

The sandwich generation

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For many people, balancing home and work can be a chore. Those with children and working full time may find life particularly hectic—scheduling children’s activities, planning for family time, and still allowing time for themselves. For some, life is further complicated by providing care to aging parents or other relatives. These are the sandwich generation—individuals caught between the often conflicting demands of caring for children and caring for seniors.

While the overall number in the sandwich generation is relatively small, the ranks are likely to grow. One reason is the aging of the baby boomers, which will result in a much larger proportion of seniors in the population. Indeed, population projections indicate that by 2026, 1 in 5 Canadians will be 65 or older, up from 1 in 8 in 2001. Another factor is lower fertility rates, which may mean fewer adults to care for the elderly. A third is the delay in family formation (marriage and childbirth), resulting in older family members requiring care when children are still part of the household. Indeed, delayed marriage, postponement of children, and decreased fertility rates coupled with increased life expect-

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ancy means that the average married couple may have more living parents than children (Preston 1984).

The personal and financial sacrifices made by members of the sandwich generation have been highlighted in the media (Anderson 1999; Immen 2004; Kleiman 2002). At the same time, some analysts have indicated that the sandwich generation is small and that the negative consequences are overlaid (Fredriksen and Scharlach 1999). Others think that most care of seniors by family members is better defined as ‘helping’ and that intensive caregiving is very limited (Rosenthal and Stone 1999). To date, however, little empirical data exist for Canada. This article uses the 2002 General Social Survey (GSS) to examine care of the elderly by persons aged 45 to 64 with children still at home. The analysis focuses on types of care, time spent, effects on the individual from both a work and personal standpoint, and resources that could benefit caregivers (see *Data source and definitions*).

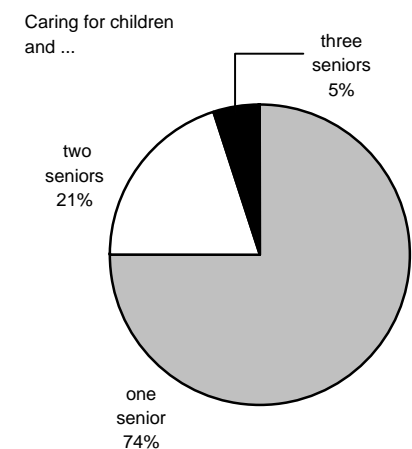
Balancing care of children and seniors is not a new phenomenon

Providing care to elderly relatives is not new, and until quite recently families played a pivotal role in this regard (Ward-Griffin and Marshall 2003). It was not unusual to find three generations in one household,

with the primary caregiving done by the middle-aged woman in the home. While some striking similarities exist between past and present caregiving, one crucial difference is evident: Today, the majority of working-age, non-senior women engage in paid work and are not full-time homemakers. However, while parents have seen child-care services evolve, little formal support has been established for the growing number of middle-aged men and women caring for seniors.¹

