

HUMAN RESOURCES RESPONSIBILITIES FOR EMPLOYEE CARE GIVERS: RECONSIDERING POLICY

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ABSTRACT

Discussion on the “sandwich generation”, those adults who are providing care to both children and parents, has only begun. Recent data indicate that more than 40,000,000 adults in the United States are providing care to family members. Anecdotal information also indicates that adults in the early years of careers, the 20s and 30s, many fully employed in organizations, are often providing secondary and backup support for those caregivers, and care for grandparents as well as parents and many are often caregivers for their own children. Many of these adults are frequently fully employed as a worker for another organization. The impact is that employees are being paid to work a full time job for an organization while working another job outside of the paid employment, thus working additional hours every week as unpaid volunteers. However, a review of the human resource literature indicates a dearth of data or other information to educate human resource practitioners and their companies about the issues that come with employees who are also involved in care giving. This paper notes the literature gap and examines the coming crisis in an area that requires immediate attention. Demographers estimate that more than 50,000,000 people will be aged 85 or older by 2050, and the preponderance of those aged citizens will require support and care from employed family members. Key topics are discussed relative to the impact on employee performance in organizations, family support and the responsibilities of society, government, business and organizations. Recommendations and conclusions are provided.

Keywords: Human resource management, elder care, benefits, sandwich generation, stress

INTRODUCTION

In the 1990s the American workforce noticeably changed, and what was considered a “traditional model” of the family with a male head of household and a female in homemaker, child care and other such ‘caretaker’ roles is now replaced with dual-career families, single parents, and workers who may be semi-retired or fully retired who seek to remain employed. Because there are fewer in traditional caretakers available in the home, many workers now require accommodations such as opportunities to work from home and flexible work hours. These accommodations enable them to provide care for children and older adults in the household and still meet expectations and perform responsibilities at work and in the home. In particular, working outside of the home has become common with the growing number of women in the labor force who need incomes to support families or supplement household income (Kohl and McAllister, 1995). In addition, the retirement of the baby boom generation, longer life-spans and falling birth rates are expanding the elderly population and creating a “sandwich generation” of which most are women who have become caregivers (Anonymous, 2001). Although the retirement of the baby boom generation is not a surprise or unexpected, human resource management in organizations has done little to

prepare employees or to provide options to address such needs. “Millions of Americans provide care for loved ones, but employers are not doing enough to support caregivers,” said Gail Gibson Hunt, president and chief executive of the National Alliance for Caregiving (Santhanam, 2015). This is not only true in the US. This has also been noted in other countries such as Canada (Rosenthal, 1997) and worldwide (Anonymous, 2001; Hua, 2015). Predictions in the *Futurist* included the elderly population of the world reaching one billion by 2020, life expectancy exceeding expectations, and more people exceeding 100 years of age, the elder care crisis, and how this crisis could put the careers of younger women at risk (Anonymous, 2001).

Not only are organizations essentially unprepared to address the issues of employees, many of whom are women who are also caregivers, but there is an accompanying lack in society and the community. “We’re especially concerned that not enough is being done to support family caregivers in the public or private sector as they age,” Hunt said in a released statement. “There’s a double-edged sword when we fail to support caregivers, because we put both the caregiver and the care recipient at risk” (Santhanam, 2015, www.pbs.org).

