



CARE WORK AND THE ECONOMY

Advancing policy solutions with
gender-aware macroeconomic models



A GLIMPSE OF THE CONTEXT OF FAMILY CAREGIVERS: ACTUAL TIME VS. PREFERRED TIME FOR ELDERLY CARE

Seung-Eun Cha, University of Suwon
Hyuna Moon, Seoul National University

CWE-GAM Working Paper Series: 20-09
Program on Gender Analysis in Economics (PGAE)
American University, Washington, DC
DOI: 10.17606/dydz-jp32
SEPTEMBER 2020

This working paper is part of the Care Work and the Economy (CWE-GAM) Project, based at American University's Program on Gender Analysis in Economics (PGAE). The authors would like to acknowledge the financial support of the William and Flora Hewlett Foundation for this report. The findings, views, and conclusions or recommendations expressed in this material are strictly those of the authors and do not necessarily reflect those of the William and Flora Hewlett Foundation.

*Corresponding author email: secha@suwon.ac.kr or mysyrius@gmail.com

CWE-GAM WORKING PAPER SERIES



www.careworkeconomy.org

Photograph by Konstantin Börner

THE CARE WORK AND THE ECONOMY (CWE-GAM) PROJECT

The Care Work and the Economy (CWE-GAM) Project strives to reduce gender gaps in economic outcomes and enhance gender equality by illuminating and properly valuing the broader economic and social contributions of caregivers and integrating care in macroeconomic policymaking toolkits. We work to provide policymakers, scholars, researchers and advocacy groups with gender-aware data, empirical evidence, and analytical tools needed to promote creative, gender-sensitive macroeconomic and social policy solutions. In this era of demographic shifts and economic change, innovative policy solutions to chronic public underinvestment in care provisioning and infrastructures and the constraints that care work places on women's life and employment choices are needed more than ever. Sustainable development requires gender-sensitive policy tools that integrate emerging understandings of care work and its connection with labor supply, and economic and welfare outcomes.

Find out more about the project at www.careworkeconomy.org.

THE AUTHOR TEAM

SEUNG-EUN CHA



Seung-Eun Cha received her Ph.D. in Human Development and Family Studies from Seoul National University. Her doctoral dissertation dealt with examining the impact of the family role, as spouse and parent, on individual health experience, based on gender difference. After receiving her Ph.D. her research interests expanded to midlife development, life transition issues, and retirement issues. Currently Cha is working at the University of Suwon as an associate professor, using time use survey data to focus on the field of leisure, sleep, and time pressure. Her research paper 'Social acceleration vs. slowdown' in *Development and Society* (2017) tried to understand the time pressure trend during the past decade in Korean society and how time pressure experience diverge by social groups.

HYUNA MOON



Dr. Hyuna Moon received her Ph.D. in Political Science from the Academy of Korean Studies. After receiving her Ph.D. in political science, she expanded her interest to the field of feminism and NGO health movement. Based on her knowledge and experiences of Korean society/history and gender studies, she taught graduate courses on Korean studies as a lecturer at Seoul National University. Her research interests focus on the relationship between gender and various issues including migration, health, family, and division of labors. Related to the theme of care she wrote with her colleagues a book titled "Who Will Take Care of the Care Workers?" (2012, Hanul) (*in Korean*). Her book "Mothers Also Want to Hand in Their Resignation" (2012, Jisik Nomad) (*in Korean*) was written based on interviews with mothers in contemporary Korean society.

TABLE OF CONTENTS

1. INTRODUCTION	1
2. METHODS.....	4
2.1 DATA AND SAMPLE CHARACTERISTICS.....	4
2.2 MEASUREMENT	5
3. RESULTS AND FINDINGS	6
3.1 HOURS ACTUALLY SPENT VS. HOURS PREFERRED FOR ELDERLY CARE	6
3.2 LATENT CLASS ANALYSIS	7
3.3 DIFFERENCES IN THE CARE CONTEXT BY TYPE	9
3.4 OPTIMAL HOURS FOR CARE: DOES IT TRULY EXIST?	12
4. CONCLUSION	14

LIST OF FIGURES & TABLES

FIGURE 1.....	12
FIGURE 2.....	13
TABLE 1.....	4
TABLE 2.....	6
TABLE 3.....	8
TABLE 4.....	8

1. INTRODUCTION

Looking after elderly parents is a long process. Family members endure this prolonged journey of care from the beginning. The family is responsible for overseeing the entire process when an elderly family member becomes fragile and can no longer be independent, continuing into the period in which the elderly family member is fully dependent. In the beginning, providing care can be manageable. Over time, however, the caregiver's resources and patience may fade away. In the end, 'someone' in the family needs to take full responsibility for the elderly person, which means "to be there at his/her side day and night," "to become one," or, in other words, "to live at the pace of the elderly patient" (Moon, Cha & Eun, 2018).