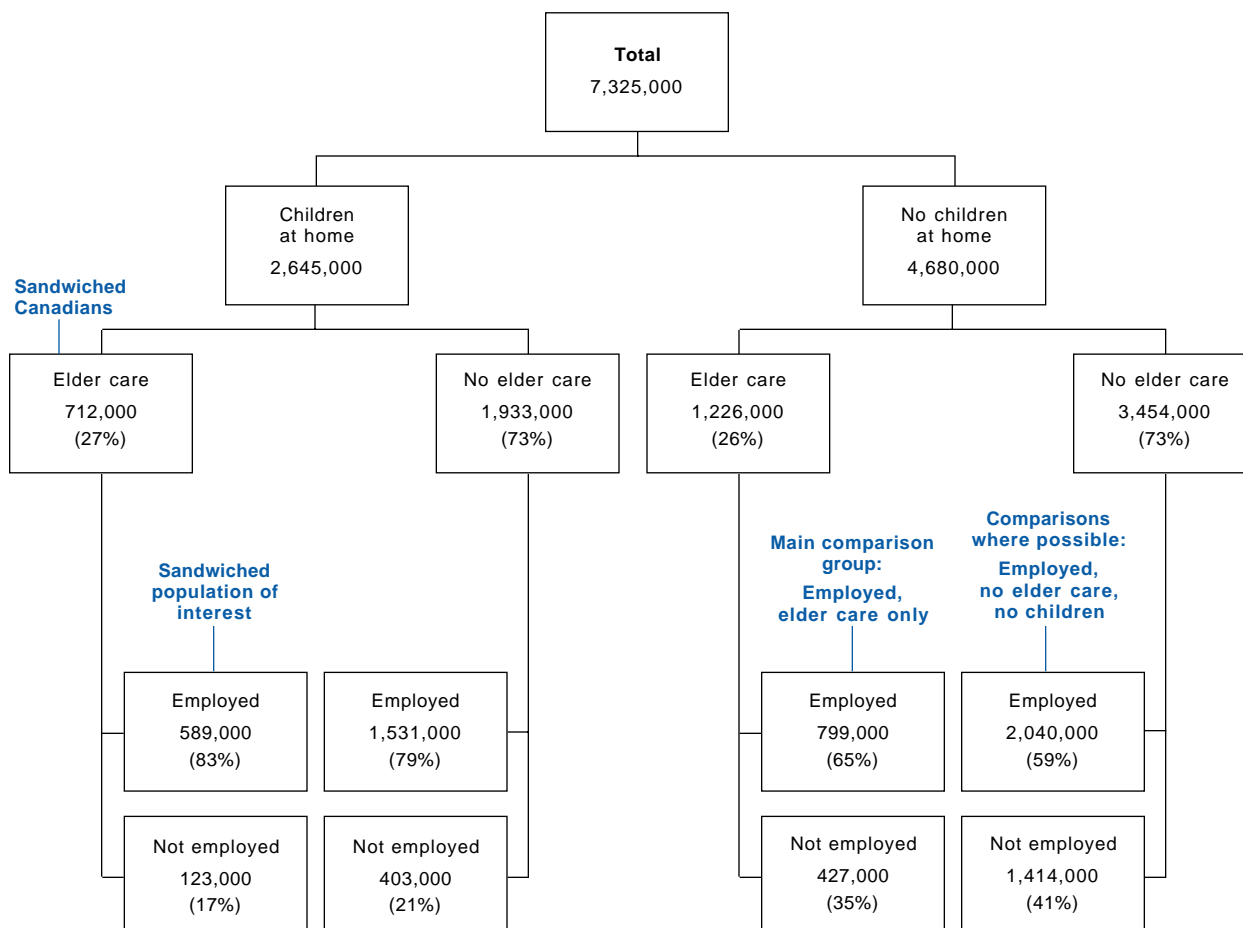
So how are families coping? Research has shown that women spend more time on child care and housework, while men spend more time at paid

Chart: One-quarter of those sandwiched care for more than one senior.



Source: General Social Survey, 2002

Figure: Population aged 45 to 64



Source: General Social Survey, 2002
 Note: Percentages may not add to 100 due to rounding.

work. But what happens when elder care enters the mix? Who is more likely to be on call, men or women? Or is the responsibility shared?

Almost 3 in 10 are sandwiched

According to the 2002 GSS, about 2.6 million people between 45 and 64 had children under 25 living with them. Of these, about 302,000 were lone parents and the remainder lived with a spouse. About 27% also performed some type of elder care. These individuals make up the sandwich generation (Figure).

The vast majority of individuals provided elder care for their parents or parents-in-law. About 25% was directed toward other relatives, friends, neighbours or co-workers (data not shown).

Some sandwiches are thinly spread

For some, caring for both children and elderly relatives can be stressful, particularly for those with young or multiple children. The situation may become even more complicated with more than one elderly person to care for (Chart).