On average, Americans are working more. (Saad, 2014). As seen in Figure 1, 39% of Americans work more than 49 hours per week. (Gallup, Inc., 2013) On average, Americans are staying in the workforce longer. (James, McKechnie, & Swanberg, 2011) As seen in Figure 2, 63% of Americans aged 55-64 were still working in 2012. Projections for 2022 indicate that number will increase to 67%. Similarly, the number of people aged 65-74 who continued to work increased from 15% in 1992 to 28% in 2012 with a projected increase to 32% by 2022 (Bureau of Labor Statistics (BLS), 2015). In addition, and on average, Americans are living longer (Center for Disease Control (CDC), 2010) These three sociocultural factors, 1) working more hours, 2) working more years, 3) living longer, have created a human resources dilemma for virtually all organizations. The dilemma manifests as overworked employees who are splitting attention and energy between the competing interests of work and family. While work-family conflict is not a new topic, our interest in it is renewed, because there is little information to indicate that human resources, as a profession, has addressed the issues or interests of those employees who are participating in care giving, particularly for aged parents. One purpose of this paper is to explicate the issues involved with care giving employees. A second purpose of this paper is to invite discussion on policy and process toward creating work places that are friendly not only to employees with children but also to employees who care for parents. Such policies have implications for careers, development, process reengineering, and general health of employees. While the scope of this paper is limited to U.S. employees, evidence indicates this dilemma is global, and, as such, requires broad, albeit culturally specific, treatment. Background information in the literature is reviewed and discussed, followed by recommendations, conclusions, and a strong call for current research and proposals for approaches to address this developing issue.

Figure 1. Average Hours Worked by Full-Time U.S. Workers, Aged 18+

Average Hours Worked by Full-Time U.S. Workers, Aged 18+

In a typical week, how many hours do you work?

Employed full-time	
	%
60+ hours	18
50 to 59 hours	21
41 to 49 hours	11
40 hours	42
Less than 40 hours	8

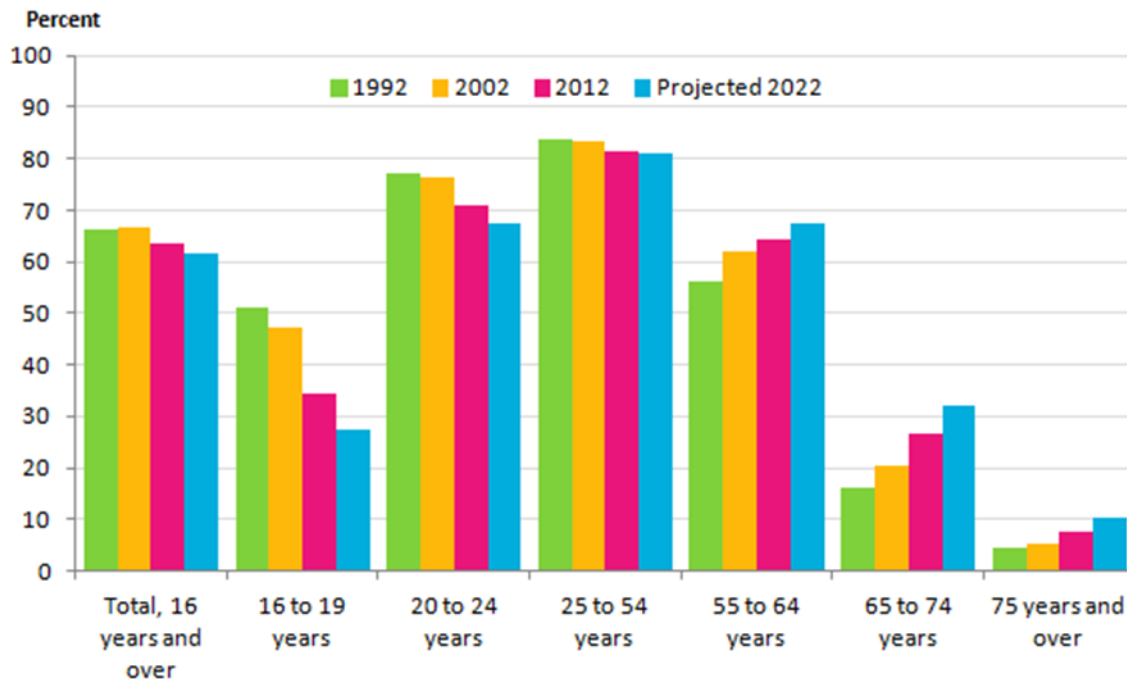
Based on Gallup data from the 2013 and 2014 Work and Education polls, conducted in August of each year

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Figure 2. Labor force participation rates in 1992, 2002, 2012, and projected 2022, by age.

