



Differences in the Experiential Well-being of Hispanics and Non-Hispanics Engaged in Elder Care

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Abstract

Little attention has been given to how Hispanics differ from non-Hispanics in the well-being they experience while engaging in elder care. This paper uses the 2012 and 2013 American Time Use Surveys (ATUS) and their corresponding Well-being Modules (WBM) to examine how elder care is associated with experiential well-being and how this differs for Hispanic and non-Hispanic caregivers. The sample is limited to regular caregivers for the elderly as defined in the ATUS. Ordered probit models are estimated for several measures of experiential well-being, separately for Hispanic and non-Hispanic subsamples. These measures include how meaningful an activity episode is for a respondent, and how happy, sad, tired, in pain, and stressed they felt during the activity. Standard controls, including health status of the respondent, are included as regressors. Results suggest that, while Hispanics reported a greater psychic benefit (happiness and meaning) when engaging in elder care compared to other daily activities, they also reported higher sadness levels when caring for household members. Although the direct cause of sadness cannot be identified, these conflicting results are consistent with the literature suggesting that, even though Hispanics value collectivistic culture traits, such as familism and have positive caregiving examples from family members, they also have weaker support networks and are reluctant to report burden.

Keywords Hispanics · Experiential well-being · Elder care · Household members · Culture traits

Introduction

Hispanics represent 18.3% of the United States population and are the second fastest growing minority population in the U.S. after Asian Americans (Flores et al., 2019). In addition, the share of older Hispanics is projected to more than double between 2010 and 2050, from 7.1% to 19.5% of all older Americans (ASA, 2011), and over 20% of the 44 million unpaid family caregivers in the US are of Hispanic origin (Herrera et al., 2013; NHCOA, 2017). This increasing Hispanic proportion of both the caregiving and elderly

populations requires attention from researchers given the health disparities in these vulnerable populations, such as higher comorbidities, lower insured rates, and more limited access to healthcare (Cadet et al., 2020; National Academies of Sciences, 2016; NHCOA, 2017; Rote & Moon, 2018; Vincent & Velkoff, 2011). Yet, this caregiver group remains relatively understudied (Gallegos, 2014; Suro, 2005).

Caregiving is different for Hispanics. Nearly 4 in 10 (36%) Hispanic households have at least one family caregiver compared to only 29% of households nationally (Caregiver Action Network, 2009). In addition, Hispanic family caregivers engage in more caregiving hours per week than non-Hispanics, are more likely to share their home with their care recipient, and are more likely to engage in high-burden caregiving tasks, such as personal care assistance, activities of daily living, and medical tasks, compared to non-Hispanic caregivers (AARP and NAC, 2020; NHCOA, 2018). Hispanic caregivers and their families are generally not reached by mainstream caregiving education efforts or available programs such as training in personal care activities, service availability outreach campaigns, and mental health counselling and often do not know how to access

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them (NHCOA, 2017). Even when eligible for services, Hispanics are not accessing them due to inadequate outreach, lack of knowledge, language barriers, guilt and feelings of failure, considering some of these services useless and culturally incompetent, and delaying too long to get help (Angel & Angel, 2015; Ayalong, 2004; NAC and AARP Public Policy Institute, 2015; NHCOA, 2017). Compared to non-Hispanic Whites (24%) and Asian Americans (23%), Hispanic caregivers reported a much lower percentage (14%) of paid and unpaid help (AARP and NAC, 2020). They also reported (26%) having no source of caregiver help or available information compared to 17% of African American and 12% of Asian American caregivers (AARP and NAC, 2020). They underutilize long-term care and face higher rates of chronic disease, health disparities, and socioeconomic disadvantages (Evercare & National Alliance for Caregiving, 2008; Fabius et al., 2020; Herrera et al., 2008; NHCOA, 2017).

The goal of this paper is to examine how elder-care activities compare to other daily activities in terms of the unpaid caregiver's well-being, paying particular attention to how the well-being measures related to unpaid caregiving differ for Hispanic and non-Hispanic caregivers. Unpaid caregivers include relatives and friends who assist with personal needs, household chores, managing finances, arranging for outside services, and visiting the care recipient regularly (AARP and NAC, 2020). Using data on randomly selected activity episodes of regular caregivers that are provided in the American Time Use Survey (ATUS) and its associated Well-being Modules (WBM), a series of ordered probit models are estimated, one for each measure of well-being. These measures include how happy, sad, tired, in pain, and stressed a caregiver reports being while engaged in an activity episode. They also include a measure of how meaningful the activity is to the caregiver. Key explanatory variables are two indicator variables, one for whether the randomly selected activity episode is caring for a household adult, and one for whether the activity episode is caring for a non-household adult. These indicator variables are mutually exclusive. That is, an activity episode can only be recorded as caring for a household adult or caring for a non-household adult. The reference category to which the marginal effects for these variables are compared includes any other daily activities that are not caring for any adult. Results suggest that, while Hispanics reported a greater psychic benefit (happiness and meaning) when engaging in elder care compared to their other daily activities, they also reported higher sadness levels when caring for household adults. The data do not provide further information about the source of the sadness. However, even though Hispanics value collectivistic culture traits such as familism (Campos et al., 2019; Sabogal et al., 1987) and have family examples of positive caregiving experiences (Angel & Angel, 2015; Ayalong, 2004),

they also have weaker support networks (Phillips & Crist, 2008; Valle et al., 2004) and are reluctant to report burden (Anthony et al., 2017; Evans et al., 2012). We will further develop these ideas in the next section.