Table 1: Effects of elder care on health and well-being

	Employed		
	Sandwiched	Elders only	Neither
Overall health		%	
Excellent/very good	74.3	73.5	73.4
Good	21.7	21.2	20.9
Fair/poor	4.0	5.1	5.0
Stress level			
Very/somewhat	70.1	64.1	61.0
Not very	21.3	25.4	26.3
Not at all	7.2	9.9	10.2
Don't know/no opinion	F	F	F
Job, family balance			
Very satisfied	21.0	28.1	28.5
Satisfied	60.8	56.9	56.7
Neither/no opinion	4.8	5.1	4.4
Dissatisfied	10.7	7.8	8.0
Very dissatisfied	F	F	F
Satisfaction with life			
Very satisfied	34.4	32.2	29.2
Satisfied	60.5	62.4	64.6
No opinion	F	F	F
Not very satisfied	3.4 ^E	4.0	2.9
Not at all satisfied	F	F	F

Source: General Social Survey, 2002

Notes: Percentages may not add to 100 due to some non-response. Shading indicates significant difference from the sandwiched group.

The vast majority of those with children and caring for an elderly person were employed—more than 8 in 10 stated that their main activity in the last 12 months was working. This compares with only 65% of individuals who provided elder care but had no children at home. Balancing work and family can be tough. However, the GSS showed that most people (82%) who worked while providing both child care and elder care were generally satisfied with the balance they had struck (Table 1).

Caring for an elderly person could lead to a change in work hours, refusal of a job offer, or a reduction in income. About 1 in 7 sandwiched workers reduced their hours over the previous 12 months, 20% shifted their work hours, and 10% lost income (Table 2).

Sandwiched workers have been portrayed as unable to meet their other responsibilities because of caring for a senior (Immen 2004). However, results here show that only slightly more than 1 in 10 workers aged

45 to 64 who were caring for an elderly person, either with or without children at home, had difficulty meeting their other responsibilities.

Types of care

The 2002 GSS looked at the number of hours spent per month on four elder-care activities: care inside the home (housework, meal preparation), care outside the home (yard work, outside home maintenance), transportation (driving to appointments, for groceries), and personal care (bathing, dressing). The survey found that although the incidence of providing care was similar, sandwiched workers spent an average of 19.6 hours per month on these activities while those with no children at home spent 26.4 hours—almost 7 hours more (Table 3). The two groups spent a similar amount of time on the job—41.7 hours per week for sandwiched workers and 40.8 for workers with no children at home.

Intensity of care

While two caregivers may spend similar amounts of time helping a senior, the tasks may differ. For example, one care receiver may need help only with outside chores such as mowing the lawn, while another may require assistance with daily living, such as bathing, dressing or feeding. Hours spent provides an indicator of intensity. Sandwiched workers spending 8 hours or less per month on elder care can be considered low-intensity caregivers, while those spending more can be considered high-intensity caregivers. Effects on the individual differ significantly based on these groupings.

Table 2: Work-related effects

	Employed	
	Sandwiched	Elders only
		%
Work hours shifted	20.2	23.0
Work hours reduced	15.5	18.4
Income reduced	10.2	9.1

Source: General Social Survey, 2002

Table 3: Incidence and time spent caring for seniors

	Employed					
	Sandwiched			Elders only		
	Both sexes	Men	Women	Both sexes	Men	Women
	%					
In-home care	36.2	35.4	64.6	39.4	34.2	65.8
Outside chores	43.6	69.0	31.0	34.7	67.5	32.5
Transportation assistance	33.3	64.6	35.4	31.1	53.9	46.1
Personal care	15.5	21.5	78.5	15.6	29.8	70.2
	hours					
Average time per month	19.6	12.5	29.0	26.4	19.7	33.1
In-home care	25.1	15.1	30.6	31.6	21.9	36.6
Outside chores	6.5	6.9	5.7	11.7	12.3	10.4
Transportation assistance	8.0	7.8	8.3	7.1	7.5	6.6
Personal care	13.0	12.6	13.1	17.5	17.9	17.4

Source: General Social Survey, 2002

Notes: Percentages will not add to 100 due to multiple responses. Shading indicates significant difference.

about 32%. The amount of time devoted to elder care also varied by sex. Working women with children at home and caring for an older person spent twice as many hours per month as their male counterparts (29 versus 13). This may be due in part to the type of care performed. For example, outside home maintenance was most often done by men (69%). The same was true for transportation assistance—65% was done by men. Conversely, women were more likely than men to provide personal care (79% versus 22%), and in-home care such as food preparation and clean-up (65%). This pattern held true for those who provided elder care only (Table 3).

