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The Social and Emotional Experiences of Gen Z Who Are Caring For An Older Family Member

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Walden University

College of Psychology and Community Services

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Alisa C. Norris

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2023

Abstract

The Social and Emotional Experiences of Gen Z Who Are Caring For An Older Family

Member

by

Alisa C. Norris

MS, Walden University

BS, University of Texas

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

November 2023

Abstract

An increasing number of young people find themselves in the role of caregiver as the world's aging population continues to grow at an unprecedented rate. Despite being a relatively young generation, many Gen Zers (born in the late 1990s and early 2000s) have taken on the responsibility of caring for their aging parents or grandparents. This responsibility could have a significant impact on their daily lives, both emotionally and practically. While caring for an older relative could be a rewarding experience, it could be challenging and emotionally taxing. Gen Z caregivers face unique challenges, including balancing caring responsibilities with work, school, and social life. They are also coping with the emotional aspects of caregiving, which could be stressful and uncertain. This study was an examination of the often-overlooked struggles of eight Gen Z caregivers and highlighted their social and emotional experiences while caring for an older family member. The theory of caregiver stress and the informal caregiving integrative model were explored, which sheds light on the complex issues surrounding caregiver stress and burnout. Codes and themes from the data were determined; the themes included emotional stress, physical strain, financial strain, social isolation, and education challenges. The findings of this research have the potential to lead to positive social change by offering insight into the need for more support programs and resources for Gen Z caregivers, helping them better cope with these challenges. By understanding the unique challenges of Gen Z caregivers, a more supportive and inclusive society may be created where the needs of all generations are met.

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Dedication

I dedicate this research to my grandmother, whom I affectionately call Pammy. Her love and guidance helped shape me into the woman I am today. Although she is no longer with us in body, her spirit remains with me forever. Pammy, thank you for your love, your discipline, and your prayers. It was those prayers that kept me going through this process. You taught me Psalms 23 at a young age and instructed me to speak it whenever faced with challenges, and God would carry me through. He has and did through this journey. To my daughter Hailey and my son Hayden, you are my beginning and my end. EVERYTHING I do, I do it for you. Remember that you can achieve any goal you set your mind to. You are the best, so be the best! To my husband, Royce, thank you for your support and patience in completing my “book report.” 😊

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I want to express my gratitude towards my dissertation chair, Dr. Ethel Perry. Your encouragement and guidance have been invaluable to me throughout this journey. I feel truly blessed to have had such an amazing chair for my dissertation. Dr. Perry, your unwavering support and positive attitude were critical to the shaping of my final study. I could not have done this without you. Thank you for everything!

I would also like to acknowledge Dr. Valerie Worthington, my committee member, for her constant support and guidance during this journey. Her insights and feedback have been instrumental in the development of my research. Thank you for being a part of my committee and providing your expertise and support.

A very special thank you to my family and friends who provided encouragement as I traveled this journey. Your support means the world to me, and I am grateful for each of you, and I love you all!

Lastly, I want to express my heartfelt gratitude to the participants of my study. Your openness and willingness to share your experiences made it possible to delve deeper into this issue affecting your generation. I hope this study will contribute towards raising more awareness and support for your generation. Thank you!

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Chapter 1: Introduction to the Study

Introduction

The rapid increase in the older population would mean a greater need for caregivers. There was a substantial amount of literature on millennials and other age groups; however, the studies on Generation Z (Gen Z) and how they handle caregiving were minimal. Gen Z, also known as zoomers and post millennials, are a demographic group consisting of individuals born in the late 1990s and early 2000s (Eldridge, 2023). It was critical for us to get a better understanding of the social and emotional experiences of Gen Z informal caregivers.

There was a significant lack of research available on this topic, and conducting more studies could provide valuable insights for those who might be in similar situations. By gaining a better understanding of how caregiving impacted Gen Z members, it would ultimately help to develop better support and resources for this population. There was a significant gap in the literature on the experiences of Gen Z as informal caregivers. A review of the literature found that there was more research on the populations of Millennials and baby boomers with very few studies on Gen Z.

Many new informal caregivers in the next 10 years will come from Gen Z. Although limited, the available research indicated that it was crucial to investigate the experiences of this demographic. According to a study by Gordon (2021), Gen Z's mental and emotional well-being had worsened as a result of caregiving.

To provide support for this generation in their duties as informal caregivers the scholarly community should develop a better understanding of the social and emotional

experiences of Gen Z who are caring for an older family member. The aim of this study was to explore these experiences. The current chapter includes a discussion of the background, which provided the scope of the study and why it was needed; the problem statement, which provided the relevance of the problem; the purpose of the study, which described and provided the phenomenon of interest; the research questions; the nature of the study, which provided reasoning for the design, described key concepts and gave a brief summary of how data were collected and analyzed; definitions; assumptions; scope and delimitations; limitations; significance; and the summary. The chapter concluded with a transition to the literature review presented in Chapter 2.

Background

There has been considerable research that focused on the caregiving experiences of millennials and other age groups. A recent report from the American Association of Retired Persons (AARP) detailed the diversity of millennial caregivers and their experiences, noting that they were one-fourth of the 40 million caregivers in the U.S. (Millennial Family, 2018). While these numbers were significant, there was an understudied population that has been neglected: Gen Z. Gen Z is one of the fastest growing populations of caregivers, with more than half of new caregivers were from Gen Z. Despite this, their roles as caregivers were not being considered, according to a study by Embracing Care (Peralta, 2022).

It was important to research the experiences of Gen Z because they were at a critical stage in their development. They were beginning to explore and make choices that would ultimately shape their lives. Gordon (2021) noted that emotional and mental health

issues have increased for 72% of this population. Caregivers in this population have been shown to perform lower in school and have more challenges both psychologically and emotionally (Becker & Sempik, 2019). Understanding how caregiving affects Gen Z's social and emotional status would help create better tools and resources that would help support them in their roles as caregivers. There was limited research on this topic; however, further studies were needed to comprehend the challenges caregivers faced in this population. Additional research will help to better understand Gen Z's experiences as caregivers.

I addressed the gap of minimal literature on the social and emotional experiences for this population ranging in ages 18-25 who were caring for older family members. I examined the physical, educational, financial, social and emotional stress of caregiving and its effects on the Gen Z population.

Problem Statement

Advances in technology and ever-changing social and demographic trends noted an increased need for more caregivers. The advancements in technology, including AI, have significantly and positively impacted public health, nutrition, and healthcare. The benefits of these developments have led to longer lifespans and an overall improvement in the quality of life for individuals through increased physical activity, support for independent living, disease management, and strengthening social connections. The trend in growth of the older population indicated that those aged 65+ would increase by 21% by the year 2050 (Capistrant, 2016).

There was ample research on millennial and baby boomer caregivers; however, limited numbers of studies have been conducted on Gen Z (18- 25 years). Bacharz and Goodmon (2017) indicated that individuals who were 25 years or older and were caregivers for chronically ill family members experienced psychological stress. Hebdon et al. (2022) also indicated that millennial caregivers experience stress related consequences because of caregiving. However, Grenard et al. (2020) noted that young adult caregivers between the ages of 18 and 25 have been largely neglected in studies on caregiving, despite comprising between 12% and 18% of the informal caregiving population in the United States.

The scholarly community does not know much about the social and emotional experiences of Gen Z members who are caring for older family members. It was essential to conduct research on the social and emotional experiences of Gen Z to gain a better understanding of how caregiving impacted them. As individuals in this population are in a critical life stage, they might be more susceptible to the stresses of caregiving. Providing them with adequate support and resources was essential to alleviate some of the burden and stress that comes with caring for a loved one.

Past research in the field of caregiving has yielded valuable insights on the role of caregiving across various age groups. The insights covered a range of important topics such as finances, support and coping mechanisms for Gen Z caregivers. Conducting studies on Gen Z caregiving experiences was beneficial in preparing and supporting them in executing the duties of these important roles. To effectively prepare future caregivers, it was crucial to gain insights from experienced individuals who have already faced the

challenges and successes of this responsibility. By doing so, I could equip upcoming generations with the necessary tools to excel in their caregiving roles while prioritizing their self-care. Additionally, these studies might reveal valuable information about support services and tools that could be developed to aid caregivers in their important work. There remains a gap in the current research on the social and emotional experiences of Gen Z who are caring for older family members. The research problem that was the focus of this study was the social and emotional effect of caregiving on Gen Z that are caring for older family members.

Purpose of Study

The purpose of this generic qualitative study was to explore the social and emotional experiences of Gen Z members caring for an older family member. The social and emotional experiences of Gen Zs caring for an older family member serve as the phenomenon of interest in this research study.

Research Question

What are the social and emotional experiences of members of Gen Z who are informally caring for an older family member?

Theoretical Foundation

The theory of caregiver stress was a theoretical framework that assumes (a) carers could adapt to environmental changes; (b) the perceptions of carers affect how caregivers react to environmental cues; (c) the adaptability of caregivers was a function of environmental stimuli and adaptation level; and (d) long-term caring might have an impact on a carer's self-esteem, physical health, enjoyment of their position as a

caregiver, and marital satisfaction (Tsai, 2003). Tsai (2003) noted a correlation between the caregiver's connection with the care receiver and the caregiver's stress level. To develop an awareness of caregiver stress, one must first grasp the objective load, social support, societal roles, disparities in race, age, gender, and interactions between caregivers. The theory related to the study and the research question because it examined a caregiver's environment, self-esteem, and physical health. These crucial factors played a significant role in developing our understanding of caregivers' social and emotional experiences. By gaining insight into these key factors, we could better equip future generations to excel in their caregiving roles and offer necessary support services and tools to aid them in their essential work.

Conceptual Framework

The Informal Caregiving Integrative Model (ICIM) is a conceptual framework that is used to investigate facets of the surroundings of the carer, the social and cultural backdrop of caring, and caregivers' beliefs about their connection with the individuals for whom they provided care, with burnout serving as the connecting factor between each of these facets and the outcome (Gérain & Zech, 2019). It was important to note that informal caregiver burnout was influenced by variables such as the caregiver's appraisal of the situation and the strength of the caregiver's relationship with the care recipient. The purpose of developing this model was to aid researchers in better understanding burnout experienced by informal carers. ICIM aligns with the research question because it examined social and emotional experiences and their contributions to burnout in caregivers through a qualitative lens. To better understand Gen Z's social and emotional

experiences, I examined each participant's perception through themes, patterns, or conclusive ideation. The semi-structured interview questions were designed to explore these experiences to understand their perspectives better and offer support services and tools to aid them in their journey.

Nature of Study

I used the generic qualitative approach to explore the social and emotional experiences of members of Gen Z who were informally caring for an older family member. The generic qualitative approach provided a clear view of these experiences and exploring Gen Z through real-life experiences supported the development of an understanding of their role as caregivers. The generic qualitative research approach did not adhere to any methodological view or standard of qualitative studies (Percy et al., 2015). This research method, according to Percy et al. (2015), is used to investigate an individual's perceptions, opinions, experiences, beliefs, or attitudes toward worldly elements. The social and emotional experiences of Gen Z who cared for an older family member was an ongoing phenomenon.

Generic qualitative research enabled the perception of Gen Z's social and emotional experiences to be studied without the concern of philosophical assumptions. The generic qualitative approach regarded their perception or awareness and provided a foundation for the scholarly community to approach Gen Z's social and emotional experiences regarding the caregiving of older family members. Data was collected via interviews with six semi-structured open-ended questions and recorded via videoconferencing (Zoom), and transcription was performed before analyzing for any

significant thematic results (Braun & Clarke, 2006). By following the six steps of thematic analysis: familiarizing oneself with the data, surveying patterns, organizing codes, identifying themes, defining categories, and analyzing data collection for report I gained valuable insight into the participants' perceptions (Braun & Clarke, 2006).

Definitions

Caregiver Stress: The emotional and physical stress of caregiving (Mayo, n.d.).

Caregiver: A person who provides direct care (as for children, elderly people, or the chronically ill (Merriam-Webster, n.d.). A person who tends to the needs or concerns of a person with short- or long-term limitations due to illness, injury, or disability (Johns Hopkins, 2023).

Generation Z (Gen Z): Term used to describe Americans born during the late 1990s and early 2000s (Eldridge, 2023).

Informal caregiving: Providing care for the daily needs of someone who is unable to care for themselves. The care might include addressing the physical and emotional needs of someone who requires continuous support and attention. The individual could be a loved one or a friend. Most caregiving occurs in the home. (Tennessee, 2023)

Assumptions

The assumptions for this study were as follows:

- Each participant understood how to answer questions connected to the study regarding caring for an older family member.

- The participant understood caregiving and caregivers and apply past and present experiences accurately.
- The study's participants were emotionally articulate regarding their social and emotional experiences in regard to caregiving for their older family member.
- Participants were from Gen Z and have experience in caregiving for an older family member.
- To gather their perceptions participants were interviewed in person or via a meeting platform.

These assumptions were necessary for the study's context to determine that I did not have any preconceived notions about the study participants or their life as they pertained to the phenomenon of interest.

Scope and Delimitations

The study's participants included individuals from Gen Z, ages 18-25, who were currently caring for or have in the past cared for an older family member. In this study, I focused on the social and emotional experiences of this population. Exclusion criteria for the study were individuals who were outside of the designated age range of 18-25 and individuals in the designated age range who were not caregivers. To keep biases to a minimum, I did not include anyone with whom I have a personal relationship. To address transferability, the context of the research was explained to each participant and was also included in the consent form.

Limitations

Limiting factors for this study included the difficulty locating this specific population of caregivers and the ability to recruit them. The fliers posted to recruit participants ensured that individuals who were selected met the inclusion criteria. Participants were questioned at their initial inquiry about the study as to how they met the study's inclusion criteria. I reduced potential biases by keeping a reflective journal during the research process.

Significance

AARP's 2020 report on caregiving in the U.S. noted as Gen Z entered adulthood, they would make up a larger proportion of the caregiving population in the U.S. (AARP, 2020). With over 40 million caregivers in the U.S., approximately one-fourth of those were from Generation Z. The global population was experiencing rapid growth and significantly increased the number of older individuals that required caregiving. With this growing demand for caregiving support, it was expected that a significant number of individuals would soon take on the role of caregiver with little preparation or training. The lack of preparedness could lead to many challenges and obstacles, making the caregiving experience overwhelming and stressful. The need for competent caregivers was only expected to grow as the number of older people continued to rise, making it imperative to address this issue sooner rather than later.