Hispanic Caregivers: Cultural Factors and Support

It is common for Hispanics to believe that the needs of the family are more important than the needs of individuals, a belief known as familism (Sabogal et al., 1987) which is an example of collectivism. Collectivistic cultures and values may translate into greater caregiving expectations towards family members (Gonyea et al., 2016), especially because some Hispanics only see themselves as relatives fulfilling their assistance duties instead of relatives who are also unpaid caregivers (Holton, 2017). Thus, Hispanics may not seek help with caregiving tasks out of shame for not having satisfied their family duties or because they do not perceive formal support services for caregivers and their recipients to be culturally adequate (Dilworth-Anderson et al. 2002).

However, familism is just one of several cultural factors needed to understand caregiving among Hispanics. Behaviors such as role-modeling assistance to loved ones may be more powerful caregiving influencers (Angel & Angel, 2015; Ayalong, 2004; Friedemann & Buckwalter, 2014; NAC & AARP Public Policy Institute, 2015). Moreover, the term "Hispanic" overlooks the heterogeneity of Latin cultures from over 20 countries, rife with intragroup diversity, different migration histories, wealth levels, and generational family characteristics (Angel & Angel, 2015; Gallagher-Thompson et al., 2003; Gonyea et al., 2016; Losada et al., 2006).

Even if many Hispanic families believe in collectivistic and familistic values, belief does not automatically translate into behavior, for there is a difference between familism as an ideology and familism as a caregiving practice (Flores et al., 2010). Hispanics mostly and exclusively rely on some family members to fulfill their caregiving needs, but not all. Compared to non-Hispanic Whites, Hispanics underutilize formal support and have smaller, less active nonfamily networks, particularly as time goes by and caregiver support erodes (Phillips & Crist, 2008; Scharlach et al., 2006; Valle et al., 2004). Hispanic caregivers also tend to ask little help from members of their own informal support network (Dilworth-Anderson et al., 2002; Phillips & Crist, 2008; Scharlach et al., 2006; Valle et al., 2004). Perhaps they do not want to burden their families, are hiding the care recipient's illness to avoid being considered weak, or justify the lack of other relatives' caregiving involvement by claiming that they are too afraid, busy, sensitive, or sad to assist them (Ayalong, 2004). For example, one in four Hispanic caregivers reported that it would be very difficult to find someone to take on their responsibilities if they needed a break (24%), a considerably

larger proportion than the 13% of non-Hispanic caregivers answering the question affirmatively (Evercare & National Alliance for Caregiving, 2008).

Hence, compared to non-Hispanic families, family support availability among Hispanics is not necessarily guaranteed (Ayalong, 2004; Dilworth-Anderson et al., 2002; Phillips & Crist, 2008). Hispanic families are being affected by the same disruptive social forces that other groups face, such as geographical mobility, value differences between generations, households in which all adults work for pay, and declines in fertility (Angel & Angel, 2015; NHCOA, 2017). Because the social status of many Hispanics in the United States is correlated with pervasive structural inequities, such as lower access to education and health care, economic disparities might weigh more than cultural values (Flores et al., 2010).

A culturally coerced dependence on one or a few family caregivers, combined with a long delay in seeking outside assistance, may result in inadequate care and undue caregiver burden (Angel & Angel, 2015; Crist et al., 2006; Escandón, 2006; Gallagher-Thompson et al., 2003; Neary & Mahoney, 2005). Caregiver burden is defined as the strain or load borne by a person who assists a chronically ill, disabled, or elderly family member. Embedded social expectations in cultural values may put caregivers at risk for burden because Hispanic caregivers are less willing to seek help or to speak up when they are overwhelmed (Anthony et al., 2017). Hence, normative beliefs about caregiving shape the experience of the role, how burden is characterized, and how outside resources are utilized, if at all.

The word “burden” does not have an exact translation in Spanish (Anthony et al., 2017; Arevalo-Flechas, 2019). When studying Mexican Americans, Crist (2008) finds that their collectivist, familistic worldview might make it harder and culturally dystonic for these caregivers to report burden (Evans et al., 2012; Friedemann & Buckwalter, 2014; Gallagher-Thompson et al., 2003; Herrera et al., 2008). That is, instead of asking about burden, researchers may want to use other words such as “difficulties” or “worries” (Friedemann & Buckwalter, 2014). In this study, we use experiential measures of well-being which include how meaningful the activity is to the respondent and how happy, sad, in pain, stressed, and tired the respondent is when performing the activity. These may capture the idea of “burden” without actually using the word.