Not surprisingly, those in the high-intensity group were more likely to experience health effects. Indeed, 76% felt stressed compared with 67% of their low-intensity counterparts (Table 4). About 9% of the low-intensity group had their sleep patterns affected, and 7% their general health, compared with 22% and 23% respectively in the high-intensity group (Table 5). About one-half of those in the high-intensity group had to change their social activities, and 43% their holiday plans. These individuals were also much more likely than their low-intensity counterparts to feel constantly stressed (20% versus 9%).

The high-intensity group were also much more likely to experience work-related problems. They were three times as likely to shift their work hours, and more than twice as likely to reduce their work hours or to experience a reduction in income.

Women more involved in caregiving

Women shoulder much of the child-care responsibility within two-parent households, even when both parents are in the labour force (Silver 2000). This also holds true for elder care, both in terms of the likelihood of providing care and in performing the most intensive tasks such as bathing, dressing and cooking (Ward and Spitze 1998; Marks 1998).

Of the approximately 1.3 million men aged 45 to 64 with unmarried children at home, about 25% were engaged in elder care. For women, the percentage was

Table 4: Effects of caring for seniors by intensity

	Employed and sandwiched		
	Total	Low intensity*	High intensity*
	%		
Health			
Excellent/very good	74.3	75.7	71.7
Good	21.7	20.8	23.4
Fair/poor	4.0	3.5 ^E	4.9 ^E
Stress			
Very/somewhat	70.1	66.7	76.3
Not very	21.3	22.6	18.8
Not at all	7.2	8.6 ^E	4.6 ^E
Don't know/no opinion	F	F	F
Job, family balance			
Very satisfied	21.0	22.9	17.8
Satisfied	60.8	60.7	61.0
Neither/no opinion	4.8	4.7 ^E	5.4 ^E
Dissatisfied	10.7	9.9	12.3
Very dissatisfied	F	F	F
Satisfaction with life			
Very satisfied	34.4	37.9	28.1
Satisfied	60.5	56.5	67.9
No opinion	F	F	F
Dissatisfied	3.4 ^E	3.9 ^E	F
Very dissatisfied	F	F	F

Source: General Social Survey, 2002

* Low intensity: 8 hours or less of elder care per month; high intensity: more than 8 hours per month.

Notes: Percentages may not add to 100 due to some non-response. Shading indicates significant difference from the low-intensity, sandwiched group.

Table 5: Effects on personal life for employed, sandwiched 45 to 64 year-olds.

	Low intensity*	High intensity*
Almost always feel		%
No time for self	5.4 ^E	15.5 ^E
Stressed between helping others and work or family responsibilities	8.8 ^E	19.5
Helping someone is giving back what you received from them	50.4	48.4
Angry when helping person	F	F
Helping is giving back what life has given you	60.2	64.7
Wish someone else would take over helping	F	F
Relationship with senior strengthened	69.0	71.5
Should be doing more	24.6	22.2
Could do a better job	10.8	9.9 ^E
Caregiving has resulted in		
Affected health	6.6 ^E	22.6
Changed sleep patterns	8.5 ^E	21.7
Extra expenses	32.2	55.1
Change in social activities	27.6	49.9
Change in holidays	16.9	42.6
Postponement of education	F	F
Care receiver moving closer	6.5 ^E	10.4 ^E
Caregiver moving in with care receiver	F	5.9 ^E
Effects on work		
Promotion turned down	F	F
Work hours shifted	11.4	35.4
Work hours reduced	9.6	25.6
Income reduced	6.4 ^E	16.8
Overall burden		
None	60.4	36.9
Little/moderate	33.6	56.4
Quite a bit/extreme	3.2 ^E	5.9 ^E

Source: General Social Survey, 2002

* Low intensity: 8 hours or less of elder care per month; high intensity: more than 8 hours per month.

Notes: Percentages may not add to 100 due to some non-response. Shading indicates significant difference from the low-intensity, sandwiched group.