The topic was significant to the research because it provided information on caregiving and the effects that it has on members of Gen Z. This study filled the research

gap on the effects of caregiving on members of Gen Z and has the potential to influence further research on the topic. This research was necessary for positive social change because it provided information on the social and emotional experiences of Gen Z, caring for older family members. It would also result in helping to prioritize the development of effective caregiver training programs that would equip individuals with the tools and resources necessary to succeed in this critical role. The significance of conducting research and comprehending the needs of the Gen Z population was essential as it could lead to the prioritization of developing efficient caregiver training programs that equip individuals with the necessary tools and resources to excel in this crucial role. It would ensure the inclusion of individuals of all ages and will allow everyone access to essential resources for their caregiving responsibilities.

Summary

In this study, I examined the social and emotional experiences of members of Gen Z who were caring for an older family member. The methods for interview data collection were Zoom or Google Meet for members of Gen Z who served as caregivers to an older family member. It was essential to ensure that physical, educational, and financial aspects were examined along with social and emotional experiences to get a better understanding of how caregiving affects members of Gen Z. AARP noted that due to multiple commitments young adult caregivers face unique emotional and professional issues (Stern, 2020). Their report noted that of the 40 million current caregivers, six percent were members of Gen Z.

In Chapter 1, I included the background of the study, the problem statement, the purpose of the study, the research question, the theoretical framework, the conceptual framework, the nature of the study, definitions of terms, assumptions, the scope and delimitations, the limitations, the significance of the study, and a summary. Chapter 2 provided information on the history of caregiving, members of Gen Z as caregivers, and the social, emotional, physical, educational, and financial stress of caregiving.

Chapter 2: Literature Review

Introduction

Developments in science have paved the way for a longer life expectancy as well as an increase in the number of people who are older, both of which will lead to an increase in the prevalence of chronic illnesses and might give rise to a higher need for caregivers. By 2026, healthcare and long-term care systems will experience an increased demand due to the baby boomer generation reaching the age of eighty (National, 2016). Considerable research focused on the caregiving experiences of millennials and other age groups. A report from AARP provided data on the diversity of millennial caregivers and their experiences, it noted that they were one-fourth of the 40 million caregivers in the U.S. (Millennial Family, 2018). Millennial caregivers were individuals whose average age was 30.2 and were more likely to be unmarried with a lower income than the generations that preceded them (Caregiving, 2020).

Millennials were born between 1981 and 1996, while members of Gen Z were born between 1997 and 2012. While the numbers for millennial caregivers were significant, Gen Z, one of the fastest-growing populations of caregivers, has been neglected. The Global Care Well-Being Index stated that this population accounted for 60% of all new caregivers. (Gordon, 2021). Researchers on this generation are often ignored within the realm of caregiving research, despite the fact that there was a growing number of members of Gen Z who provided care for an older family member.

It was important to research the caregiving experiences of Gen Z because they were at a critical stage in their development; they were beginning to explore and make

choices that would ultimately shape their future. Young adults ages 18-24 make up about 35% of young millennial caregivers (Flinn, 2018). The Global Carer Well-Being Index conducted a study that indicated that 72% of people who identify as Gen Z report that their mental and emotional well-being had worsened due to caregiving (Gordon, 2021). Understanding the social and emotional strain that caregiving has created for Gen Z will increase awareness and support for this understudied population and perhaps also help improve the care received. Young adult caregivers encountered emotional and professional challenges because of the many responsibilities that have been placed on them (Stern, 2020).

The scholarly community does not know the social and emotional experiences of members of Gen Z who are caring for an older family member. In this literature review, I addressed caregiving, members of Gen Z as caregivers, and the relationships between caregiving and health, social stress, emotional stress, educational stress, and financial stress. Caregivers in this population have been shown to perform more poorly in school and have more challenges both psychologically and emotionally (Becker & Sempik, 2019).

The purpose of this generic qualitative study was to increase our understanding of the social and emotional experiences of members of the Gen Z population who are caring for an older family member. This study filled a significant gap in the literature by increasing our understanding of the social and emotional experiences of Gen Z individuals caring for an older family member. It also facilitated positive social change by facilitating the implementation of strategies and resources that increased the support of

this population while they are serving as caregivers by opening discussions and facilitating the implementation of these strategies.

Literature Search Strategy

In addition to Walden University's online database, literature was reviewed and integrated from the following databases: ProQuest, SAGE Premier, PsycNet, PsycARTICLES, PsycINFO, Google Scholar, Business Source Comlizedplete, ERIC, EBSCO, Thoreau, Crossref, Science Direct, and SocINDEX. I utilized literature from the search engines Google and Bing. I also obtained resources from the AARP and searched titles used during the literature review process at Walden University. The theoretical framework distribution of the literature review comprised the title searches for keywords involving *caregiving, older people, older adults, elderly, Gen Z, care gap, caregiver burden, emotional/social effects, young adults, stress, early caregiving experiences, intergenerational relationships, socioemotional development, seniors, caregiver, emerging adult, emerging adult caregivers, emerging adulthood, mental health, psychological health, physical health, education, and finances.*

The peer-reviewed journal article search included keywords such as *young adult caregivers, stress and supportive care, psychological distress, caregiver burnout, support needs, millennial caregivers, impact of caring on health and education, coping skills, family caregiving and mental health, sleep quality, and intergenerational caring.*

Publication years for the documents used in this segment ranged from 2003 to 2022.

Theoretical Foundation

The framework used for this study was the theory of caregiver stress. It was relevant to the research question and study approach because it discussed the variables that affected caregiver stress. The theory allowed me to examine the social and emotional experiences of caregivers in the understudied population of members of Gen Z. The theory of caregiver stress was developed in 1984 by Pao-Feng Tsai and was a derivation of the Roy adaptation model (RAM). The Roy adaptation model was created in 1976 by Roy as a model to describe the service of nursing to society. RAM included the constructs of input, control process, effectors, and output and suggested that every individual was capable of coping with different types of situations depending on their level of adaptation (Tsai, 2003). The model stated that individuals have four modalities of adaptation: interdependence, physiologic needs, self-concept, and role function and that adaptation happened when individuals reacted favorably to environmental changes.

The theory of caregiver stress examined the relationships between stimuli, coping mechanisms, and adapting modes. There are four assumptions of the theory.

1. Caregivers are capable of responding to changes in the environment. This assumption discussed an individual's capacity to respond to environmental change. RAM suggested that a person's ability to respond positively to their environment was determined by their life experiences and environmental stimuli (Tsai, 2003).

2. Caregivers' perceptions influenced their response to environmental stimuli. The second assumption related to caregivers' perception of the environment and how that affected their response to it.
3. The level of adaptation of caregivers was determined by their environmental stimuli and their level of adaptation. The third assumption discussed that the ability of a person to adapt to a particular environment depended on two factors: their level of adaptation and the environment in which he or she was living. In their study, Andrews and Roy (1991) noted that individuals possessed the ability to adapt. However, the degree and magnitude of their ability to adapt are influenced by their environment and life experiences (Tsai, 2003). RAM stated that if grouped effects of environmental stimuli are less than an individual's adaptation level, their responses are adaptive. At the same time, if the stimuli are more significant than an individual's adaptation level, the responses will be ineffective (Tsai, 2003).
4. Chronic caregiving has an impact on caregivers' effectors, which include physical function, self-esteem and mastery, role enjoyment, and marital satisfaction. The fourth assumption was related to caregiver effectors and noted that chronic caregiving could cause detrimental effects on the caregiver's self-esteem, physical function and role enjoyment. In this assumption, focal stimuli such as duties and tasks associated with caregiving, contextual stimuli related to life stresses and social roles, and

residual stimuli, including age, gender, and race, all play a role in perceived caregiver stress.

It was important to note that the first two assumptions were assertions made from the RAM while the third and fourth assumption were a reflection of assumptions in the RAM.

Tsai (2003) developed the theory of caregiver stress to provide a method for predicting caregiver stress and the repercussions of that stress based on demographic variables, the objective burden of caring, stressful life events, social support, and social roles. Figure 1 illustrates the distinctions between the concepts of RAM and the theory of caregiver stress. Level 1 described the RAM's concepts and Level 2 included the theory of caregiver stress concepts. The connections between RAM concepts and the theory of caregiver stress concepts were indicated to provide the requisite specificity for testing (Tsai, 2003). The structure of the theory of caregiver stress is in Figure 2.

Figure 1

Distinction Between RAM and Theory of Caregiver Stress

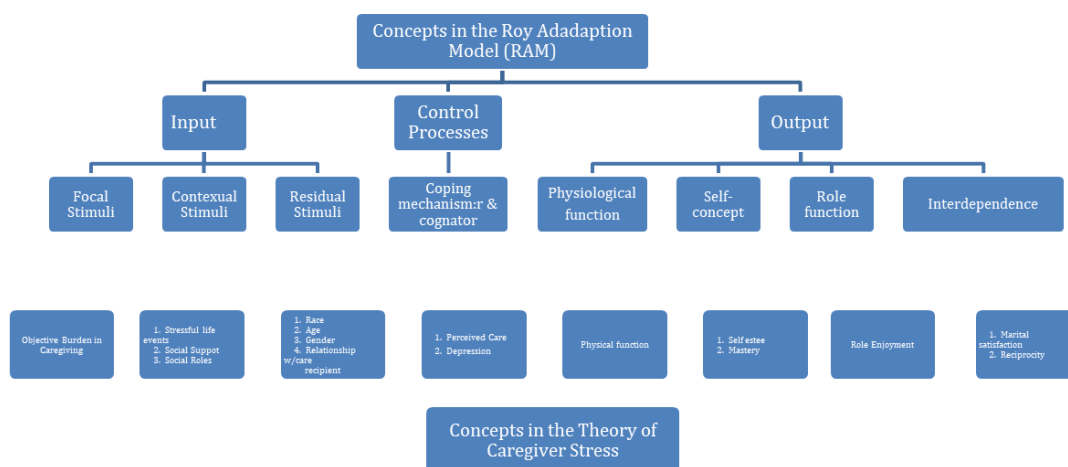
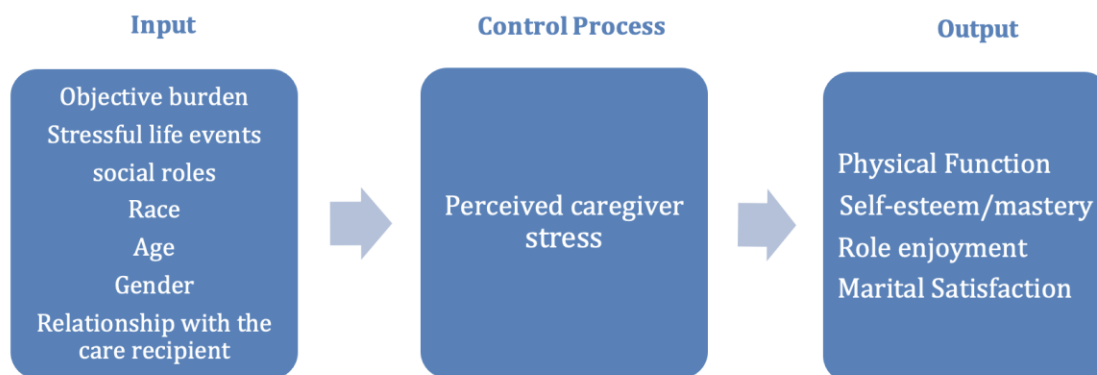


Figure 2*Theory of Caregiver Stress*

According to Tsai (2003), the theory aimed to predict caregiver stress and its consequences from demographic characteristics, objective burdens in caregiving, stressful life events, and social support and social roles. Stress and adverse health outcomes were more likely to affect caregivers who work more hours and provide more direct patient care. A consequence of objective burden is that it could activate the caregiver's coping mechanisms, which might result in them seeking resources to assist them. Residual stimuli contributed to this effector, such as age, race, gender, and relationship with the care recipient. Relational roles and finances might be negatively affected. Stressful life events could exacerbate an already stressful environment.

Caregivers who have experienced stressful life events would experience a higher level of caregiver stress than caregivers who have not experienced any stressful events (Tsai, 2003). Social support from family and friends could provide a buffer for caregivers and reduce their stress levels. The more social support a caregiver had, the lower the stress. Tsai noted that social support could enhance an individual's ability to cope or

change how they view a situation, thereby reducing stress. It was also noted that caregivers with additional social roles outside caregiving were more physically and mentally fit. As Tsai noted, roles outside of caregiving could provide instrumental or emotional support to caregivers. The outcomes for the residual stimuli of race, age, gender, and relationship with the caregiver hypothesize that race affected caregiver stress, and younger caregivers and women have a higher stress level.

The relationship between the caregiver and recipient might also affect caregiver stress (Tsai, 2003). Understanding caregiver stress required understanding objective burden, social support, social roles, racial, age, and gender differences, and caregiver/care recipient relationships. How a caregiver processed these items could affect their physical performance, self-esteem, and their sense of fulfillment as a caregiver. Gibson (2020) stated that assessing a caregiver's objective burden, stressful life events, social support and social roles, race, age, gender, and type of relationship, could result in an increased risk to a caregiver's health and stress. By increasing our understanding of the effects of focal, contextual, and residual stimuli on each caregiver's duties and responsibilities, we could determine the resources that could be used to help provide support.

Tsai and Jirovec (2005) proposed that stress could lead to depression in caregivers. Tsai and Jirovec surveyed caregivers 25 years and older who cared for chronically ill older relatives using the Americans' Changing Lives (ACL) Survey. The results indicated that stress and depression were emotional coping mechanisms, with depression mediating physical function outcomes, self-esteem, marital satisfaction, and caregiver stress (Tsai & Jirovec, 2005). Hu et al. (2016) conducted a study in Southwest

China on factors that contributed to caregiver stress among patients with heart failure, social support was considered a mediator to lessen the burden of caring. These studies provided context for my study by providing information on the social and emotional experiences of caregivers who were members of Gen Z.

This study focused on the concepts from assumption four except for marital satisfaction. Members of Gen Z valued establishing professional stability and financial independence before getting married (Lee, 2020). According to MacWilliam (2022), 75% of members of Gen Z were single. Considering that more than half of this population was unmarried, I feel this concept would yield limited to no information with regard to caregiving.

The theory of caregiver stress was essential to contributing to our understanding of the research question as it centered around the exploration of a caregiver's environment, self-esteem, and physical health. These factors were crucial in helping researchers comprehend the social and emotional experiences of caregivers. By gaining insight into these key elements, I would better prepare upcoming generations to excel in their caregiving roles and provide necessary support services and tools to aid caregivers in their vital work.

