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Blurred lines: work, eldercare and HRM

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BLURRED LINES: WORK, ELDERCARE AND HRM

Abstract

Increased levels of female labour market participation have impacted on the ability of families to provide care for elderly relatives in many industrialised societies. While work-family balance has received significant academic attention, less attention has focused specifically on individuals with eldercare responsibility, a cohort which accounts for a growing segment of the labour market internationally. Taking a qualitative research approach this paper uses work/family border theory to the constraints and facilitators to reconciling care and employment for employees working full-time in Ireland. The findings highlight the significant impact that eldercare provision has on employees with regard to day-to-day work commitments. We find that while general work-life balance policies exist within organisations, that the design and functionality of such policies are of limited value to elder caregivers. Furthermore, this paper highlights how the lack of formal HR policies around eldercare within organisations results in a reliance on supervisory discretion. We make some recommendations for organisational level strategies to address the needs of a growing number of caregivers.

INTRODUCTION

The importance of reconciling work and family life has been recognised as a key human resource management issue for some time (Lewis and Campell 2007; Heywood et al, 2010; Glaveli et al 2013; Demerouti et al., 2014; Molina, 2015). Internationally, a substantial level of research in this area has focused on the needs of working parents, and in particular on measures designed to support mothers in remaining, or returning to employment (Ladge and Greenberg, 2015; Cooper and Baird, 2015). Improvements in that area have arguably been

achieved through a combination of legislative changes (improved maternity and parental leave), and organisational practices (flexible/remote working arrangements, increased autonomy of scheduling) (Ray et al, 2010). This focus on working parents, while important, has overshadowed the issue of eldercare, [which for demographic reasons is an increasingly important human resource management issue. Globally, increasing life expectancy is associated with a rising need to care for older persons \(Greaves et al, 2015\)](#) while at the same time, labour market expansion has led to a lack of available family members to provide this care. The consequence is that elder-caregivers are increasingly present in the workforce. This presents a critical challenge for policymakers and human resource management practitioners, regarding how best to accommodate and support the growing number of workers who combine work and caring responsibilities for older persons, since the challenges of eldercare provision differ significantly from that of childcare (Chesley & Moen, 2006; Kröger and Yeandle, 2013).

It has been noted by Chang et al (2010) that there has been a lack of attention on the experiences of employees with eldercare responsibilities. Additionally, Truckeschtz et al (2013) further highlight the lack of research on workplace performance of full-time employees who combine employment and eldercare. Our contribution is therefore timely as we contribute to a greater understanding of the impact of eldercare on those employed full-time, in a context where few organisations have HR policies specifically relating to eldercare. Based on research in the UK, Lewis (2016) reports that just one third (34 per cent) of businesses have either a formal, written policy or an informal, verbal policy in place to support working carers who combine paid work with caring for a disabled, older or ill person. The key aim of this paper is therefore to contribute to knowledge in this area by identifying constraints and facilitators, both within and beyond the workplace, that contribute to full-time employees' reconciliation of employment and eldercare responsibilities. Employees often seek to reconcile work and care through reducing their working hours. De Boer et al., (2010, cited in Plaisir et al., 2015) found

one in five caregiving employees were working fewer hours than they would like. Critically therefore, our research focuses on those working full-time who for certain reasons (be they financial or career related) have either chosen not to, or are not in a position to, decrease their working hours. Furthermore, we make a conceptual contribution, by presenting a model that applies work-family border theory specifically to full-time employees with eldercare responsibilities, thereby advancing our understanding of the spillover effects between eldercare and full-time employment. The paper is structured as follows: we examine the Irish context in which this research was conducted with regard to eldercare provision. We then examine the relevant theoretical frameworks; our findings are presented and discussed in the in light of these. We conclude by setting out implications for organisations that could positively affect full-time elder caregivers.

CONTEXT

Before we explore the theoretical framework it is necessary to identify what we mean by eldercare. Smith (2004) defines eldercare as the informal care of ageing family and friends addressing a combination of physical, psychological, medical, household and financial needs. Working caregivers are conceptualised as employees with significant unpaid caring responsibilities that have a substantial impact on their paid working lives (CIPD, 2016). Table 1 outlines the associated groupings of tasks carried out by elder caregivers, and include assistance with the activities of daily living (ADLs), assistance with the instrumental activities of daily living (IADLs) and eldercare management activities (Noelker and Bass, 1994; Gottlieb et al., 1994). Next, we explore in more detail the theoretical framework underpinning our study.

[Insert table 1 here]

In Ireland, the number of those aged 65 years is increasing at the fastest rate in Europe (Kane et al., 2015). By the year 2031, there will be nearly one million people over the age of 65 in Ireland, which will have been an increase of more than 86% since 2016 (CSO, 2013). Additionally, the over 80 age-cohort is increasing at an unprecedented level (Nolan, 2014). This brings specific problems for working caregivers and the organisations employing them. While life expectancy has increased, the occurrence of debilitating age-related illnesses such as dementia, Alzheimer's, Parkinson's and arthritis are becoming more widespread (EAPC, 2010). This rising older population coupled with a projected decline in the ratio of 'working age' people relative to retired persons (from 5:7 in 2011 to 2:6 in 2041, Tilda, 2011) will create pronounced challenges in the areas of health, pension provision and importantly, for labour market participation of elder caregivers.

Caregiving has, and continues to be a gendered issue (Duffy, 2011). This is particularly the case in southern European societies, where strong social norms lead to an expectation of caregiving being managed within family networks (Haber Kern and Szydlik, 2010). This has traditionally been undertaken by female members of the immediate family (Carretero et al, 2009). The Irish approach to eldercare has very much followed this tradition (Murphy and Turner, 2014). Increased female participation in the labour market (51 percent of the employed labour force in 2015, [Central Statistics Office \(CSO\), 2016](#)) is however revealing this model unsustainable. Indeed, 2011 census data reveals an interesting picture of caregiving in Ireland. Data collected by the CSO does not differentiate between the provision of long-term care for persons with a disability and eldercare. [Of the 89,640 of informal caregivers in Ireland, 56 percent were female and 44 percent male \(CSO, 2016\)](#). This is somewhat surprising in that [perceptions of the role are often gendered. Yet the statistics in Ireland reveal that caregiving is an area where there is a balance.](#) The overall statistic includes a much greater involvement of men in caregiving than the traditional model. From an employment perspective the number of

hours of care provided on a weekly basis is quite significant, with 54 percent of carers providing up to 14 hours of care per week, with the remaining 46 percent providing in excess of that amount (CSO, 2011).