Data

This paper uses cross-sectional data from the 2012 and 2013 ATUS and WBM. As a nationally representative data set, the ATUS captures all the activity episodes that a person experiences over the course of a 24 hr period. A respondent to the ATUS is asked what they were doing at 4 a.m. on

the day prior to the interview and for how long (first activity episode), and then again about each subsequent activity performed (second and subsequent activity episodes). The WBM randomly selects three of these reported activity episodes per individual. For each of these randomly selected activity episodes, the WBM asks several questions to measure the experiential well-being associated with each activity episode. These include how meaningful an activity is on a scale of 0 to 6 as well as how happy, sad, tired, stressed, and in pain that person is during the activity (0 = *not at all*; 6 = *very*). An activity episode is thus the unit of observation in this study.

Using the eldercare questions in the ATUS to identify regular caregivers to the elderly, the sample is limited to the activities of regular caregivers. To identify regular caregivers, the study uses affirmative responses to the question, “Not including financial assistance or help you provided as part of your paid job, since the 1st of [fill = 3 months ago], have you provided any care or assistance for an adult who needed help because of a condition related to aging?” Those who answer “no” are not included in the analysis sample. The sample size for the analysis is 12,763 activities, and 3.93% of these are caregiving activities. This paper applies activity weights using the successive difference replicates (SDR) method (Fay & Train, 1995) so that the sample is representative of all activity episodes. In addition, these weights account for the fact that multiple activity episodes per person are included in the sample.

The dependent variables for this study are the reported well-being measures pertaining to meaning, happiness, pain, sadness, stress, and tiredness. These measures are ordered on a scale from 0 to 6, where 0 means the respondent reports no meaning, happiness, pain, sadness, stress, or tiredness when performing the selected activity and 6 means the respondent feels the activity is very meaningful or that the respondent was very happy, in pain, sad, stressed, or tired when performing the activity.

The main explanatory variables are indicator (dummy) variables for whether an activity episode involves caregiving for a household member and whether it involves caring for a non-household member. The data do not provide information about whether the recipient of such care is an elderly person. However, the sample is comprised of regular caregivers for the elderly as defined above. Examples of such caregiving activities include feeding, bathing, dressing, waking, giving medicine, doing housework, and picking up/dropping off.

The study includes other explanatory variables capturing race, age, age squared, sex, marital status, number of children in the household, the number of household members, education, labour-force status, and income. Survey wave indicator variables also are included.

The descriptive statistics for the dependent variables are shown in Table 1 for the full sample and the Hispanic and

Table 1 Descriptive statistics for the dependent variables for the full sample and the Hispanic and non-Hispanic subsamples

		Full sample	Hispanic	Non-Hispanic	
Meaning	Not at all 0	0.0548 (0.0034)	0.0445 (0.0084)	0.0561 (0.0037)	
	1	0.0300 (0.0024)	0.0413 (0.0088)	0.0286 (0.0025)	
	2	0.0632 (0.0039)	0.0630 (0.0103)	0.0632 (0.0043)	
	3	0.1318 (0.0068)	0.1108 (0.0225)	0.1344 (0.0072)	
	4	0.1512 (0.0068)	0.1129 (0.0202)	0.1559 (0.0070)	^b
	5	0.1832 (0.0083)	0.1527 (0.0315)	0.1869 (0.0085)	
	Very 6	0.3859 (0.0100)	0.4748 (0.0342)	0.3749 (0.0101)	^a
Happy	Not at all 0	0.0333 (0.0037)	0.0241 (0.0072)	0.0345 (0.0041)	
	1	0.0191 (0.0028)	0.0062 (0.0026)	0.0206 (0.0031)	^a
	2	0.0618 (0.0044)	0.0667 (0.0169)	0.0612 (0.0049)	
	3	0.1704 (0.0078)	0.1797 (0.0248)	0.1693 (0.0080)	
	4	0.1980 (0.0076)	0.1780 (0.0315)	0.2005 (0.0080)	
	5	0.2501 (0.0097)	0.2156 (0.0255)	0.2543 (0.0100)	
	Very 6	0.2674 (0.0096)	0.3298 (0.0335)	0.2597 (0.0094)	^b
Pain	Not at all 0	0.6203 (0.0101)	0.6638 (0.0356)	0.6150 (0.0106)	
	1	0.0890 (0.0064)	0.0824 (0.0187)	0.0898 (0.0064)	
	2	0.0807 (0.0052)	0.0638 (0.0153)	0.0828 (0.0055)	
	3	0.0768 (0.0052)	0.0695 (0.0173)	0.0777 (0.0056)	
	4	0.0606 (0.0045)	0.0564 (0.0145)	0.0611 (0.0047)	
	5	0.0485 (0.0043)	0.0366 (0.0109)	0.0500 (0.0045)	
	Very 6	0.0241 (0.0026)	0.0276 (0.0066)	0.0236 (0.0028)	
Sad	Not at all 0	0.7274 (0.0097)	0.7536 (0.0286)	0.7242 (0.0101)	
	1	0.0792 (0.0058)	0.0463 (0.0109)	0.0833 (0.0063)	^a
	2	0.0726 (0.0053)	0.0777 (0.0137)	0.0719 (0.0058)	
	3	0.0566 (0.0046)	0.0543 (0.0151)	0.0569 (0.0047)	
	4	0.0339 (0.0030)	0.0332 (0.0091)	0.0339 (0.0031)	
	5	0.0174 (0.0026)	0.0154 (0.0054)	0.0176 (0.0028)	
	Very 6	0.0129 (0.0017)	0.0195 (0.0058)	0.0121 (0.0018)	
Stress	Not at all 0	0.4441 (0.0115)	0.4386 (0.0337)	0.4448 (0.0116)	
	1	0.1205 (0.0064)	0.1174 (0.0213)	0.1209 (0.0065)	
	2	0.1277 (0.0058)	0.1114 (0.0167)	0.1297 (0.0062)	
	3	0.1187 (0.0074)	0.1754 (0.0359)	0.1117 (0.0068)	^c
	4	0.0913 (0.0059)	0.0688 (0.0172)	0.0940 (0.0059)	
	5	0.0585 (0.0048)	0.0467 (0.0109)	0.0600 (0.0051)	
	Very 6	0.0392 (0.0039)	0.0417 (0.0113)	0.0389 (0.0041)	
Tired	Not at all 0	0.2523 (0.0091)	0.2253 (0.0230)	0.2556 (0.0095)	
	1	0.0964 (0.0052)	0.0831 (0.0181)	0.0981 (0.0054)	
	2	0.1555 (0.0064)	0.1646 (0.0227)	0.1543 (0.0066)	
	3	0.1778 (0.0068)	0.1561 (0.0255)	0.1805 (0.0068)	
	4	0.1539 (0.0063)	0.1579 (0.0216)	0.1534 (0.0067)	
	5	0.1017 (0.0054)	0.1324 (0.0231)	0.0979 (0.0053)	
	Very 6	0.0625 (0.0042)	0.0805 (0.0154)	0.0602 (0.0043)	
N		12,763	1249	11,514	