Conceptual Framework

The framework used for this study was the ICIM. This model was derived from the model of carer stress and burden and job demands resource model (JD-R), which were integral in identifying and understanding the factors that contributed to informal caregiver burnout. These models indicated that consideration should be given to the

determinants of caregivers' psychosocial characteristics and stressors within their setting. They also looked at the components, such as the caregiver's relationship with the care recipient and how burnout could be an essential factor between stressors and outcomes (Gérain & Zech, 2019).

Gérain and Zech (2019) created the informal caregiving integrative model in response to the model of carer stress and burden and JD-R considerations. ICIM viewed all the determinants as equal factors contributing to informal caregiving burnout. ICIM examined aspects of the caregiver's environment, the social and cultural context of caregiving, and the caregivers' ideas on their relationship with those they were provided care for, with burnout being the link (Gérain & Zech, 2019). This model helped increase our understanding of burnout specific to informal caregivers and assisted in guiding future research on the topic.

Multiple factors contributed to informal caregivers' burnout, as shown by analysis of ICIM components (determinants, mediators, specific outcomes, general outcomes) and their circular interactions (Bocharov & Shiskova, 2021). ICIM has been shown to be the most appropriate model for studying burnout among relatives of patients (Bocharov & Shiskova, 2021). Bocharov and Shiskova (2021) used the model to study emotional burnout in relatives caring for chronically ill people. The study concluded that further development of the conceptual framework and appropriate assessment tools were necessary for studying emotional burnout among informal caregivers. ICIM shared some of the same components as the theory of caregiver stress, but it focused more on the burnout of informal caregivers.

Literature Review Related Variables and/or Concepts

Caregiving

According to Written (2011), there are four types of people in the world regarding caregiving. These include those who have previously been caregivers, those currently acting as caregivers, those who eventually become caregivers, and those who will require caregiving services. It is important to note that individuals could fall into multiple categories throughout their lifetime. For example, someone currently a caregiver for a child might later become a caregiver of an elderly parent and eventually might require a caregiver themselves.

Caregiving could provide support, assistance, and care to someone sick, young, older, or disabled. There are two different types of caregivers: formal and informal. Formal caregivers are paid to provide services by an institution or a person (Li & Song, 2019). They are trained in various fields and perform a variety of tasks. Formal caregivers could provide care in residential facilities such as nursing homes, community facilities such as daycare centers, or in-home-based situations.

Informal caregiving could be a demanding and time-consuming activity. The services provided could span a long period and could impact the social health, emotional health, and finances of a caregiver. Many people who take on this role are ill-prepared for it and oftentimes do not have much of a choice when they do so. This might be a result of their moral or legal duty to provide care, the absence of alternative care options, or just a lack of knowledge about such options (Moral-Fernandez et al., 2018). Changes related to the role frequently have a significant impact on the lives of caregivers. Both the caregiver

and the recipient are experiencing a huge life transformation and a sense of shock.

Caregivers put their own life on hold to take care of a relative, and this responsibility could elicit a range of concerns and feelings. Moral-Fernandez et al. (2018) suggested that careful consideration should be given to selecting and preparing individuals who will serve as informal caregivers, given the demanding, lengthy, and complex nature of the care they provide to those in need. While it might be rare, it was essential to consider factors such as the caregiver's availability, skills, resources, and the care recipient's needs.

Informal caregivers do not receive compensation and are often family members or friends (Stano, 2015). While they often perform the same duties as formal caregivers, they are generally not trained and lack the skills that a formal caregiver could provide. Informal caregivers are also called family caregivers. They are an important component of the healthcare system and a crucial source to those in need of care. Informal caregivers are divided into three categories (a) young adult parents who care for their chronically ill or disabled children, (b) parents who are middle aged and care for adult children that have health conditions such as mental illness, and (c) middle aged children and spouses who are caring for older individuals. Caregiving is a role that was practiced by people of every age, socioeconomic status, race, education level, and gender and sexual orientation. The long-term care survey estimated that 3.5 million informal caregivers provided instrumental activities of daily living to recipients 65 and older (National, 2010). Caregiving could include housekeeping, laundry, transportation, giving medication, and performing medical and nursing tasks. On average, a caregiver provides 20 hours of unpaid care per week to a care recipient. Barger and Best (2021) noted that 62% of

women provide care compared to 38% of men. Nearly half of adults in their forties and fifties assisted a parent over 65, with 15% providing financial support (Sandwich Generation, 2019).

Multigenerational families have become more common. These families consisted of homes with three or more generations under one roof and where all generations assisted in caring for aging family members (Hunter, n.d.). The role of a caregiver could be very taxing and cause significant health issues for the caregiver. Financial, physical, and psychological challenges often accompany the responsibilities associated with caregiving. Women in the caregiving role have a higher rate of emotional distress than noncaregivers, and 44% have at least one or more chronic health conditions compared to noncaregiving women (Barger & Best, 2021).

Caregivers were a mainstay of support for the older generation and therefore needed more significant support to help them maintain their health, financial security, and mental well-being. The rapid growth in the need for assistance for caregivers has led to an expansion of resources to help meet the needs of individuals who served in these roles. Agencies such as the Center for Medicare and Medicaid Services have created pilot programs that served high-need, low-income older adults and allowed for the integration of long-term services, support, and healthcare (National Academies, 2016). National Family Caregiver Support (NFCS) is a federal program that provided support to caregivers. Services such as information assistance, gaining access to services, counseling education, support groups, respite, and supplemental services on a limited as-

needed basis are provided through a partnership between the States Unit on Aging (SUA) and Area Agencies on Aging (AAA) (National Academies,2016). The growing needs of the older population required that we make caregiving an integral part of our collective responsibility for caring for them.

The advantages that come with caregiving are mostly intrinsic and center on the development of relationships with more intimacy, comprehension, and value for the care receiver and/or the caregiver (Thomas-Hebdon et al., 2022). Many caregivers find enjoyment in being able to care for a loved one. The feeling of being able to give back to an individual who cared for them gives one a sense of meaning and purpose (The Surprising, 2019). It could be a way to model to the younger generation the importance of being there for those who need you and the value of family. Being in the privileged position of a caregiver allowed one to have a fresh perspective on life in general. The importance of establishing a support network for one's golden years cannot be completely appreciated until a person faced the difficulties of caring for an elderly family member. These principles might serve as a starting point for family discussions about how an individual would like to be provided for in their later years.

Caregiving is a stressful role that has left many searching for ways to cope with the daily stress and strain. Caregivers could have positive and negative coping mechanisms in response to caregiving burdens. Positive behaviors included working out and socializing with friends, whereas negative behavior were excessive drinking, drugs, and overindulgence with food. A 2020 survey noted that the pressure from caregiving

could result in many negative coping behaviors (The Impact, 2020). The survey indicated that 50% of caregivers use food as a coping mechanism, 18% use medication, and 14% cope with alcohol. Studies conducted on problem-focused coping indicated more positive results. At the same time, emotion-focused coping strategies resulted in a more negative state, with caregivers being less able to control their negative feelings. (Hawken et al., 2018). The report gave statistics for several generations, including baby boomers, members of Gen X, and millennials. However, no data was included for the coping mechanisms of members of Gen Z. According to Schultz and Czaja, assessing caregivers' needs, strengths, risks, and preferences could help increase our understanding of their availability, willingness, and capacity to assume their responsibilities (Schultz & Czaja, 2018).

Gen Z and Caregiving

As society has aged, it has become increasingly critical to address the older population's needs. The size and health status of the aging population have changed dynamically. Although most informal caregivers tend to be adult women, spouses, and children might also take on this role. There are approximately 48 million caregivers in America, with over half of those being women. Gen Z and millennials collectively account for 29% of the caregiving population (AARP Oregon, 2020). There had been a vast amount of research on the experiences of caregivers; however, studies failed to include Gen Z caregivers. To date there have only been three studies, Levine et al. (2005), Baus et al. (2005), and Crandall et al. (2014), that discussed the understudied population of emerging (young) adult caregivers. These researchers used broad terms

about caregiving by focusing on caregiving of all ages (Canell & Caskie, 2019). A study by Canell and Caskie bridged the gap by offering information on emerging adults caring for older adults and their attitudes toward the care recipients. The study also looked at the caregivers' attitudes toward older adults and how they related to their wanting to provide care in the future (Canell & Caskie, 2019). The study recruited 275 participants, ages 18-25 using Amazon Mechanical Turk (MTurk) and offered each participant compensation of \$1.00. Participants' tasks were measured by the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IAD) scales. Canell and Caskie found that the quality of interaction was a mediating factor in the relationship between ageism and the desire of young people to offer care in the future (Canell & Caskie, 2019). A more recent study was carried out by Pope et al. (2022) on the experiences of young people who were transitioning into the roles of carers. The participants in the research consisted of 22 young adults who were either now providing care or had done so in the past. During a period of 15 months, each participant took part in a semi-structured phone interview. The questions that were asked of the carers included their perspectives on caring, their goals for school and the future, their present employment situations, and the changes in their lives that have occurred since they became caregivers. The findings revealed that the lives of young people were significantly impacted when they were forced to take on the responsibility of providing care for a relative who had a handicap, a chronic disease, or a terminal illness (Pope et al., 2022).

When considering the typical caregiver, one tends to think of an older or middle-aged individual. As the older adult population increases, a growing number of young

adults will become caregivers. The United States Census Bureau reported that by 2050 there are expected to be approximately 84 million adults aged 65 years or older (Ortman et al., 2014). Many young adults found themselves thrust into caregiver roles and unsure how to handle the situation, and the unanticipated emergence of the pandemic contributed to the increase in need for caregivers. In 2020, over one in six Americans provided care for a family member or friend, with more than 3 million members of Gen Z filling this position (Altman, 2023). According to a survey conducted by Peralta (2022), around 60% of all new caregivers are members of Gen Z or millennials.

The unprecedented worldwide pandemic has helped to bring the need for support for family caregivers to the forefront. Caregivers often must place their lives on hold to care for a loved one. The number of new responsibilities could bring about various emotions. Many Gen Z caregivers noted that their emotional or mental health deteriorated during the pandemic. A survey given by The Global Carer Well-Being Index noted that the pandemic caused 72% of caregivers ages 18 to 34 to feel more burned out than prior to the pandemic (Gordon, 2021). The 2020 Report on Caregiving in the U.S., published by the American Association of Retired Persons (AARP), provided information on different types of caregivers and the challenges they faced. The report offered profiles on African Americans, Asians, Hispanics, LGBTQ, GEN X, Millennial, Student, High Intensity, No Choice, Feeling Alone and Caregiver of a Care Recipient Living in a Rural Area Carers.

It emphasized the diverse experiences and circumstances of caregivers in the United States, as well as the consequences many caregivers faced as a result of helping

family and acquaintances (AARP, 2020). It was important to recognize that every individual's caregiving journey was unique. Gen Z is the next emerging group of caregivers. With this increasing population, it was crucial that relevant information was included in caregiver profiles to properly support this group. Taking on the responsibility of caring for an older individual often becomes the primary role of an individual and could drastically alter one's day-to-day life, often taking away from opportunities to pursue higher education, a career, or even a social life (Adkins & Chan, 2021). It could be difficult to watch peers move on with their lives while you put your own on hold to assist a loved one.

Professionals from various care-related services should improve their collaborations with organizations to help identify and assist young adult caregivers (Eurocarer,2019). A caregiver's stress and challenges were further compounded by the stresses and difficulties associated with managing careers, maintaining friendships, and planning futures and families, in addition to the challenges of caring for a loved one. Younger caregivers do not often see themselves as caregivers because they take for granted that they must cover this role in their family (D'Amen et al., 2021). As the younger generation takes on the role of caring for aging individuals, they have found a limited number of resources available to them when it comes to providing support for the process. They were often placed in situations where they felt out of place and needed someone with whom they could discuss their roles' demands. Young adult carers displayed equal caregiver loads and financial pressures as compared to older adult caregivers (60–80 years old). Despite this, all groups of caregivers (young, midlife, and

older individuals) indicated continuous mental and physical stress (Koumoutzis et al., 2021).

Caregiving in early adulthood was at one time regarded atypical; however, with the aging population in the United States there were more young adults taking on the task of caregiver. In comparison, there were more than 2 million caregivers ages 18-25 in Australia who provided support to a disabled family member (Day, 2015). There needed to be more support and provisions for young adult caregivers. Having to assist in providing support for a disabled or older family member could have a negative impact on many aspects of a young adult caregiver's life. The challenges faced by the understudied younger adults ages 18-25 should be addressed. This age group was at a critical point in their life because they were trying to explore their identity while also assisting their family with caregiving needs. During this stage, it was helpful to have supportive family members. It might be beneficial to provide young adult caregivers extra attention from teachers, social workers, and health care workers during this development stage to help support them in their caregiving roles (Van der Werf et al., 2020). However, social and emotional support for the young adult caregiver might not be possible due to the health status of the person being cared for.

Studies have shown that because of miscommunication, young adults were frequently disregarded even when they expressed an interest, and the support was often not appropriate even when available (van der Werf et al., 2020). It was also found that due to a more focused study on young caregivers (under the age of 18), that young adult

caregivers (ages 18-25) needed more resources and because of the lack of advertising in university settings, they were unaware of adult caregiving organizations that might provide services that they need. (Bacharz & Goodmon, 2017).

There were many ways to support this emerging group of caregivers. Two measures of support for young adult caregivers were 1. Increase the care services for the care recipient. This included better time management by the caregiver and implementation of respite and other services; 2. Offer direct services through training and providing psychological counseling and emotional support to the caregiver (Eurocarer, 2019). The key was to provide services to young adult caregivers and care recipients and create a network of support. Young adult caregivers were often overwhelmed in their roles and generally needed access to services and support outside of their friends or family members. It was crucial to implement preventative measures that could help young adult caregivers overcome obstacles that might keep them from accessing services that were needed. Creating a flexible system that adapted to change over time was vital and necessary (Eurocarers, 2019).

Social Stress of Caregiving Family caregivers who employ social and personal creativity skills have the best health outcomes, according to Zauszniewski et al. (2022). However, it needed to be clarified if their propensity for either skill varied depending on the condition of the person they were caring for. Resourcefulness was a compilation of personal and social skills used when coping with adversity (Zauszniewski et al., 2022). Process regulators such as perceptions, thoughts, and sentiments that affected one's health

and quality of life have an impact on personal and social resourcefulness skills. These regulators, which might be cognitive, emotional, motivational, or volitional aspects, created the context for the deployment of resourcefulness skills (Zauszniewski et al, 2022).