Labor force participation rates in 1992, 2002, 2012, and projected 2022, by age



Source: U.S. Bureau of Labor Statistics.

<http://www.bls.gov/data/#employment>, http://www.bls.gov/emp/ep_table_303.htm

BACKGROUND

Schmidt (1997) provided an early warning that elder care was emerging as an issue for employee benefits. Employees in this "sandwich generation" must balance children of all ages and aging parents. Even though the parents may be currently self-sufficient, this is only a temporary state as longer life expectancies are seeing a rise in home care requirements and even adult day care centers. As early as 1995 these authors found reports indicating 25% of employees were working with elderly parents and another 13% would be added within the next five years. In 1995, employee assistance programs were typically used by large companies rather than small companies. (That remains true today.) Employee Assistance Programs (EAPs) which support employees relative to personal and family related issues typically contract out such work if it is available. Currently, 10,000,000+ Americans over the age of 50 are providing eldercare (Metlife Mature Market Institute, 2011) and many, if not most, are employed.

As agents of organizations, human resources (HR) departments are charged with providing health care administration to employees while protecting the interests of the organizations by controlling health care costs. This challenging position puts HR at the forefront of providing interventions to employees as a means of protecting productivity and efficiency of employees during daily operations. In spite of the systemic impact of caregiving, and, in particular, the graying of the work force, there is little evidence that HR, as a field, has accepted the full responsibility for providing support to caregiving employees. Conversely, the evidence indicates that virtually all caregiving interventions are left to individual organizations to be administered, or not, as they wish. At a time when cutting costs and providing support to valuable employees is a best practice, failure to address caregiving as a social issue that is experienced throughout the labor pool is a gap in practice and research that is largely overlooked.

Active oversight by human resources professionals of employment decisions involving caregiving employees can nip problems in the bud. Events such as pregnancy, use of family care leave, and requests for flexible work are known triggers of caregiver bias... FRD [family responsibility discrimination (inserted)] may be more likely to occur when a caregiving employee has a second child or gets a new supervisor; HR vigilance over personnel decisions made after those events can head off problems. If HR notices suddenly negative evaluations, demotion, placement on a performance improvement plan, rigid application of workplace rules, changes in assignments or schedules, or termination, further investigation may be warranted. (Calvert, 2016, p. 37)

Further, as continuing details of corporate greed proliferate, the call for sharing of corporate benefits is gaining momentum. As the bridge between the organization and the employee, HR provides liaison for organizations to provide meaningful interventions for employees. To build on theory to support the case for the efficacy of systemic interventions from HR, we can use both Equity Theory and Social Exchange Theory.

EQUITY THEORY AND SOCIAL EXCHANGE THEORY

A macro perspective on Equity Theory is applicable when considering the various impacts which contribute to this current situation of caregiving and the sandwich generation. Skiba and Rosenberg (2011) identify an imbalance among business, government and society that has negatively impacted how individuals are able to control their ratio of outcomes to inputs. In the past, when workers perceived over award or under award they were able to take action to restore the perception of equity. However, equity theory focuses primarily on the individual, and in this case, the authors propose that the relationships between business, government and society have negatively impacted the ability of individuals to balance and therefore exert control over their own situations. In the past several decades these three sectors have undergone dramatic changes. Impacts have been noted from special interest groups, community activists, employee shareholders, consumer advocates and others who have applied varying degrees of pressure in response to events in the other sectors. Additionally, the erosion of wages in the US is persistently noted in the underemployed and the unemployed across almost all levels and sectors.

Skiba and Rosenberg (2011) identify three areas of breakdown; these include, but are not limited to, business support for executive compensation which has increased exponentially, layoffs, the demise of the social contract of lifetime employment, and the shift to the temporary workforce, government mishandling of corporate fraud, the lack of job creation, healthcare legislation, ineffective management of regulation and escalated partisanship have demonstrated negative impacts, and societal changes including increased underemployment, unemployment, erosion and equity, the loss of benefits, cost shifting of healthcare, the dumping of pensions and the resulting apathy are forces creating a lack of balance. Because individuals cannot control the macro forces, they are unable to make personal activities and efforts to reestablish the balance in their personal lives.

