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Caregiving responsibilities for a child, spouse or parent: The impact of care recipient independence on employee well-being

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ABSTRACT

An important non-work role involves the provision of informal, unpaid care to family and friends who have a disability or who are aged. In this study we explored the effects of different levels of care recipient independence on caregiver well-being. We predicted that care recipient independence would affect caregiver well-being and that this effect would be sequentially mediated by caregiver career disruption and underemployment. We also proposed that the effect of care recipient independence would be moderated by the workplace and out-of-workplace support available to the caregiver. In a survey of employees with unpaid non-work caregiving responsibilities our hypothesis concerning the mediating role of caregiver career disruption and underemployment was supported. We also found the predicted effect for the moderation hypothesis concerning care recipient independence and workplace support. Employees who cared for people with low independence experienced greater career disruption when they received limited workplace support – and this career disruption flowed through to lower caregiver well-being.

Many people provide informal care to family members with disabilities or who are elderly. For example, more than 1 in 10 people in Australia and the U.S. currently provide unpaid care (Australian Bureau of Statistics [ABS], 2012; NACAARP, 2015). Contrary to some expectations, these caregivers are often active workforce participants with two thirds employed in addition to their caregiving role (ABS, 2012). Furthermore, the number of employees who are caregivers is growing as population ageing increases the prevalence of disability, and the rise in dual career couples increases involvement of women (who are disproportionately caregivers) in the workforce.

These trends have prompted a growing interest in understanding how caregiving influences careers and employee well-being (e.g., Bainbridge, Cregan, & Kulik, 2006; Kossek, Colquitt, & Noe, 2001; Kulik, Cregan, & Bainbridge, 2013; Lee, Walker, & Shoup, 2001; Li, Shaffer, & Bagger, 2015; Neal & Hammer, 2007). This stream of research suggests that caregiving shapes participation and functioning in major life roles including employment. For example, caregiving may prompt retirement decisions and it can affect work attitudes, hours, and income (Buffardi, Smith, O'Brien, & Erdwins, 1999; Lilly, Laporte, & Coyte, 2007; MetLife, 2011). Combining work and caregiving is not necessarily detrimental though and some findings suggest that caregivers with greater involvement in a work role are not hurt, and in some cases may even benefit in terms of well-being from simultaneous work and caregiving roles (Bainbridge et al., 2006; see also, Brown & Brown, 2014; Poulin et al., 2010 for a discussion of positive aspects of caregiving).

While an increasing number of organizational researchers are considering employee caregiving, relatively little is still known

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about the experience of combining work and care. Caregivers have been described as "the 'missing persons' in vocational research" (Casper & Swanberg, 2011, p. 611) and this gap contributes to a limited understanding of how caregiving affects employees and how these employees can be best supported. These considerations shape the design of this study.

This study aims to provide three contributions to the literature. First, we introduce the concept of *care recipient independence* and test its relation to caregiver employment and well-being outcomes. In doing so, we aim to demonstrate the benefits of assessing caregiving via measures that better capture the complexity of the role. Second, we examine the process by which care recipient independence affects caregiver well-being by outlining *how* caregiving affects outcomes via the work domain. Third, we explore the effectiveness of two different forms of organizational support in buffering the effect of care recipient independence on employee well-being. This allows us to provide guidance to research and practice for improving the experience of caregivers in the workforce.

1. Theoretical background and hypotheses

The focus of the current study is on people who provide informal, unpaid care to family and friends with disabilities. These responsibilities are distinguished from those undertaken by paid professionals such as nurses and doctors who provide organized care in formal health care situations. Informal caregiving generally occurs in the context of a family relationship with the caregiver assisting a child, partner, parent, or other family member.

