University of Huddersfield Repository

Burr, Vivien and Colley, Helen

"I just felt as though I had to drop something": The implications of care for female working elder carers' working lives.

Original Citation

"I just felt as though I had to drop something": The implications of care for female working elder carers' working lives.

Prof Viv Burr and Prof Helen Colley
University of Huddersfield, UK

Abstract

This paper explores the challenges that female elder carers in the UK face in combining paid work with elder care, and the implications of this care for their current and future working lives. In-depth interviews with 11 working women from a large organisation were conducted, and 5 of the women were re-interviewed after a period of one year to examine any changes in their situation. The interviews revealed the precarious nature of their daily schedules, which required constant effort to maintain, the intrusion of elder care into their working lives and the impact it had upon their career development and future aspirations. The findings provide insight into the reasons why carers, especially women, are more likely to reduce their working hours, do not take advantage of training opportunities and retire early. The findings are discussed in relation to the expectation of an extended working age and gender equality.

Introduction

The future consequences of an ageing population in societies across the world are now well rehearsed. In the UK media, reports of a 'care crisis' highlight the lack of adequate funding for social care (e.g. Mulholland 2017) and levels of government funding for older people's social care fell significantly between 2005 and 2015 (Mortimer and Green 2015). AGE UK (2017) report that "In recent years the level of unmet need for care and support within the older population has been rising at an alarming rate" and that rising levels of need and declining access to local authority care services have placed increasing pressure on informal, unpaid carers.

In the UK, many people fear going into residential care, which is seen as a place of last resort (The Commission on Residential Care 2014), and a review by the Centre for Policy on Ageing in 2014 reported that most European countries saw between 20% and 30% of the population aged 50 and over receiving care or support from informal carers and between 38 and 66% of the population aged 50 and over providing informal support to family member or friends (CPA 2014). Indeed, they report that in most, if not all, countries across the world, the primary form of care and support for older people is family and informal care. Fine (2012) notes that the demography of the 21st century is one of aging societies. Such societies include not only the relatively affluent advanced countries in Western Europe, North America and the S.W. Pacific Rim; ageing now affects every continent, due to increased life expectancy and reduced birth rates. While these changes have been gradual in some countries, for others, particularly Japan, Korea, China and other Asian countries, they are taking place more rapidly. Dual-earner families are increasing in many Asian countries and the increase in women's labour market participation has led to changes in patterns of elder care in Asian countries. For example, in China, and urban China in particular, families are becoming smaller in size and nuclear in structure, and daughters' involvement in physical and financial care for parents is increasing (Zhan 2002). In Thailand, rapid growth of the elderly population, fewer numbers of children, changes in women's roles and women's employment, and migration are all presenting challenges for the Thai traditional role of women and the family as the main elder care providers (Narknisorn and Kusakabe 2013). Therefore, although available statistics pertaining to gendered patterns of work and care are predominantly UK based, it seems highly likely that the issues we raise in this paper are internationally relevant.

Carers UK (2014) estimated that over 3 million people in the UK were combining care, usually elder care, with paid work, and women are more likely than men to be informal

carers. A large proportion of working carers in the UK look after an elderly parent (Yeandle and Cass 2014) and there is evidence that care for elderly people is being provided predominantly by women (Bookman and Kimbrel 2011), many of whom are also in paid employment. An important aspect of the aging population is therefore the burden that elder care responsibilities may place on working people, and working women in particular.

Women continue to have prime responsibility for the domestic sphere, including the care of children and other family members, and these responsibilities may have a significant impact upon their capacity to undertake paid work. The impact of childcare responsibilities on working life has been well researched and in the last few decades governments and employers, at least in some European counties, have begun to respond to the issue of childcare responsibilities through, for example, the statutory provision of maternity and paternity leave, flexible working arrangements and family-friendly policies. But in the case of the care of elderly people there is no such support from the state and employers are less likely to be aware of and to formally accommodate the needs of employees who have elder care responsibilities, although internationally some innovative employers are leading the way in creating caregiver-friendly workplace policies (Katz *et al* 2011; Ireson, Sethi and Williams 2016; Ramesh, Ireson and Williams 2017).

Such responsibilities inevitably have effects upon carers' capacity for engagement in paid work. Family caregivers are often under pressure to leave work to provide care (Bittman, Hill, and Thomson 2007), and those who remain in work face setbacks. Mayrhofer *et al.* (2008) report a negative relationship between family responsibilities and measures of both objective and subjective career success. Carers in paid work typically fail to realise their potential (Evandrou1995), are in employment which doesn't fulfil their skill capacity (Glendinning 1990; Kagan, Lewis, and Heaton 1998), are unable to take advantage of training opportunities (Seddon 1999) and find themselves with limited promotion opportunities

(Crossroads 1993). In a meta-analysis of 35 studies in the UK and USA, Lilly, Laporte, and Coyte (2007) reported that family caregiving was associated with reduced labour market participation, both in terms of the capacity to remain in work and in terms of the hours worked. The effects were more severe for carers in the USA, who had less access to public services and helpful employer policies.

Given the gendered nature of elder care, care responsibilities are more likely to impact women's working patterns than men's, suggesting that women's progress toward equality in the workplace, an explicit aim of the EU, is under threat. Employed carers are financially disadvantaged (Ramcharan and Whittel 2003). Across the care spectrum, women carers work fewer hours and have lower incomes than non-carers, and this negative economic impact is related to providing intensive care rather than just a basic level of care (Carmichael, Charles, and Hulme 2010). Intensive care is defined by Pickard (2012) as care provided for 20 or more hours per week. Female working carers are less likely to be in full time work; they are more likely than men to reduce their working hours, give up work altogether, or pass up opportunities for promotion or training because of their caregiving duties, and providing care for an elderly person is more likely to lead to retirement in women than men (Dentinger and Clarkberg 2002). Some women have such heavy care load that they are unable to contemplate taking on paid work at all (Masuy 2009).