In the context of economic growth, maintaining labour market participation is particularly important, a 2015 report revealed that number of occupations and sectors experiencing skills shortages is increasing, healthcare (which is largely female dominated) was one such sector (Gusciute et al, 2015). Employment protection legislation is an important factor in facilitating continued participation in the labour market. In Ireland, the Carer's Leave Act 2001 allows for the protection of employment for a period of 13 to 104 weeks. However, there are caveats within this. Firstly, the employee must be providing full-time care and they must have over 12 months employment with their employer. Leave may be taken in one continuous period or several periods, but at a minimum of 13 weeks at a time; with a maximum of 65 weeks. This restriction to full-time care ultimately impacts on continued labour market participation in what is a demographically challenged labour market. In the 2011 Census, participation in the labour force by persons who provided unpaid care to others was 59.1%, and labour force participation amongst carers was found to decline with increasing number of hours care provided (CSO, 2011).

According to the European Commission's (2012) *Ageing Report*, future demand for long term care will be dominated by a model of domiciliary/home care, where previously residential care was considered the norm in much of the EU. While Ireland has traditionally held a strong model of care within the family, the government have provided funding for home care packages (Barry and Conlon, 2010) which could assist with long term care responsibilities. Donnelly (2016) found that the preferences of older people in Ireland are to remain living at

home for as long as possible, receiving care when it is needed in this setting. The achievement of this however often requires significant support from family members (Sakka et al, 2016).

THEORETICAL FRAMEWORK

Work life balance (WLB) has been defined by Clark (2001:349) as ‘satisfaction and good functioning at work and at home with a minimum of role conflict’. It is often used to describe organisational policies and initiatives aimed at enhancing employees’ experience of work and non-work domains (McCarthy et al., 2010:158). These are voluntarily introduced by organisations to allow reconciliation of work and personal lives. Flexible working arrangements in firms have been identified as one important means of balancing work and other commitments (Russell et al, 2009). However, with the increased devolution of many HRM responsibilities to line managers (Trullen et al, 2016; McCarthy et al, 2013), often consistency and effectiveness of in the application of policies can vary. While the issue of WLB in relation to childcare has been embraced by many Irish organisations (Russel et al., 2009) the issue of eldercare is now an important and growing aspect of WLB policies. Lewis et al (2007:360) argue that for decades WLB research has reflected social, economic and workplace developments and concerns, shifting in response to new trends. The challenge of eldercare is one such trend.

Kossek and Lautsch (2012) have called for research that examines how individuals manage work–life boundaries differently for different non-work roles. To frame our exploration of full-time employees’ experiences of managing eldercare responsibilities we draw on spillover and more specifically work/family border theory. Spillover theory posits that the boundaries between family and work are permeable; consequently, participation in one domain (e.g. provision of care) affects participation in another (e.g. performance at work). This can be categorised as home-to-job or job-to-home spillover (Staines, 1980) and be either

positive or negative (Hill et al, 2003; Grzywacz, Almeida & McDonald, 2002; Mennino et al., 2005). Kim et al (2017) recently found negative spillover creates demand for flexible working arrangements (FWAs).

A criticism of spillover theory has been that it lacks prescriptive power with regard to either predicting the experience of work-family conflict, or in helping to solve the problems arising from trying to balance multiple responsibilities. In attempting to address these shortcomings, Clark (2000:750) developed work/family border theory, which seeks to explain how individuals negotiate their differing *domains* (work and family) in order to achieve balance. The central aim of border theory is to explain how people ‘*manage and negotiate the work and family spheres and the borders between them in order to attain balance* (Clarke, 2000:750). Physical *borders* define where domain relevant behaviour takes place, temporal borders such as working hours determine when work and family responsibilities occur; psychological borders are dictated by individuals themselves by determining thoughts, emotions and behaviour appropriate for each domain (Clark, 2000:756). Borders are characterised by their permeability i.e. the degree to which elements from other domains cross over. Flexibility refers to the extent to which a border may contract or expand depending on the demands of each domain (Clark, 2000:757). A *border crosser* must adjust their focus, goals and even interpersonal style in making daily transitions to suit each domain. The theory purports that individuals are proactive rather than reactive when it comes to this transition. Finally, *border keeper* refers to domain members that are particularly influential in defining borders e.g. supervisors at work, spouses at home. Domain awareness refers to the extent to which border keepers or other domain members are aware of border crossers commitments in other domains. It is here that the role of line managers in the operationalisation of WLB policies is key.

While border theory emphasises the role of the individual employee, Campell Clarke (2001) also points the relevance of the theory in explaining the broader role-play by work culture. This three-dimensional definition of ‘work culture’ encapsulates flexibility of working hours available in the organisation, flexibility of the job itself, and supportive supervision. Border theory therefore recognises the significance of other individuals’ behaviour (for example line managers) within that. Emphasising that time, attention, and energy are finite resources for which both work and family compete, Allen et al (2013) argue that flexibility enables employees to determine the best way to allocate these resources in one or other domain. In interpreting the findings of this study, while we draw on border theory to explore positive and negative outcomes of combining work and care, we are particularly focused on how border keepers within the organisation contribute to that. Guest (2017) argues that much of the theoretical development within HRM has focused on ways to improve organisational performance, with concerns for employee wellbeing being a secondary focus. He calls for an alternative approach that gives priority to practices designed to enhance wellbeing and a positive employment relationship. Border theory provides organisations with a lens through which to view an approach to the development of workplace practices which meet that aim.