Considering the 'Care Diamond' (Pijl, 1994; Rasavi, 2007), the shape of the diamond has changed substantially within a decade in Korean society. While the government and the market have begun to play an important role in elderly care, surprisingly, family members still report that "taking care of the elderly is getting increasingly burdensome." More support has been given, but why is it still difficult to care for them? How can we understand this paradox? Social surveys have indicated that an increasing number of families seem reluctant or sometimes unwilling to have their children become their future caregivers (Bonsang, 2009). What are the nature of family care and family caregivers' attitudes towards elderly care? Given that the social provision of care is expanding in Korea, we know very little about what has become the role of the family in the elderly care context.

As we look back to previous care literature, the time spent providing care has always been one of the key factors that accurately described the care situation (Folbre, 2006; Moen & De Pasquale, 2017). In prior studies, scholars try to answer *how much time* people dedicate to care work/care activities, *who* spends more time in care, and *when* care mostly occurs within a 24-hour period. This means that previous studies had paid attention to examining the work characteristics of caregiving, such as the type of care activities and the intensity of care work. By linking time use and care work studies, lively discussion on the burden of caregiving time has been contributed by scholars, and even the public has recognized how hard and stressful family caregiving can be (Craig, 2006; England, 2005; Folbre, 2006, 2012). In this sense, to estimate the time spent on care, many assumed that a positive attitude towards care is already given in the care context under the guise of care responsibility (Finch, 1989). Therefore, the level of motivation for care or the direction of one's attitude towards elder care and how that changes over time has been left uncharted in the field.

To better understand the family caregiver situation in Korea, we will likely to introduce 'hours of care' among family caregivers in two different ways in this study: the actual time one spends caring for elderly family members and the hours of time that one would prefer

to spend caring for elderly adults (preferred time). The actual hours of care address the total length of time spent on care. The preferred hours of care represent the intention of desirable care hours for their sake.

We have drawn interesting arguments related to these two measures of care time from recent labour studies. Specifically, with respect to paid work hours, they address that individual preferences for the length of work cannot always be met. This unmet need in hours of labour is related to the time-division syndrome, in which some work for an excessively long amount of time while others work for too few hours in the labour market (Costa, 2000; Jacobs & Gerson, 2004; Reynolds, 2004). Additionally, prior studies note that the degree of mismatch—the discrepancy between the desired amount of work time and the actual amount of work time—reflects one's perception of work-life balance and quality of life (Reynolds, 2003, 2004; Stewart, & Swaffield, 1997). This notion of mismatch in work hours may reflect workers' conflict in their work-life sphere.

Applying this work hour mismatch concept to work experience, we argue that it could open up a new series of interesting questions related to time use in the care context. For instance, are people able to take care of the elderly as much as they want? How are family caregivers addressing the elderly care situation? Are they spending more time working excessively? What is their time experience with caregiving? Can we find an “optimal amount of time” for care in the caregiving context? However, in previous time-use studies, this willingness to care for elderly adults or the length of time that family caregivers actually have available to provide care has been neglected in the discussion, and neither the literature on attitudes towards elderly care nor discussions on changes in recent social norms have paid much attention to how much time has been spent caring for elders.

From the 2018 Family Survey for Elder Care data, we employed specific question items designed to measure the actual time and preferred time spent providing care among family caregivers. As mentioned above, many believe that the perceived responsibilities and willingness to care for elderly individuals among family members seem to be sharply decreasing. Considering such attitude changes in recent decades, we assume that the discrepancy between actual versus preferred time for elderly care may be large, which may result in adverse outcomes on the well-being of family caregivers. Additionally, this study tries to examine the different types of care hour mismatches in elderly care settings and to provide detailed knowledge on the experience of family caregivers.

Korean elderly care context

We observe dramatic changes in attitudes towards family care in recent Korea. Currently, only 27% of Koreans agree that the family is responsible for elderly family member care, according to 2002-2018 national social statistics (Kim, 2019). However, the number of family members needing care has increased in the midst of the rapid population aging in society. The middle-aged group of Korean society is becoming a true “sandwiched generation”, supporting both unmarried children and elderly parents together (Han, Cha,

and Min, 2018). Based on recent statistics from the Korean Institute for Health and Social Affairs(KIHASA), Kim (2019) revealed that households comprising those in their 50s and 60s spend approximately 18% of their total income supporting their children and elderly parents.