The difficulties that are faced by those who try to combine paid work with care responsibilities have often been understood within the theoretical framework of work-family conflict. Work–family conflict is defined as a situation in which "participation in the work (family) role is made more difficult by virtue of participation in the family (work) role" (Greenhaus and Beutell 1985: 77). Care-giving is recognised as one of the causes of family-to-work conflict (e.g. Grzywacz and Marks 2000; Zuba and Schneider 2013). According to

Raymo and Sweeney (2006) such conflict is related to preferences for both full and partial retirement and they suggest that "spillover of family stress into work may be an important mediator of the association between selected aspects of the family environment and preferences to retire." (S162). Such stress has also been specifically reported in working elder carers, especially where the burden of care was perceived as high (Trukeschitz *et al.* 2013) and Colombo *et al.* (2011) found that the probability to give up paid employment depended on the intensity of care. Intensity of care is often measured by the number of hours of care per week, or by the carer's perceived burden of care. It therefore seems likely that the level of work-family conflict is related to the degree of the burden of care and ultimately to the decision to reduce one's working hours or retire. Since governments want workers to remain in employment for longer, it is important to understand the pressures that may encourage workers to retire earlier than they otherwise would.

Much of the previous research on the impact of care responsibilities upon work and retirement has consisted of quantitative studies and although this has provided some knowledge of the financial and career-related effects of care responsibilities, we do not as yet have much understanding of the psycho-social and workplace factors behind these, especially in the case of elder care. In addition, much of the large-scale qualitative work has been conducted in the USA and a number of countries across Europe, with limited generalisability to the UK. There has been a small amount of qualitative work examining the experiences of working elder carers in the UK, Sweden, Finland and Isreal (Bernard and Phillips 2007; Eldh and Carlsson 2011; Katz 2011; Leinonen, 2011; Phillips 2000; Phillips, Bernard and Chittenden 2002); some of this research, highlights the balancing or juggling that working elder carers must do, leaving themselves little personal or social time. It suggests that, for at least some working carers, their caring responsibilities have a negative impact upon their work roles, but this issue has not yet been investigated in depth.

Building on this previous work, we report findings from our qualitative study in which female working elder carers from a large organisation were interviewed about the challenges and impact upon them of combining work and elder care, and the implications of these for their current and future working lives. Our research also incorporated a longitudinal element, by re-interviewing a sub-sample of the women after a period of one year. This design addition was important as it enabled us to gain some insight into how the continued experience of elder care and changes in their care responsibilities impacted upon the work-related decisions that the women felt they faced.

Methodology

In order to gain a rich and detailed understanding of our participants' experiences we adopted a qualitative approach. The aim of qualitative research is to explore and communicate the meaningfulness of experience from the perspective of the research participant (King and Horrocks 2010). It therefore seeks to get "up close and personal with the ideas, the people, and the events that stimulated the researcher's curiosity" (Bansal and Corley 2011).

Qualitative research also requires that researchers reflexively examine and report on their personal role in and relationship with the research and its participants. The research arose from the authors' own personal experiences of providing elder care whilst in full-time work, and our research questions were derived from these and from a review of the relevant academic literature. We therefore considered ourselves to have 'insider status', since we anticipated (and subsequently found) that there were many similarities between our own situation as working elder carers and that of our participants. However, we recognised that the experience of combining work with elder care is likely to be very different for women in

occupational roles unlike our own. In order to capture this diversity, our aim was therefore to sample women in a variety of roles within the organisation.

Ethical considerations

The research was given ethical approval by the Research Ethics Panel at the researchers' institution. Both the organisation and the participants were assured of anonymity, and data that could potentially identify either the organisation or participants is not reported in this paper. This was of particular importance since working elder carers can be anxious about their employer becoming aware of their situation (Bernard and Phillips 2007), and this was indeed the case with some of our participants.

Sampling and recruitment

The research took place within a large organisation in the UK, employing over 2,000 people, and access was negotiated via its chief executive. In terms of family-friendly policies, the organisation has a flexible working policy which allows staff to make an application to change their working hours or to work flexibly. However, the wording of this policy may suggest to staff that it principally applies to staff with child care responsibilities:

> A request for a change in working hours or working arrangements may arise for a variety of reasons. Whilst the procedure applies equally to all staff, regardless of their gender or personal circumstances, it is acknowledged that many requests will follow a period of maternity/adoption leave.

The organisation also provides short-term Dependents' Leave, designed to cover unplanned, emergency situations.

We recruited by sending staff a letter of invitation to participate in the research. This was sent via email distribution lists to three sections of the organisation identified as employing a large proportion of women (386 women in total). We were especially keen to recruit from staff in catering and cleaning roles; in these cases no email distribution lists existed and we asked heads of those services to advertise our request. However these staff proved particularly hard to reach and none came forward.

Participants

Seventeen women in both professional roles and support services volunteered to take part, and six of these subsequently withdrew. It is not possible to say what proportion of female elder carers within the organisation this represents, since the organisation does not collect and record these figures. However, given the numbers of working elder carers in the population reported above, it is likely that our volunteers represent a small minority of women in this situation employed by the organisation. The women who withdrew from the study did so for a variety of reasons including time pressures and the anticipated emotional stress of talking about their experiences.

The 11 remaining women were currently caring for an elderly parent (or parents) who were still living in their own homes, and all but one of them were employed on full time contracts. They were aged between 45 and 66 and had been employed by the organisation for between 6 and 21 years. The length of time they had been working elder carers ranged from 6 months to 11 years. In addition to caring for their elderly parents, the women also had prime responsibility for running their own households, which sometimes included looking after teenage children or other disabled relatives. Carers typically took responsibility for tasks such as shopping, cooking and cleaning, as well as arranging GP and hospital visits, and

accompanying their elder to these appointments. They were able to call upon the assistance of other family members to varying degrees, but all assumed prime responsibility for the delivery of care to their elder.