Caregivers generally have been found to be more likely to suffer home-to-work and work-to-home spillover than non-caregivers, in turn resulting in psychological and physical problems, and hence greater absenteeism (Marks, 1998; Long Dilworth, 2005). Zuba and Schneider (2013) examined this specifically in relation to adult care. A range of studies have examined physical, financial and emotional strain that caregivers experience and how this impacts on their work (Fredriksen and Scharlach, 1999; Arksey, 2002; Reid et al, 2010; Feinberg & Choula, 2012) causing adverse effects on wellbeing. Moreover, carers were found to exhibit this strain through absenteeism, timekeeping issues, interruptions at work and a higher likelihood of taking unpaid leave, reducing their working week or exiting the workforce

(Tennstedt & Gonyea, 1994; Kim et al, 2013). Importantly though, Plaisir et al (2015) identify several studies revealing that when individuals combine work and care effectively it can have a positive effect on well-being (Matrre et al., 1997; Marks, 1998; Van Campen et al., 2012). Dugan et al., (2016) demonstrated how eldercare demands interacted with age, gender, income and job category, resulting in WLB conflicts. Glaveli et al (2013) argue that supportive work environments are of valuable assistance to employees in handling WLB conflict. Importantly, while efforts to engage in supporting those with childcare needs has featured on organisational agendas for some time, Duxbury et al.,(2011) found that eldercare has an even more pronounced effect on caregivers than childcare. However, as Sims-Gould et al., (2008) note, eldercare is episodic in nature, which can affect negatively a caregiver's participation at work. In chronic illnesses, the level of care required can increase gently over time or can be unpredictable and lead to the need for acute care quite suddenly. It is in those instances that support in the care domain as well as autonomy in one's work domain become critical. Eldercare has a life cycle that conflicts with the cycle involved in most childcare situations (Smith 2004) since dependence and caregiving needs increase rather than decrease with age and planning can also be more difficult. This raises issues for both the employee and the employer. Employer support for employees' non-work lives has been found to enhance perceptions of organisational supportiveness and increase organisational commitment (Pitt-Catsouphes and Matz-Costa, 2008).

METHOD

The central research question of this study is to identify constraints and facilitators in both work and family domains to reconciling eldercare and employment for full-time employees. A qualitative approach was deemed most suitable for this study given the need to gather rich data

to address the research question (Flick et al, 2004). Qualitative methods allow for a greater directs itself at settings and the individuals within those settings holistically; that is, the subject of the study, be it an organisation or an individual, is not reduced to an isolated variable or to a hypothesis, but is viewed instead as part of a whole (Bogdan and Taylor, 1975). Levitt et al, (2018) point to the ability of qualitative research to unearth issues of importance among subgroups in society, of which carers are.

Our first decision was the definition of elder caregiver. Tennstedt and Gonyea (1994) contend that conceptual definitions of eldercare vary depending on the nature of the caregiving relationship, the care recipients' age, and the level of care required by the caregiver. Resultantly, we set out the following criteria for selecting participants in this study: working hours (only employees working a minimum of 35 hours per week), care recipient age (a minimum of 66, the national pensionable age) and the number of hours allocated to caregiving each week (a minimum of 8 hours). Invitations to participate in the research were extended through a mix of personal contacts and snowball sampling which is deemed appropriate for difficult to access populations (Vogt, 1999; Flint et 2004). Our aim was to capture a mix of employees in both public and private sector employment. While the aim was not to explicitly focus on professional/high skilled workers, much of the sample emerged from that group, largely as a result of participants referring the researchers to others whom they know with caring roles either within their own social group or that of the person they cared for. A question guide was prepared based on the border theory literature examined for this research. We adopted a semi-structured interview style that allowed new, as well as predetermined issues to be examined (Cooper and Schindler, 2008). To do this we added questions pertaining to the eldercare commitments of the participant and the availability and use of flexible working within their organisations (Eaton, 2003; Kossek et al., 2006). This allowed us to gain further insights, particularly regarding border keepers. Questions examining responsibilities and support in both

domains were included since support (both at work and at home) has been previously identified as important in the take up of WLB policies (McCarthy et al, 2013; Principi et al, 2014; Mennino, 2005; Eisenberger et al, 2001).

In total twenty-five interviews were conducted over a 9 month period (see table 2), typically lasting 40 minutes. Interviews were conducted at a time and place that suited the participants. At the start of the interview, participants were informed of the aims of the study and each was assured of anonymity. Each participant was then asked to complete a short biographical data form to capture contextual factors like age, marital status and some basic information about their employment.

[Insert table 2 here]

FINDINGS AND DISCUSSION

Thematic analysis was conducted was conducted by generating initial codes and themes based on their frequency and “keyness” (Braun and Clarke, 2008) to identify the role of borders, border crossers and border keepers in determining constraints or facilitators in the reconciling full-time employment and eldercare. Our analysis revealed that such constraints and facilitators could be categorised into four broad areas: factors related to the care recipient (e.g. level of care required); personal factors relating to the caregiver (e.g. multiple caregiving roles); employment related factors (e.g. availability of flexible working) and finally, support factors (e.g. formal care and informal support from family/friends) (see figure 1). Our findings are presented by mapping each of elements of work/family border theory to the four key factors identified in our analysis.

[Insert Figure 1 here]

Domains and Borders: Personal Factors

Clark (2000) contends that the more strongly an individual identifies with a role the more capable they will be in defining boundaries between each domain. In this research, employees who strongly identified with their work role were found to take active steps to limit the impact of their eldercare duties on their working life i.e. creating a strong border between both domains. As one participant put it: *“I’ve a team of staff around me that report to me. I can’t be checking my phone every two minutes in front of them; I wouldn’t accept it from them so it’s not acceptable from me either”*. For example in a managerial role, as this individual was, it may be perceived that caring responsibilities could be viewed as hindering one’s ability perform well in their role, or impact on future career progression.

However, for some participants, their (and others) identification with their job role meant that it was more difficult to keep domains separate. As one participant described her situation:

“I’m a nurse, so even when one of my sisters is minding them [her parents] if anything happens no matter how minor, I get a call.....and its fear, you can’t risk saying, “that’s nothing”, so you go there as quick as you can”.

