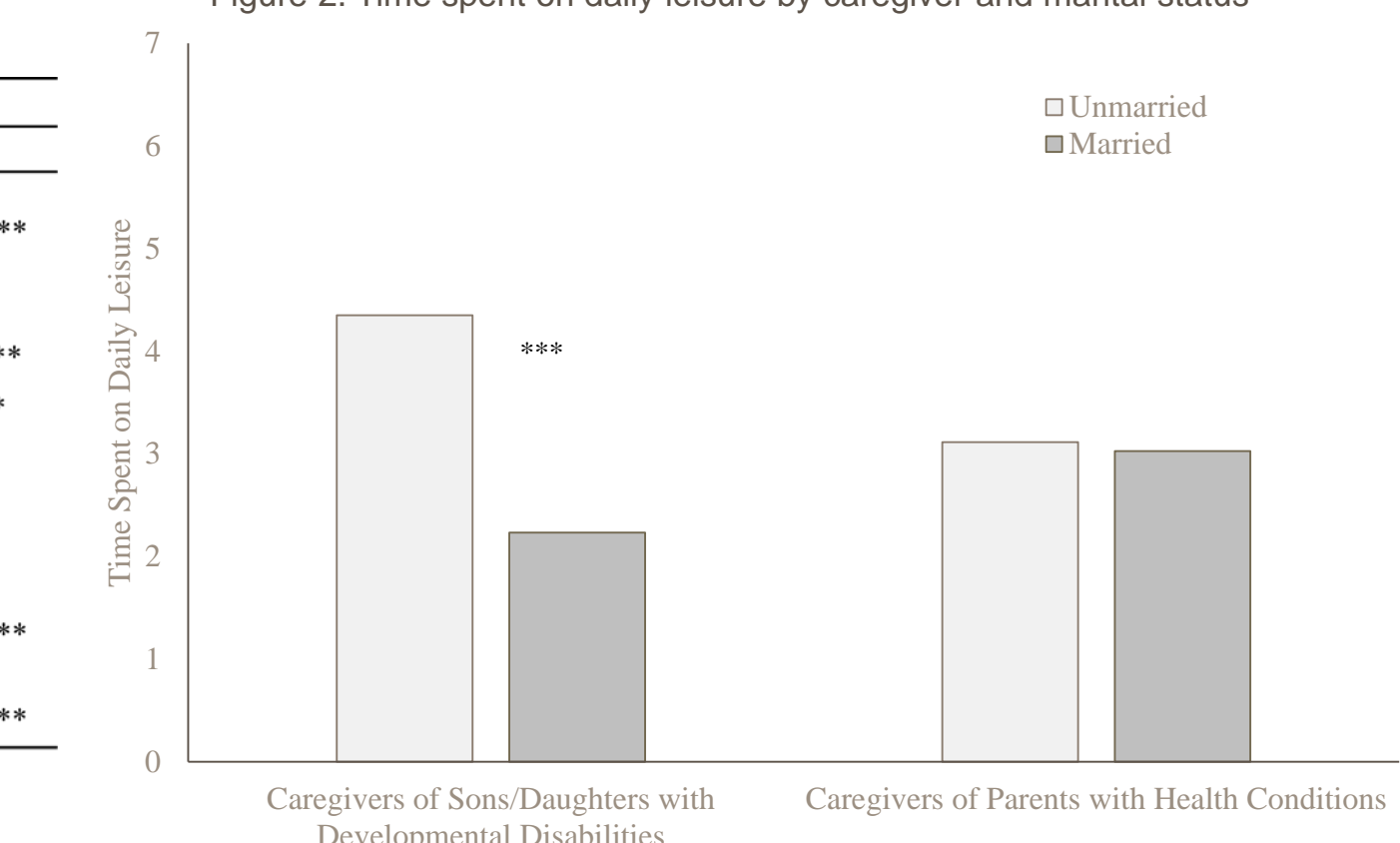
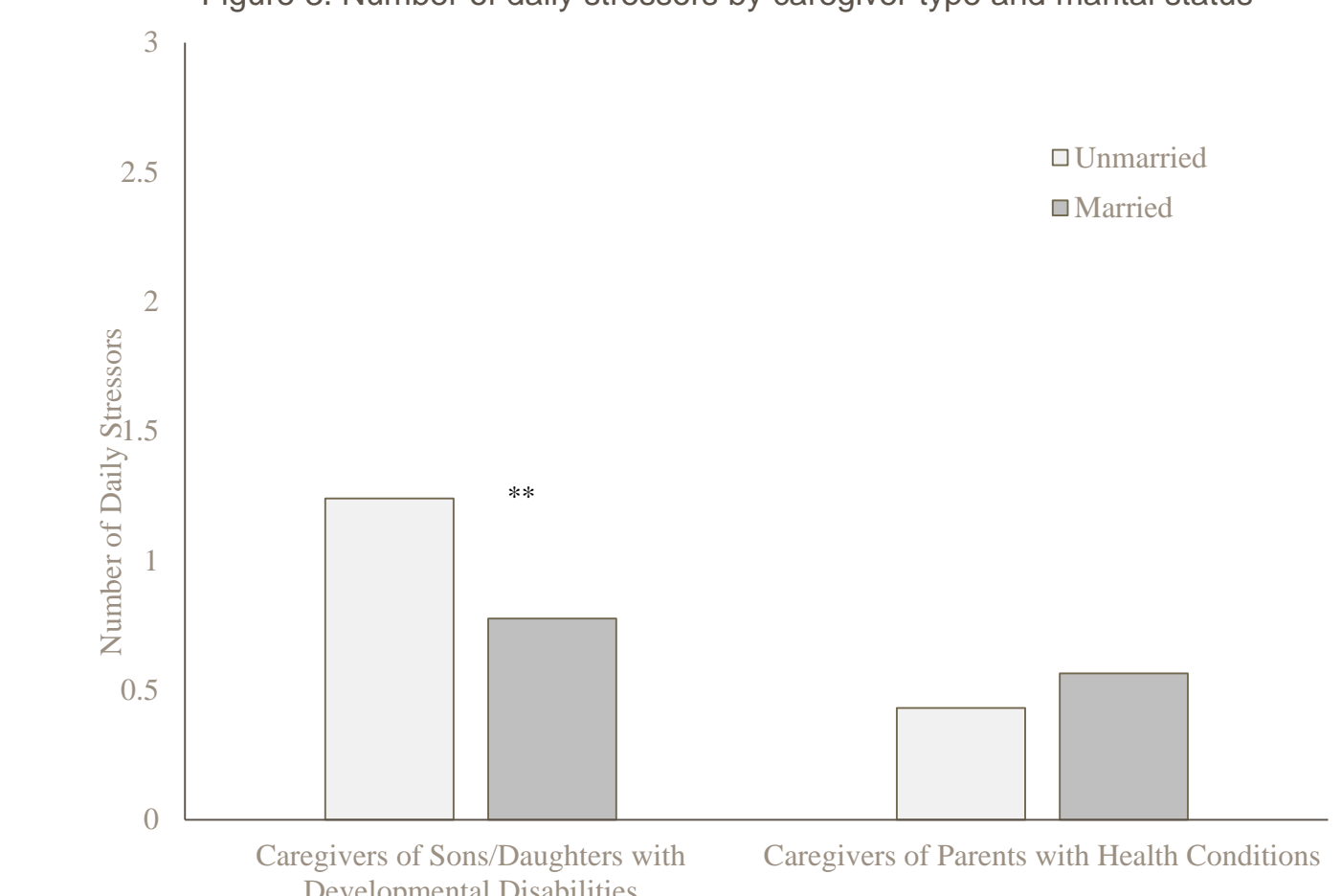


Figure 3. Number of daily stressors by caregiver type and marital status



Discussion

- Caregivers of sons/daughters with DD reported more daily stressors than caregivers of parents with HC. This finding resonates with past studies documenting greater stress level in parents of sons/daughters with DD (e.g., Smith et al., 2010).
- The buffering effect of combining a marital role with a caregiving role (Marks et al., 2008) was evident such that not having a spousal support in the context of caregiving for a son/daughter with a DD appears to increase the caregiver's daily negative affect and exposure for daily stressors.
- Contrary to prediction, unmarried caregivers of sons/daughters with DD reported more time spent on daily leisure activities than other caregivers. Perhaps these caregivers are turning to leisure as a resource to cope with the daily caregiving responsibilities (e.g., Nimrod, Kleiber, & Berdychevsky, 2012).
- Female caregivers of sons/daughters with DD reported the most amount of daily stressors as compared to male caregivers of sons/daughters with DD and caregivers of parents with HC; thereby, highlighting the importance of gender in family caregiving.
- Services and programs aimed to help reduce daily caregiving demands would be especially beneficial for unmarried, midlife caregivers of sons/daughters with DD who may not have a support system to ease the day-to-day caregiving responsibilities.

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