Data collection

Permission was gained from participants' line managers for them to take part in the research during working hours, and several chose to do this during their lunch break. We interviewed nine participants in three focus groups using a semi-structured interview format. Two women were unavailable at the times of the focus groups and were therefore interviewed individually.

Semi-structured interviews are generally felt to be appropriate where the topic area is relatively under-researched and the issues likely to be salient to participants cannot be readily anticipated. Semi-structured interviews allow the interviewer to retain control over the direction and coverage of the interview while giving the participant the freedom to discuss issues of particular concern and important to them (King and Horrocks 2010). We chose focus groups since these can often be very fruitful in stimulating discussion and the group context can encourage personal disclosure (Morgan 1997), and we additionally felt that our participants may find it helpful to meet and talk to others in a similar situation to themselves.

Women in similar work roles were interviewed in the same focus group in order to allow issues particularly relevant to their working situation to be identified. Given that, in the case of some of our participants, the difference between our own work roles and theirs may have created a perceived power or status imbalance, we hoped that these focus group arrangements would ameliorate this. We acknowledged the personal stimulus for the research with our participants, describing both our own work roles and our care

responsibilities. Aside from being good practice, we felt that this would create a good rapport and trusting relationship with them and would additionally help to overcome any imbalance in the researcher-participant relationship. However, during data collection we refrained from offering comments on our own experiences unless these were specifically sought by participants.

We asked them about the problems and challenges they faced in combining their paid work and elder care roles and how caring impacted upon their working lives. We also asked them about any support available from their employer and local services, as well as how accessible and helpful they found this. Five of the women were subsequently re-interviewed after a period of approximately one year in order to explore any changes in their situation and experience. In order to compensate them for their time and effort (they all took part during their working day, with the permission of their line managers) the women received a £10 shopping voucher for each interview they undertook. The interviews lasted for about one and a half hours each and were audio recorded. Notes on key emergent issues were taken by both authors during the interviews.

Prior to the one-year follow-up interviews, which were all conducted individually, the participants were sent a summary of their account from the previous year as an aide-memoire. In this interview we covered the same issues as in the first interview, asking whether there had been any changes in their situation.

Data analysis

The interviews were transcribed, replacing real names with pseudonyms. The first set of transcripts were then analysed thematically (Braun and Clarke 2006). Thematic analysis is consistent with our research aims, since we were not aiming to discover objective truths but to explore the experiences of our participants and see the world from their perspective.

Themes are 'offered to the reader as a compelling and coherent reading of data, rather than (more or less) accurate identification of a decontextualized or pre-existing truth' and they are 'meaningful entities that are constructed from codes that unify disparate data, and capture the essence of some degree of recurrent meaning across a data-set.' (Braun and Clarke 2016: 2).

We developed a number of a-priori codes by re-reading and comparing the detailed notes we had taken during the interviews. A-priori themes or codes are those identified at the outset of the research and therefore in advance of the analysis. King and Brooks (2017) suggest that they are appropriate where the intention of the research is to focus on particular aspects of the phenomenon under investigation. In the case of our research on the experiences of working elder carers, we were especially interested in the nature of the challenges the women faced, the impact of these upon the women's working lives, and their support needs. These issues were adopted as a-priori themes in comparing our notes taken during the interviews. From this comparison, we were able to identify a number of key issues from which we produced a set of 27 a-priori codes for the analysis of the transcripts, grouped as follows according to our research aims:

- Problems and challenges in combining elder care and work (for example, 'managing unpredictability' and 'elders' expectations of sons/daughters')
- Impact of elder care

   - on personal life (for example, 'impact on family/social time' and 'impact on relationship with elder')

   - on working life (for example, 'intrusion of care into work time/space' and 'impact on career progression')

- Support available (formal and informal)

- Perceived need for additional resources and policies (from the organisation and from the local authority)

These were then used to carry out an initial coding across all the interview transcripts, listing all relevant extracts under each code. This initial coding was carried out by a research assistant and subsequently checked by both authors. The involvement of a third person who did not share our 'insider' status as a working elder carer helped to avoid our own experiences having an undue influence upon the findings. The material was then organised into themes by the authors. The five follow-up interviews were analysed by coding for changes in challenges, impact and support.

Findings

Our focus in this paper is upon the challenges of elder care for working people and the impact of elder care upon working carers' work roles, and we will therefore not present detailed findings on the issues of access to support. The latter were presented in reports to the organisation and the local authority. Three themes emerged relating to the challenges of elder care and its impact upon paid work: Juggling work and care, Intrusion of care into working time and Effects on development and career progression.

Juggling work and care

The metaphor of the juggler highlights the constant effort that is required to keep the performance going and to avoid its collapse. A recurrent theme throughout the women's experiences was that of juggling priorities or 'plate spinning' in order to manage their work and care commitments. Karen's account gives a flavour of the constant and strict time management that is needed to keep this juggling act going:

Those days where I've [worked] on Saturdays have just been absolute killers, and I've just had to sort myself out so that Saturday morning I do the cleaning and the washing and erm Saturday afternoon I either take my daughter to wherever it is that she's going to and usually call into the supermarket on the way back and then I'm kind of available for my children Saturday evening. Sunday morning I get up and do the ironing for the following week, then go across [to her elderly parent]. Sunday evening is nice family time. But if I'm actually working a Saturday, erm, it's just like, oh, horrible, really, I feel like I'm trying to catch myself up, I'm chasing my tail all the time in those weeks. (Karen)

Typically, the women were highly conscientious employees and did not want their care responsibilities to affect the quality of their work, frequently taking work home to do in the evenings or at weekends:

It's just the logistics of juggling what is more than a full time job. I mean I wouldn't even say mine is a full time job, it's a full time and a half job in some ways. So it just seems to be there's so much, there's never an end to it and I always take work home, or I'll be here till sort of six, seven and its actually fitting everything in…(Felicity)

You've just got to make those instant decisions about where your loyalties are really and it is quite difficult. I mean I…take a lot of work home, erm, and I find I'm working all weekend and evenings as well. (Michaela)

As Michaela suggests, work and care commitments took up all of the women's time, leaving no flexibility in the system. But in her reference to "instant decisions about where

13

your loyalties are" Michaela introduces an issue that proved to be key to understanding the women's choices. They were committed both to their jobs and to providing excellent care for their parent(s), but if they were placed a situation where they simply could not do both then their care commitments took priority.