Our findings suggest that psychological borders can be more difficult for employees to control, with many admitting that they regularly found themselves worrying about the person they cared for, while working. While, their employment circumstances may have limited the permeability of their caregiving role at work, employees found that thoughts pertaining to their care responsibilities acted as a distraction, leaving them prone to thinking to about their other commitments rather than work tasks. Interestingly, we found that technology can significantly aid caregivers in managing both domains. Our findings revealed that technology allowed caregivers to positively manage such distraction by allowing them to remain in contact with the care-recipient when necessary and hence minimise their anxieties. The participants who were caring for individuals who were themselves technologically savvy felt it was invaluable

in allowing them to keep in contact: “*she appreciates we’re at work. If she needs to talk, she’ll text*”. This resulted in employees feeling reassured that they were able to maintain a connection with the care-recipient whilst minimising the impact on work thus minimising the extent to which worrying about the individual acted as a distraction. Undoubtedly, an organisational culture that supports caregivers’ access to technology during working time is required also for this to be an effective facilitator to reconciling work and care roles.

The wellbeing impact of balancing both work and care responsibility was evident in many of the interviews conducted, but particularly for those involved in multiple caregiving roles. Participants described the physical effects that this had: “*my hair started falling out*” and “*I developed an ulcer within a few months*”. Interestingly, the work domain was described as a place to “*escape*” the demands of the caregiving role, which concurs with previous literature on the respite effect of the workplace (Heitmueller, 2007). In addition, another participant mentioned, “*I have no social life*” revealing the central importance of the workplace as a social anchor in addition to being an economic necessity. Arguably, the work domain provided carers with the means to be proactive. This concurs with Clark’s (2000) argument that individuals are inherently proactive in attempting to achieve balance between domains; however, we found that this is strongly related with the issues of support and autonomy, discussed below.

Border Crossers: Support Factors

We found that a high level of job role flexibility or autonomy aided border crossers in being proactive in balancing competing demands between work and care domains. Many of the caregivers developed routines to manage their time both before and after work with regard to care. Participants developed routines to carry out ADLs. For IADLs, participants noted managing these outside of working time or in the case of eldercare management activities by working alternative hours to facilitate appointments. A notable finding in this research was the

reluctance of caregivers to utilise their right to force majeure leave from the workplace, even during periods when they were under particular strain, opting instead to use their own holiday and annual leave entitlements to cover care requirements. When questioned about their rationale for this, participants expressed a lack of understanding with regard to the purpose force majeure served, while others felt that they did not want explain their personal circumstances in the administration process they perceived required in accessing such leave.

Many participants referred to the informal support provided by neighbours of the care recipients, friends of either the caregiver or recipient, or other family members. This support was found to make it significantly easier to balance day-to-day work and care commitments, when care was not at an acute level. Formal caregivers i.e. home help and home care workers were also cited by participants as being hugely helpful in allowing them to balance their work commitments, not only because of the support role they performed, but the way in which they interacted with the caregiver and recipient. *“She has home help for one hour a day which is very inadequate but we are very lucky to have it”*. The thematic analysis revealed that many elderly people held negative attitudes towards receiving care from external sources outside the family. This placed additional pressure on caregivers to provide more care themselves. One participant relayed how a support worker could not admit her true role to the care recipient: *“She [mother] thinks she’s the cleaner”*.

A lack of additional formal supports can be a constraint to balancing work and caregiving; this can be particularly exacerbated when the level of care required is high. As one participant put it: *there’s always something to think of, prescriptions and doctors’ appointments, and then all the day to day stuff on top of that*”. A greater level of ailments meant an increased level of co-ordination with regard to medications, appointments and simply knowledge of conditions by caregivers.

Caregivers in this study had experienced both predictable and acute care giving situations: *“dementia is a thing that kind of comes and goes, so you could have three good weeks and one terrible week”*. Communication with, and support from family and friends was found to be particularly important during crisis events. One participant described her experience when she received news of an emergency in her mother’s locality: *“when [it] we couldn’t get to Mam....and we were phoning all the time and panicking”*. Caregivers also explained that when a crisis dissipated support from other family was withdrawn when seeming *“normality”* returned.

In balancing the added responsibility that comes with eldercare the role of the care-recipient themselves and those in authority in the work domain becomes hugely important, this is explored in the next section.

Border Keepers: Care-Recipient Factors

The role of the eldercare recipient themselves as a border keeper was evident here. Participants reported varying experiences with regard to how the person they cared for would make efforts to avoid impinging on their work or domain. One participant described how his parents were aware of the impact they had on others *“they’re actually very conscious of it, they’ve sat myself and my sister down to say this can’t impact on your life”*. In other cases, the care recipient’s actions served to increase conflicting demands. One employee described her experience with her mother:

“She wouldn’t hear of going to a nursing home to recuperate, not even for a week, so that made it harder, I had to take time off...to her you stay in a hospital if you’re sick, you go to a nursing home if you’re dying”.

Border Keepers: Employment Factors

The extent to which practices supportive of work and care reconciliation exist either with or without the presence of a formal policy relates strongly with the actions of managers and supervisors. Findings from this research revealed that while some employees enjoyed significant forms of informal flexibility (for example, managers and supervisors who allowed for start or finish times to be varied to allow for care visits), participants noted a general lack of formal WLB policies that specifically helped in eldercare-giving. For example, one participant noted that while she had “work from home access” which was useful, she did not have all the facilities that effective remote working requires.

While individual roles dictated a certain level of autonomy, it was noted by some participants that the benefits of flexibility that they enjoyed were often at the behest of benevolent supervisors. Hales (2006) suggests that different managerial grades in the organizational management hierarchy influences the link between work-life balance policy and practice differently. The role of the supervisor as a border keeper emerged quite strongly here. Whilst organisations may not have had formal policies to support elder caregivers, the supervisors demonstrated an ability to create supportive organisational cultures at a departmental level. This points to the importance of both supervisory support and of disclosure of one’s caregiving role, so that domain awareness occurs. Individuals therefore relied upon the discretion of their managers in exercising control over their work in such a way that was conducive to reconciling work and care demands, such as in the example of this employee:

“My manager is great, he recognises that I’m someone who will do my time and get things done but maybe that it will have to be on a more flexible time scale”.