Zauszniewski et al's study examined the connections between responses to five item pairs from the Resourcefulness scale. The reactions included worry, rage, grief, reluctance, and money problems. The study examined historical data from 234 people who cared for patients with different illnesses. The patient's condition determined the type of caregivers required. The findings showed that when caregivers were unhappy, anxious, or unsure, they resorted to social and individual creativity; however, when they were worried or handling money, they resorted to personal resourcefulness.

Providing informal care is rewarding but demanding, claim Gérardin and Zech (2019). As part of their three-part framework on caregiving and burnout, Gérardin and Zech considered the difficulties caregivers expressed and the effects of emotional exhaustion, social withdrawal, and success on caregiving. Burnout could result in physical problems and is related to the caregiver having more psychological distress and less well-being (Gérardin & Zech, 2019). Their research aimed to determine the connections between family caregiving responsibilities and emerging youth, or those between the ages of 19 and 25. Young adults with continued responsibilities were predicted to display noticeably more signs of depressed mood and anxiousness, have lower self-esteem, and use less effective coping mechanisms than their peer group who were not caregivers. Compared to noncaregivers, caregivers manifested significantly higher levels of anxiety and

depressive symptoms. The outcomes indicated that burnout depends on both the caregiver and the recipient. Caregiving skills are developed on a hands-on and trial-and-error basis. Due to their age, college students ages 18-22 have relatively little experience in caregiving. This lack of experience caused burnout sooner than in older caregivers. Top priority should be given to studies looking at how providing care affects developing young adults' psychological health.

It is not uncommon for college students to take on the responsibility of caring for elderly relatives independently or be asked to do so by family members. This not only reduced the amount of time that could be devoted to achieving life goals, but it also made it significantly more difficult to distinguish oneself from one's family, cultivate intimate relationships, and advance one's career. A study by Dellman-Jenkins and colleagues noted that college students who were caregivers had less time to participate in social activities because of their caregiving duties, which inhibited developmental tasks of forming intimate relationships, differentiating from family, and developing a career (Dellmann-Jenkins, & Brittain, 2003).

Studies have shown that providing social support to young adult caregivers does not play a role in reducing psychological distress, with higher social support being less beneficial for younger caregivers (Bacharz & Goodmon, 2017). However, it is still vital that we support the next generation of caregivers to help them better understand and serve in their roles. Studies have shown that those 18-25 felt they were either too old or too young when attending younger or older caregiver events (van der Werf et al., 2020).

Young adults ages 18-25 have become the mainstream caregivers in the U.S. With the responsibility of being a caregiver came the stress of that role. While many factors contributed to the stress of caregiving, it was found that informal caregivers experienced a significant amount of mental and physical distress. The stress that came from being responsible for another person's care might appear in a variety of ways, including emotions such as worry, despair, dread, helplessness, and burden. One of the most obvious ways this stress could be felt is in the body. According to Bacharz and Goodmon (2017), public health surveys from Sweden and Europe noted that many caregivers experienced difficulties with their physical and mental health compared to noncaregivers, with 20% of caregivers having depression.

Caregiver and Social Stress

Young adult informal caregivers have psychological and health factors and a limited amount of social support, which could contribute to stress in the role. A study was conducted on U.S. college students, ages 18-24, to show the factors that contributed to and help protect young adult caregivers from the stress of caregiving. The study showed that young adult caregivers have more psychological challenges than their noncaregiving counterparts, noted a higher rate of PTSD and depression in caregivers versus noncaregivers (Bacharz & Goodmon, 2017). There was potential for higher emotional stress in young adult caregivers versus traditional caregivers due to changes in their status as they transitioned into emerging adulthood. It was also found that young adult caregivers spend a great deal of time caring for dependent older or disabled family members.

Research offered a variety of different perspectives on how to operationalize the many types of distress. The approach that was used most often to evaluate a person's degree of emotional distress was to examine an individual's anxiety and depression. According to the findings of research on millennial carers carried out by Thomas-Hebdon et al., these individuals endured stress related outcomes because of providing care, and their various phases of development and generational norms are distinct (Thomas-Hebdon et al, 2022). The primary purpose of this research was to get an understanding of the pressures that were placed on caregivers and the conditions in which they work.

The study utilized professional caregiving organizations, social media, and ResearchMatch to recruit caregivers. The caregivers participated in semi-structured interviews and surveys with closed and open-ended feedback questions about caregiving experience and stress. According to the Stress Process Model proposed by Perlin et al., the stress that comes from providing care is caused by a network of interconnected situations that included main stressors, contextual factors, and secondary stressors (Thomas-Hebdon et al., 2022) Understanding the stress reaction of the millennial caregiver was accomplished with the help of this model, which served as the guiding framework. Caregivers in the millennium said that all sources of stress were an inherent part of their daily lives. Caregivers who are millennials have expressed anxiety about not just their own futures but also that of the people they were caring for. The surroundings, the qualities of the care receiver, and the traits of the caregiver all played a role in the backdrop and context of caring. The constant juggling of responsibilities for one's own family, one's own career, and the requirements of others was the primary cause of stress

for carers. Millennial caregivers noted that it is essential to have support from friends and family, as well as from the medical staff, the community, and both business policy and government policy (Thomas-Hebdon et al, 2022).

Young adults have found themselves more in caregiving roles due to the growth of the older population, the unavailability or lack of middle-aged caregivers, and their sense of responsibility to provide care. (Green et al., 2017). In addition, researchers Gillen and Roland examined depression in young adults aged 18-40. They found that young adult caregivers' scores were higher than the average score of 16 on the Center for Epidemiological Studies Depression Scale, which measured clinical depression (Gillen & Roland, 2011). The understudied population of Gen Z has stepped into the role of current caregivers and will continue as the emerging group of caregivers in the future. Due to the trends in aging, caregiving would become more prominent for college students.

Physical Stress of Caregiving

Caregiving is a role that many are not prepared to take on and that most are often thrust into unexpectedly. Researchers have found that family members who provide care to individuals with chronic or disabling conditions were at risk for developing emotional, mental, and physical health problems (Fordyce, n.d.). The daily activities of grooming and providing personal care to individuals unable to care for themselves could take a physical toll and lead to serious health issues for the caregiver. When caring for others, a caregiver tended to neglect their own self-care. There is a significant number of studies on caregivers of other age groups. It was suggested that millennials were an understudied age group. However, there was little to no data on the experiences of members of Gen Z

as caregivers. A study for millennials was conducted to help increase understanding of the stressors and context of caregiving for this age group.

Caregivers perform critical functions that, while important in assisting others, could be detrimental to their health. Caregiving could create emotional, mental, and physical health problems for those in this role. The daily tasks of caretaking leave caretakers less likely to eat healthily because they have limited time due to their caregiving duties. Studies have also shown that caregivers suffer from a higher rate of obesity, headaches, and acid reflux and are more likely to develop serious illnesses (Fordyce, n.d.). The physical stress of day-to-day care could cause a lower immune system and an overstressed heart. Family Caregivers Alliance noted that women who were caregivers for more than nine hours a week were more likely to report elevated cholesterol levels and high blood pressure (Fordyce, n.d.). Research had also shown that the level of stress hormones is 23% higher in caregivers, and they have a 15% lower level of antibody responses (Fordyce, n.d.). In addition, there was also an increase in developing cancer and infections.

When comparing caregivers to noncaregivers, there was a higher level of physical health problems. A study by Pinqart and Sorenson (2003) noted that caregivers had worse physical health and a higher rate of depression than noncaregivers. The 2018 BCBS Health Index reported that caregivers' physical health was impacted 26% more than that of the benchmark population (The Impact, 2020). Studies showed that caregivers who were millennials experienced a more significant negative impact on their health than those who were Gen Xers or baby boomers. The effect on health was

especially true for those who lived in Black and Hispanic communities versus communities with White majority populations (The Impact,2020).

Providing care for a loved one could affect the amount of sleep a caregiver gets. Physical and emotional problems could result from improper amounts of sleep. Young adults tended to have a more elevated stress level than older adults in the same caregiving roles. It was noted that the quality of sleep-in young adult caregivers could be affected by informal caregiving (Hoyt et al., 2020). It was found that the rate of insomnia in informal caregivers was 40-76%, much higher than in noncaregivers (Hoyt et al., 2020). The daily cortisol cycles and sleep quality of young adult caregivers and noncarers were studied to understand the overall sleep quality of young adults. Hoyt et al. investigated the level of sleep experienced by young adults who provided informal caregiving responsibilities. Participants were recruited using fliers distributed on the campuses of large public universities in the United States. Once participants were selected, they were given a motionlogger wrist actigraph to wear on their non dominant wrist for a period of seventy-two hours during the weekdays. The researchers chose this method to acquire sleep quality parameters because it was ecologically valid and noninvasive. The devices recorded activity throughout the course of three nights in a row of sleeping, with durations of one minute each. Participants were instructed to not eat, drink or brush their teeth within 20 minutes before collecting the required saliva samples for the study. Samples were collected over a three-day period at four intervals, morning, 30 minutes after waking,8 hours after waking, and bedtime. The sleep parameters indicated that caregivers had a higher rate of sleep disturbance and greater sleep latency than

noncaregivers with white caregivers having a longer sleep duration than ethnic minority caregivers. The actigraph revealed no significant difference in sleep. However, the cortisol slopes noted a flatter slope was related to a shortened sleep duration. According to Capistrant (2018), cortisol levels are higher for caregivers versus noncaregivers and decline slowly through the day (Capistrant, 2018).

A study on sleep disturbance of those living with persons with dementia had participants report how often their sleep was interrupted and how often assisting their care recipient causes interruption of their sleep within a one-month period. Individuals who were living with dementia and who had participated in the 2017 National Health and Aging Trends Study (NHATS) as well as their carers who had responded to the National Survey of Caregiving (NSOC) were included in the study. The NHATS was an annual national survey that asks Medicare participants aged 65 and older questions about their functional status, medical treatment, and cognition. The National Survey of Caregivers (NSOC) was a survey that was conducted over the phone with caregivers who supported NHATS participants with mobility, home duties, or self-care. According to Osakwe et al., 15.4% of individuals who were caregivers to someone who was living with dementia reported that their sleep was disrupted some, most, or every night in the previous month. In addition, 50% of individuals had difficulty falling asleep initially, and 44% of individuals were unable to fall back asleep after being woken. (Osakwe et al., 2022).

Liu et al (2016) conducted a similar study in China on sleep disturbances in Alzheimer's disease caregivers. The study conducted phone interviews with 309 caregivers and utilized the Pittsburg Sleep Quality Index (PSQI) to evaluate caregivers'

sleep quality and quantity for a one-month period. The PSQI had seven areas, and each area had a rating of 0-3 with a total score of 0-21. Poor sleep indicated a higher PSQI. The results of the study noted that 87.7% of the participants experienced sleepiness and 79.6% noted poor sleep quality (Liu et al, 2016). Participants stated the main reason for sleep difficulties was due to having to provide care for a recipient at night.

Sleep deprivation could cause hypothalamic-pituitary-adrenal (HPA) dysregulation, which could cause harm to the caregivers' health. When a caregiver had a stressful event, autonomic and neuroendocrine responses were coordinated from the HPA axis to help bring balance (Hoyt et al., 2020). For those who experience long-term caregiving, there was evidence of physiological changes resulting from dysregulation in cortisol patterns (Hoyt et al., 2020). The study conducted by Hoyt et al. found that lack of sleep in young adult caregivers was related to caregiving and could result in adverse emotional and physical outcomes. The demands of caregiving could move into all areas of life, especially with young adult caregivers who were transitioning into adulthood. The Hoyt et al study provided a glimpse of how caregiving could affect sleep quality in young adult caregivers; however further research on how caregiving could affect sleep in young adult caregivers and the extent to which characteristics of both the caregiver and the care recipient are affected by sleep disturbance should be conducted.

Educational Stress of Caregiving

Young adults who cared for their family members have a higher risk of performing poorly in school or college and experiencing more emotional and mental health challenges (Becker & Sempik, 2019). They often spend significant time caring for

their family members, which could negatively affect their academic performance. Young adults who were caring for a loved one are a distinct subset of individuals who were at a turning point in their life, transitioning from high school to college to the workforce. At this crucial period, any additional stress could have a detrimental influence on judgments that pertained to career choices as well as on the outcomes of examinations. Also, the amount of care offered could influence the frequency of absences and tardies (Becker and Sempik,2019).

Becker and Sempik conducted a study that examined the relationship between caregiving and education for young adult caregivers. In this study, researchers from the United Kingdom investigated the impact of caring responsibilities on education and employment and the extent of caregiving on perceived mental health problems. The study utilized an online survey that included a Multidimensional Assessment of Caring Activities (MACA) to gather educational and health experiences of young adult caregivers in the UK, ages 14-25 years. There was a total of 295 replies from diverse individuals, including 75 college students and 31 university students. Physical disability, mental disability, learning disability, long-term disease, elderly individuals, and dementia were among the degrees of impairment. The results for college participants who took the online survey noted that they had to leave class early and missed approximately 2.5 days due to caregiving duties. Fifty-five percent experienced challenges, with 17% expressing their concerns about having to leave school due to being caregivers (Becker & Sempik,2019).

In addition, 38 of the participants have attended college or university in the past. Of them, 26 had finished while 11 had to drop out due to caregiving obligations, and one had no clear explanation for their departure. The results of this study provided a glimpse into the difficulties young adult caregivers encountered as it related to their education. However, there was a need for more research to explore the frequency of absenteeism when caring for someone, circumstances that might limit a caregiver's participation in educational settings, and other factors such as mental health, the health of the care recipient, and socioeconomic status. Younger carers who suffered obstacles in obtaining higher education, occupational progression, and forming social relationships might amass social disadvantages over the course of their lives (Pope et al., 2022).

Financial Stress of Caregiving

The day-to-day responsibilities of providing care for a family member might be a burden that could put a strain on the caregiver's ability to maintain their financial stability. The repercussions for the carers' finances might be far-reaching and have long-term effects. In their joint reports, The National Alliance for Caregiving and the American Association for Retired Persons found that 27% of adult caregivers experienced moderate to high financial stress (Bacharz & Goodmon, 2017). Working family members and unpaid caregivers experienced more severe financial effects from caring for an older adult. The impact on finances could include considerable out-of-pocket expenses and loss of income due to taking time off work to care for a family member. Keita et al. analyzed the out-of-pocket spending patterns of caregivers who were either working, retired, or unemployed. Their goal was to determine whether or not

a loss in job productivity in addition to expenditures contributed to the financial strain that caregivers experience. The 2015 National Health and Aging Trends Study (NHATS) and National Study of Caregiving (NSOC) were utilized for this research, which analyzed 1763 family caregivers, 800 of whom were employed and did not provide care to their spouses. The findings indicated that employed caregivers were more likely to spend at least \$500 on caregiving compared to unemployed or retired family caregivers (Keita Fakeye et al., 2022). Met Life conducted a study and the results noted that boomers that leave their jobs early due to caregiving responsibilities lose approximately \$300,000 in lifetime income and retirement (Altman, 2023).