To respond to this urgent care response from families, long-term care insurance for the elderly (LTCL) has been expanded since it was launched. The statistics of the LTCL programme show a stiff increase in care provision for supporting the daily lives of the elderly who suffer from physical and mental ailments (National Health Insurance Service, 2019). In addition to in-home care services or in-facility care by LTC, public care support programmes have recently been launched and expanded by local governments to help elderly households. For example, the “Elderly Total Care Service in the Community” programme was started in 2018. In early 2019, the “Center for Social Service” (also called Social Service One) opened in four major metropolitan cities/provinces (Seoul, Gyeonggi-do, Daegu, and Gyeongnam-do) to support care workers (childcare, elder care, and disabled care workers) and care facilities¹. The centre also attempts to evaluate the care conditions of elderly households and develop tailored community care programmes.

This article attempts to identify the role of family in-home care and how family members take part in the changing elderly care setting in terms of the time spent providing care. Therefore, the recent context of the expansion of the public care provision context will be taken into account in this research.

In this study, we attempted to reveal whether there are different patterns in elderly caregiving. To do this, we used four items of time pressure as well as two actual and preferred time measures for conducting the typology analysis.

Summing up the previous studies, we address the following research question for analysis.

- 1: How many hours do family caregivers (hereafter caregivers) spend engaged in elderly care, and how large is the mismatch between actual time spent versus preferred time?
- 2: By using actual/preferred time for care and four other time experience indicators, how do types of care vary in elderly care settings? What are the characteristics of each type?
- 3: Can we find the optimal type for elderly care in terms of a caregiver’s time experience?

¹ <https://wis.seoul.go.kr/hope/societyService.do>

2. METHODS

2.1 DATA AND SAMPLE CHARACTERISTICS

We utilized the data of family caregivers who take care of elderly members in the family from the 2018 Family Survey for Elder Care for analysis. Data were gathered from a nationwide sample of family members who serve as the main caregivers to their elderly parents. We define “the main caregiver” as a person currently living with an elderly parent who takes full responsibility for their care situation. Alternatively, the main caregiver may live apart from the elderly parent, visit at least three times per week and provide more than 2 hours of care work for the elderly parent per visit. The number of family caregiver respondents providing care work to elderly family members in our data was 501. The description of the sample is presented in Table 1.

Table 1: Sample characteristics

			Frequency /mean	Percent/ SD
Caregiver	Sex	Male	76	15.26
		Female	425	84.74
	Relationship with elderly	Spouse	79	15.77
		Children or siblings	422	84.23
	Age group	30s-40s	111	22.15
		50s	229	45.71
		60+	161	32.14
	Education	High school and below	408	81.56
		College and above	93	18.44
	Employment status	Employed	152	30.40
		Not employed	349	69.60
Elderly recipient	Sex	Male	214	42.7
		Female	287	57.3
	Health status	Fair	52	10.45
		Bad to worse	449	89.55
	Mean age		81.27	6.97
	Living arrangement	Live together	310	61.95
		Live apart	191	38.05

2.2 MEASUREMENT

Care time-related variables: We have four major variables in this study and the important characteristics of family caregivers that were evaluated.

- **Actual care time** was measured by asking the following question: “How often do you care for your elderly family member on weekdays and weekends (number of days per week (weekday/weekend)), and what is the average number of care hours spent on a caregiving day (weekday/weekend)?” Based on this measure, we calculated the actual care hours performed per week.
- **Preferred care time** was measured by asking “If you could choose, how often would you care for your elderly family member on weekdays and weekends (number of days per week (weekday/weekend)), and what is your preference for the average number of hours spent providing care on any given day (weekday/weekend)?” We summed up the days and the hours of care work and calculated the preferred number of care hours per week.
- **The gap between actual and preferred care time** was calculated by subtracting the actual care time from the preferred care time.
- **Time pressure items in 4 domains** display how family caregivers experience time in subjective ways. As we have measured actual and preferred care time in hours, these time pressure measures were used to obtain a better estimation in the latent class analysis (LCA) model. To measure time pressure, the survey asked the same question in each of the five domains: “To what extent do you feel that there is a lack of time spent (each domain)?” These five domains include sleeping, doing housework, socializing, and enjoying leisure activities. All five items were measured on a 5-point Likert scale (not at all=1, very much=5). For analysis, we used 4 domains of time pressure, excluding caring for others, because the actual and preferred care time already addresses care.

To estimate the optimal type of care, we examined the two sets of items that indicate the quality of life measures, which are life satisfaction and care satisfaction.

- **Life satisfaction and care satisfaction** were estimated to consider the quality of life of the family caregiver. Life satisfaction was measured by asking “Generally, are you satisfied in your overall life?” (5-item scale; very unsatisfied=1, very satisfied=5). For care satisfaction, we asked the respondents the following question: “Are you satisfied with the current care arrangement for your elderly family member?” (5-item scale; very unsatisfied=1, very satisfied=5).