At a more personal level, social exchange theory (Emerson, 1976) explains the give-and-take, balance and expectations of individuals when considering personal output. As the purpose of the exchange is to minimize cost (negatives) and maximize benefit (positives), positive relationships would be more desirable. When individuals find there are more negatives in the exchange, individuals need to reduce the negatives in an effort to rebalance; this may be applied to explain why caregivers are often forced to abandon their jobs or reduce time and commitment to meet caregiver responsibilities. When this social exchange approach is integrated with a broad approach to equity theory, this suggests that organizations and individuals are both suffering from too many negatives that cannot be remedied by individuals because of the lack of balance between business, society and government.

CAREGIVING

As early as 1993, the U. S. government began tracking the impact of caregiving on the general population. Through the use of the Parent Support Ratio and the Sandwich Generation Ratio, indicators “of the need for family support over time” (Hobbs & Damon, 1996, p. 2-19), the government has kept watchful measures of the growing impact of living longer. By 1996, the government was predicting that frail relatives were going to consume the time of more and more people. In particular, the Department of Health and Human Services (DHHS) was addressing the

impact of the Sandwich Generation, those adults who are providing care for children, grandchildren, and aged adults. Those that are sandwiched are one generation taking care of multiple generations at the same time.

Employees are often primary caregivers, because there is a shortage of trained staff to provide care for the rapidly graying population. These employees are called informal caregivers, family caregivers, or voluntary health care workers to denote their positions as unpaid and untrained health care providers, and they are virtually always family members of the elder. Not surprisingly, the typical caregiver is a woman in her later 40s and employed. Nonetheless, a growing number of men are caregivers (National Alliance of Caregivers (NAC) & American Association of Retired Persons (AARP), 2015) as are an increasing number of Millennials. Approximately 25% of caregivers are Millennials, and in this group, men are as likely as women to participate in care giving (Santhanam, 2015). For the year 2009, there were more than 42,000,000 caregivers in the U. S., and the economic value of family care giving makes a significant contribution to local economy in all 50 states. The total contribution from this voluntary work force for 2009 was \$450 billion. (AARP, 2011) Many of those informal health care providers are gainfully employed with companies outside the home. These employees are subject to increased stress, social isolation, and jeopardy to their own health.

Gillen and Chung (2005) point to the consequences of an aging population and the unprecedented increase of societal change occurring over the next few decades in addition to increased life expectancy. Caregiving itself is stressful for the middle-aged adults who are struggling to balance personal needs, family relationships and careers noting depression levels are higher especially in women. This can negatively impact the ability of the caregiver to function. In addition, fewer people are available to provide care due to declining fertility rates. Their study determined the relationship exists between caregiving and stress and established a potentially negative impact on worker productivity. A holistic wellness model was recommended using EAP counselors to identify and encourage impact employees to seek assistance, possibly including support groups and collaboration with other organizations such as area agencies on aging. It is clear that the "command-and-control" style of management would be highly inappropriate in a workplace, as people management needs to take on a more human centered, compassionate approach.

In the face of the growing need for caregiver support, employers report keeping most forms of child care assistance as well as increasing help with elder care. Although assistance for childcare by subsidies has decreased, employers have increased childcare as part of Dependent Care Assistance Programs (DCAPs). More employers (41%) report providing DCAP coverage as well as resource and referral support for elder care. Employers that provide child and elder care support tend to be large, non-profit, have multiple locations, have few hourly employees, employ more women, and employ more women and minorities who report directly to executives (Matos & Galinsky, 2014).