Furthermore, some of the women belonged to the so-called sandwich generation, having family responsibilities for their own older children as well as for elderly parents. Here, Tracy alludes to a feeling of being trapped by her care commitments which include care for her elderly mother and providing support for her husband and sons:

I feel as though I've got a lot of plates spinning and I'm just about managing to keep them all spinning…I often do have a half day, but you know, so I'll come in at half seven and probably leave at half five and then I feel justified in having that half a day off to take my mum to the dentist…so I am sort of juggling and negotiating things around…I've got one son who's doing a degree and I've another son who's just started an apprenticeship and struggled, and my husband's just changed his job and that was a lot of pressure and at one point I did think "Oh my God", I felt like I were in a box and I couldn't get out of it. (Tracy)

The issue of juggling work and care is an evocative one and is a finding that has emerged in previous research (Phillips et al., 2002). But the enormity of the challenge the women face is illustrated here. Although men have increased their contribution to household labour over time, women continue to take on a greater share of domestic responsibilities (The Social Issues Research Centre 2011), and this is true regardless of their employment status. This means that women in full-time work who have families of their own already spend a good deal of their time, outside of their paid jobs, doing domestic work. The addition

of elder care effectively means that all of their time outside of paid work is consumed in domestic and caring work. The women we interviewed reported that the juggling they must do often involves extending their (paid and non-paid) working day and sacrificing their own personal and social time. Given this scenario, there would seem to be little flexibility in their lives to accommodate elders' increasing care needs. At their follow-up interviews a year later, the situation for four of the women had intensified. Karen's experience was typical:

> Well, I think what I've come to realise with eldercare is, you know, that it's only going to get worse as it goes along, you know. There's an end in sight and it's not a good one and things progress downwards towards that end. So wherever I was last time [the previous interview], it's only got worse in terms of what I've had to do. (Karen)

But for some carers, as one caring responsibility draws towards its end, others may begin. Tracy's experience is not uncommon; she had been caring for her elderly mother, but a year later there was a concern that her care responsibilities may be about to become extended. The caring careers of informal carers can span many years as one set of care responsibilities is replaced by another:

> The only thing is that I seem to be the first point of contact for my mother-in-law and at the moment, in terms of their health, her health seems worse. So I'm anxious that that will increase. (Tracy)

Intrusion of care into working time

Living with such constant pressures is stressful in itself, but their caring role and responsibilities also intruded into the women's day to day working lives. This took the form of both being mentally pre-occupied and suffering interruptions to their work:

She can ring me every day at work and it's like "let's have a chat" and it's that, you know, you're trying to, I don't know about you, but she just rings, it doesn't matter and trying to get her off the phone and it's like right I'll have to go and then I don't know about you, they don't listen to you, they've just got one long dialogue haven't they about everything that's going on and all the neighbours and who's died and who's got whatever illness and she just, it's really hard to get in and shut her up. But she does this every day and I keep thinking what, I'm at work, you know...(Lesley)

You feel as it's on your mind all the time…even when you're at work I suppose…sometimes my husband will ring and say "your dad wasn't up this morning"…and then for the next hour or so I'm thinking "shall I ring? And if I ring and he doesn't answer, what am I going to do then?", that type of thing… so it's on your mind. (Gail)

Gail's final question "what am I going to do then?" again raises the dilemma working elder carers ultimately face- whether to neglect, reduce or abandon their paid work in order to provide care. Inevitably, situations arise where the needs of their elder must be prioritised:

A couple of months ago I just got a phone call in the middle of the day at home saying "Michaela I need you immediately" and I went: "Well, what is the problem? Because I'm working- I am at home, but I'm working" and she said "I've just scalded both my hands" and she was nearly in tears and I just went "Ah, ok, I'll be there in five minutes" and you literally drop everything and run. (Michaela)

Because of their differing work roles, some of the women were more able than others to organise their own working commitments around their care responsibilities. Working from home and organising their own diaries was something the women in professional roles were able to do in combining their work and care roles. But women in support roles generally did not have this level of personal control over their work. For most of them it was the flexibility and understanding of their line managers and the willingness of their colleagues to take the strain in times of need that enabled them to carry on. However, the willingness of line managers to accommodate elder care needs clearly varied.

The women faced occasions when they had to respond to unanticipated events during their working time, such as an accident or hospitalisation, and tried to accommodate this unplanned event by sacrificing personal time and working late:

> But I was in the morning going up to make sure everything was ok, then going up at lunch time, coming back and doing my work, going back to the hospital…then I was coming back and working late in the office to catch up for those hours that I'd missed (Angela).

Some of the women requested flexible working hours, but even with this in place they found it difficult to manage as care commitments increased:

> In the situations that you're in, you haven't much time to make flexi-time up have you, do you know, are you with me? If you're working, if you're already working nearly full time or full time, how much more time have you got when you're already looking after somebody to fit in extra flexi, you can't can you, it's a physical, you know, it's impossible. (Gail)

The women increasingly sacrificed their own personal, family and social needs in order to satisfy the needs of both care and work, being under constant time-pressure and stress, and facing an uncertain future summed up by the question 'how long can I keep this up'?