Data source is the 2012 & 2013 ATUS & WBM. The proportions are shown alongside the standard errors, which are in parentheses. Activity-level, replicate weights are applied

^aindicates significant differences between the Hispanic and non-Hispanic subsamples at the 1% level

^bindicates significant differences between the Hispanic and non-Hispanic subsamples at the 5% level

^cindicates significant differences between the Hispanic and non-Hispanic subsamples at the 10% level

non-Hispanic subsamples. Table 1 shows that approximately 40% of activity episodes are very meaningful, while only 6% are not meaningful at all. In about 27% of activity episodes, individuals describe themselves as very happy, while in only 3% of activity episodes individuals describe themselves as not happy at all. The percentage of activity episodes that make individuals report not at all in pain, sad, stressed, and tired is about 62%, 73%, 44%, and 25% of activity episodes, respectively.

Table 1 also shows that 48% of activity episodes for the Hispanic subsample and 38% for the non-Hispanic subsample are very meaningful. This is a statistically significant difference. In addition, in about 33% of activity episodes for the Hispanic sample and 26% of activity episodes for the non-Hispanic sample, the doer reports being “very happy.” This also is a statistically significant difference. There are no other statistically significant differences between samples in the well-being measures.¹

Table 2 contains the descriptive statistics for the explanatory variables for the full sample and for the Hispanic and non-Hispanic subsamples. For the full sample, 2.61% of the activity episodes involve caring for a household member and 1.32% of the activity episodes are caring for a non-household member. For the Hispanic and non-Hispanic subsamples, caring for a household member constitutes 4% and 2% of all daily activity episodes, respectively. Thus, Hispanics are twice as likely to be participating in a caring-for-household adult activity episode on their diary day than non-Hispanics. Caregiving activities for non-household adults constitute about 1% of selected activities for each subsample.

Model

The paper estimates an ordered probit model for each of the six measures of well-being as follows:

$$WBM_i^* = \beta_0 + \beta_1 CareforHH + \beta_2 CareforNonHH + \beta_x X + e$$

$$WBM_i = \begin{cases} 0 & \text{if } WBM_i^* \leq u_0 \text{ (Not at all)} \\ 1 & \text{if } u_0 < WBM_i^* \leq u_1 \\ 2 & \text{if } u_1 < WBM_i^* \leq u_2 \\ 3 & \text{if } u_2 < WBM_i^* \leq u_3 \\ 4 & \text{if } u_3 < WBM_i^* \leq u_4 \\ 5 & \text{if } u_4 < WBM_i^* \leq u_5 \\ 6 & \text{if } WBM_i^* > u_5 \text{ (Very)} \end{cases}$$

The WBM_i and WBM_i^* correspond to the observed and latent well-being measure i (where i refers to meaning, happiness, pain, sadness, stress, or tiredness, respectively). Care for HH

is an indicator for whether the activity involves caring for a household member and Care for NonHH is an indicator for whether the activity involves caring for a non-household member. The omitted/reference category is all other daily activities that could be performed. X is a matrix of the other explanatory variables. β_0 , β_1 and β_2 are parameters to be estimated and β_x is a vector of parameters to be estimated. Marginal effects are calculated to show the associations of the explanatory variables with the observed dependent variables.