However, it is clear that a lack of formal policies that elder caregivers view as suitable for them is problematic, as they view these policies as being childcare oriented.

“I think companies could be more understanding. I don’t think anybody ever planned on caring. I don’t think you expect it”.

In terms of organisational policies (see table 3), many of the participants noted that employee assistance programs existed in their organisations that could be availed of for counselling or to deal with stress. However, no participants in this study had availed themselves of such a programme *“I know there is a framework in place. Things like employee assistance programmes. I’ve never utilised it”*. This is unsurprising as research has shown that availability does not ensure take up. Poelmans and Beham, (2008) suggest that employees only achieve the benefit of such initiatives when organisations ensure employees have access to and can avail of these programs. Again the role of different management levels has a part to play in this, while HR may resource and facilitate such programmes, it is line managers who are more likely to be influential in communicating the value of such programmes to staff.

[Insert Table 3 here]

Table 3 also illustrates the low levels of take up on more both policies and entitlements such as compressed working hours, force majeure leave and carers leave. Anderson et al (2002) found that barriers to take up included gender role assumptions of employees, perceived unsupportive organisational culture, assessments of program adequacy to address caregiving needs, lack of awareness, a perception that usage would have a negative effect on career opportunities and ambiguity in managerial communication of support policy information. Giannikis and Mihaila (2011) suggest that employee-centred organisations that view flexibility as a valuable management tool, should deal with specific barriers that discourage people from taking up flexible work arrangements. In the case of eldercare, we find that employees view certain policies as pertaining to only those with childcare arrangements, whether that is in fact the reality within the organisation or not. Either broadening these policies or raising awareness

of how they govern all caregiving roles would provide one way for organisations to deliver greater support. McCarthy et al., (2013) found that HR managers may provide another important source of support for employees independent of supervisory support, by being committed to, and portraying positive views about the impact of work life balance at a more distal level; therefore, we argue increasing the awareness of eldercare among the HR profession is of critical importance.

TOWARDS A NEW MODEL

The aim of this study was to use work/family border theory to explore the key constraints and facilitators that arise in reconciling full-time work and eldercare. In an effort to bring some clarity and new understanding to this area we have developed a conceptual map; each component of work/family border theory (domains, borders, border crossers and border keepers) were mapped to each of the key themes identified through the qualitative analysis, via the most salient elements contributing to the control of each component (see figure 2). This conceptual map provides an overview of the relationship between these components and the factors identified in the research as having an impact on the ability of full-time employed eldercare-givers to reconcile both roles. The map we present provides a focus for researchers and practitioners to further the discussion on how best to facilitate the combination of full-time employment and eldercare provision, given the rising importance of this issue.

We found that the presence of support (either formal or informal) within either domain facilitated a greater ability to continue to work full-time while being responsible for eldercare. The presence of support in the care domain is an important consideration. As border crossers, caregivers themselves can be reactive or proactive in responding to elements of care provision, leading to this having the possibility of being either a constraint or a facilitator. Our findings show that proactivity could be achieved in the delivery of ADLs by developing routines when

care recipient's needs were stable, however, episodic events required significant support from others, including the organisation. The completion of IADLs, and eldercare management, required caregivers to draw on their personal time and alter working arrangements where possible. We acknowledge the ability to avail of informal flexibility is a feature of employment for employees with either higher skilled roles or where the achievement of their tasks/role are not rigidly limited to particular hours of work. However, even within low skilled roles an element of informal flexibility may be achievable where other employees are willing to facilitate alterations in schedules. We argue in relation to care, temporal aspects of employment continue to be the greatest constraint for employees and challenge for employers (Roberts, 2008). The extent to which care and work domains are permeable or flexible, is very much dependent on the line manager's operationalisation of WLB policies, the organisational culture and the autonomy associated with the work role itself. Therefore, we argue that HR practitioners have a role to play in facilitating the discussion on the operationalisation of WLB policies in the workplace, which can be a fraught process (Fleetwood, 2007). Finally, regarding border keepers, the care-recipient plays a significant role through their own attitudes towards care provision and extent to which they embrace technology in facilitating care provision. These can result in facilitating the reconciliation of the demands of the two domains.

[Insert figure 2 here]

IMPLICATIONS FOR HRM

While much progress has been made on the issue of balancing work commitments and childcare, given the demographic imperative in relation to the ageing population a shift in focus in WLB policies is now needed. In doing so it is important for those responsible for human resource management to recognise that employed eldercare -givers are not a homogenous group and have hugely varying experiences of balancing full-time work and eldercare. While

the literature espouses the development of flexible organisational practices which would create permeability and weaken borders between work and care, research shows that the take up of such programs, even where available, has been limited (Gregory and Milner, 2009). This study has identified that informal practices such as home working and altering working hours are being utilised to cover eldercare responsibility, in the absence of formal HR policies on the issue of eldercare.

In addressing this issue we found the role of individual line managers to be particularly influential in reconciling WLB. While it is laudable to see that many line managers are willing to allow flexibility and autonomy, this does raise an issue with regard to the operationalisation of WLB policies. The current lack of formal care policies around eldercare creates a system whereby it is the line manager's attitude that determines how well eldercare and work are reconciled. In this regard, we believe that the time has arrived for HR policies and practices to take into account the fact that 'caregiving' no longer just encompasses caring for children. Indeed, Kim et al (2017) recently found negative spillover creates demand for flexible working arrangements (FWAs) among parents and suggested that organisational decision-makers should consider parenthood when designing and implementing FWAs programs. We echo this call, emphasizing that eldercare is a factor that decision-makers should also aim to address explicitly when designing and facilitating the use of FWAs.