Effects on development and career progression

When the answer to the question 'how long can I keep this up?' is 'I can't' then something has to be sacrificed, and for our participants this was, reluctantly, their job. For the women in professional roles the first thing they sacrificed was career development. They stopped working towards extra qualifications and stopped attending development events that would mean being away from home for short periods. Typically, the women felt that they were unable to find the time and mental space to devote to further education and training; Jessica explains why she felt she could not take on the work of studying for a qualification:

> When I first started …everybody was doing a [degree]…and I really fancied doing it, but I knew that I hadn't got the evening and weekend time for it, so… I just dismissed it and I still feel the same, I just haven't got the time, I really haven't because, you know, it's weekends and evenings and if I have the opportunity for… time for myself, I can't imagine that I'd be able to put my mind to studying.

Like Jessica, Felicity had begun her career with ambition but her caring responsibilities have meant that she has now abandoned her plans for advancement:

> I've come to the decision that I don't want to go any further and I came to that decision quite a while ago…When I first came to do the job, I really did think that I would want to go further than that, but I've made that conscious decision that that would just be too

much for me to be able to cope with, with everything else. So that decision was made a while ago, erm, but I'm now comfortable with that. But at the time, there was that sense of loss.

Stella had been studying for a qualification by using her annual leave, but found she had to reduce her working hours in order to continue caring for her elderly parent. She has had to give up studying and professional development, and clearly feels that her career has been curtailed at a relatively young age:

Career-wise, I sort of felt as if I was on an upward trajectory, you know, I do a lot, I'm a careers advisor, but I do a lot more than that, I'm a director of our professional body and I teach at [a university], I do loads of stuff. Erm, and I was doing that full time, but as they [parents] have got worse, I just felt as though I had to drop something because I felt, you know, I had to prioritise things and they were more important… But that's, I wanted to do that for me, but I can't do that anymore, I can't go to conferences and I can't, I can't spare that, that time is just not there, so that's a big thing to sort of, I'm forty five, to sort of say ok, that's it…(Stella)

Furthermore, the timing and location of development activities was often too difficult to marry with care responsibilities:

I think there's an awful lot of things and often those kind of social, you know, meetings in the evening, evening lectures, going away to conferences, that I haven't done, just because I've needed to be on hand or it's been too complicated to sort out. (Karen)

19

The next step down that road is to reduce working hours or take early retirement, and we know that this is the solution that many working carers adopt. Many of our participants just didn't want to think of themselves as the kind of person who would put themselves and their job before the needs of their parent. Although all the women, other than Stella, were still working full-time they anticipated that in the future their care responsibilities would mean reducing their hours or leaving work altogether:

I'm finding it really…I'm in that situation of "Do I go part time?", "Do I stay full time?", "What do I do and how do I cope?" and I think that's something I'm going to have to address fairly soon really. (Michaela)

I mean you can't say what you would do, but almost certainly I would, I would probably give up work because I don't think it's the sort, my role is the sort of thing that would lend itself to reduced hours because you end up doing the same job in less time. Erm, so I would probably, because I wouldn't like to kind of think at the end, "Well I could have done this for my mum and I didn't because I was too busy working." (Diane)

At her follow-up interview a year later, Diane shows that she was considering early retirement if her mother's needs increased:

I am fortunate in that I suppose I'm getting to the end of my working life, so I could, I could go a bit earlier if needs be and if I had to, I would do. Erm, but as I say, I've no way of knowing whether, you know, how that might pan out. But certainly if she needed looking after, then it would almost certainly fall on me.

Discussion

Our research provides further insight into the experience of work-family conflict that lies behind the trend towards reduced working hours and early retirement in carers, especially female carers. The women in this study had experienced varying periods of elder care, from a few weeks to several years. All spoke of the careful juggling they had to do in order to fulfil both care and work duties, and of the various ways in which their elder care constantly threatened to disrupt their working lives. Several described the sacrifices in career development they had already needed to make in order to continue providing adequate care for their elder. The term 'balancing' continues to be commonplace in describing working carers' efforts to combine and manage their roles. However, Phillips (2000) argues this this term implies a degree of control that working elder carers often do not have over their situation and we agree that juggling is a more appropriate term, signalling the precariousness of their day-to-day lives.

The reasons why the women took the decisions they did and prioritised their care responsibilities over their jobs and careers had to do with feeling that they should be a source of support for their parent. As reported in Eldh and Carlsson's (2011) Swedish study, the women's sacrifices were tied to the personal value they placed upon caring for their parents and for giving back the care they had received from them. This care value, and the desire to repay the care they themselves had received from their parents, was a strong psychological factor in their decision-making for several participants. However they also spoke unfavourably about their parent's reluctance to spread their dependencies, either by asking for help from alternative family members or by accepting more formal help from social services or other providers external to the family. There was also a strong sense, in the case of some carers, that care responsibilities had fallen to them since other family members were less prepared to take these on.

Dentinger and Clarkberg (2002) found that caring for a spouse had the strongest impact on the timing of retirement, especially for women. But our findings suggest that this impact on retirement timing extends to caring for an elderly parent, with our participants expressing a strong sense of obligation to care for their elders. When the sacrifice of their personal time was not enough to cover their care responsibilities, these took precedence over their work roles; the women then sacrificed activities that were important for their career development and were prepared to reduce their working hours and/or retire early when their elders' needs increased. Huffman *et al.* (2013) report that the youngest and oldest workers have the fewest conflicting demands between work and home. The workers most likely to be affected by elder care issues are in the 40-60 age bracket (with parents aged 70 upwards), arguably those at the height of their careers, with well-developed skills and knowledge, and representing a significant employer investment. Research by King and Pickard (2013), focussing on workers in their 50s, suggests that the ability to remain in paid employment may be affected by doing as little as 10 hours of informal care per week, half that of previous estimates.