We also used various items in the survey to evaluate the current situation of elderly care. Items were grouped into three different characteristics, such as items related to elderly recipients, items indicating the characteristics/conditions of the family caregiver, and items describing the care setting/slight information about care history.

- **Characteristics of elderly recipients:** sex or age of the recipient, health status, LTCI grade, assistance needed, amount of time spent alone
- **Characteristics of the family caregiver and the household:** sex, age, educational attainment, and employment status of caregivers were examined. At the household level, information about financial changes, financial burden, living arrangements, relationship quality with the elderly individual, duration of caregiving, and whether or not a sub-caregiver was present in the house was also taken into account when the caregiver's condition was assessed.
- **Care setting and condition:** information on issues such as how the care tasks were shared among family members, financial support from others, and the use of public services were included. Last, being a sole caregiver, multitasking, receiving gratitude from others, and perceived responsibility were included in the analysis.

The descriptive variables used in this study are presented in Table 1. The basic information on actual and preferred time is displayed in the results section in Table 2.

3. RESULTS AND FINDINGS

3.1 HOURS ACTUALLY SPENT VS. HOURS PREFERRED FOR ELDERLY CARE

According to Table 2, family caregivers spend, on average, approximately 8 hours a day providing care to elderly family members on caring days, or approximately 50 hours a week. However, the average preferred number of hours for care is 24 hours per week, which is half of the actual care hours. Given that regular paid workers in Korea are regulated to have a maximum of 52 hours of work per week, it is obvious that family caregivers spend more hours working than average paid workers do.

Table 2: Descriptive Statistics of Care Time and Time Pressure of Family Caregiver

		Mean	SD
Actual hours spent caring (AT)	Weekdays (per day)	7.79	222.74
	Weekends (per day)	7.51	226.75
	Total (per week)	50.79	27.81
Preferred hours spent caring (PT)	Weekdays (per day)	4.53	160.04
	Weekends (per day)	3.8	183.63

	Total (per week)	24.57	18.51
Gap between AT and PT		26.24	23.57
	Lack of sleep time	2.81	0.96
Perceived time pressure in the five domains of daily life (1-5 scale)	Lack of time to care for others	2.92	1.01
	Lack of time for housework	3.11	0.93
	Lack of time for socializing	3.55	0.96
	Lack of time for leisure activities	3.46	0.92

The difference in actual and preferred care hours is approximately 26 hours per week, on average. On a daily basis, it was revealed that caregivers wished to decrease their caregiving time by 4.5 hours on the weekdays, while these hours decreased even further on the weekends. This indicates that the average caregiver is performing double the amount of care work than they want to perform. The gap seems to be slightly larger on weekends than on weekdays, which means that caregivers wished to spend less time providing care on weekends than on weekdays.

3.2 LATENT CLASS ANALYSIS

This time, we produce a potential group of care work cases in terms of care time. To apply the latent class analysis (LCA) model, we used six items altogether, including actual and preferred care time and four-time pressure items, to render the model. Before running the model, to synchronize the scales that were used for better estimation, we converted the actual and preferred care time variables into 5-category variables, dividing them by quartiles. As mentioned above, the actual time for care was almost double the preferred amount of care time; each measure of care time represents only the distribution within the measure, and it cannot compare across measures. The LCA model results are displayed in Table 3 and the Appendix.

Table 3 displays the LCA results with the different models we tested. We concluded that model 3 was the best fit for classifying these item distributions. Prior studies incorporating the LCA model suggested that numbers of classes can be examined by comparing the AIC, BIC, and entropy scores. The best model can be obtained when a certain model shows lower AIC and BIC index scores, accompanied by high entropy scores. According to Table 3, we selected model 4 with five classes as the best-fitting model in this study. Table 4 presents the overall description of these five types of family caregivers that emerged from the care time indicators. Additionally, we examined how the gap displays differently by each type of care. In fact, we were able to detect a few cases of underperforming caregivers whose gap between actual care hours and preferred care hours is negative (less than zero). However, it seems that the number of those cases was too small to be sorted as an individual group.

Table 3: Model estimation and comparison

	# of classes by model	Obs.	df	Log likelihood	AIC	BIC	Entropy
Model 1	3	501	26	-4026.34	8084.68	8194.31	0.82
Model 2	4	501	33	-3967.06	8000.13	8139.28	0.88
Model 3	5	501	40	-3638.32	7356.65	7525.31	0.92
Model 4	6	501	47	-3656.22	7406.45	7604.64	0.89
Model 5	7	501	54	-3630.98	7369.98	7597.67	0.87