Health Impact of Stress in Caregiving

The deleterious impact of distress on humans is a well-documented health problem that is found throughout research literature about numerous occupational fields, and caregiving stress is a subset of the larger literature that informs this problem. Notable poor health outcomes have been

documented for “helping” occupations, e.g. police, firefighters, doctors, nurses, social workers, and caregivers. The impact of distress includes physical, psychological, emotional, and, in the case of caregiving, financial strain that often is associated with morbidity and mortality. Monahan and Hopkins (2002) corroborate the general findings of distress among employed caregivers, including loss of productivity, distress, and health concerns, often because caregivers are older employees who are experiencing their own naturally occurring decline. Taking from the work of Doty, Jackson, and Crown (1998), they note that women who spend an average of 17 years as caregivers to their children and 18 years as caregivers to parent(s) are subject to burnout, particularly if they are employed. In their study, care giving respondents reported problems with cost, availability, sick care, dependability, quality, hours of service, and emergency care. This array of reported problems provide an indicator of the variety of issues faced by caregivers that are likely to impact levels of distress both at home and in the workplace.

Employees who are providing care to a close relative have a significant risk for declining health. As burden increases, self-reports of declining health increase to ratings of *fair* or *poor* while moving away from *excellent* or *very good*. Race influences reports of health reports with Caucasians and Asians more likely to report poorer health outcomes relative to African Americans and Hispanics. Financial strain is another source of distress with 58% of caregivers reporting some level of financial strain as a result of caregiving (NAC & AARP, 2015). Similar results are reported by Lee, Walker, and Shoup (2001) when they found that employed care givers are more likely to report poor emotional health relative to employees who are not giving care, and women are more like to report depression than men. Lee et al. (2001) also reported that non-care giving retirees have the highest number of depression symptoms, suggesting that retirement may mitigate caregiving distress/depression.

AARP (2011) reports that elder care providers make become isolated and experience increased distress that creates health problems for the provider. They may not be cautious to take care of themselves, and because of this, they may jeopardize their ability to continue to provide care for the elder. As discussed later in this paper, there are a variety of possible human resource interventions to alleviate feelings of isolation in elder care providers. Milliken, Clements, and Tillman (2007) call for comprehensive stress management for nursing employees to mitigate burnout and attrition, both associated with the stress of caregiving. Their paper posits a biopsychosocial process that results in burnout when nurses cannot manage stress in the face of constant physical and psychological stressors. They call for nurse-centered stress management as well as executive support systems.

Caregiving Impact on Work

NAC and AARP report that 59% of caregivers for people over 50 were employed in the previous twelve months (time spanning 2014-2015). On average, those employees work 34.8 hours each week; however, in caregivers who are over 65 years old, only 34% worked full time. Conversely, younger caregivers were significantly more likely to work full time. The NAC & AARP (2015) report indicates that managers know about the care giver’s role for 55% of employees, and that statistic increases as burden increases. The benefits that caregivers are most likely to have are paid sick days and flexible hours. Only 24% of employers offer employee assistance programs or telecommuting, and the preponderance of benefits go to full time employees. Caregivers report the

following impacts on work: “1) Go in late, leave early, take time off, 2) Leave of absence, 3) Reduce work hours/take less demanding job, 4) Give up working entirely, 5) Receive warning about performance/attendance, 6) Turn down promotion, 7) Retired early, 8) Lose job benefits” (NAC & AARP, 2015, p. 40). Schmidt (1997) echoes this list when she reports hidden impacts of caregiving, including

... 1) workday interruptions to handle emergencies and phone calls, 2) absenteeism, 3) increase in employee stress often resulting in health related problems, 4) increased necessity for time off and leaves from work, 5) decreased willingness to relocate and travel for work, 6) decisions to cut back to part-time or leave the work force altogether, 7) decrease in motivation and morale due to pressures outside the workplace, 8) decline in productivity, and 9) replacement costs. (p. 83)

Taken together, these studies identify a number of costly impacts on the organizational bottom line attributed to caregiving employees. They also indicate a notable lack of engagement that is likely caused by competing values, those of trying to split a set quantity of time between work and care giving.

Matos and Galinsky (2014) report that employers are most likely to provide resource and referral services and dependent care assistance programs; however, only 7% of employers offer respite care for employees to allow them time to rest or have time away. Nonetheless, this represents an increase from the year before.