The rise in the amount of elder care being provided by people of working age that we are currently seeing, a rise that is likely to continue, means that there may now be cause to question the prevailing view of the relative significance of family-work and work-family conflict. It is commonly assumed that 'work is more likely to impact family than vice versa, since the work domain is less permeable than the family domain' (Nikandrou, Panayotopoulou and Apospori 2008: 578). But this statement masks a great deal. Our participants went to great lengths to avoid their elder care duties intruding into their working lives, although they could not prevent this from happening. They sacrificed their own personal time as well as time with their own families, worked long hours and took work home with them in order to continue to do their jobs to their normal standard. Phillips (2000) argues

that there is little evidence that elder care responsibilities affect the productivity of working carers. However, there is a danger for this to be read as having no impact upon work; if we include the impact on carers' career prospects, and not just their productivity, in this relationship then we can begin to appreciate the enormity of the impact of their family responsibilities upon their working lives. For this reason we have used the term 'working lives' rather than 'work' in the title of this paper, to signal the need to attend to issues beyond productivity and the workplace itself.

One of the questions we posed to our participants was about the extent to which they perceived elder care as posing different challenges to child care, since child care responsibilities have in recent decades become recognised by employers as requiring some adjustment and accommodation by the workplace. Our participants saw elder care as different from child care, experiencing it as more unpredictable, having a greater tendency to disrupt work schedules, and likely to become more rather than less demanding over time. The probability that a person will give up paid employment depends upon the intensity of care they provide (Colombo *et al.* 2011), and in the case of elder care this intensity is likely to increase over time.

For the women in professional roles, their ability to combine work and care was aided by the partial control they had over their own work schedules. But for the staff in administrative and support roles this degree of flexibility did not exist and they were more reliant upon the good will of their line managers. Previous research identifies support from colleagues and a sympathetic manager as more important that the existence of workplace policies for working elder carers (Bernard and Phillips 2007). Although our participants felt highly dependent upon the good will of colleagues and line managers, they also felt that colleagues and line managers were both less aware of eldercare issues and less

sympathetic towards these than towards childcare responsibilities. As might be anticipated, our participants' experiences of support from their line managers varied, and this support was key to their capacity to continue caring and doing their job. The differences between child care and elder care pose a challenge for employers, who must provide appropriate policies and practices if they are to retain working elder carers in their workforce. Worryingly, there is evidence that the persistence of the 'glass ceiling' may be partly due to bosses' perceptions of female workers' family-work conflict (Hoobler, Wayne and Lemmon 2009). It therefore seems that the particular challenges of providing elder care need to be recognised by employers, embedded within training for HR staff and line managers and reflected in organizational policy and practice.

Furthermore, the flexibility enjoyed by the women in professional roles should not be seen in a wholly positive light. Rafnsdottir and Heijstra (2013) interviewed academic couples in Iceland and found that flexible working enabled them to organise their working day and fulfil family obligations. But this flexibility meant that responsibility for child care issues devolved mainly to women; although both male and female academics both enjoyed flexibility in their working lives, the women's flexibility meant that it was easy for them to be drawn into traditional caring roles. So although flexible working arrangements may enable women to engage in paid work they may not in themselves be helpful in promoting equality if men do not also use them in order to share the care load. Elder care responsibilities are arguably more complex than child care responsibilities in terms of their gendered implications, since it seems likely that perceived responsibility to engage in care will depend upon whether it is one's own or one's spouse's parent who is in need of care. Unlike childcare, where fathers and mothers arguably see themselves as directly responsible for the care of a child, responsibility for the delivery of care to a partner's parent cannot be assumed and must be negotiated. In relation to personal care it also seems likely that the

gender of the elder and of the carer, as well as their familial relationship, will interact in ways that are as yet not clearly understood. These issues deserve closer attention in future research.

It seems to be the case that our participants were implicitly accepting the vision of the model employee whose personal life does not 'intrude' into the workplace. This reflects an assumed and questionable distinction between the public and private spheres. This model of independent public and private spheres depends heavily upon a gender role system that is no longer tenable. In times when 'workers' meant 'men', it was possible to maintain the illusion of separate spheres, as women's unpaid and 'invisible' domestic labour enabled men to present themselves for work healthy, fed and clothed, and free of other commitments. Since women's entry into the workforce we have seen this scenario unfold in various ways, showing up the tensions in the public/private divide model. Maternity and paternity leave policies have made it easier for women to combine paid employment with having children, and the arrival of a diverse range of mechanical and retail solutions to domestic labour, from the automatic washing machine to microwaveable meals, has provided women with extra available time for paid work. Nevertheless, we know from studies of the domestic division of labour that, regardless of their paid work commitments, women continue to perform a greater share of domestic work (Bianchi *et al.* 2000; Kan, Sullivan and Gershuny 2011), especially caring work. The continuing gender pay gap supports this situation; if a couple is faced with the decision about who should take time out of employment to care for a young child or elderly relative, it makes financial sense for that person to be the lower paid partner.

With regard to elder care, it is unlikely that technological advances are going to provide the solution. Increasing numbers of people will be needed to care for elderly people with a range of complex needs. At present, it seems clear that, at least in the UK, we cannot

look to the state to provide this care, and so it is increasingly falling to family members, very often women, to provide this, with far-reaching consequences for their capacity to engage in paid work. The fact that women are reducing their hours and then leaving the workforce in order to provide elder care is therefore in tension with both the expectation that people will continue working until a later age than formerly, and with the current European drive to increase numbers of women in paid work. Whilst 'defamilialisation' is part of the Swedish public eldercare policy (Bambra 2007), where older people seldom rely on family members or friends for practical help, the pattern in the UK and the rest of Europe is for families to be more actively involved in elder care provision. The gendered nature of care should also not be seen as inevitable. In Sweden there is a less marked gender imbalance in the provision of family care (Jönsson *et al.* 2011); innovative employer policies for carers could potentially contribute to a more gender balanced scenario, as they have arguably done in the case of childcare. The relationship between gendered and familial expectations, gendered patterns of work, workplace policies and societal provision is likely to manifest in different ways in the many different societies across the world facing changing demographics. Further qualitative research is therefore needed to gain insight into the decisions around care and work responsibilities being made by working elder carers in different cultural contexts.