Table 4: Descriptive of the Five Classes

	Freq.	Percent	Actual care time (per week)	Preferred care time (per week)	Gap (per week)	Free time (per day)
Class 1	76.13	15.2	40.91	26.93	13.98	138.18
Class 2	137.72	27.49	47.47	24.41	23.06	137.37
Class 3	140.15	27.97	52.19	24.62	27.56	126.74
Class 4	72.82	14.53	51.22	21.40	29.82	112.29
Class 5	74.18	14.81	64.05	25.46	38.59	109.99

In Table 4, we present the description of the five classes. The most dominant class in terms of size was Class 3, followed by Class 2 and Class 1. Table 4 shows that Class 1 and Class 5 show the exact opposite situation in elderly care. Class 1 displays a higher score for preferred care time than does any other type, and Class 1 also experience relatively lower scores for time pressure in their daily lives. This means that they are less likely to sacrifice their daily lives due to care work. Additionally, the gap was the smallest among others, and they tend to enjoy more free time than others, which means those who are in Class 1 seem to synchronize care hours as they wish.

Class 5, however, presents the highest score for actual care time and the highest scores for all four domains of time pressure measures; furthermore, the gap in Class 5 was the widest. We can recognize Class 5 as an extreme over-caring type, as these individuals sacrifice their free time. Classes 2, 3, and 4 were situated in the middle of Classes 1 and 5. We choose Class 3 as a reference group, and it was used when we compared this class with others.

3.3 DIFFERENCES IN THE CARE CONTEXT BY TYPE

As we examined the care context by each type of care (see Table 5), we were surprisingly able to find more similarities than the differences among our 5 groups. Class 1 and Class 5 were distinct from the other groups in terms of LTCI grade, elderly living arrangements, caregiver age, caregiver employment status, use of public services, and sharing of overall care tasks. The results show that Class 5, the most sacrificing type in terms of time use, tends to live with elderly family members, partly because elderly family members have severe ADL/IADL limitations and because elderly care receivers are unlikely to spend more than 3 hours per day alone. This severe condition among elderly adults seemingly results in the pooling of all resources because almost 70% of caregivers are already living with the elderly care receiver and utilize public services for assistance more than other types of caregivers are. In fact, scores indicate that in Class 5, other family members tend to help with financial problems and with various tasks to take care of the elderly family member. Nevertheless, the main caregiver spends more than 64 hours per week caring for elderly members.

Table 5: Care Context by Care Hour Type (% , mean)

		Class 1	Class 2	Class 3	Class 4	Class 5
100.00 % total		15.20 %	27.49 %	27.97 %	14.53 %	14.81 %
Elderly recipient's age (mean)		81.45	80.81	80.99	80.98	82.73
Gender of elderly adult (%)	Male	36.22	42.48	47.46	39.46	43.96
	Female	63.78	57.52	52.54	60.54	56.04
LTCl grade (%)	Very severe (grade 1-2)	5.40	5.91	5.77	14.78	10.83
	Some limit (grade 3-5, dementia)	51.96	43.73	55.19	48.41	54.00
	Mild limit (off-grade A, B)	5.26	4.47	4.96	5.41	10.93
	No limits	37.38	45.89	34.08	31.40	24.25
Health status (%)	Fair to good	19.94	15.91	6.46	2.83	5.55
	Bad to worst	80.06	84.09	93.54	97.17	94.45
Elderly alone time per day (mean, hours)		8.87	4.86	6.05	6.09	4.71
Caregiver's age (mean)		55.85	56.15	58.43	53.68	56.69
Caregiver's sex (%)	Male	19.34	16.91	15.47	13.27	9.59
	Female	80.66	83.09	84.53	86.73	90.41
Caregiver as a spouse (%)		13.16	13.04	22.86	10.96	14.86
Caregiver's employment rate (%)		47.58	30.55	21.10	32.38	28.16
Family income level (mean, range 1-16)		7.74	7.87	6.51	7.81	7.07
Family caregiver as a yoyanbohosa (%)		9.25	5.84	6.55	6.78	10.83
Improved finances after caring for elderly (mean, range 1-5)		2.88	2.78	2.80	2.59	2.54
Living arrangements (%)	Live together	50.01	56.92	67.08	64.17	71.70
	Live apart	49.99	43.08	32.92	35.83	28.30

Duration of care (mean, years)	4.82	3.79	3.65	3.73	5.09
Multitasking (mean, range 1-5)	3.08	3.18	3.62	3.66	4.02
Alone care (mean, range 1-5)	2.81	3.05	3.43	3.38	3.63
Use of public services (%)	38.38	26.22	27.98	39.63	44.25
Financial support from other kin members (%)	53.77	44.06	50.02	50.65	48.48
Perceived responsibility in elderly care (mean, range 0-100)	68.87	71.43	72.61	68.82	78.96
Another family caregiver's contribution (mean, range 0-100)	27.00	26.37	23.44	22.46	20.96
# of total sharing tasks with other family members (mean)	2.04	2.31	2.23	2.37	2.23