LIMITATIONS AND FURTHER RESEARCH

We acknowledge that this study is based on a small number of interviews, however we caveat that with the fact that the tendency of working carers to work reduced hours (Covinsky et al, 2001; Chari et al, 2015), therefore locating a sample set of employees working full-time hours is difficult to achieve. Furthermore, based on Malterud et al.'s (2015) argument of information power (the more information the sample holds relevant for the actual study, the lower amount

of participants is required) and saturation, we believe this was a sufficient size sample. A further limitation of our study is that we neglected to examine the social domain of the caregiver, in terms of recreation and enjoyment, which could have an effect on how work and care are combined and managed. Nor did we not examine in detail the demographic of caregivers' colleagues. The extent to which an individual encounters other elder-caregivers at work could have a significant impact not just on the decisions they take in managing work and care, but also in the organisation's response to the phenomenon. We contend that this provides an area for further research. Finally, an important limitation of our research is our focus on mainly professional workers with no overt focus on gender differences taken into consideration. Ravenswood and Harris (2016) point to the need not just for recognition of gender but also of class in work-life balance research. Therefore, a comparative study of both low skilled and high skilled employees' experiences of eldercare and work would be illuminating.

CONCLUSION

There is consensus that eldercare has not received the social and corporate level support and attention that childcare has (Mann, et al, 2011: Allen and Shockley, 2012). With regard to childcare, the business case for family friendly flexible policies has been made repeatedly. As yet, employer and employee representative bodies internationally have not responded in kind to the growing need for specific HR policy development surrounding eldercare and employment. In this paper, we have highlighted the critical role that supervisors and managers play as border keepers in managing this rapidly increasing WLB issue facing organisations. Additionally, the importance of supports external to the workplace has been emphasised as critical for caregivers who are seeking great WLB. We believe that those representing both HR practitioners and employers can play a valuable role not only at workplace level, but also

in lobbying for change at institutional or national level that can affect how elder caregivers are supported, for example through statutory entitlements to leave.

References

- Allen, T. D., & Shockley, K. (2012). Older workers and work–family issues. In J. W. Hedge & W. C. Borman (Eds). *The Oxford handbook of work and aging*. New York, NY: Oxford University Press.
- Allen, T. D., Johnson, R. C., Kiburz, K. M., & Shockley, K. M. (2013). Work–family conflict and flexible work arrangements: Deconstructing flexibility. *Personnel Psychology*, 66(2), 345-376.
- Anderson, S. E., Coffey, B. S., & Byerly, R. T. (2002). Formal organizational initiatives and informal workplace practices: Links to work-family conflict and job-related outcomes. *Journal of Management*, 28(6), 24.
- Arksey, H. (2002), Combining informal care and work: supporting carers in the workplace. *Health & Social Care in the Community*, 10: 151–161. doi: 10.1046/j.1365-2524.2002.00353
- Barry, U, Conlon, C (2010) Elderly care in Ireland-provisions and providers. In: UCD School of *Social Justice Working Papers Series*, vol 10, issue no 1. University College Dublin, Dublin, pp 1–34
- Barrett, A., & Mosca, I. (2013). Increasing the State Pension Age, the Recession and Expected Retirement Ages. *The Economic and Social Review*, 44(4, Winter), 447-472.
- Bogdan, R., & Taylor, S. J. (1975). *Introduction to qualitative methods: A phenomenological approach to the social sciences.*, Wiley, New York
- Braun V and Clarke V (2008) Using thematic analysis in psychology. *Qualitative Research in Psychology* 2: 77–101.

Carretero, S., Garces, J., Rodenas, F. and Sanjose, V. (2009). 'The informal caregiver's burden of dependent people: theory and empirical review'. *Archives of Gerontology and Geriatrics*, 49: 1, 74–79.

Chang, A., McDonald, P., & Burton, P. (2010). Methodological choices in work-life balance research 1987 to 2006: a critical review. *The International Journal of Human Resource Management*, 21(13), 2381-2413.

Chari, A. V., Engberg, J., Ray, K. N., & Mehrotra, A. (2015). The opportunity costs of informal elder-care in the United States: new estimates from the American time use survey. *Health services research*, 50(3), 871-882.

Chesley, N., & Moen, P. (2006). When Workers Care Dual-Earner Couples' Caregiving Strategies, Benefit Use, and Psychological Well-Being. *American Behavioral Scientist*, 49(9), 1248-1269

CIPD. (2016). Alarm bell rung for employers to support working caregivers. <https://www.cipd.co.uk/news-views/news-articles/support-working-caregivers> [Last accesses January 29th 2016]

Clark, S. C. (2000). Work/family border theory: A new theory of work/family balance. *Human Relations*, 53 (6), 747-770

Clark, S.C (2001). Work Cultures and Work/Family Balance. *Journal of Vocational Behaviour*, 58: 348–365.

Clark, S. C. (2002). Communicating across the work/home border. *Community, Work & Family*, 5(1), 23-48.

Cooper, R., & Baird, M. (2015). Bringing the “right to request” flexible working arrangements to life: from policies to practices. *Employee Relations*, 37(5), 568-581.

Cooper, D. R. and Schlinder, P. S. (2008) *Business Research Methods* (10th edition). London: McGraw-Hill.

Covinsky, K. E., Eng, C., Lui, L. Y., Sands, L. P., Sehgal, A. R., Walter, L. C., ... & Yaffe, K. (2001). Reduced employment in caregivers of frail elders: impact of ethnicity, patient clinical characteristics, and caregiver characteristics. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 56(11), M707-M713.

CSO (2016) Census 2011, from CD851 Caregivers aged 15 years and over classified by regular unpaid help and labour force participation rate,

<http://www.cso.ie/en/census/census2011reports/census2011profile8ourbillofhealth-healthdisabilityandcaregiversinireland/> [Last accessed January 30th, 2017]

Demerouti, E., Derks, D., Lieke, L., & Bakker, A. B. (2014). New Ways of Working: Impact on Working Conditions, Work–Family Balance, and Well-Being. *In The Impact of ICT on Quality of Working Life*, 123-141 Springer. Netherlands.