The 2021 Caregiving out of Pocket Costs Study by AARP noted that the typical amount spent yearly out-of-pocket is 26% of the caregiver's income, which was used for caregiving expenses (Skufca & Rainville, 2021). There was also a difference in types of expenses by age. AARP noted that Gen Z and Millennials spent a greater amount of their income and had a larger financial strain in caregiving (AARP Research, 2021). Bacharz and Goodmon's study on factors that contributed to young adult caregiver stress surveyed 44 young adult informal caregivers. The study utilized Qualtrics and participants were asked questions on the financial involvement of recipients' care and degree of financial insecurity. The study noted that caregivers might suffer when they provide physical, medical, and psychological care in addition to offering financial support for those activities and that the burden for young adult caregivers could be more significant because they lack the financial resources to care for their disabled family member (Bacharz & Goodman, 2017). As a result of having to face regular out-of-pocket

expenses, caregivers also find themselves cutting back on expenses needed for their own personal and health care. Compared with their middle-aged and older counterparts, young caregivers were more likely to have to work while caring (Flinn, 2018).

Summary and Conclusions

As we looked at caregiving, we must ask, who would care for our parents and us as we age? The fast aging of the global population will increase the number of elderly individuals requiring care. The percentage of individuals aged 65 and older was anticipated to increase to 21% by 2050 (Capistrant, 2016). By 2026, the healthcare and long-term care systems would experience an increased demand due to the baby boom generation reaching the age of eighty (National, 2016). One of the challenges of caregiving was having enough caregivers to meet the needs. It was predicted that seven to eleven percent of working adults would have participated in some form of caregiving at some point in their lives (Marquand & York, 2016).

Gen Z would be the next to take on the role as caretaker. The planning, creating, and implementing of policies and programs to ensure that they have the tools they need to perform their roles effectively should begin now. It was crucial that the support provided was flexible and minimized, if not eliminated, obstacles to accessing caregiving services. There should be consideration given to an approach that allowed caregivers to access different needs at different times. Professionals from various services should improve their collaborations with organizations to help identify and assist young adult caregivers (Eurocarers, 2019). The caregiving support system was generally centered around older adults; however, considerations should be given to incorporating more services that

support young adult caregivers. Initiatives should be developed to raise awareness in identifying young caregivers and services that could be provided to them. Organizations such as Rethink and Carers Trust have highlighted ways to support young adult caregivers' needs and experiences (Eurocarers, 2019).

Additional approaches to emphasize the concerns of young adult carers included organizing forums for this age group. Eurocarers noted that hosting carer days helped with establishing relationships between young adult caregivers in a safe environment (Eurocarers, 2019). To further raise awareness, there should be classes created by caregiving workers and networks to help train and develop the skills needed in the role of a caregiver. According to Schulz and Czaja, education and skill training enhanced the confidence and competence of caregivers to handle everyday care issues (Schulz & Czaja, 2018). Furthermore, developing websites and distributing information through all forms of media could assist in helping young caregivers feel less isolated and provide the services they needed, which could alleviate social and emotional problems. Due to caregivers' situations being uniquely different, it was beneficial to assess them to understand what services they needed. According to Schultz and Czaja the assessments of caregivers' needs, strengths, risks, and preferences could be effective in helping understand their availability, willingness, and capacity to assume their responsibilities (Schultz & Czaja, 2018).

The theory of caregiver stress addressed the challenges that were experienced by Gen Z who were caring for an older family member. Previous research on Gen Z and their experiences with caregiving was limited. Research that incorporated Gen Z in the

discussions on caregiving was even more scarce. Most of the literature focused on millennials and older caregivers. The literature reviewed in this chapter explored factors such as caregiving, social and emotional stress and caregiving, physical stress and caregiving, educational stress and caregiving, financial stress and caregiving, and the future of caregiving. The present study would fill a gap in the literature and would provide knowledge in the discipline by adding the described experiences of Gen Z who were caring for an older family member. A more comprehensive study was needed to further explore the social and emotional experiences of Gen Z who were caring for an older family member. Chapter 3 details the generic qualitative research design and the research study approach.

Chapter 3: Research Method

Introduction

The increase in the older population has led to a sharp rise in the need for caregivers. Gen Z was becoming one of the fastest-growing populations of caregivers. The ages 18-24 demographic accounts for approximately 35% of young caregivers (Flinn, 2018). However, with the increased need come a decrease in mental and emotional well-being among Gen Z (Gordon, 2021).

The purpose of this generic qualitative study was to explore the social and emotional experiences of members of Gen Z who were caring for an older family member. The social and emotional experiences of Gen Z's caring for an older family member served as the phenomenon of interest in this research study. The study was conducted in accordance with Walden University's Institutional Review Board (IRB) guidelines to ensure the ethical protection of research participants. Chapter 3 includes an overview of the participant selection, the researcher's role, methodology, issues of trustworthiness, and the summary.

Research Question

What are the social and emotional experiences of members of Gen Z who are informally caring for an older family member?

Research Design and Rationale

The study was conducted using a qualitative methodology. The term *generic qualitative research technique* referred to an approach for conducting research that adopted a qualitative mindset and made use of qualitative methods in order to gain a

deeper comprehension of some part of the human experience (Kostere & Kostere, 2021). The meaning of qualitative research had been debated by researchers, with many definitions focused on what it is not. Because the generic qualitative method was not bound by a specific standard of qualitative studies it could be used to examine how individuals perceive, react, understand and feel about elements in the world (Percy et al, 2015). When a study does not adhere to a certain theoretical framework, researchers use terms such as general and fundamental to describe the results of the study. According to Merriam (1998), the primary goal of all qualitative research is to uncover and gain an understanding of either a phenomenon or a process, as well as the perspectives and worldviews of the individuals involved. Patton (2015) defined generic qualitative inquiry as a method that might be used in the real world and involved the application of abilities to qualitative research methodologies in order to answer questions about issues that were pertinent to the situation.

Qualitative research was used to address the questions given by researchers about one or more phenomena of interest. A generic qualitative approach would help examine broad notions to develop themes by capturing subjective opinions, beliefs, and awareness. This methodology proved valuable in enabling participants to describe their social and emotional experiences in the context of caring for their older family members (Kostere & Kostere, 2021). Potential issues related to the study's topic were presented using the results of this research. The findings of this study might offer an overview that could help bring about societal change by putting into place policies that would allow for the development of resources to lessen the mental and social strain of Gen Z caregivers.

Role of Researcher

My role as the qualitative researcher was to gather the thoughts, feelings, and lived experiences of Gen Z participants who were caring for an older family member. Due to the private nature of these experiences, requesting information from participants about their experiences could be challenging. As the researcher, I was forthright about the biases I have faced and the information I was given even if it contradicted my own personal convictions. My biases included experiencing Gen Z caregivers in my home and viewing them as having had a negative impact on the caregiver. When researchers fail to recognize and resolve their bias or point of view, it might have an influence on the participants, process, result, and objectives (Stringer, 2013). To minimize bias and to be transparent I maintained a reflective notebook that described my thoughts and emotions about the study throughout the research process.

Methodology

Participant Selection Logic

The generic qualitative approach used purposeful sampling for its sampling strategy. I used snowball sampling which was a derivation of purposive sampling. Snowball sampling was also known as chain referral sampling and was based on referrals from initial subjects to generate additional subjects (Parker et al., 2019). This sampling allowed me to recruit individuals who have had experience with the phenomenon. There was minimal literature on the selected group, and I wanted to demonstrate the need to increase awareness for this population. The population that I used for my study was members of Generation Z, ages 18-25. The criterion I used to select participants was that

they were informally caring for or have cared for an older family member. Participants in this generic qualitative research study should meet the standard requirement of having personal experience with the phenomenon that was the subject of the study and be able to verbally describe their experiences (Kostere & Kostere, 2021).

I sampled eight-15 participants for my study. My rationale for that number was based on me performing individual interviews, and Kostere and Kostere (2021) noted that eight-15 participants was the sample size that was recommended when using individual interviews for data collection in a qualitative study. Participants were recruited using flyers that were posted on my Facebook and Linked In pages. The requirements of the study were specific to Gen Z. To ensure saturation was met I asked the participants to share the recruitment flyer with other possible participants based on the same criteria-based characteristics and I ensured the right sample size of 8-15 participants was achieved (Parker et al, 2019).

Inclusion Criteria

The research study included Gen Z caregivers. The inclusion criteria were participants that were young adult women and men ages 18-25, born within the years of 1997-2012, of any race, who currently care for or have cared for an older family member.

Exclusion Criteria

The exclusion criteria for this study were that individuals were younger than 18 years of age or over 25 years of age and/or do not/have never informally cared for an older adult relative. All criteria for inclusion must be met before an individual was

considered appropriate for this study. Any participant who fell into the exclusion category was not selected for this study.

Instrumentation

For the purpose of this study, I used semi structured interview questions. According to Merriam and Tisdell (2016), the flexibility of the semi structured interview allowed the researcher to respond to the unique circumstances of each situation. This adaptability could lead to a deeper understanding of the topic and the potential for new insights to emerge.

For this study, I created a semi structured interview with six open-ended questions. I used the Caregiver Health Self-Assessment Questionnaire as a guide to create the questions for my study. The Caregiver Health Self-Assessment Questionnaire was a useful tool that caregivers could use to assess their own behavior and health risks. The 18-item questionnaire was developed in the 1980s and tested by the American Medical Association and could be used with the help of healthcare providers to make decisions that benefit both the caregiver and the older person they were caring for and was also useful in assessing depression in caregivers (Epstein-Lubow et al., 2010). Additionally, the questionnaire could help healthcare providers identify and provide preventive services to those who might be at risk, but whose risks might not be visible. Overall, using the questionnaire could improve communication and enhance the healthcare provider-caregiver health partnership. An example of the questions I used as guide from the Caregiver Health Self- Assessment questionnaire were as follows: Question 4: During the

past week or so I have felt completely overwhelmed, Question 10: During the past week or so I have had sleep disturbed because of caring for my relative, and Question 14: During the past week or so I have felt ill (headaches, stomach problems or common cold).

The theory of caregiver stress was also used to assist with developing questions. Interview question one was inspired by Assumptions 1-3 of caregiver's stress theory. These three assumptions discuss the caregiver's ability to respond to environmental change. Tsai (2003) noted a caregiver's perception determined how they responded to the environment and the caregiver's ability to adapt was dependent on the stimuli within the environment. The remaining questions were created from Assumption 4 which highlighted the caregiver's effectors: physical function, self-esteem, and role enjoyment.

For the purposes of this study, I excluded marital satisfaction as it was not relevant for this population. Interview question two helped me understand the emotional stress that was experienced when caring for an older family member. There was a significant amount of stress that came with providing care for another individual. According to the findings of a pilot research study, younger adult informal caregivers had a greater risk for posttraumatic stress disorder (PTSD) in comparison to noncaregivers of the same age (Bacharz & Goodmon, 2017).

Interview Question 3 examined the physical strain of caring for an older family member. Caregiving could have negative effects on one's health. Some aspects associated with a caregiver's physical health included the behavior of the care recipient,

disability, cognitive impairment, and the amount of time spent providing care (Schulz & Sherwood, 2008). Interview Question 4 inquired about the financial strain of caring for an older family member. Financial strain was a frequent problem among caregivers. According to national surveys, many family caregivers of elderly individuals report experienced financial duress as a result of their roles as caregivers (National, 2016).

Interview Question 5 was designed to help me understand the strain caregiving had on the social life of Gen Z. Caregiving could cause individuals in this population to have minimal social interactions due to being placed in the role of caregiver (Bacharz & Goodmon, 2017). Interview Question 6 was designed to help me understand the strain on education while caring for an older family member. Gen Z members were at a critical stage in their life where they were exploring and developing their own identity. According to Becker and Sempik (2019) young caregivers reported that they struggled in school due to their roles as caregivers.

The data that were collected would present more alignment with the research question and the framework due to the semi structured questions, creating perceptions of caregiver stress. The interview was an open-ended dialogue with interview questions (Appendix A) asking about the social and emotional experiences of Gen Z who were caring for an older family member. My qualitative expert committee reviewed the instrument for consistency with the research question and content validity.

Procedures for Recruitment, Participation, and Data Collection

I posted a flyer on social media on my Facebook and LinkedIn pages. When a participant contacted me, I reached participants through the primary form of contact they

specified, whether social media, group page, or direct message. I asked them if they would share my flyer with their peers. If they had interest in participating in the study they would schedule for the most convenient time with a consent form to read and reply that they consent. I overviewed the IRB purpose at Walden University and the guidelines given to maintain confidentiality. Each participant was read the consent form to participate in the study. I used a 60-minute videoconferencing platform such as (Zoom or Google Meet) for interviewing the participant. The videoconferencing software recorded the responses with a closed captioning setup. I collected the data through videoconferencing, and a transcript of the recording was documented as well.

If my initial recruitment did not yield enough participants I had a follow-up plan to contact individuals who had previously shown interest in the study. Participants were debriefed on the purposes, goals, and outcomes of the study. The debriefing paragraph was read to the participant, and asked if there was any other information that should be considered prior to ending the study. I explained to each participant that their transcript would be emailed to them for them to review for accuracy, and allowed them the opportunity to add, remove, or edit any information.

Data Collection/Qualitative Data Analysis Plan

For the data collection, the participants were debriefed on the study's goals, purposes, and outcomes. Numbers were assigned to maintain confidentiality. I explained to each participant how vital this study was for bringing awareness in caregiving to their population. To document the participants' answers I took handwritten notes and interviews were recorded with a digital recorder. At the conclusion of the interview

process, each participant was given a thank you note. I transcribed each interview verbatim, and member checking was used to ensure the accuracy of the transcription data. I reviewed each of the transcripts and completed a preliminary coding strategy to identify first-cycle codes, second-cycle codes, categories, and emerging themes. I used the six thematic analysis steps of Braun and Clarke (2006) to identify the codes, categories, and emerging themes. Braun and Clarke (2006) indicated the six thematic analysis steps as the following.

1. Familiarizing myself with the data, which included reviewing the data several times to search for meanings and patterns that are familiar.
2. Generating initial codes by coding features of the same context and collecting the data pertinent to each code.
3. Searching for themes by sorting the codes and combining each code to determine similarities that form into themes.
4. Reviewing themes, which ensured that there was enough data to support each of the themes.
5. Defining and naming themes, which generated definitions and names for each theme.
6. Producing the report, which entailed providing an analysis of the data collection.