Results

Table 3 shows the ordered probit marginal effects of the two measures of caregiving on the reported well-being measures for the full sample (both Hispanics and non-Hispanics). These marginal effects are calculated for each observation and then averaged over all observations. Thus, the presented marginal effect (dy/dx) is an average marginal effect. Panel A shows the marginal effects for the caring for a household adult indicator variable and Panel B shows the results for the caring for a non-household adult indicator variable. Caring for a household adult is associated with higher probabilities of being in the two highest categories of happiness and the highest category of meaning and lower probabilities of being in all the lower categories. It also is associated with a higher probability of reporting that the activity is associated with no pain and a reduced probability of reporting any pain. Caring for a non-household adult is associated with a higher probability of being in the second highest category of happiness and a reduced probability of being in the lower categories of happiness. It is associated with a higher probability of being in the highest category of meaning and a lower probability of being in any lower category of meaning. Caring for a non-household adult results in a higher probability of reporting being not at all tired and the next lowest category of tiredness during the caregiving activity and lower probabilities of being in the higher categories of tiredness.

Table 4 shows the marginal effects of the two measures of caregiving on the reported well-being measures for the Hispanic sample. Panel A shows the marginal effects of caring for a household adult and Panel B shows the marginal effects of caring for a non-household adult. For Hispanics, caring for a household adult is associated with a higher probability of being in the highest category of meaning by 0.24 and lower probabilities of being in all the other categories of meaning. Nevertheless, it also is associated with a lower probability of being in the not at all sad category and higher probabilities of being in all the higher sadness categories. Caring for a non-household adult is associated with a higher probability of being in the highest happiness category by 0.31 and lower probabilities

¹ Collapsing the seven categories into three leads to similar results.

Table 2 Means and standard errors for the explanatory variables for the full sample and the Hispanic and non-Hispanic subsamples

	Overall	Hispanics	Non-Hispanics	
Main explanatory variables				
Caregiving for household adult	0.0261 (0.0022)	0.0406 (0.0076)	0.0243 (0.0024)	^b
Caregiving for non-household adult	0.0132 (0.0021)	0.0123 (0.0054)	0.0133 (0.0022)	
Other explanatory variables				
Hispanic ethnicity (= 1 if yes)	0.1100 (0.0081)			
White race (= 1 if yes)	0.8354 (0.0087)	0.9540 (0.0115)	0.8208 (0.0096)	^a
Age (continuous)	46.0719 (0.3926)	38.5692 (1.2968)	46.9994 (0.44044)	^a
Age is top coded dummy (= 1 if yes)	0.0284 (0.0030)	0.0100 (0.0045)	0.0307 (0.0034)	^a
Female (= 1 if yes)	0.5575 (0.0104)	0.5834 (0.0415)	0.5543 (0.0107)	
Marital status				
Married	0.5352 (0.01123)	0.4734 (0.0375)	0.5428 (0.0119)	^c
Widowed	0.0458 (0.0037)	0.0165 (0.0099)	0.0493 (0.0040)	^a
Divorced	0.1064 (0.0059)	0.0656 (0.0167)	0.1114 (0.0064)	^b
Separated	0.0115 (0.0017)	0.0216 (0.0070)	0.0103 (0.0017)	
Never married	0.3011 (0.0104)	0.4229 (0.0372)	0.2861 (0.0113)	^a
Number of household members	2.9573 (0.0363)	3.8473 (0.1336)	2.8472 (0.0344)	^a
Number of children under 18 living in the household	0.6693 (0.0248)	1.0901 (0.0961)	0.6173 (0.0245)	^a
Education				
Less than high school	0.1279 (0.0082)	0.2380 (0.0343)	0.1142 (0.0079)	^a
High school	0.2687 (0.0097)	0.3010 (0.0381)	0.2647 (0.0099)	
Some college	0.2789 (0.0096)	0.2839 (0.0405)	0.2782 (0.0101)	
Bachelor's degree	0.2102 (0.0087)	0.1072 (0.0180)	0.2229 (0.0093)	^a
Postgraduate degree	0.1144 (0.0063)	0.06981 (0.0203)	0.1199 (0.0064)	^b
Labor force status				
Unemployed	0.0682 (0.0061)	0.1180 (0.0299)	0.0620 (0.0062)	^c
Employed	0.5707 (0.0110)	0.5288 (0.0382)	0.5759 (0.0119)	
Not in labor force	0.3351 (0.0108)	0.3100 (0.0361)	0.3382 (0.0116)	
Health status				
Excellent	0.1542 (0.0079)	0.1382 (0.0224)	0.1562 (0.0085)	
Very good	0.1542 (0.0079)	0.2753 (0.0362)	0.3465 (0.0120)	^c
Good	0.1542 (0.0079)	0.3502 (0.0435)	0.3181 (0.0118)	
Fair	0.1506 (0.0086)	0.2174 (0.0310)	0.1424 (0.0086)	^b
Poor	0.0350 (0.0044)	0.0189 (0.0064)	0.0369 (0.0048)	^b
Income				
Less than \$50,000	0.4308 (0.0118)	0.5758 (0.0428)	0.4129 (0.0112)	^a
\$50,000 to less than \$100,000	0.3468 (0.0115)	0.2631 (0.0361)	0.3572 (0.0118)	^b
\$100,000 and over	0.2224 (0.0100)	0.1611 (0.0256)	0.2300 (0.0107)	^b
N	12,763	1249	11,514	

Data source is the 2012 & 2013 ATUS & WBM. The means are shown alongside the standard errors, which are in parentheses. Activity-level, replicate weights are applied.