Monahan & Hopkins (2002) found that nurses in their study were more likely to have higher job performance self reports (JPSR) if they were non-elder caregivers. This outcome is associated with increased organizational citizenship and job satisfaction. They go on to suggest that employers need to provide flexible and supportive environments at work that moves those nurses who are providing elder care at home away from similar responsibilities at work. Conversely, Gillespie, Barger, Yugo, Conley, and Ritter (2011) suggest using emotional disclosure to mitigate the impact of the stressors. They found that negative suppression, emotional labor that is focused on concealing negative emotions, in elder health care workers is associated with associated with undesirable job attitudes. These attitudes include lower job satisfaction and increased job stress. Their study found that the general mood of the employee was not a factor. This study suggests that generalized happiness is important in the workplace and even care workers who specialize in elder care are subject to poor emotional outcomes.

Timmerman (1999) reports that American business loses \$11.4 billion each year to caregiving costs, including absenteeism, crises, interruptions, supervisor’s time, and turnover. This cost does not include indirect costs, e.g. less productivity during work or leaves of absence. She reports that benefits to caregivers include resource and referral services, flexible work schedules, counseling and information, and long-term care insurance. Although not specifically required by the Family and Medical Leave Act, 75% of employers report they provide time off for elder care. Similarly, caregiving is costly for employees. Metlife (2011) indicates that the aggregated cost of providing care for employed caregivers is \$3,000, 000,000 (trillion).

Impact on Engagement

Gallup, Inc. argues that engagement is more important than workplace incentives. Gallup, Inc. (2013) reports that employees close to the end of their careers tend to be more engaged than younger employees, and women are slightly more engaged than men. With only 22% of U. S. employees reporting that they are engaged and thriving, caring for the most engaged employees is paramount to organizational success. Engaged workers are associated with increased productivity, increased profitability, increased customer ratings, less turnover, less absenteeism, and fewer safety problems. “engaged employees are the best colleagues. They cooperate to build an organization, institution, or agency, and they are behind everything good that happens there. These employees are involved in, enthusiastic about, and committed to their work. They know the scope of their jobs and look for new and better ways to achieve outcomes. They are 100% psychologically committed to their work. And, they are the only people in an organization who create new customers” (Gallup, 2013, p. 21). This report indicates that Baby Boomers respond better than other groups when managers make an extra effort to show they care. From this, we can infer that Baby Boomers are more likely to engage and remain highly productive when an organization shows special care for their needs and issues.

INTERVENTIONS – COST AND EXPECTATIONS

While many employers have argued that costs of providing additional employee benefits outweigh organizational benefit, Bartel, Rossin-Slater, Ruhm, and Waldfogel (2016) found that a change in law in Rhode Island which required paid family leave did not have considerable impact on small or medium companies. The Temporary Caregiver Insurance Act (TCI) is funded by payroll contribution from employees and provides up to four weeks of paid leave. Bartel et al. (2016) note that these results are similar to studies completed about California’s paid leave law (Milkman & Applebaum, 2013; Bartel, Baum, Rossin-Slater, Ruhm, and Waldfogel, 2014). The lack of evidence for impact on employers argues for employers to be more proactive in building systems to support caregiving employees.

One financial impact that is being felt increasingly by employers is the number of lawsuits that are being filed by caregiving employees who claim discrimination by employers because of caregiving responsibilities. Cases filed over the issue of family responsibilities have increased 650% (Calvert, 2016). The costs of litigation to American employers about family responsibilities discrimination have more than doubled for since 2005 from the prior decade. (Miller, 2016) Miller (2016) also highlights the costs that are associated with discrimination issues, including attrition, replacement costs, and damage to the organization’s reputation as well as decreased productivity and morale. Calvert (2016) reports that employees prevailed in 52% of family responsibilities discrimination lawsuits, with men being less likely to prevail than women. While discrimination claims have historically been difficult to prove for employees, Calvert (2016) posits that fewer family responsibility actions are being settled out of court, suggesting that employers and lawyers alike are under estimating the strength of the claim. “Until employers adjust to the realities of families with all adults in the paid workforce and a significant growth in the number of older Americans who need assistance from their adult working children, it’s unlikely we’ll see a decrease in the number of cases filed,” said Calvert (as cited in Miller, 2016). In the case of financial impact, the cost of training employees and changing policy is significantly less costly than losing a

discrimination case, where in some states, as many as 70-80 % of employees prevail (Calvert, 2016).