I analyzed the data collected to create a report. Interviews were organized through manual hand coding using an Excel spreadsheet. The themes and sub themes were

presented in the order I selected and was documented during the data analysis process, which was discussed further in Chapter 4.

Issues of Trustworthiness

The section was organized as follows: trustworthiness, credibility, transferability, dependability, confirmability, and member checking.

Trustworthiness

In this generic qualitative research, I established all elements of trustworthiness, as mentioned above. I explained and established all biases and experiences that were related to my relationship with caregivers. Reflex allowed me, as the researcher, to establish credibility, saturation, and transcription reviews. For credibility, each of the participants was emailed a copy of their transcription to check for accuracy. Saturation was accomplished by reaching out to all Gen Z caregivers I was able to access through flyers that were posted on my Facebook and LinkedIn pages. Once I sent my research flyers out, I waited to hear back from potential participants. For member checking, each participant was emailed a transcription of their interview and asked to review it for errors or inaccurate information. Phone or email was used if any adjustments need to be made to the transcript.

Credibility

Credibility was established in qualitative research projects by exhaustive member screening and use of all available resources (Braun & Clarke, 2021). For this generic qualitative research, I gathered the social and emotional experiences of Gen Z members who were caring for an older family member. Credibility was checked through member

checking. As mentioned previously, participants were emailed a copy of their transcription to review for accuracy. Feedback and changes were discussed by phone or email.

Transferability

According to Gutierrez (2021) transferability ensured that the research study applies to other research. Purposeful sampling was one of the beneficial strategies to used during transferability (Bitsch, 2005). I ensured transferability by using purposeful sampling and provided a detailed description of the context and participants.

Dependability

Dependability was essential in qualitative research to verify the relevance of the research (Creswell & Poth, 2016). Dependability was determined for this study through cross-checking of video conferences, interviews, recordings, transcriptions, and notes. New findings were possible by methods such as peer examination, data collection, and triangulation (Creswell & Poth, 2016).

Confirmability

During the research process, confirmability was required to ensure that objectivity was validating data. To confirm that the findings were objective, and the process was accurate, an auditing procedure was conducted. (Creswell & Poth, 2016).

Member Checking

Member checking ensured that the material released as a result of research study transcriptions was correct (Creswell & Poth, 2016). To assure correctness and member verification, I finished the process with member checking by sending the research study

participants the transcripts of the completed interviews. The participant conveyed the modifications that needed to be made by email, and as the researcher, I made the adjustments and checked their correctness with the person who requested the change.

Ethical Procedures

This study was conducted in accordance with Walden University's IRB and all state and federal regulations in the United States to ensure the protection of the individuals participating in the research study. Data collection began after receipt of Walden's IRB approval. Walden University's IRB Guidelines was followed to ensure that the interview questions' data were protected. I ensured confidentiality among each of the participants. The research study participants were required to provide consent, which was created by Walden University's IRB.

Treatment of Human Participants

To ensure confidentiality all participant demographic information was removed. Participants were given a consent form that explained their rights to volunteer for the research study. Participants were able to accept or decline to participate in the study. Participants were made aware that confidentiality would be maintained. Participants were made aware of the right to understand how the research data would be used. If, for any reason, a participant was unable to complete the interview, they might withdraw from the procedure at any time. A thank you card was sent to them for their willingness to participate in the study. The research study involved minimal risks; however, if a participant experienced significant distress due to their participation, they might contact the National Suicide Prevention Lifeline at 1-800-273-8255.

Treatment of Data

All the information from the study would remain confidential. Data would be kept for future research. Participants' information would only be seen by the dissertation chair and members of the committee. In accordance with American Psychological Association (2007) guidelines, confidential information would be kept for 7 years and later destroyed by permanently deleting the files forever. All data would be kept on a USB drive and uploaded to a private drive secured with a password.

Threats to Validity

To minimize threats to validity, the interview instrument and feedback from the participants would be sent to my committee. The chair and committee member reviewed the interview instrument, participant responses to the interview tool, and feedback from the interview responses. If a participant decided not to continue with the interview before it was completed, I allowed the individual to step away from the process and send them a thank you card for attempting to participate in the research study. The risks involved in the research were minimal. If the participant developed any undue stress from participating in the study, I referred them to the National Suicide Prevention Lifeline at 1-800-273-8255.

Summary

Chapter 3 explained the generic qualitative research design and approach this study employed. I selected a generic qualitative approach to obtain the social and emotional experiences of Gen Z members who were caring for an older family member. I explained the researcher's role, followed by a comprehensive review of the research

strategies and methodology. I explored the social and emotional experiences of members of Gen Z as they related to caregiving. The semi-structured interviews were self-transcribed and followed by hand-coding and completed to identify categories.

Chapter 3 addressed the research design and rationale, role of the researcher, qualitative methodology, population and sampling procedures, inclusion and exclusion criteria, instrumentation, procedures for recruitment, participation, and data collection, qualitative data analysis plan, issues of trustworthiness, trustworthiness, credibility, transferability, dependability, confirmability, member checking, ethical procedures, treatment to human participants, treatment of data, and threats to validity. The purpose of this study was to gain knowledge and understanding of the social and emotional experiences of Gen Z who were caring for an older family member. A generic qualitative approach was used to obtain in-depth awareness of Gen Z caregivers caring for an older family member. This research offered insight into the social, emotional, physical, educational, and financial stress of caregiving on this population. Information obtained from this study would possibly promote awareness for this group of caregivers.

Chapter 4: Results

Introduction

As the population of older individuals continues to grow, the demand for caregivers is also rising. It is important to note that young adults aged 18 to 25 comprise 12 to 18% of the caregivers in the United States (Grenard et al., 2020). Gen Z plays a significant role in the informal caregiving population, but there needs to be more research on this population and their approach to caregiving. It is concerning that studies are abundant on caregiving for other age groups but little to no information exists about Gen Z. Developing a better understanding of the caregiving experiences of this demographic is crucial, as approximately 60% of new caregivers belong to this group (Gordon, 2021). This generic qualitative approach aimed to explore the social and emotional experiences of Gen Z members who were caring for older family members.

One research question guided the study. Braun and Clarke's (2006) thematic analysis was used to analyze the collected data. Tsai's theory of caregiver stress and G erain and Zech's informal caregiving integrative model served as the study's theoretical and conceptual frameworks. The study's research question was as follows: What are the social and emotional experiences of Gen Z members who were caring for an older family member?

In this chapter, the results of the generic qualitative study were presented. The chapter includes the research setting and the demographics of the participants. The data collection and analysis procedures outlined in Chapter 3 and how they were utilized

during the data collection was also addressed in this chapter. Chapter 4 concluded with the descriptions of evidence of trustworthiness and this study's findings.

Research Setting

Participants in this study completed semi structured interviews via Zoom. It was essential to have a confidential environment to allow the participants to be open and honest throughout the interview. I was alone in a room behind a closed door. The platform used for the interview video calls was Zoom. Eight participants were interviewed. Each participant was asked to ensure they were in a confidential environment for the interview. No external factors influenced the participants or the research study results.

Demographics

The study consisted of eight participants who were ages 18-25 and had cared for an older family member. Participants acknowledged that they met the inclusion requirements by signing the consent form. Participants in this study were not asked for any demographic information. Participants did volunteer the state where they resided. Five participants stated that they lived in Texas, two shared that they lived in Wisconsin, and one stated that they lived in Georgia. All the participants were African American.

Data Collection

I initiated the collection process after receiving Approval Number 08-25-23-1011511 from Walden's IRB on August 25, 2023. I posted the flyer on my Facebook and LinkedIn pages and asked my contacts to send the recruitment document to their social media groups. Participants who expressed interest in participating in the study were sent

the flyer and consent form to review. All participants who responded to the email flyer confirmed they met inclusion criteria and consented to interviews by responding with the words, "I consent." I asked those who consented to the study if they would share the recruitment flyer with other eligible participants. Eight participants in total were interviewed via the video conferencing platform Zoom.

Participants were emailed a confidential Zoom link for the interview on a mutually convenient date. The research study instrument was a 30–60-minute interview guide that consisted of six questions. These questions focused on obtaining the social and emotional experiences of Gen Z members who were caring for older family members. Video interviews ranged from 15- 25 minutes. The interviews were shorter than the initial determined time due to the direct answers from the participants. The study population tended to get straight to the point with few additional comments. Each participant completed their interview in a single session. Transkriptor transcribed the video interviews.

After the interviews were transcribed, each transcript was reviewed multiple times for accuracy. Audio recordings were also reviewed multiple times and compared with transcripts to ensure accuracy. Member checking was completed by emailing each participant to review their transcripts for accuracy. The interview guide was also sent to participants if they wanted to share additional information. Seven of the eight participants acknowledged that their transcript was accurate. One participant provided additional information, which was incorporated into their transcript. There were no unusual circumstances encountered during the data collection process.

Data Analysis

I used Braun and Clarke's (2006) six step thematic analysis to analyze the data. Braun and Clark's thematic analysis involved completing a process of assigning data to codes to categorize and create themes. In the initial review of the data, 172 codes were identified. These codes were then cross-referenced between questions and were merged to identify 22 codes. As I reviewed these codes, seven categories emerged. These categories were further reduced to five themes. There were no discrepant cases in the data analysis. All participants were assigned an alphanumeric code from P1 to P8 to ensure confidentiality.

After interviews were completed and transcribed, member checking was done to ensure accuracy. As the first step, I familiarized myself with the data by reading the transcripts multiple times. I identified similarities among the transcripts in the second step to create initial codes. The coding was done manually; no other qualitative data analysis software was used to interpret the data. In steps three and four of Braun and Clark's (2006) six-step thematic analysis process, I searched for and identified initial themes and ensured that there was data to support them. , then I reviewed, refined, and organized the themes. The fifth step was to define and list the five themes that resulted from the data. In the final step of thematic analysis, I created a spreadsheet using Microsoft Word. There were no conflicting cases found in the data analysis process.

Table 1*Participant Information and Themes*

Participant	State	Environment	Theme 1 Emotional Stress	Theme 2 Physical Strain	Theme 3 Financial Strain	Theme 4 Social Isolation	Theme 5 Educational Challenges
P1	Wisconsin	Home	Y	Y	Y	Y	N
P2	Georgia	Home	Y	N	Y	Y	N
P3	Wisconsin	Home	Y	Y	N	Y	Y/N
P4	Texas	Home	Y	Y	Y/N	Y	Y
P5	Texas	Home	Y	Y	N	Y	Y
P6	Texas	Home	Y	Y	N	Y	N
P7	Texas	Home	Y	Y	Y	Y	Y
P8	Texas	Home	Y	Y	N	Y	Y/N

P = Participant Y = Yes N = No

In review of Table 1 it is notable that all participants (1-8) lived in the home with the family member they cared for. Participants 1-8 responded in the affirmative to Questions 2 and 5 which correlated to Theme 1-Emotional stress and Theme 4-Social isolation. Notably, P7's experiences were characterized by all of the themes.

Evidence of Trustworthiness

Credibility

Credibility was established by a thorough review of information in the study and comparing it to data. Moreover, credibility was established through member checking that was conducted post interview. Participants were emailed copies of transcripts to review for accuracy following interviews. Only one participant requested that additional information be added to one question. Seven participants confirmed that the transcripts accurately reflected what was articulated during the interviews.

Transferability

Transferability ensured that future researchers have the ability to replicate the study in alternate contexts or settings. Transferability was completed by providing requirements to participate in the study, ultimately creating a specific demographic and ensuring that participants met the requirements of being an informal caregiver within the desired age group. Participants provided rich and detailed descriptions of their experiences that will allow for future research regarding the phenomenon.

Dependability

I ensured that the study was referenced-checked, transcriptions were accurate, and diary notes were aligned throughout the interviews. I reviewed interview transcripts, recordings, and diary notes multiple times to ensure they aligned with the study's purpose. Each of the participant's data was examined to confirm sufficient information relevant to the research topic and phenomena.

Confirmability

During the data collection process, I engaged with the participants, ensuring their responses were complete. I asked participants to clarify statements through the interviewing process to confirm accuracy. I ensured confidentiality was respected and personal perceptions or beliefs were not shared. I was an active listener to each participant and acknowledged the information that was provided.

Results

Five themes emerged from the data analysis based on the central research question. The eight participants were given six semi structured interview questions that

examined the social and emotional experiences of Gen Z caring for older family members. The themes emerged from Gen Z's experiences as they cared for their older family members.

Theme 1. Experienced emotional stress while caring for their family member.

Theme 2. Experienced some form of physical strain while caring for their family member.

Theme 3. Financial strain was on their parents more than on themselves.

Theme 4. Social life was affected while caring for their family member.

Subtheme 4A: Concern about the well-being of their family member.

Theme 5. Encounter struggles with their education while earning for their family member.

Research Question

What are the social and emotional experiences of Gen Z who are informally caring for an older family member?

Theme 1: Experienced Emotional Stress While Caring for Their Family Member

Each participant had been an informal caregiver for their family member. When asking the participants if they had experienced any emotional stress during the time they were caring for their older family members, all participants indicated that they experienced some type of emotional stress.

P1 shared, "So, the emotional distress on me wasn't really anything that has to do with me, but it was mostly me feeling bad for the position that my dad was in."

P2 shared,

So not like on anything overboard, but I would say yes. Just kind of multitasking between wanting to be social and wanting to interact with other family members and other friends, but also academic work, and also knowing that I kind of need to help out with them and do the things I can do to assist them. Just so it's not all on my sibling shoulders and everything. Most of the stress was a natural result of taking care of an older relative but that a lot of my stress was from intentionally trying to be active in order to reduce this relative's negative interactions with other family members.

P3 shared,

Yeah, I did because, you know, it was kind of hard, you know, seeing grandma like that and not really standing at the time, why she was like that or what was causing this, you know, cuz I didn't think everybody grandmother was like that.

P4 shared,

Yeah, I experienced emotional stress, especially when my grandma would have trouble doing things. It was just a bit overwhelming at times and I would have to take responsibility for taking care of her and like making sure my brother was OK.

P5 shared,

There definitely was a lot of like, I guess emotional stress because my grandfather was dealing with dementia at the time that he was living with us, and he was on his last few months of his life and he passed away in our home.