^aindicates significant differences between the Hispanic and non-Hispanic subsamples at the 1% level

^bindicates significant differences between the Hispanic and non-Hispanic subsamples at the 5% level

^cindicates significant differences between the Hispanic and non-Hispanic subsamples at the 10% level

of being in the mid through lowest happiness categories. Caring for a non-household adult also is associated with a higher probability of being in the lowest pain category by 0.28 and lower probabilities of being in all the higher pain categories. Caring for a non-household adult also is

associated with a 0.23 higher probability of being in the not at all tired category and lower probabilities of being in the mid to highest tired categories.

Table 5 shows results for the non-Hispanic sample. Again, Panel A refers to caring for a household adult while

Table 3 Ordered probit marginal effects of caregiving on well-being: full sample

	Happy	Meaning	Pain	Sad	Stress	Tired
Panel A. Care for household adult						
0 Not at all	-0.0216 ^a (0.0038)	-0.0485 ^a (0.0039)	0.0676 ^c (0.0341)	-0.0013 (0.0328)	0.0378 (0.0408)	-0.0059 (0.0318)
1	-0.0102 ^a (0.0023)	-0.0230 ^a (0.0023)	-0.0081 ^c (0.0048)	0.0002 (0.0057)	-0.0006 (0.0013)	-0.0010 (0.0053)
2	-0.0295 ^a (0.0057)	-0.0449 ^a (0.0038)	-0.0109 ^c (0.0060)	0.0003 (0.0073)	-0.0045 (0.0053)	-0.0006 (0.0032)
3	-0.0594 ^a (0.0133)	-0.0801 ^a (0.0078)	-0.0138 ^c (0.0072)	0.0003 (0.0075)	-0.0080 (0.0088)	0.0008 (0.0040)
4	-0.0361 ^a (0.0106)	-0.0686 ^a (0.0083)	-0.0135 ^c (0.0069)	0.0002 (0.0056)	-0.0092 (0.0098)	0.0020 (0.0109)
5	0.0095 ^a (0.0032)	-0.0412 ^a (0.0087)	-0.0130 ^b (0.0061)	0.0001 (0.0035)	-0.0080 (0.0082)	0.0023 (0.0126)
6 Very	0.1474 ^a (0.0361)	0.3064 ^a (0.0289)	-0.0082 ^b (0.0036)	0.0001 (0.0033)	-0.0075 (0.0075)	0.0023 (0.0127)
Panel B. Care for non-household adult						
0 Not at all	-0.0175 ^b (0.0075)	-0.0467 ^a (0.0066)	0.0503 (0.0553)	0.0679 (0.0617)	0.0335 (0.0639)	0.1462 ^a (0.0510)
1	-0.0081 ^c (0.0040)	-0.0220 ^a (0.0045)	-0.0058 (0.0072)	-0.0134 (0.0136)	-0.0005 (0.0017)	0.0139 ^a (0.0022)
2	-0.0229 ^c (0.0114)	-0.0425 ^a (0.0098)	-0.0080 (0.0093)	-0.0159 (0.0152)	-0.0039 (0.0081)	-0.0008 (0.0045)
3	-0.0444 ^c (0.0255)	-0.0751 ^a (0.0209)	-0.0102 (0.0115)	-0.0154 (0.0141)	-0.0071 (0.0138)	-0.0293 ^b (0.0125)
4	-0.0250 (0.0178)	-0.0633 ^b (0.0237)	-0.0101 (0.0109)	-0.0109 (0.0094)	-0.0082 (0.0154)	-0.0480 ^a (0.0157)
5	0.0105 ^a (0.0017)	-0.0365 (0.0232)	-0.0098 (0.0104)	-0.0065 (0.0054)	-0.0071 (0.0130)	-0.0451 ^a (0.0125)
6 Very	0.1073 (0.0660)	0.2861 ^a (0.0865)	-0.0063 (0.0062)	-0.0058 (0.0044)	-0.0067 (0.0119)	-0.0369 ^a (0.0086)

Data source is the 2012 & 2013 ATUS & WBM. The average marginal effects are shown alongside the standard errors, which are in parentheses. Activity-level, replicate weights are applied. Each model includes the following continuous variables: age, age squared, number of household members, and number of children. In addition to the continuous variables, each model includes these indicator variables: female, education, family income, marital status, education, white, Hispanic ethnicity, labor force status, health status, and year dummies as standard controls. For brevity, the results for these controls are not shown. N = 12,763

^aindicates significance at the 1% level

^bindicates significance at the 5% level

^cindicates significance at the 10% level

Panel B refers to caring for a non-household adult. For non-Hispanics, caring for a household adult is associated with a higher probability of being in the highest happiness category by 0.17 and the next highest category by 0.01. It is associated with a lower probability of being in all the lower categories of happiness. Caring for a household adult also is associated with a higher probability of being in the highest meaning category by 0.31 and lower probabilities of being in all the lower categories of meaning. Finally, caring for a household adult is associated with a higher probability of being in the no pain category by 0.09 and lower probabilities of being in all higher categories of pain.