Donnelly, S., O’Brien, M., Begley, E. and Brennan, J. (2016). “I’d prefer to stay at home but I don’t have a choice” *Meeting Older People’s Preference for Care: Policy, but what about practice?* Dublin: University College Dublin

Dugan, A. G., Fortinsky, R. H., Barnes-Farrell, J. L., Kenny, A. M., Robison, J. T., Warren, N., & Cherniack, M. G. (2016). Associations of eldercare and competing demands with health and work outcomes among manufacturing workers. *Community, Work & Family*, 19(5), 569–587.

Duxbury, L., Higgins, C., & Smart, R. (2011). Eldercare and the impact of caregiver strain on the health of employed caregivers. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 40(1), 29-40.

Eaton, S. C. (2003). If you can use them: Flexibility policies, organizational commitment, and perceived performance. *Industrial Relations: A Journal of Economy and Society*, 42(2), 145-167.

Eisenberger, R., Armeli, S., Rexwinkel, B., Lynch, P. D., & Rhoades, L. (2001). Reciprocation of perceived organizational support. *Journal of applied psychology*, 86(1), 42.

Feinberg, L., & Choula, R. (2012). Understanding the impact of family caregiving on work. AARP Public Policy Institute

Fleetwood, S. (2007). Re-thinking work–life balance: editor's introduction. *The International Journal of Human Resource Management*, 18(3), 351-359.

Flick, U., von Kardoff, E., & Steinke, I. (Eds.). (2004). *A companion to qualitative research*. Sage.

Fredriksen, K. I., & Scharlach, A. E. (1999). Employee family care responsibilities. *Family relations*, 189-196.

Giannikis, S. K., & Mihail, D. M. (2011). Flexible work arrangements in Greece: a study of employee perceptions. *The International Journal of Human Resource Management*, 22(02), 417-432.

Glaveli, N., Karassavidou, E., & Zafiropoulos, K. (2013). Relationships among three facets of family-supportive work environments, work–family conflict and job satisfaction: a research in Greece. *The International Journal of Human Resource Management*, 24(20), 3757-3771.

Gottlieb, B. H., Kelloway, E. K., & Fraboni, M. (1994). Aspects of eldercare that place employees at risk. *The Gerontologist*, 34(6), 7.

Greaves, C. E., Parker, S. L., Zacher, H. and Jimmieson, N. L. (2015) 'Turnover Intentions of Employees With Informal Eldercare Responsibilities: The Role of Core Self-Evaluations and Supervisor Support', *The International Journal of Aging and Human Development*, 82(1), 79-115.

Gregory, A., & Milner, S. (2009). Editorial: Work–life balance: A matter of choice?. *Gender, Work & Organization*, 16(1), 1-13.

Grzywacz, J. G., Almeida, D. M., & McDonald, D. A. (2002). Work–Family Spillover and Daily Report of Work and Family Stress in the Adult Labor Force. *Family Relations*, 51(1), 28-36.

Guest, D. E. (2017). Human resource management and employee well-being: towards a new analytic framework. *Human Resource Management Journal*, 27(1), 22-38.

Gusciute, E., Quinn, E., & Barrett, A. (2015). Determining Labour and Skills Shortages and the Need for Labour Migration in Ireland. *Economic and Social Research Institute (ESRI) Research Series*.

Haberkern, K., & Szydlik, M. (2010). State care provision, societal opinion and children's care of older parents in 11 European countries. *Ageing and Society*, 30(02), 299-323.

Hales, C. (2006). Moving down the line? The shifting boundary between middle and first-line management. *Journal of General Management*, 32(2), 31-55.

Heitmueller, A. (2007). The chicken or the egg?: Endogeneity in labour market participation of informal carers in England. *Journal of health economics*, 26(3), 536-559.

Hessel, P., & Keck, W. (2009). How caring for an adult person affects employment?. *Equalsoc State of the Art Report*, available online at: www.equalsoc.org.

Heywood, J. S., Siebert, W. S., & Wei, X. (2010). Work–life balance: promises made and promises kept. *The International Journal of Human Resource Management*, 21(11), 1976-1995.

Hill, E.J., Ferris, M., & Martinson, V. (2003). Does it matter where you work? A comparison of how three work venues (traditional office, virtual office, and home office) influence aspects of work and personal/family life. *Journal of Vocational Behavior*, 63, 220-241

Kane, P. M., Daveson, B. A., Ryan, K., McQuillan, R., Higginson, I. J., & Murtagh, F. E. (2015). The need for palliative care in Ireland: a population-based estimate of palliative care using routine mortality data, inclusive of nonmalignant conditions. *Journal of pain and symptom management*, 49(4), 726-733.

Kossek, E. E., & Lautsch, B. A. (2012). Work–family boundary management styles in organizations A cross-level model. *Organizational Psychology Review*, 2(2), 152-171

Kossek, E. E., Lautsch, B. A., & Eaton, S. C. (2006). Telecommuting, control, and boundary management: Correlates of policy use and practice, job control, and work–family effectiveness. *Journal of Vocational Behavior*, 68(2), 347-367.

Kim, J., Ingersoll-Dayton, B., & Kwak, M. (2013). Balancing eldercare and employment the role of work interruptions and supportive employers. *Journal of Applied Gerontology*, 32(3), 347-369.

Kim, H., et al. (2017). "Negative work–family/family–work spillover and demand for flexible work arrangements: the moderating roles of parenthood and gender." *The International Journal of Human Resource Management*: 1-24. doi.org/10.1080/09585192.2016.127825

Ladge, J. J., & Greenberg, D. N. (2015). Becoming a working mother: Managing identity and efficacy uncertainties during resocialization. *Human Resource Management*, 54(6), 977-998.

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, 73(1), 26.

Lewis, G. (2016) Employers reluctant to implement policies to support working carers, *People Management*, June 2016.

<http://www2.cipd.co.uk/pm/peoplemanagement/b/weblog/archive/2016/06/06/two-thirds-of-employers-don-t-provide-support-for-working-carers.aspx> [Last accessed, February 9th 2017]

Lewis, J. and Campbell, M. (2007). Work/family balance policies in the UK since 1997: a new departure?. *Journal of Social Policy*, 36(03), 365-381.

Lewis, S., Gambles, R., & Rapoport, R. (2007). The constraints of a 'work-life balance' approach: An international perspective. *The International Journal of Human Resource Management*, 18(3), 360-373.