Consequences on personal life

Two schools of thought have emerged with respect to the personal consequences of caring simultaneously for seniors and children. Some research indicates that such people feel no more rushed or stressed than anyone else since the negative aspects of caregiving are balanced by increased self-esteem (Centre on Aging n.d.). Conversely, the two roles may lead to overload, poor health, increased stress, and an inability to find a balance in life (Marks 1998; Centre on Aging n.d.). Another factor is the emotional difficulty many adult children have in caring for their aging parents. This situa-

tion can be stressful for both caregiver and care receiver, especially as failing health necessitates more care (Miller 1981).

The 2002 GSS supports both schools of thought. For example, sandwiched workers were significantly more likely to feel stressed (70%) than either those who provided elder care only (64%) or those with no child-care or elder-care responsibilities (61%) (Table 1). However, although stressed, 95% of sandwiched workers felt satisfied with life in general—virtually the same proportion as those with fewer responsibilities.

For many, caregiving has positive aspects. More than 60% of caregivers felt they were giving back some of what life had given them, and 70% felt their relationship with the elderly person was strengthened (Table 6). While caregiving can be difficult to integrate with other obligations and responsibilities, only about 5% felt it to be an extreme burden.

However, caregiving often leaves little time for social activities or holidays. More than a third found it necessary to curtail social activities, and a quarter had to change holiday plans. Often a call for help can come in the night and the caregiver must leave the house to provide assistance. Some 13% experienced a change in sleep patterns, and the same percentage felt their health affected in some way. While 1 in 10 sandwiched workers lost income, 4 in 10 incurred extra expenses such as renting medical equipment or purchasing cell phones.

The caregiver's wish list

Those busy balancing children, work and elder care expressed a desire for support. Some wishes could be met by workplace

Table 6: Effects on personal life of providing care to seniors

	Employed	
	Sandwiched	Elders only
Almost always feel		%
No time for self	9.1	8.3
Stressed between helping and work or family responsibilities	12.7	11.4
Helping someone is giving back what you received from them	49.7	56.0
Angry when helping person	F	F
Helping is giving back what life has given you	61.9	67.1
Wish someone else would take over helping	2.8 ^E	2.8 ^E
Relationship with senior strengthened	69.9	70.3
Should be doing more	23.8	21.5
Could do a better job	10.5	11.4
Caregiving has resulted in		
Affected health	12.5	12.8
Changed sleep patterns	13.3	15.7
Extra expenses	40.6	39.6
Change in social activities	35.7	35.7
Change in holidays	26.3	24.3
Postponement of education	3.3 ^E	3.7 ^E
Care receiver moving closer	7.9	8.1
Caregiver moving in with care receiver	2.6 ^E	2.8 ^E
Overall burden		
None	51.8	54.5
Little/moderate	41.9	38.6
Quite a bit/extreme	4.2	5.5

Source: General Social Survey, 2002

Notes: Percentages may not add to 100 due to multiple responses or non-response. Shading indicates significant difference.

the needs of either the care recipients or caregivers. Some focus group research indicates that caregivers may try to hide their caregiving responsibilities, fearing that they are career-limiting. Also, workplace culture may not support the use of such programs even when offered (Wagner 2003).

The caregiver's wish list was very similar for all individuals providing elder care, whether they had children at home or not. For example, both groups were equally likely to want compensation or tax breaks, information on long-term illnesses or disabilities, or counselling (Table 7). However, some differences were evident. Of those working, individuals with children were more likely than those caring for an elderly person only to feel they could do a better job if respite care was available (52% versus 46%). The former were also more likely to want flexible work or study arrangements (46% versus 36%).

programs, others by government policy. Workplace support includes flexible hours, ability to telework, and information about community resources and health and aging in general (Wagner 2003). However, despite concern about possible job absence and the associated costs and productivity loss, elder-care programs are less likely than child-care programs to be available—and even if offered they are not often used (Wagner 2003). The 1999 Workplace and Employee Survey (which excludes public administration) found that 7% of employees (802,700 individuals) had access to child-care services but only 78,800 (just under 10%) made use of them. While fewer employees had access to elder care (394,300), the take-up rate was only slightly higher—about 13% (data not shown).