For non-Hispanics, caring for a non-household adult is associated with greater happiness but several of the marginal effects are statistically insignificant. Caring for a non-household adult is associated with a higher probability of being in the highest meaning category by 0.30 and lower probabilities of being in all lower meaning categories. Finally, caring for a non-household adult is associated with greater probabilities of being in the lowest tired category by 0.13 and the next to lowest tired category by 0.01. It is associated with lower probabilities of being in

all the higher tired categories as well as the two highest categories of sadness.

Discussion

Little attention has been given to examining how Hispanics and non-Hispanics differ in the experiential well-being they receive from providing unpaid eldercare in the US, despite more Hispanic households having at least one family caregiver, engaging in more hours per week, and assisting with more intensive caregiving. This paper uses the 2012 and 2013 American time use survey (ATUS) and its associated well-being modules (WBM) to estimate ordered probit models which examine how caring for the elderly affects well-being differently from other activities and how this experiential well-being differs for Hispanic and non-Hispanic caregivers. Our results suggest that, relative to other activities, caring for one or more household elderly adults is associated with higher meaningful and sadness scores for the Hispanic sample, while assisting elderly non-household adults is associated with a higher happy score, and lower pain and tired scores. For non-Hispanics, caring for elderly household adults is associated

Table 4 Ordered probit marginal effects of caregiving on well-being: Hispanic sample

	Happy	Meaning	Pain	Sad	Stress	Tired
Panel A. Care for household adult						
0 not at all	-0.0109 (0.0104)	-0.0284 ^a (0.0071)	-0.0213 (0.0624)	-0.1573 ^b (0.0587)	0.0914 (0.0717)	-0.0617 (0.0555)
1	-0.0023 (0.0023)	-0.0234 ^a (0.0073)	0.0023 (0.0066)	0.0134 ^b (0.0052)	-0.0046 (0.0060)	-0.0100 (0.0109)
2	-0.0198 (0.0199)	-0.0354 ^a (0.0092)	0.0027 (0.0080)	0.0331 ^a (0.0112)	-0.0112 (0.0108)	-0.0084 (0.0113)
3	-0.0352 (0.0385)	-0.0558 ^a (0.0183)	0.0041 (0.0119)	0.0345 ^b (0.0137)	-0.0298 (0.0246)	0.0051 (0.0037)
4	-0.0175 (0.0229)	-0.0473 ^a (0.0154)	0.0043 (0.0126)	0.0282 ^b (0.0133)	-0.0161 (0.0130)	0.0175 (0.0156)
5	0.0026 (0.0051)	-0.0442 ^b (0.0202)	0.0036 (0.0108)	0.0170 ^c (0.0086)	-0.0135 (0.0097)	0.0271 (0.0267)
6 very	0.0830 (0.0952)	0.2346 ^a (0.0596)	0.0042 (0.0127)	0.0311 ^c (0.0172)	-0.0163 (0.0105)	0.0304 (0.0334)
Panel B. Care for non-household adult						
0 not at all	-0.0239 ^a (0.0084)	-0.0150 (0.0207)	0.2761 ^a (0.0747)	-0.0545 (0.1557)	0.0659 (0.1546)	0.2314 ^b (0.1000)
1	-0.0054 ^b (0.0024)	-0.0112 (0.0168)	-0.0532 ^b (0.0222)	0.0057 (0.0147)	-0.0028 (0.0101)	0.0112 ^c (0.0057)
2	-0.0516 ^a (0.0181)	-0.0158 (0.0249)	-0.0475 ^b (0.0168)	0.0128 (0.0348)	-0.0077 (0.0202)	-0.0148 (0.0176)
3	-0.1131 ^b (0.0430)	-0.0227 (0.0394)	-0.0579 ^b (0.0208)	0.0123 (0.0344)	-0.0213 (0.0511)	-0.0442 ^c (0.0254)
4	-0.0811 ^c (0.0439)	-0.0169 (0.0318)	-0.0498 ^a (0.0174)	0.0094 (0.0281)	-0.0118 (0.0268)	-0.0636 ^b (0.0268)
5	-0.0369 (0.0409)	-0.0123 (0.0275)	-0.0350 ^a (0.0123)	0.0054 (0.0160)	-0.0100 (0.0218)	-0.0674 ^b (0.0246)
6 very	0.3121 ^b (0.1391)	0.0939 (0.1598)	-0.0327 ^a (0.0083)	0.0090 (0.0282)	-0.0123 (0.0253)	-0.0525 ^a (0.0147)

Data source is the 2012 & 2013 ATUS & WBM. The marginal effects are shown alongside the standard errors, which are in parentheses. Activity-level, replicate weights are applied. Each model includes the following continuous variables: age, age squared, number of household members, and number of children. In addition to the continuous variables, each model includes these indicator variables: female, education, family income, marital status, education, white race, labour force status, health status, and year dummies as standard controls. For brevity, the results for these controls are not shown. N = 1249

^aindicates significance at the 1% level

^bindicates significance at the 5% level

^cindicates significance at the 10% level

with higher meaningful and happy scores and less pain compared to other activities, while assisting elderly non-household adults is associated with a higher meaningful score, and lower sadness and tired scores.