On the other hand, caregivers in Class 1 in our sample are relatively young, and the employment rate is higher in this class than in others. The care recipient—the elderly adult—of this type can remain alone for approximately 8 hours, meaning that they are likely to enjoy more independence; nevertheless, their mean age is approximately 81 years old, which is not very different from the ages of other elderly adults. We initially assume that if the mismatch gap is not large, those types may utilize public services more than other groups or pool their family resources to manage their care hours to achieve their desired results. Such trends were partly evident in our analysis. The living arrangement of living apart from the elderly family member was the most distinct feature of Class 1, which means that the caregiver visits the elderly household from time to time and may help with various chores. Additionally, the score on other family caregiver contributions and financial support was relatively high compared to that of other groups. The scores on the use of formal (both public and private) services were moderate, yet it implies that they do try to compromise all resources to take care of elderly family members, which actually helped the caregivers manage their gap better than others.

Class 3, our reference group, was situated in the middle of Class 1 and Class 5 in almost every aspect of the care context. One distinct feature of Class 3 is that the caregiver is likely to be the spouse of the elderly recipient, thus presenting a higher mean age and being the oldest among all caregivers. Furthermore, their employment rate is the lowest. Additionally, for Class 3, the household income level was relatively low compared to their counterparts. They reported that their time pressure was not very high, while the percentage of public service use was relatively low. They were also more likely to manage elderly care alone. Class 3 caregivers' duration of care indicates that this arrangement began relatively recently.

3.4 OPTIMAL HOURS FOR CARE: DOES IT TRULY EXIST?

We also questioned whether an optimal length of time or a match between the actual time spent providing care and the desired time spent providing care is possible in the context of caring for the elderly. We estimated the quality of life of caregivers by five classes to indicate the current well-being of caregivers and how they show various outcomes by type. The reference group was again Class 3, and we tried to identify the mean difference in life satisfaction and satisfaction with the current care arrangement indicator while controlling for the relevant factors (we used caregiver gender, age, level of education, employment status, and living arrangement). As shown in Figure 1, regarding life satisfaction, Class 4 and Class 5 significantly displayed lower levels of life satisfaction than Class 3 did. However, the mean scores for Class 1 through Class 3 were not significantly different after adjustments were made for demographic factors. In Figure 2, we can recognize that Class 1 displays the highest mean scores among the 5 groups, while Class 5 shows the lowest mean scores.