Involvement in caregiving is typically studied in terms of tasks undertaken, hours committed, or as care recipient characteristics (e.g., type, severity of disability). For example, caregiving is frequently measured in terms of the provision of assistance with transport, medication, finances, meal preparation, personal care or other daily activities (e.g., Li et al., 2015) or as the time committed those tasks (e.g., Gordon & Rouse, 2013; Lee et al., 2001). This interest reflects an appreciation of the 20 or more hours of weekly care provided by the majority of people with primary responsibility for a care recipient (ABS, 2012). Caregiving is also regularly assessed in terms of the type (e.g., Bainbridge et al., 2006; Buffardi et al., 1999; Kossek et al., 2001) or severity (e.g., Kulik et al., 2013) of a care recipient's disability.

There is however, increasing criticism of objective measures of caregiving with concerns raised about the degree to which they capture the psychological aspects of care (Gordon & Rouse, 2013; Poulin et al., 2010). Care is inherently relational and is generally undertaken in kin relationships where strong bonds tie a caregiver and care recipient together. As a result, "emotions, particularly attachment, play a significant role in the day-to-day experience of informal eldercare provision" (Horrell, Stephens, & Breheny, 2015, p. 258). Poulin et al. (2010, p. 108) reinforce this by emphasizing that caregiving goes beyond simply providing active help. "Intervals of active helping… are frequently interspersed with long stretches of passive vigilance. Such 'on-call' time differs from… providing emotional support, assisting others with daily chores… both objectively and in terms of caregivers' likely appraisals." Objective measures of caregiving may thus provide only a partial explanation of how involvement in the role shapes caregiver decisions and outcomes.

Drawing upon these arguments, we consider immersion in the caregiving role in terms of the caregiver's belief about a care recipient's independent ability to care for him or herself. From the perspective of the caregiver, care recipient independence can be understood as a measure of the caregiver's degree of physical and psychological distance from the care recipient. Care recipient independence is helpful because it addresses issues of attachment and obligation such as a caregiver's concern about what might go wrong if a caregiver is physically absent. This interpretation is important because it may lead to significant differences between caregivers in their commitment to the role (even when assisting a similar care recipient). To illustrate, caregivers who worry extensively about a care recipient when physically absent may exhibit a physical and psychological commitment to care far beyond what might be predicted by objective measures of care recipient needs. Others who are oblivious or neglectful might conceivably have lower involvement than what might be anticipated based upon objective measures. Thus, a caregiver's belief about how long the care recipient could manage without his or her assistance should be a strong predictor of work domain and general well-being outcomes. We thus expect that caregiving involvement will be highest when the care recipient has a low level of ability to care for him or herself (a low degree of independence) because this requires the caregiver to be more physically and psychologically connected to the care recipient to ensure that his or her needs are met. By contrast, care recipients who are highly independent provide the caregiver with greater scope to pursue life activities that do not involve the care recipient.

1.1. Care recipient independence and caregiver well-being

In this study we draw upon Conservations of Resources (COR) theory (Hobfoll, 1989) to outline the connection between caregiving and well-being. COR theory outlines that individuals seek to obtain pleasure and enhance their happiness by striving to acquire and protect valued resources. Resources are defined as objects, conditions, energies, or personal characteristics that the individual values. According to COR theory, stress originates when there is a "(a) the threat of a net loss of resources; (b) the net loss of resources; and (c) a lack of resource gain following the investment of resources" (Hobfoll, 1989, p. 516).

COR theory is helpful for examining the well-being of employee's with caregiving responsibilities because it explains how attempts to combine work and caregiving lead to stress. From the perspective of COR theory, caregiving constitutes an actual or perceived threat to resources because resources are lost: i) due to the demands of caregiving, and, ii) from an employee's efforts to manage simultaneous demands of conflicting roles (Grandey & Cropanzano, 1999). First, the provision of assistance depletes an individual's resources when time and energy are committed to providing care. Caregiving typically involves a major time commitment and because this time might otherwise have been used to acquire valued resources, this contributes to stress (ABS, 2012; Grandey & Cropanzano, 1999). Resources are also threatened by caregiving as it involves sustained physical effort (e.g., lifting,