In the UK, it has been reported that better support for working carers could save taxpayers £1.3 billion (HM Government Task Group 2013). But what might constitute 'better support' is unclear. Past research, and our own participants, have identified the informal support and flexibility of colleagues and line managers as key to their capacity to continue working, with formal workplace policies as of secondary importance and helpfulness. However, as Phillips and Bernard (2002) argue, an over-reliance on informal mechanisms between individuals places an inappropriate burden upon them and is potentially open to abuse. Typical workplace policies for dealing with care responsibilities were designed with

childcare in mind and are often inappropriate for the needs of working elder carers and, as argued above, there is therefore a need for employers to recognise the specific challenges of elder care and to devise policies that address the needs of working elder carers.

Finally, research on the situation and experiences of working elder carers is still in its infancy. In our research we were only able to gain a brief glimpse of the 'trajectory' of working carers through our follow-up interviews; further longitudinal research is needed to gain a more detailed appreciation of the 'career' (both caring and working) of working elder carers in order to identify decision points and the factors that feed into these. We also know little about how the 'network' of support from social services, and informal and formal support both in the workplace and from family and friends interacts and affects the retention of working elder carers. Studying elder care in cross-sectional methodologies clearly provides a rather static view of what is a highly dynamic situation, and future research must recognise the broader social network context within which it takes place.

References

Age UK 2017. Briefing: Health and Care of Older People in England 2017. Available online at http://www.ageuk.org.uk/Documents/ENGB/Forprofessionals/Research/The_Health_ and_Care_of_Older_People_in_England_2016.pdf?dtrk=true. Access date: June 15, 2017.

Bambra, C. 2007. Defamilisation and welfare state regimes: a cluster analysis. *International Journal of Social Welfare,* **16**, *4*, 326–38.

Bansal, P., and Corley, K. 2011. The coming of age for qualitative research: Embracing the diversity of qualitative methods. *Academy of Management Journal,* **54***, 2,* 233-37.

Bernard, M. and Phillips, J.E. 2007. Working carers of older adults: What helps and what

hinders in juggling work and care? *Community, Work and Family,* **10**, *2*, 139-60.

Bianchi, S.M., Milkie, M.A., Sayer, L.C. and Robinson, J.P. 2000. Is anyone doing the housework? Trends in the gender division of household labor. *Social Forces,* **79**,*1*, 191-228.

Bittman, M., Hill, T., and Thomson, C. 2007. The impact of caring on informal carers' employment, income and earnings: a longitudinal approach. *Australian Journal of Social Issues*, **42**, 2, 255-72.

Bookman, A. and Kimbrel, D. 2011. Families and Elder Care in the Twenty-First Century. *Future Child,* **21**, *2*, 117-40.

Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology,* **3**, *2*, 77-101.

Braun, V. and Clarke, V. 2016. (Mis)conceptualising themes, thematic analysis, and other problems with Fugard and Potts' (2015) sample-size tool for thematic analysis. *International Journal of Social Research Methodology*, **19**, 6, 739-43.

Carers UK 2014. Facts about carers. Policy Briefing, May. Available online at http://www.carersassociation.info/facts-about-carers-2014.pdf. Access date: June 17, 2017.

Centre for Policy on Ageing 2014. Changing family structures and their impact on the care of older people. Available online at http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/CPA-Changing_family_structures.pdf?dtrk=true. Access date: June 15, 2017.

Carmichael, F., Charles, S. and Hulme, C. 2010. Who Will Care? Employment Participation and Willingness to Supply Informal Care. *Journal of Health Economics,* **29**,182-90.

Colombo, F., Llena-Nozal, A., Mercier, J., and Tjadens, F. 2011. Help Wanted? Providing

and Paying for Long-Term Care. *OECD Health Policy Studies*. Paris: OECD.

Crossroads 1993. *Looking Forward to Looking After: A new report from Crossroads on people in the workplace*. London: Crossroads.

The Commission on Residential Care 2014. A vision for care fit for the twenty-first century. *Demos*. Available at https://www.demos.co.uk/files/Demos_CORC_report.pdf?1409673172. Access date: June 17, 2017.

Dentinger, E., and Clarkberg, M. 2002. Informal caregiving and retirement timing among men and women: Gender and caregiving relationships in late midlife. *Journal of Family Issues,* **23***,* 857–79.

Elhd, A.C. and Carlsson, E. 2011 Seeking a balance between employment and the care of an ageing parent. *Scandinavian Journal of Caring Studies,* **25***,* 285–93.

Evandrou, M. (1995). Employment and care, paid and unpaid work: The socio-economic position of informal carers in Britain. In Phillips, J. (ed.), *Working Carers*. Aldershot: Avebury, 20-41.

Fine, M.D. 2012 Employment and Informal Care: Sustaining Paid Work and Caregiving in Community and Home-based Care. *Ageing International*, **37**, 57–68.

Glendinning, C. 1990. Dependency and interdependency: The incomes of informal carers and the impact of social security. *Journal of Social Policy,* **19**,4, 469-97.

Greenhaus, J. H., and Beutell, N. J. 1985. Sources of conflict between work and family roles. *Academy of Management Review,* **10***,* 76–88.

Grzywacz, J. G., and Marks, N. F. 2000. Family, work, work–family spillover, and problem drinking during midlife. *Journal of Marriage and the Family*, **62**, 336–48.

HM Government Task Group 2013. Supporting Working Carers: the Benefits to

Families, Business and the Economy. *Department of Health*, UK4058. Available online at: https://www.gov.uk/government/publications/supporting-working-carers-the-benefits-to-families-business-and-the-economy. Access date: December 12, 2016.

Hoobler, J.M., Wayne, S.J. and Lemmon, G. 2009. Bosses' perceptions of family-work conflict and women's promotability: Glass ceiling effects. *The Academy of Management Journal*, **52,** 5, 939-57.

Huffman, A., Culbertson, S.S., Henning, J.B. and Goh, A. 2013. Work-family conflict across the lifespan. *Journal of Managerial Psych*ology, **28**, 7/8, 761-80.