P6 shared,

Maybe just a tad, just a little bit because I do understand. I would like to say in its entirety that basically my grandmother, you know, she's, she's ill and it's a illness that has to do with the brain and it's going to be hard for her, very hard for her to like remember loved ones and family members. So, taking all that into consideration, sometimes when caring for her and talking to her, just trying to make conversation. It doesn't happen often, but just slightly here and there.

P7 shared,

I mean, yes, I would say so, but not stressed in like the normal sense of all. I'm stressed out because there's a lot. I thought there's a lot on me. I'm just stressed for like, the general well-being of my family. I mean, I fear, I feel like I have a very matriarchal family. My grandma has just kind of always been everybody's rock and I'm just, I'm scared for her and you know what she's going through. I feel stressed out for her and I feel stressed out for the rest of my family because I have younger siblings and younger cousins and things that have really depended on my grandma for most of the time that they've been alive. So, I guess I would. I do feel stressed, but not for myself necessarily.

P8 shared,

Yes, there's a lot of emotional stress because number one, I'm an 18-year-old with a life and you have to take on this responsibility and you have to have a certain sense of maturity that you know you have to learn as you go because it's taxing to have to know that you're responsible for someone and that's in your hands. Also, it's emotionally taxing to see that she's going through what she's going through.

And you have to put that to the side and just focus on making sure that she has everything she needs. I would say it's been very stressful.

Theme 2: Experienced Some Form Of Physical Strain While Caring For Their Family Member

This theme emerged with participants' responses from their experiences while caring for their older family members. The theme aligned with the framework concept that caregiving might impact a caregiver's physical health. The participants explained their physical strain while caring for their family members. Of the eight participants, only one (P2) did not experience any physical strain.

P1 shared,

Sometimes when he would have me help her go up and down the stairs, I'll be scared that I was gonna drop her It wasn't nothing like I was scared that I was gonna, like, hurt myself. It was just like having to carry her up and down the stairs sometimes was a little nerve racking,

P3 shared,

By physical, I say I was tired, OK. I, you know, I had school the next day. Um, I had homework. You know, it was a lot of stuff like that I have to do. And sometimes I'll be caring to my grandmother, so OK You know, I'll be out kind of sleeping class.

P4 shared,

There were a few times where I had to help, like my grandma get up, just in case she had fallen. And so sometimes it would like I'd have to use my muscles a bit extra or a bit more and I would leave a bit of physical strain.

P5 shared,

So definitely during the time that he stayed with us, he kind of, he was still able to walk, but he had to use a walker and he had to use help to get out of bed.

And we had to move like one leg off the bed and then the other leg, stuff like that.

And there was a point in time where he was initially, when he first moved in with us, he was on the 2nd floor. This was before he was diagnosed officially with dementia. And they were still trying to like figure things out in terms of what happened with them. And there's actually an incident where he kind of he almost took a tumble down the stairs and I had to like catch him as he was falling down the stairs. This stuff like that, where he wasn't kind of completely aware or cognizant, well led to a lot of physical stress because he kind of have to do. I guess for me, I kind of had to perform the conscious actions that he unconsciously was not able to do.

P6 shared,

Yeah, it was just one time. It was a little bit of physical strain.

I was taking care of her and kind of an incident happened in regards to kind of like a kind of using the bathroom on yourself, kind of. And like I said, nobody was at that specific time, nobody was at the house. And so I kind of had to kind of just help her stand up in the shower, clean her off. Not get too you know too

detailed on the wiping but you know in the general area and yeah. I did good enough and then you know so that she'll be fine until my mom and my sister got back.

P7 shared,

I mean, I guess just the wear and tear that one would feel from traveling back and forth from city to city. I mean, it's not that long of a drive, but just a there and back aspect of it. Depending on how many times a month you're doing that drive, it can take its toll on someone.

P8 shared,

There are times where I have to go drive to pick something up when I'm tired. I don't want to. There's times where I have work to do, but I have to put that to the side to help her. Or there's times where I have to cook for her when I'm tired. My body doesn't feel like it. So in that aspect, sure.

Theme 3: Financial Strain Was On Their Parents More Than Themselves.

Participants shared the same commonality for this theme, which centered around the parents having more of a financial burden. The participants noted that their financial burden was minimal or none. P7 was affected the most financially.

P1 shared,

Honestly, I did experience like a little bit of a lack, like understanding that my dad and both of my parents had so much responsibility on the both of them that I felt like I couldn't really ask for a lot of the stuff that kids my age will ask for. So I

didn't, you know, so I want to say as far as financial strain, as far as a kid would experience that would be it.

P2 shared,

Slightly, but kind of more. Just because of the situation, taking them to the back and forth between the doctor and then back home and everything and I would be reimbursed for my gas.

P4 shared,

I don't think it was anything too serious. Although we would have to like spend extra on my grandma for like things like medicine or I may have had to like pick up food for her but it was nothing too major.

P7 shared,

Yeah, well, I would say that the, the finances of my family kind of just changed in general, like all the way around my grandma, she helped put, she was helping put me through school. And then once she got sick, her finances just that got diverted to her medical expenses.

Theme 4: Social Life Was Affected While Caring For Their Family Member.

All participants noted that their roles as informal caregivers affected their social life. Participants 4 and 8 shared a commonality of being unable to go out with friends or canceling plans because their family member was ill.

P4 shared,

There will be sometimes where I would have to like, stay and monitor rather than going out. Or there would be times where I would choose to stay in instead of going out just so I wouldn't have to or like especially inviting people over.

P8 shared,

Yeah, I've experienced some social strain because there's been times where I have to put my life. My social life on hold to make sure that she has what she needs.

Like let's say I made plans with my friends and then she gets sick or something happens or she needs me to go pick something up. I have to cancel my plans.

There's been times where I had a bunch of homework to do, I had speeches to practice and I had to put that on hold to help her.

Participants 1 and 2 spoke about not having friendships outside of school or being reluctant to participate in any social event because they cared for their family members.

P1 shared,

Yeah, like going back and forth between my parents' house and my dad when I would be at my dad's house. I couldn't do a lot of the stuff that all the other kids would do because there's so many kids as well as my grandmother and there are only so many cars and so many things that we could do.

We did a lot of stuff together as a family, but as far as like as like my high school friends and stuff like that, I could never really do things outside of school with them. So that left me to just like, have friendships at school. Which really, you know, didn't really last outside of high school, which I guess everybody does. But

at some point, like it just it was I had more responsibility at home that I really couldn't share with the kids that were around me.

P2 shared,

And like I had mentioned, it was just mainly between different friend groups and different family members kind of my opportunity as well-being in school and with the academic things I had mentioned, it would be like different outings and social events where that might have been my first time doing them. I probably was more reluctant and hesitant to get involved with things just because I knew, and it was my last year. So for that last year that I was going to probably just be more involved with my grandmother than actually on campus or anything like that.

P3's strain stemmed from their concern that none of their peers cared for a family member that he knew of, and he felt that he had to keep it to himself because it was not a popular thing to do. Whereas P6 understood that the family member needed to be taken care of, there were times that he could not participate or was late for what he wanted to do.

P3 shared,

Yeah, I can say on my social life, because, you know. I wanted to do more stuff like, you know, go to the movie, go to parties, you know, more stuff that all the other kids were doing around the town, you know? And I had to care for my grandmother. And it really wasn't like too cool to just tell them like, hey bro, I got to care for my grandma today or this weekend. And so I never told them. It was just so J didn't show up. Or J didn't want to kick it with us today. Yeah.

Yeah, I knew he wasn't gonna come type of thing. But you know, I really wasn't telling him the real situation. Yeah, I kept it. I kept it to myself. You know, that wasn't the cool thing and nobody else was doing it. That I knew.

P6 shared,

It technically counts as strain on my social life,. You know, at times I, I've either missed or been late to a couple of social functions, had a couple, you know, dates or like you know, little times that I wanted to meet my friends and I told him I would be here at this time but. My mom and dad asked me wait, could you watch them for an hour or so before they get back? So something like that. But it never really. I never really got mad at that cuz I understood.

P5 conveyed that despite being capable of engaging in some social activities, they were still tasked with the responsibility of attending to a family member during periods of downtime. Conversely, P7 attributed their limited social involvement to inadequate financial resources due to caring for their family member.

P5 shared,

I say like, sort of. I feel like I was still able to like kind of. I think well because my parents were around, I was still able to kind of go about my day normally as I would. But there were small interruptions, specifically because the time that he was living with us was also the same time that I was taking zoom classes, because of course it was during COVID.OK, I was at home. Basically, the whole time. So, I would have, you know, of course like breaks between classes and stuff like that. I'd instead of like getting that time to like relax or whatever, I'd go down check on

him, do stuff like that. And of course, like while I was doing like homework and stuff like that, I would also make sure to just check up on him every now and then. So, I guess like I was kind of living my school day as well as living like my home life in the same and taking care of him in like the same breathe I guess.

P7 shared,

Yeah, Well, I would, I would say kind of the finances in the social life kind of tie hand in hand, I mean, if you don't really have the resources to do what you would normally do, you kind of just don't. And you suck it up just because that's the way that life is sometimes. Sometimes you're down, sometimes you're up. So I would definitely say that in that period of time. I wasn't doing as many, I guess doing as many things like with my friends as I would normally do or shopping as much as I would normally do or eating out, things like that. Just kind of restricting myself and my enjoyment to Netflix and things like that.

Sub Theme 4A: Concern For The Well-Being Of The Family Member.

P4 and P8 conveyed their apprehension towards inviting guests to their homes due to the potential stress it might cause the family member under their care. Furthermore, they expressed concern about exposing their loved one to their friends in their current physical state.

P4 shared,

I was always very careful with who I invited over because I didn't want to put any stress on my grandma or anybody who had come over.

P8 shared,

And also she went through a period of time where she was like sick and not feeling well and I couldn't have any friends over because I didn't want them to see her like that. And I also like had a fear of leaving the house with her like that. So it gave me less opportunities to go be social.

Theme 5: Encountered Struggles With Their Education While Caring For Their Family Member.

When examining the impact of caring for older family members on education, it was found that most participants faced some educational challenges. However, P1, P2, and P6 reported no such challenges. They stated that taking care of their family members positively affected their academic performance.

P1 shared,

No, I would say that's the that's that that would that allowed me to excel more in that area actually because I did have to spend so much time at home and I wasn't didn't have so many social distractions. And, you know, feeling like I didn't want to impose like my cell phone, what everybody else has to do. I did have a lot of time to spend on my schoolwork. So that area, I would say excel.

P2 shared,

I wouldn't say so just because since it was at my siblings' house I was able to still get most of my work done. It was more of a strain just because of the workload. But I wouldn't say it was actually because I was caring for my loved one and everything.

P6 shared,

No, ma'am, None at all. For the most part, I was out of. Well, I know for sure out of town for my college day. So yeah, that if anything, I had the least amount of strain out of everybody.

The study found that caregiving responsibilities impacted the education of P4, P5, P7, and P8. Participants shared that interruptions during their study sessions were frequent due to their responsibilities towards their family members, which made it challenging to stay focused on the coursework. They also noted that they had to put in more effort to maintain grades due to their having less time because they were caring for their family member. Additionally, the participants were constantly concerned about the welfare of their loved ones, which further exacerbated their difficulties concentrating on their academic endeavors.

P4 shared,

There will be times where I would be studying and I would be interrupted by having to go do something for my grandma, whether it was because like my dad couldn't do it or I was just the only one there. So, there would be a lot of times or I would have to stop what I was doing, like studying, and go and help her.

P5 shared,

I'd say yes, but inadvertently, like, it wasn't necessarily because I was taking time out of, like my educational life to do. But I think it was because we were all under like the same roof and certain things would happen that would kind of like distract us like. Maybe my grandfather might have been injured or maybe something might have like happens in him and he was in like in one of his episodes, stuff

like that. And I feel like seeing that happen caused me to like lose focus and concentration on school because I feel like, you know, making sure that he was safe and OK was like kind of like my number one priority at that time. So that was definitely like a big cause of, you know, me not being able to focus, especially when I had stuff like tests or quizzes coming up wasn't necessarily able to like concentrate on getting the necessary information in my mind to study because I was more concerned with making sure this well-being was good.

P7 shared,

Yeah, I would say I definitely felt less focused on education. I've always kind of been someone who once I get a grasp on the subject, I kind of understand that I can find my way around. So, I don't really struggle in school. But I did have a hard time focusing just because I felt like there were much bigger problems or things that I felt like needed my attention at home more than.

Just like there are more important things at home that took my mind off of school pretty much, but I don't think I wouldn't necessarily I struggled. But my sophomore year I had one of the lowest G.P.A.s that I've ever had in school. I guess it did affect the amount of time I could have put toward my studies.

P8 shared,

In an aspect of my grades, no. I still did the things that I needed to do to get the grades. But I will say you have to work harder than what you normally would to get those grades. You have less time to do your work, to do assignments, to study things like that because you're devoting so much of your time to caring for a

person so my grades are the same. I kept it up, but it was harder to keep up with all of that.

P3 shared that his education was impacted by his caregiving responsibilities, both positively and negatively. He mentioned declining grades but noted that he could still complete the work. Additionally, he felt that his experience gave him a unique understanding of caregiving that his peers might not have.

P3 shared,

On my education? I'll say, I'll say goods and bad, OK, And I'll start with the bad, because OK, under what you know, already getting into that little bit, you know, sleeping in class.

You know, finishing turning in homework probably a little late, you know, that's it made my grades drop a lot of stuff.

Like it just had me real tired. It didn't make me like less, less, smarter or anything like that. I just think it made me like a real tired, you know? Really exhausted as a kid, really exhausted. And then the stuff that I really wanted to do sometimes you'll be able to do it. A lot of like athletics, you know, sports, football, you know academics it got to get done. So that has to go before stuff like that.

The good thing is, I think as a kid I learned a lot more of the normal kid would know in like the health field and how to actually care for the elderly person and understand the disease more than a normal kid would. So, I think I got, I had more knowledge than they did to that, to that certain disease, if that makes sense for that, you know, because my, you know my grandmother had Alzheimer's in

dementia in front with she was diagnosed with frontal temporal dementia. So yeah. I think, yeah. I think I knew more than the normal kid, Yeah, it was just a lot. It was just a lot, you know, and I didn't understand at the time. OK, but it just had to get done.

Summary

Throughout the study, participants described their experiences while caring for an older family member. In this chapter, I presented the findings of this study: The social and emotional experiences of Gen Z who were caring for older family members. The study's findings highlight caregiving's significant emotional and social impact on Gen Z. Participants shared their perceptions of their experiences, which led to five themes. The theory of caregiver stress was used to examine caregiving's effects on this population. The themes include emotional stress, physical strain, financial strain, social isolation, and education challenges. All eight participants experienced some form of these themes during their caregiving journey.