Some research shows that low utilization rates are common with workplace elder-care services for several reasons. Programs often do not adequately meet

Table 7: Caregiver's wish list

	Employed	
	Sandwiched	Elders only
		%
Respite care	52.3	45.8
Flexible work or study arrangements	46.2	36.4
Information on long-term disabilities	42.6	39.0
Information on caregiving	42.3	37.3
Financial compensation or tax breaks	35.9	34.8
Counselling	27.6	24.0
Other	11.9	9.9

Source: General Social Survey, 2002

Note: Shading indicates significant difference.

Data source and definitions

The data source for this article is the 2002 General Social Survey (GSS) on social support and aging (Cycle 16). The target population is all persons aged 45 and over as of December 31, 2001 in private households in the 10 provinces. Data were collected between February and December 2002. The sample was selected from respondents to the 2001 Canadian Community Health Survey.

For this article, the population of interest was 45 to 64 year-olds caring for children and seniors simultaneously. Individuals were considered **sandwiched** if they provided elder care to someone over 65 and had single children less than 25 living at home. **Sandwiched workers** had a paid job or business as their main activity in the previous 12 months.

This article focuses on the caregiving modules in the survey. These include types of care given to seniors, hours spent, and effects. Caregiving in the form of emotional support was not included. Four types of activities were identified. **Personal care** included assistance with bathing, toileting, care of toenails/fingernails, brushing teeth, hair care, and dressing. **Care inside the home** included meal preparation and clean-up, housecleaning, laundry, and sewing. **Care outside the home** included house maintenance and outdoor work. **Transportation care** included shopping for groceries or other necessities, providing transportation, or doing a senior's banking or bill-paying.

Data limitations

While there are undoubtedly individuals under 45 who are sandwiched, they were not included in the population surveyed in Cycle 16. It has been suggested that younger caregivers may be likely to feel more negative effects from caregiving because their children are younger. However, some research has shown that the 45-to-64 age group is the most likely to be providing care to aging parents (Wisensale 1992). In order to determine if age of children had an effect on responses, data from Cycle 16 were run examining sandwiched workers with children under 15. Results indicated that there was no difference between those with younger children and the population of interest. Additionally, just over 10% (81,000 weighted count) of sandwiched workers were not asked impact of caregiving questions if the person for whom they provided care had died during the previous 12 months. For this reason, it is possible that there may be some bias in the impact of care responses. Finally, since only those providing elder care were asked impact of care questions, it is not possible to compare them with the general 45 to 64-year old population. Thus the major comparison group was 45 to 64 year-olds who provided elder care but had no children at home. Where data are available (Table 1), comparisons with individuals not providing elder care and having no children at home have been made.

Summary

In 2002, about 712,000 Canadians aged 45 to 64 were caught between the responsibilities of raising children and caring for seniors. For more than 8 in 10 of these

individuals, paid work was added to the load. The latter found that caring for a senior affected their work arrangements: 15% had to reduce their hours, 20% had to change their schedules, and 10% experienced a reduction in income. Not surprisingly, these individuals also felt the burden in terms of their health and social life.

However, not all consequences of caregiving are negative. More than 60% of those working and caring for an older person while still having children at home felt that caring for a senior was simply giving back what they had received, and 70% stated that the relationship was strengthened. While these individuals were just as likely as other workers to be satisfied with their work-home balance, they were much more likely to feel generally stressed. They were also significantly more likely to wish for flexible work arrangements or respite care to enable them to be better caregivers.

Those who spent more than eight hours a month on elder care were more likely than those spending eight or less to feel the effects. Of the high-intensity caregivers, half had to change their social activities, and about 35% had to change their work schedule.

Perspectives

Note

1 In addition to the 2002 General Social Survey, which covers only those aged 45 to 64, the Census reveals the recent growth of those in the sandwich generation aged between 25 and 64—slightly more than 2 million individuals in 2001, up from 1.7 million in 1996. In the Census, a sandwiched person is defined as looking after children 15 and under while providing care to a senior.

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