Long Dilworth, J.E. and Kingsbury, N. (2005) 'Home-to-Job Spillover for Generation X, Boomers, and Matures: A comparison', *Journal of Family and Economic Issues*, 26(2), 267-281

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative health research*, 26(13), 1753-1760.

Mann, S. L., Cooke, G. B., & Zeytinoglu, I. U. (2011). Research note: Workplace child care and eldercare programs and employee retention. *Journal of Industrial Relations*, 53(2), 248-254.

Marks, N. F. (1998). Does it hurt to care? Caregiving, work-family conflict, and midlife well-being. *Journal of Marriage and the Family*, 951-966.

Martire, L.M., Stephens, M.A.P. and Atienza, A.A. (1997). 'The interplay of work and caregiving: relationships between role satisfaction, role involvement, and caregivers' well-being'. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 52: 5, S279–S289.

McCarthy, A., Cleveland, J. N., Hunter, S., Darcy, C., & Grady, G. (2013). Employee work–life balance outcomes in Ireland: a multilevel investigation of supervisory support and perceived organizational support. *The International Journal of Human Resource Management*, 24(6), 1257-1276.

Mennino SF, Rubin BA, Brayfield A. Home-to-job and job-to-home spillover: The impact of company policies and workplace culture. *The Sociological Quarterly*. 2005;46:107–135.

Molina, J. A. (2015). Caring within the family: reconciling work and family life. *Journal of Family and Economic Issues*, 36(1), 1-4.

Murphy, C., & Turner, T. (2014). Organising non-standard workers: union recruitment in the Irish care sector. *Industrial Relations Journal*, 45(5), 373-388.

Noelker, L. S., & Bass, D. M. (1994). Relationships between the frail elderly's informal and formal helpers. In E. Kahana, D. E. Biegel & M. L. Wykle (Eds.), *Family caregiving across the lifespan* (Vol. 4). Thousand Oaks, California: SAGE Publications Ltd.

Nolan, A. et al (2014) The Over 50s in a Changing Ireland: Economic circumstances, health and well-being. TILDA. Dublin: Trinity College Dublin. www.tilda.tcd.ie/assets/pdf/Wave2-Key-Findings-Report.pdf

Pitt-Catsoupes, M., & Matz-Costa, C. (2008). The multi-generational workforce: Workplace flexibility and engagement. *Community, work and Family*, 11(2), 215-229.

Plaisier, I., Broese van Groenou, M. I., & Keuzenkamp, S. (2015). Combining work and informal care: the importance of caring organisations. *Human Resource Management Journal*, 25(2), 267-280.

Poelmans, S., & Beham, B. (2008). The moment of truth: Conceptualizing managerial work-life policy allowance decisions. *Journal of Occupational & Organizational Psychology*, 81(3), 393-410

Principi, A., Lamura, G., Sirolla, C., Mestheneos, L., Bien, B., Brown, J., & Doehner, H. (2014). Work restrictions experienced by midlife family caregivers of older people: evidence from six European countries. *Ageing and Society*, 34(02), 209-231.

Ravenswood, K., & Harris, C. (2016). Doing gender, paying low: gender, class and work-life balance in aged care. *Gender, Work & Organization*, 23(6), 614-628.

Ray, R., Gornick, J. C., & Schmitt, J. (2010). Who cares? Assessing generosity and gender equality in parental leave policy designs in 21 countries. *Journal of European Social Policy*, 20(3), 196-216.

Reid, R. C., Stajduhar, K. I., & Chappell, N. L. (2010). The impact of work interferences on family caregiver outcomes. *Journal of Applied Gerontology*, 29(3), 267-289.

Roberts, E. (2008). Time and work-life balance: the roles of 'temporal customization' and 'life temporality'. *Gender, Work & Organization*, 15(5), 430-453.

Russell, H., O'Connell, P. J., & McGinnity, F. (2009). The impact of flexible working arrangements on work–life conflict and work pressure in Ireland. *Gender, Work & Organization*, 16(1), 73-97.

Sakka, M., Sato, I., Ikeda, M., Hashizume, H., Uemori, M., & Kamibeppu, K. (2016). Family-to-work spillover and appraisals of caregiving by employed women caring for their elderly parents in Japan. *Industrial health*, 54(3), 272-281.

Sims-Gould, J., Martin-Matthews, A., & Gignac, M. A. M. (2008). Episodic crises in the provision of care to elderly relatives. *Journal of Applied Gerontology*, 27(2), 123-140.

Smith, P. R. (2004). Elder care, gender, and work: The work-family issue of the 21st century. *Berkeley Journal of Employment and Labor Law*, 25(2), 351–399

Staines, G.L. (1980). Spillover versus compensation: A review of the literature on the relationship between work and nonwork. *Human Relations*, 33, 111 – 129

Tennstedt, S. L., & Gonyea, J. G. (1994). An agenda for work and eldercare research: Methodological challenges and future directions. *Research on Aging*, 16(1), 24.

TILDA, Report: Fifty Plus in Ireland 2011
<http://www.atlanticphilanthropies.org/learning/report-fifty-plus-ireland-2011>

Trullen, J., Stirpe, L., Bonache, J., & Valverde, M. (2016). The HR department's contribution to line managers' effective implementation of HR practices. *Human Resource Management Journal*, 26(4), 449-470.

Van Campen, C., De Boer, A. and Iedema, J. (2012). ‘Are informal caregivers less happy than noncaregivers? Happiness and the intensity of caregiving in combination with paid and voluntary work’. *Scandinavian Journal of Caring Sciences*, 27: 1, 44–50.

Yeandle, S., & Cass, B. (2013). Working carers of older people: steps towards securing adequate support in Australia and England? In Kröger, T., & Yeandle, S. (2013). *Combining paid work and family care*. Policy Press. pp 71-87

Zuba, M., & Schneider, U. (2013). What helps working informal caregivers? The role of workplace characteristics in balancing work and adult-care responsibilities. *Journal of family and economic issues*, 34(4), 460-469.