Figure 1: Marginal means for life satisfaction by caregiver type

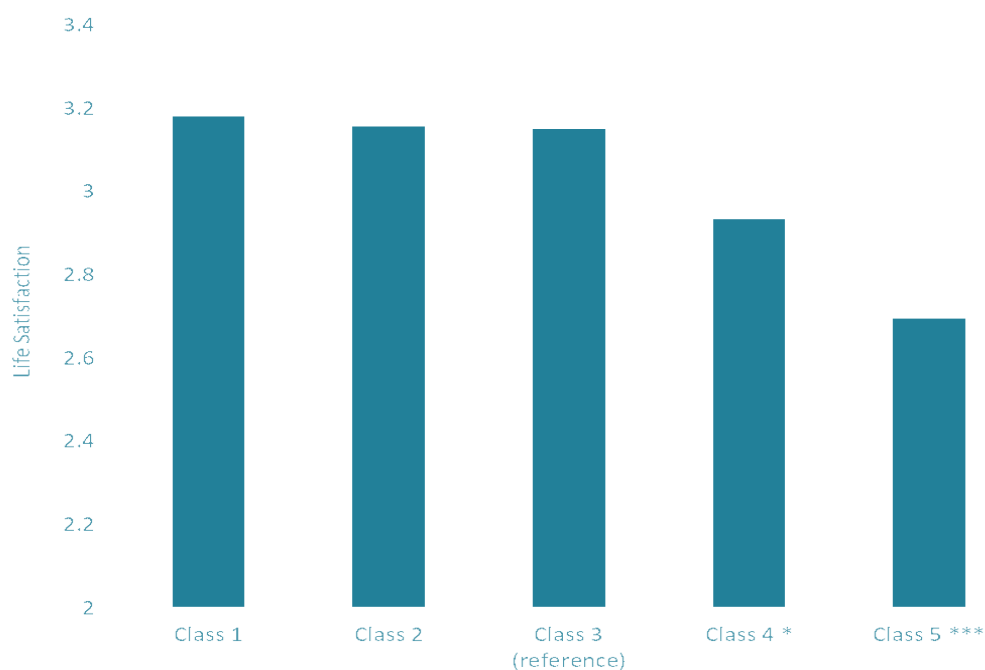
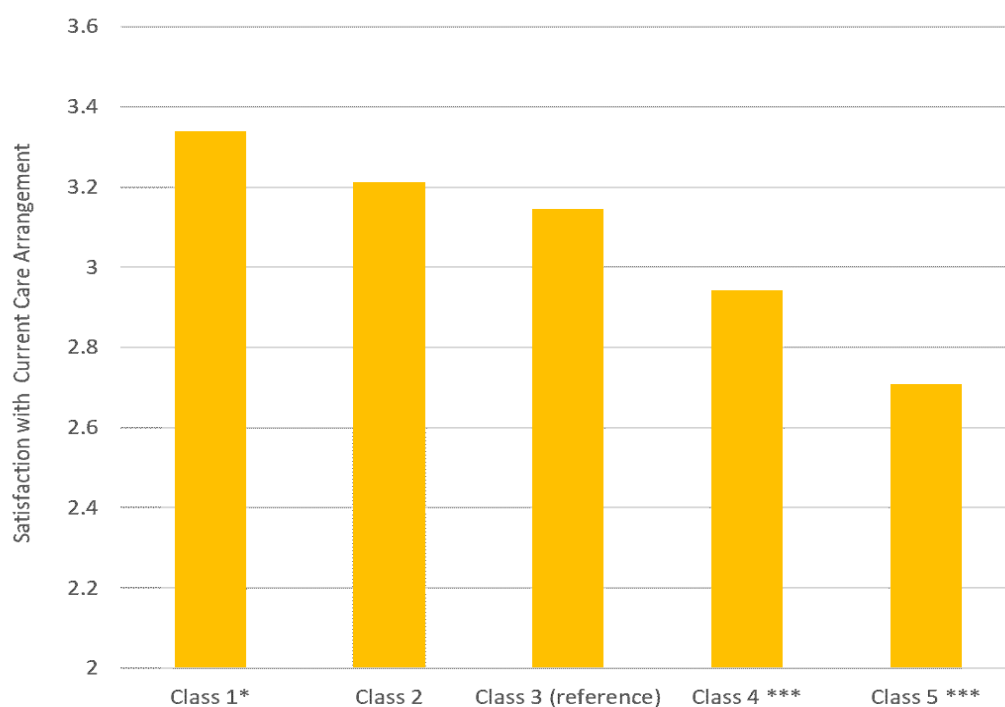


Figure 2: Marginal means for satisfaction with current care arrangement by caregiver type



Note: Marginal means were calculated after OLS regression was conducted. The dependent variable was life satisfaction (5-point Likert scale), and we controlled for the caregiver's sex, age, employment status, and living arrangements.

Over-caring situations, such as those observed in Class 5 or Class 4, are characterized by the family caregiver spending many hours performing care-related tasks. However, they are not doing this alone. Caregivers of this type try to pool all resources, such as utilizing an outside service and seeking help from other family members with financial assistance as well as important care tasks. Nevertheless, the caregiver needs to devote their full attention to the patient. In many cases, this is because the elderly care recipient has a serious health condition, so the care providers have no choice but to take full responsibility for the provision of care.

According to such findings, Class 1, which exhibits the smallest gap, turned out to experience shorter care hours, more free time on a daily basis, and less time pressure. This finding indicates that Class 1 can be recognized as our 'matched type.' We assume that this type comprises 'commuting caregivers', i.e., family members who help elderly family members with their daily needs. By visiting them often, they may help with a variety of chores, such as housework, hospital visits, and other necessary errands (Eun & Kang, 2019). The elderly care recipient of Class 1 is quite old and fragile according to the information in Table 5; however, the recipient does not report a serious health condition; thus, they are able to live independent lives. Nevertheless, family caregivers may need to stand by and pay constant attention to elderly members on a daily basis because the Class 1 family

caregiver already spends approximately 40 hours per week providing elderly care. This group is not necessarily from a well-off family or a group that can afford various public services to assist them, but its members tend to share among other family members. Therefore, we conclude that Class 1 is not necessarily an optimal type but rather could more accurately be described as being in a 'manageable' situation.

We speculate that these five types of care arrangements appear to represent the sequential process of elderly care, from making regular care visits until the last stage in which elderly care recipients constantly need a caregiver to 'be there' next to the recipient. Based on our results, one possible solution for the heavily burdened Class 5 group is to reduce their caring hours to match their needs, i.e., an average of 40 hours of care, shared responsibility with others, and care work split into several projects, which is another level of negotiation for these families to discuss.

4. CONCLUSION

We started this research with suspicion, asking "What is the role of the family in elderly care when public care provisions are expanding?" After taking a glimpse into the elderly care situation, we conclude that family is always there from the beginning to the end. Even though more people believe that the government should participate in the care of elderly family members when such care is necessary, a significant portion of care work is still provided by family members.