In this chapter, I discussed how evidence and trustworthiness were established and maintained throughout this chapter. Chapter 5 provided a more detailed discussion of the findings presented in this chapter, limitations of the study, recommendations, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this generic qualitative research study was to explore the social and emotional experiences of Gen Z who were caring for an older family member. There needed to be more extensive research regarding Gen Z and their caregiving experiences. The study focused on experiences related to social stress, emotional stress, physical strain, financial strain, and educational strain. Data were collected through semi structured interviews via videoconferencing software to address the RQ: What are the social and emotional experiences of Gen Z who are informally caring for an older family member? The generic qualitative approach was utilized to record, analyze, and understand the social and emotional experiences of Gen Z caring for older family members.

This generic qualitative study involved gathering, understanding, and analyzing participants' perceptions of their experiences of caring for their older family members. All participants indicated that emotional, social, financial, physical, and educational strains were part of their experiences. The themes and subtheme that emerged as the result of understanding the social and emotional experiences of Gen Z who were caring for an older family member included the following:

Theme 1: Experienced emotional stress while caring for their family member.

Theme 2: Experienced some form of physical strain while caring for their family member.

Theme 3: Financial strain was on their parents more than on themselves.

Theme 4: Social life was affected while caring for their family member.

Subtheme 4A: Concern for the well-being of their family member.

Theme 5: Encountered struggles with their education while caring for their family member.

Chapter 5 included the study's findings to support the information provided in Chapter 2, the limitations, recommendations for future research, implications for social change, and the study's conclusion.

Interpretation of Findings

Chapter 2 detailed the caregiving experiences of Gen Z, who cared for older family members, and the lack of literature on that population. The study's findings confirmed that serving as informal caregivers had social and emotional effects on the Gen Z population. The five themes and one subtheme presented the findings from the semi-structured interviews.

Theme 1: Experienced Emotional Stress While Caring For Their Family Member

Participants discussed the emotional stress they experienced while caring for their older family members. All participants in this study except one had cared for a grandparent. P4 stated it was sometimes overwhelming, especially when caring for her grandmother alone. P8 discussed that taking on the responsibility for another individual's well-being at her age was overly stressful. P3, P5, and P6 shared that it was much emotional stress seeing their family member in the physical state that they were in, noting that it was more stressful when their family member did not recognize them. In addition, the other participants felt the stress from directly caring for their family members; P1 and

P7 experienced stress that stemmed from concerns related to others in their family. P1 discussed feeling sad for her dad because he took on most of the caretaking role and had to do everything for them. P7 stated that her stress was not for her but for her family because finances had changed drastically due to her grandmother becoming ill. P2 stated that his stress resulted from trying to help reduce the negative interactions between the family member being cared for and other family members.

Chapter 2 detailed how persistent caregiving responsibilities could adversely affect young adults. Psychological challenges are common in young adult caregivers, with depression being higher for caregivers vs. non-caregivers (Bacharz & Goodmon, 2017). All participants of this study experienced emotional stress directly or indirectly while caring for their older family members. Previous studies confirmed that stress from providing care is a result of situations that include primary and secondary stressors. (Thomas-Hebdon et al., 2022). This theme confirmed the past research that focused on young adult caregivers and their emotional and social exhaustion related to caregiving (Gérain & Zech, 2019).

Theme 2: Experienced Some Form Of Physical Strain While Caring For Their Family Member

Taking care of older family members could be a challenging task. Previous research suggested that providing care for a family member could take a toll on the physical health, mental well-being, and emotional state of the caregiver (Fordyce, n.d.). In this study, participants shared their personal experiences of the physical challenges they faced while caring for their loved ones. P1, P4, P5, and P6 mentioned having to help

their family members navigate stairways, assisting them with walking so they would not fall, and helping with personal hygiene. P1 shared that she would have to help her grandmother up and down the stairs and was scared she would drop her. P4 mentioned that there were times when she would have to help her grandmother get up when she fell, which took a toll on her body. P5 discussed having to help his grandfather in and out of bed and performing the actions for him because he could no longer do them. He also mentioned that once, he had to catch his grandfather and stop him from falling down the stairs. P6 shared having to help his grandmother take a shower after she had an accident. Caring for older family members could be a wonderful and rewarding experience but also incredibly physically demanding. P3, P7, and P8 all shared that their physical strain was due to lack of sleep, cooking, and driving. P3 shared that he was tired and would fall asleep in class because he had been caring for his grandmother. The past research (Hoyt et al, 2020) on sleep quality in young adult caregivers and how it affected their physical health was confirmed. As indicated in Chapter 2 providing personal care and grooming on a daily basis could put a strain on a caregiver's physical health. P7 discussed the wear and tear she felt because she was constantly driving between cities to see her grandmother. P8 shared that she was tired from driving to pick up things and cooking for her mother.

Theme 3: Financial Strain Was On Their Parents More Than Themselves

As indicated in Chapter 2, the responsibility of caring for a family member could put a strain on finances. It is also noted the burden of caregiving on young adults could be more significant because they lack the financial resources to care for their family

members (Bacharz & Goodman, 2017). The participants in this study had very little financial strain as it relates to caregiving. However, some did share how finances used to take care of their older family members impacted their financial status and spending habits. P1 shared that due to her dad having to take care of her grandmother, there was a lack of finances, and she felt like she could not ask for anything because any extra money was going toward the care of her grandmother. She expressed that she had to get a job to take care of prom and other things that she wanted to do. P2 discussed taking his grandmother to doctors' appointments and being reimbursed for gas for those trips. P7 had the most significant impact financially of all the participants. She discussed how her life changed once her grandmother became ill. She indicated that her grandmother was the family's matriarch and cared for everyone, including paying for her college and her brother's private school tuition. Chapter 2 detailed the expenditures of caregivers noting that they spend approximately 26% of their income on caregiving expenses each year (Skufca & Rainville, 2021). The study found that financial stress did not have a direct impact on the participants. Contrary to the data presented in Chapter 2 which indicated that Gen Z tends to spend a larger portion of their income on caregiving expenses and have a greater financial strain compared to other age groups (AARP Research, 2021). However, it was noted that financial stress was present in the household.

Theme 4: Social Life Was Affected While Caring For Their Family Member

The feeling of being stretched thin and overwhelmed is not uncommon for young adult caregivers. Dellmann-Jenkins and Brittain's (2003) noted that college students who served in a caregiving role had less time to be social, which hindered their opportunity to

create close relationships. The participants of this study all experienced social isolation at one point. P3, P4, P6, and P8 shared a commonality of missing social events or being late for an event because they had to care for their family member. P3 shared that they would like to be like the other kids, go to the movies, and hang out, but he had to take care of his grandmother. He added that he never told his friends why he showed up late because he felt that was not the cool thing to say. P4 said there were times when she would have to stay home to watch her grandmother and not go out with friends. P6 shared that he missed or was late to a date or a social function because he had to wait for someone to get home because he could not leave his grandmother alone. He added that it did not bother him because he understood the situation.

P8 shared that she had to put her social life on hold to ensure her mom had everything she needed. She indicated that if she made plans and her mom got sick, her plans would have to be canceled. P1 and P2 discussed being unable to participate in activities or have lasting friendships because they had to care for their family members. P1 discussed not being able to do anything outside of school. There were so many kids in her family, and there was not an adequate amount of transportation to meet the needs of everyone. So, her friendships were limited to school hours. She also added that she could not share the responsibility that she had of taking care of her grandmother with the friends that she did have. P2 said he was more reluctant to get involved with social events at school mainly because it was his last year in school, and he knew that he was responsible for taking care of his grandmother. P7 shared that finances are connected to social life. Because her financial situation had changed due to her grandmother becoming

ill, it minimized her participation in many social activities. The findings of the study confirmed that young adult caregivers are often overwhelmed with the responsibilities of caregiving which often leaves them with less time for themselves or social activities(Dellman-Jenkins & Brittain, 2003).

Sub Theme 4A: Concern About The Well-Being Of Their Family Member

One of the notable findings that emerged from the study pertained to the level of concern exhibited by the participants towards the family members under their care. This subtheme revealed that the participants had a significant investment in the well-being of their loved ones. P4 and P8 both shared their concern for their family member's well-being. They were selective about inviting over friends because they wanted to protect their family members from any undue stress. P4 shared that she was mindful of who was invited to her home because she did not want her grandmother to be stressed or her guests to feel stressed. P8 also stated that she did not have her friends over when her mother was sick because she did not want them to see her mother in that state. Thomas-Hebdon et al. (2022) confirm the findings that young adult caregivers are equally concerned about the future of their care recipients as they are about their own future.

Theme 5: Encountered Struggles With Their Education While Caring For Their Family Member

The fifth finding of the study pertains to the predicament faced by Generation Z in reconciling their educational pursuits and their responsibilities as informal caregivers. Taking on the responsibility of caring for a family member could negatively impact the

emotional and mental health of a young adult as well as their academic performance. (Becker and Sempik, 2019). The findings confirmed that Gen Z members have difficulties balancing school and their roles as caregivers of their old family members. Of the eight participants, 6 reported educational challenges concerning caring for their family members. P3, P4, P5, P7 and P8 discussed issues of being unable to focus, having lower grades, and working harder to maintain grades. P3 stated that he had problems such as sleeping in class, turning in homework late, and lower grades because he was exhausted from caring for his grandmother. P4 shared that she would often get interrupted while doing schoolwork to help her grandmother. P5 stated he would often get distracted from schoolwork because he checked on his grandfather often to ensure he was OK. He also shared that it was difficult to focus when the concern is more about the well-being of the person you care for. P7 shared that she was less focused on her education because she focused more on her grandmother's health. She shared that, at one point, her grades were lower than they had ever been. P8 shared that she had to put in more work than usual to maintain her grades. She stated that she did not have as much time to dedicate to schoolwork because she cared for her mom. As a young adult who takes care of family members, it could be incredibly difficult to balance caregiving responsibilities with schoolwork. According to a study by Becker and Sempik (2019), over half of the 295 participants reported facing challenges related to school while also being a caregiver. P1 and P2 did not feel that their education was affected by caretaking, but instead, it helped them excel. P1 shared that she could focus more on school because she was spending more time at home helping with her grandmother. P2 indicated that he

did not have any educational challenges and was able to get his work done. He blamed his strain on the workload and not anything related to caring for his grandmother.

Interpretation of the Findings for Conceptual Framework

In this study, the ICIM was used as a framework. This model, created by G erain and Zech, (2019) helped to identify and understand the various factors that lead to informal caregiver burnout. The ICIM was based on the model of carer stress and burden, as well as the job demands resource model (JD-R). It considered all the determinants as equal factors that contribute to caregiver burnout. The model takes into account the caregiver's environment, the social and cultural context of caregiving, and the caregiver's ideas about their relationship with the person they were caring for. Burnout served as the link between these factors.

The study's findings revealed that the participants were socially, emotionally, physically, and educationally impacted by their roles as caregivers. However, there were no direct financial impacts related to their caregiving responsibilities. The study did not confirm any evidence of burnout among the participants. One participant, P3, expressed exhaustion from caring for his grandmother but did not indicate burnout. P3 shared that he was able to learn more about his grandmother's disease through caregiving and had more knowledge than his peers in this area. This study extended the knowledge of informal caregiving for this population by providing valuable insight into the social and emotional experiences of Gen Z caregivers. This information could be used as a foundation for future research on the factors that contribute to burnout in this population.

Limitations

This study provided in-depth knowledge about the social and emotional experiences of Gen Z caring for an older family member. As I was interviewing participants to obtain their experiences, the first limitation of the study was based on the assumption that participants were honest in their responses. Due to trusting participants to be truthful about their experiences, this could not be factually checked. The second limitation of the study was recruiting participants. First, recruitment had its challenges due to the strict age range of 18 to 25. Secondly, this age range also presented challenges to being interviewed and elaborating on the questions provided. The potential bias from my experience of caring for an older family member did not occur. I reduced my bias by keeping a reflective journal of my thoughts and feelings throughout the research process about the study.

Recommendations

This study was conducted to understand the social and emotional experiences of Gen Z caring for an older family member. Current research on this study has been minimal, and a generic qualitative study has yet to be done on Gen Z's social and emotional experiences in this manner. Based on the findings, recommendations for future study included a larger sample size that included Gen Z from the United States and other countries. A comparative study could be done on Gen Z women and men to understand the differences in their experiences. Ethnicity and economic status could also be factors future researchers could explore. These factors could provide different experiences and

perspectives on the role of Gen Z as informal caregivers. Additional research could clarify participants' perceived experiences within the themes.

Implications

Gen Z is the fastest-growing population of caregivers. This study extended the knowledge of informal caregiving experiences for this population. While many studies focus on other age groups and their caregiving experiences, it is critical to examine Gen Z experiences as they would be the future of caregiving. This research could be instrumental for positive social change because it provided information on Gen Z's social and emotional experiences who were caring for older family members. The significance of conducting research and comprehending the needs of the Gen Z population was essential as it could lead to the prioritization of developing effective caregiver training programs that equip individuals with the necessary tools and resources to excel in this crucial role. It would ensure the inclusion of individuals of all ages and allow everyone access to essential resources for their caregiving responsibilities.

Conclusions

This generic qualitative approach explored eight participants and their social and emotional experiences of caring for an older family member. The participants disclosed what it was like to be informal caregivers for their older family members. The findings revealed that all participants shared similar experiences, which were illustrated by five themes and one sub-theme. The five themes included: Experienced emotional stress while caring for their family member, Experienced some form of physical strain while caring for their family member, Financial strain was on their parents more than themselves,

Social life was affected while caring for their family members, Encountered struggles with their education while caring for their family member. The subtheme was: Concern about the well-being of their family member. The literature spotlighted the challenges that this population deals with as informal caregivers.

As a scholar-practitioner for positive change, it was essential for me to understand the social and emotional experiences of Gen Z caring for older family members to make positive change for those individuals who might need help navigating the rewarding yet demanding role of informal caregivers. The participants provided insight into their roles, which could assist with facilitating support and resources for this population. It would also allow for discussions among scholars that could encourage future studies.

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Appendix A: Interview Guide

1. Can you please tell me about your experiences of caring for an older family member?
2. Can you please tell me if you have ever felt any emotional stress while taking care of an older family member?
3. Can you please tell me if you felt the time spent providing care for older family member has hindered your educational journey?
4. Can you please tell me if you have ever had financial challenges while taking care of an older family?
5. Can you please tell me if your social life has changed while taking care of an older family?
6. Can you please tell me if you have ever experienced any physical strain while taking care of an older family member?