Understanding Hispanic cultural values, norms, and socio-economic context is important because background and circumstances influence how groups make decisions about caregiving (Gallegos, 2014). Familism is a collectivistic construct prioritizing solidarity values and suggesting that Hispanics (among other cultures) are expected to care for their vulnerable relatives (Gonyea et al., 2016). Family-centered values often can turn caregiving into a positive experience for Hispanics because this role could be a source of personal satisfaction (Scharlach et al., 2006). Our results also suggest that personal satisfaction increases for Hispanics reporting higher happiness probabilities when assisting non-household adults and higher meaningfulness probabilities when caring for household adults.

However, values are not enough to generate positive feelings if the caregiver is strained and their support networks are weak (Lahaie et al., 2012). This may help to explain why we find higher probabilities of meaning and sadness when Hispanics were caring for elderly adults living in their households where more intensive caregiving takes place (National Academies of Sciences, 2016). In other words, Hispanic caregivers may feel caregiver dissonance: the process of adjusting to contradictions associated with caregiving experiences (Ayalong, 2004). For this reason, negative and positive aspects of caregiving should both be examined when studying Hispanic caregivers (Ayalong, 2004), especially when some do not even identify as such despite assisting multiple relatives and others cannot even admit to negative feelings because they may consider it to be culturally unacceptable (Evans et al., 2012).

Table 5 Ordered probit marginal effects of caregiving on well-being: non-Hispanic sample

	Happy	Meaning	Pain	Sad	Stress	Tired
Panel A. Care for household adult						
0 not at all	- 0.0246 ^a (0.0040)	- 0.0505 ^a (0.0044)	0.0859 ^b (0.0374)	0.0391 (0.0349)	0.0377 (0.0454)	0.0082 (0.0363)
1	- 0.0123 ^a (0.0026)	- 0.0223 ^a (0.0023)	- 0.0104 ^c (0.0055)	- 0.0076 (0.0072)	- 0.0005 (0.0013)	0.0013 (0.0056)
2	- 0.0327 ^a (0.0057)	- 0.0457 ^a (0.0042)	- 0.0142 ^b (0.0068)	- 0.0088 (0.0081)	- 0.0045 (0.0060)	0.0007 (0.0029)
3	- 0.0670 ^a (0.0132)	- 0.0830 ^a (0.0085)	- 0.0175 ^b (0.0079)	- 0.0089 (0.0079)	- 0.0074 (0.0092)	- 0.0011 (0.0052)
4	- 0.0424 ^a (0.0115)	- 0.0709 ^a (0.0096)	- 0.0170 ^b (0.0074)	- 0.0065 (0.0056)	- 0.0094 (0.0111)	- 0.0028 (0.0126)
5	0.0106 ^{**} (0.0041)	- 0.0397 ^a (0.0096)	- 0.0167 ^b (0.0067)	- 0.0040 (0.0035)	- 0.0082 (0.0094)	- 0.0031 (0.0136)
6 Very	0.1684 ^a (0.0373)	0.3121 ^a (0.0325)	- 0.0101 ^b (0.0037)	- 0.0034 (0.0028)	- 0.0076 (0.0085)	- 0.0031 (0.0134)
Panel B. Care for non-household adult						
0 not at all	- 0.0155 (0.0097)	- 0.0493 ^a (0.0068)	0.0280 (0.0575)	0.0909 (0.0607)	0.0264 (0.0672)	0.1296 ^b (0.0559)
1	- 0.0073 (0.0051)	- 0.0217 ^a (0.0044)	- 0.0030 (0.0065)	- 0.0193 (0.0149)	- 0.0003 (0.0013)	0.0135 ^a (0.0030)
2	- 0.0188 (0.0132)	- 0.0443 ^a (0.0103)	- 0.0043 (0.0092)	- 0.0212 (0.0151)	- 0.0031 (0.0084)	0.0007 (0.0040)
3	- 0.0355 (0.0280)	- 0.0802 ^a (0.0225)	- 0.0056 (0.0117)	- 0.0205 (0.0138)	- 0.0052 (0.0134)	- 0.0255 ^c (0.0135)
4	- 0.0188 (0.0181)	- 0.0681 ^b (0.0264)	- 0.0057 (0.0115)	- 0.0144 (0.0089)	- 0.0066 (0.0167)	- 0.0434 ^b (0.0178)
5	0.0119 ^a (0.0039)	- 0.0377 (0.0262)	- 0.0058 (0.0116)	- 0.0085 ^c (0.0051)	- 0.0059 (0.0144)	- 0.0406 ^a (0.0140)
6 very	0.0841 (0.0701)	0.3013 ^a (0.0941)	- 0.0037 (0.0071)	- 0.0069 ^c (0.0036)	- 0.0054 (0.0130)	- 0.0344 ^a (0.0102)

Data source is the 2012 & 2013 ATUS & WBM. The marginal effects are shown alongside the standard errors, which are in parentheses. Activity-level, replicate weights are applied. Each model includes the following continuous variables: age, age squared, number of household members, and number of children. In addition to the continuous variables, each model includes these indicator variables: female, education, family income, marital status, education, white race, labor force status, health status, and year dummies as standard controls. For brevity, the results for these controls are not shown. N = 11,514

^aindicates significance at the 1% level

^bindicates significance at the 5% level

^cindicates significance at the 10% level

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

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