The manner of coexistence between formal care and informal care for the elderly has been suggested to be divided into four formats: supplementation, complementarity, substitution, and task specialization (Ward-griffin and Marshall, 2003). Considering the four types of coexistence, what is the current role of formal care in the elderly care setting in Korea? We need to consider our results, that caregivers in Class 5 and their families had already directed most of their efforts and resources towards caring for their elderly family members. What can be left for them to do?

Even though the LTC coverage has expanded over the past several decades, the social provision still seems to remain in the supplementation position in this elderly care climate. When people responded in the social survey that "it is the government's responsibility to care of the elderly," this statement needs to be understood properly. They seem to mean that "social intervention really should take any kind of action before the family fails." For this reason, it is necessary to avoid the perception that providing care within the family is a natural role that is played in the family every day. At a certain stage of elderly care, social interventions may need to provide 'care' for both elderly family members and family caregivers as 'care recipients.'

REFERENCES

- Başlevant, C., & Kirmanoğlu, H. (2014). The impact of deviations from the desired hours of work on the life satisfaction of employees. *Social Indicators Research*, 118(1), 33-43.
- Böheim, R., & Taylor, M. P. (2004). Actual and preferred working hours. *British Journal of Industrial Relations*, 42(1), 149-166.
- Glazer, N. Y. (1990). The home as a workshop: Women as amateur nurses and medical care providers. *Gender & Society*, 4(4), 479-499.
- Bonsang, E. (2009). Does informal care from children to their elderly parents substitute for formal care in Europe? *Journal of Health Economics*. 28(1): 143-154.
- Choi, H.K. (2009). Social care for elderly and the quality assurance in care services. Seoul: Jipmoondang.
- Choi, H.K. (2010). A Study on 'Good Care' perceived by direct care workers of nursing facilities. *Korean Journal of Gerontological Social Welfare* 48, 48(2), 31-58.
- Costa, D. L. (2000). The wage and the length of the workday: From the 1890s to 1991. *Journal of Labor Economics*, 18(1), 156-181.
- Craig, L. (2006). *Contemporary motherhood: The impact of children on adult time*. New York: Routledge.
- Craig, L., & Brown, J. (2016). The multitasking parent: Time penalties, dimensions, and gender differences. In *The economics of multitasking* (pp. 33-59). New York: Palgrave Macmillan.
- Dahl, Hanne Marlene. 2017. *Struggles in (Elderly) Care: A Feminist View*. London: Palgrave Macmillan.
- England, P. (2005). Emerging theories of care work. *Annual Review of Sociology*, 31, 381-399.
- Finch, Janet. 1989. *Family Obligations and Social Change*. Cambridge: Polity Press.
- Folbre, N. (2006). Measuring care: Gender, empowerment, and the care economy. *Journal of Human Development*, 7(2), 183-199.
- Folbre, N. (Ed.). (2012). *For love or money: Care provision in the United States*. Russell

- Sage Foundation. Jacobs, J.A., & Gerson, K. (2004). The time divide: Work, family, and gender inequality. *Journal of Industrial Relations* 41(1): 149–66.
- Kim (2019) The Double Care Burden and Policy Implications for Middle-aged and Older Heads, *Health and Welfare Form*, May, Korean Institute for Health and Social Affairs.
- Moon, H., Cha, S-E., & Eun, K. (2018). Care and time: An interpretation on the multidimensional meaning of caring time in Korea. Paper presented at 40th Annual Meetings of International Association of Time Use (IATUR) at Budapest (24. Oct, 2018)
- Moen, P., & DePasquale, N. (2017). Family care work: a policy-relevant research agenda. *International Journal of Care and Caring*, 1(1), 45-62.
- National Health Insurance Service (2018) *The Long-Term Care Insurance Statistical Yearbook*. Junju: National Health Insurance Corporation.
- Pijl, M. (1994). When private care goes public. An analysis of concepts and principles concerning payments for care. In A. Evers, M. Pijl, and C. Ungerson (eds) *Payments for care. A comparative overview* (3-18).
- Razavi, S. (2007). *The political and social economy of care in a development context: Conceptual issues, research questions and policy options* (No. 3). United Nations Research Institute for Social Development.
- Reynolds, J. (2003). You can't always get the hours you want: Mismatches between actual and preferred work hours in the US. *Social Forces*, 81(4), 1171-1199.
- Reynolds, J. (2004). When too much is not enough: Actual and preferred work hours in the United States and abroad. In *Sociological Forum* (Vol. 19, No. 1, pp. 89-120). Kluwer Academic Publishers-Plenum Publishers.
- Stewart, M.B. and Swaffield, J.K. (1997) 'Constraints on the desired hours of work of British men', *The Economic Journal*, 107(March): 520–35.