Miller, Stead, and Pereira (1991) investigated corporate responsibility for providing support to employees who were engaged in caregiving. They found that top managers have few perceptions that job responsibilities were greatly changed by caregiving employees. They also believe, on average, that the corporation has little responsibility to provide support to employees involved in caregiving, including those involved in child care, eldercare, and substance abuse care. Conversely, employees believed that the corporation has a responsibility to provide support to employees involved in caregiving. This study corroborates Calvert's (2016) findings that employers have a responsibility to provide support. Similarly, Shoptugh, Phelps, and Visio (2004) found that employees supported employer-sponsored eldercare, even among younger employees. Further, they cite potential legal problems as a reason for organizations to consider presenting such programs. However, Wagner, Lindemer, Yokum, and Defreest (2012) indicate that providing benefits does not have to a costly benefit for employers. They noted that the first generation of employer provided programs were grounded in the reference/referral system that was used earlier for child care programs for employees and that early on-site services were typically not cost effective and were underutilized, because they did not meet the specific needs of employees. This study indicates that best practices, defined as "equitable for employees, accessible to all employees, respects the privacy of employees, is mission-driven for the employer and, in the case of specific interventions, is provided by competent, qualified and trained professionals" (p. 10), that are cost effective include flexible scheduling, paid time off, help with paperwork for Medicare and other insurance programs, resource/referral services, and subsidized back up homecare.

Taken together, these studies indicate that the cost of providing benefits for caregivers can be mitigated for the employer, but the failure to act on providing appropriate protection and sanctions for family responsibility discrimination can be extremely costly. In this case, the remedy will be the cost effective choice if the choice is to enforce substantive policy and retrain supervisors as well as HR professionals to recognize family responsibility discrimination. Nonetheless, this action remains at the discretion of the individual organization when a comprehensive and systemic resolution is required to meet societal needs.

RECOMMENDATIONS

By relying on social exchange as a framework for understanding the importance of organizational action, we posit that remedies provided through human resources functions by organization for their employees are likely to improve job satisfaction and organizational commitment. This perspective suggests the economic value is created for both sides when organizations and employees work together to provide support for mature employees who are providing productive labor for the organization while also providing health care for elders. (Emerson, 1976) Such an approach drives the use of equity theory to help us understand why providing support to caregiving employees is in the best interest of the organization (Grillo, 2014). Such an approach sends a message to employees that they are valued and are important to the organization.

A systematic approach is necessary to address the issues currently faced by caregivers to include business and organizations, society and government. Such an approach would need to include legal

support, e.g. laws enacted or amended by Congress, support from society including but not limited to nonprofit agencies and communities, and programs offered by business and organizations as part of an employee wellness approach which includes employee benefits.

For business and organizations, Miller et al. (1991) give a number of ways for organizations to provide support and care for caregiving employees, including on- or near-site facilities, vouchers for child care, job sharing, elder counseling, respite care such as support groups, and other dependent care resolutions such as hotlines. They report improved outcomes including productivity, morale, absenteeism, turnover, and community image from corporate support programs. Schmidt (1997) provides a similar list of preferred services from corporate employees, including arrange for outside help, companionship, financial support, gathering information, giving advice, help with decision making, household chores, manage finances, assist with medications, assist with mobility, and assist with personal hygiene.

Miller (2016) indicates that legal costs can be mitigated when employers take several actions. He calls for supervisors to be trained about family responsibilities discrimination, explicit written policies, institutionalizing complaint procedures, creating plans to cover work that might be interrupted when an employee is required to be away from work.