Ireson, R., Sethi, B., Williams, A., 2016. Availability of Caregiver Friendly Workplace Policies (CFWPs): an International Scoping Review. *Health and Social Care in the Community*. doi:10.1111/hsc.12347

Jönsson, I., Daune-Richard, A., Odena, S. and Ring, M. 2011. The implementation of elder-care in France and Sweden: a macro and micro perspective. *Ageing & Society,* **31**, 4, 625–44.

Kagan, C., Lewis, S. and Heaton, P. 1998. *Caring to Work: Accounts of Working Parents of Disabled Children*. London: Family Policy Studies Centre in association with the Joseph Rowntree Foundation.

Kan, M.Y., Sullivan, O. & Gershuny, J. 2011. Gender convergence in domestic work: discerning the effects of interactional and institutional barriers from large-scale data. *Sociology,* **45**, 2, 234–51.

Katz, R., Lowenstein, A., Prilutzky, D.and Halperin, D. 2011. Employers' Knowledge and Attitudes Regarding Organizational Policy Toward Workers Caring for Aging Family Members. *Journal of Aging & Social Policy*, **23**, 2, 159-181

King, N. and Brookes, J. 2017. *Template Analysis For Business and Management Students*. London: Sage.

King, N. and Horrocks, C. 2010. *Interviews in Qualitative Research*. London: Sage

King, D. and Pickard, L. 2013. When is a carer's employment at risk? Longitudinal analysis of unpaid care and employment in midlife in England. *Health and Social Care in the Community*, **21***,* 3, 303–14.

Leinonen, A. 2011. Masters of their own time? Working carers' visions of retirement. *European Journal of Ageing*, 8, 243–253.

Lilly, M. B., Laporte, A., and Coyte, P. C. 2007. Labor market work and home care's unpaid caregivers: a systematic review of labor force participation rates. predictors of labor market withdrawal, and hours of work. *Milbank Quarterly*, **85**, 4, 641–690.

Masuy, A.J. 2009. Effect of Caring for and Older Person on Women's Lifetime Participation in Work. *Ageing and Society,* **29**, 5, 745-63.

Mayrhofer, W., Meyer, M., Schiffinger, M. and Schmidt, A. 2008. The influence of family responsibilities, career fields and gender on career success. *Journal of Managerial Psychology*, **23**, 2, 292 – 323.

Morgan, D.L. 1997. *Focus groups as qualitative research (*Second edition*).* London: Sage.

Mortimer, J. and Green, M. 2015. Briefing: The health and care of older people in England 2015. *Age UK.* Available online at http://www.cpa.org.uk/cpa/docs/AgeUK-Briefing-TheHealthandCareofOlderPeopleinEngland-2015.pdf. Access date: June 26, 2017.

Nikandrou, I., Panayotopoulou, L. and Apospori, E. 2008. The impact of individual and organizational characteristics on work-family conflict and career outcomes on work-family conflict and career outcomes. *Journal of Managerial Psychology*, **23**, 5, 576 – 98.

Phillips, J. 2000. Working carers: caring workers. In Bernard, M., Phillips, J., Machin, L. and Harding Davies, V. (eds.), *Women Ageing: Changing identities, challenging myths.* London and New York: Routledge, 40-57

Phillips, J., Bernard, M. & Chittenden, M. (2002). *Juggling Work and Care: The Experiences of Working Carers of Older Adults.* Bristol: The Policy Press.

Pickard, L. 2012. Substitution between formal and informal care: a 'natural experiment' in social policy in Britain between 1985 and 2000. *Ageing & Society*, **32**, 7, 1147-1175.

Rafnsdottir, G.L. and Heijstra, T.M. 2013. Balancing work–family life in academia: The power of time. *Gender, Work and Organisation*, **20**, 3, 283-96.

Ramcharan, P. and Whittel, B. 2003. Carers and Employment. In Stalker, K. (ed.), *Reconceptualising Work with 'Carers': New Directions for Policy and Practice*. London: Jessica Kingsley Publishers, 137-59.

Ramesh, S., Ireson, R., and Williams, A. 2017. International synthesis and case study examination of promising caregiver-friendly workplaces. *Social Science & Medicine,* **177**, 52-60.

Raymo, J.M. and Sweeney. M.M. 2006. Work-Family Conflict and Retirement Preferences. *Journal of Gerontology: Psychological Sciences and Social Sciences*, **61B**, S161-69.

Seddon, D. 1999). Negotiating caregiving and employment. In Cox, S. and Keady, J. (eds.), *Younger People with Dementia: Practice and Development*. London: Jessica Kingsley Publishers, 173-95.

Mulholland, H. 2017, February 7. The government must unlock the money. Because the care crisis is now. *The Guardian*. Available online at https://www.theguardian.com/society/2017/feb/07/social-care-crisis-funding-mental-health-barbara-keeley. Access date: June 15, 2017.

Narknisorn, B. and Kusakabe 2013. Issues challenging future Thai elder care by women and family. *International Journal of Sociology and Social Policy,* 33, 21-32.

The Social Issues Research Centre 2011. *The Changing face of Motherhood*. Available online at http://www.sirc.org/publik/CFOM.pdf. Date of access: December12, 2016.

Trukeschitz, B., Schneider, U., Mühlmann, R., and Ponocny, I. 2013. Informal eldercare and work-related strain. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences,* **68**, 2, 257–67.

Yeandle, S. and Cass, B. 2014. Working carers of older people: steps toward securing adequate support in Australia and England? In Kroger, T. and Yeandle, S. (eds.), *Combining Paid Work and Family Care: Policies and experiences in international perspective*. Bristol: Policy Press, 71-88.

Zhan, H.J. and Montgomery, R.J.V. 2003. Gender and Elder Care in China: The Influence of Filial Piety and Structural Constraints. *Gender and Society*, **17**, 2, 209-229.

Zuba, M. and 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, 460–69.