Seaward (1999) notes the three areas that seem most important to caregivers would be supervisor support, lies (about taking time off) being more acceptable than the truth, and the need for 100% commitment from employees, which means they don't need distractions at home as presented by eldercare issues or any family issues. This means first-line supervision is a critical component of recognizing the needs of caregivers who are also full-time employees. These managers and supervisors must be informed and knowledgeable about how to identify stress in the workplace, particularly for those employees who don't share personal information. Often, simply verbalizing the obvious provides a sense of support and validation, and subsequently, a foundation for proactive communication and suggestions for problem solving. Milliken et al. (2007) offer a number of suggestions organizations can implement such as providing positive reminders that although the events surrounding employees may often be out of their control, their personal responses to those stressors are under their control. Organizations can offer stress-management continuing education programming and provide incentives to attend these events. This promotes employees to consider the serious nature of developing such techniques, and also provides an opportunity to explore methods and approaches without being distracted by unit activities.

In teams or workgroups, Milliken, et al. (2007) also suggest encouraging "on the spot" and "immediate" measures for stress reduction. For example, cover the unit for 3 to 5 minutes while encouraging a seemingly stressed employee to simply take a "stretch break." If there is not a private place to stretch, the employee can go into a unit bathroom, lock the door, roll the head from side to side to release neck tension, and/or stretch the arms up over the head to obtain an instant sense of reduction in tension and stress. Such mini-techniques can provide lasting effects, and there is a notable message of care from the nurse executive to the employee that may also have long-lasting benefits.

During staff meetings or other in-services, add a 3 to 5 minute segment to the agenda where employees are taken through a stretching exercise, deep-breathing technique, or, in an approach

that has been successful and brings many smiles and laughs, have everyone do a 2-minute shoulder massage on the person to the left, then turn and do a 2-minute shoulder massage on the person to the right. This simple activity not only provides stress reduction, but promotes fun and casual "chat" between employees, subsequently enhancing communication and a sense of team building (Milliken, et al., 2007). Lee et al. (2001) suggest that employers find interventions to support caregiving employees.

In society, additional support can include a time allowance for family care givers to attend courses that are provided in the community as part of ACA healthcare reform legislation to help employees get training and support to provide elder (Feinberg, & Reamy, 2011). Another remedy is for HR to provide support and training that supports compensation of employees for caregiving, or provide time for employees to attend such training which is supported by the community in nonprofit organizations or other sources (Feinberg, & Reamy, 2011).

Government must also play a role. Consistent and systematic implementation that is guided by healthcare reform measures is recommended and this includes provisions of the Patient Protection and Affordable Care Act (ACA). Organizations can emulate the measures and standards that are required for quality improvement by the Department of Health and Human Services. This legislation requires that “measures assess the experience, quality, and use of information provided to and used by consumers, caregivers, and authorized representatives” (Feinberg, & Reamy, 2011, p. 2) Another organization solution includes time allowance for family care givers to attend courses that are provided in the community as part of this healthcare reform legislation to help employees get training and support to provide elder. Another remedy is for HR to provide support and training that supports compensation of employees for caregiving.

Canty and Sherwood (2007) acknowledge that most parents work outside the home and the increasing need to examine caregiving due to the retirements of the baby boom generation. These retirements must include more than childcare and authors developed a proposal to expand the Family Medical Leave Act (FMLA) to cover additional categories such as illness and elder care with minimal financial impact. The suggestions include three policy initiatives; providing up to eight weeks of paid leave funded through a new trust fund to which American workers can pay to support withdrawals while on leave; extending the length to 18 weeks, and reducing the threshold for eligibility from 50 employees to 20. Employers would incur no cost; changes would need to be introduced in Congress.

Family sensitive policies that support the well-being of the employee can also include but should not be limited to workplace policies that accommodate caregivers; EAP support that recognizes caregiving as a specific problem rather than burying it in other programs; the creation of wellbeing programs that meet the needs of caregiving adults and an extended leave the bank for employees who are caring for sick family members. Above all, organizations must remember to carefully track, document and retain all information on well-being and engagement programs for employees.

DISCUSSION

Being “proactive” may be the key for family members who are thrust into the role of caring for an older relative or friend often have little or no training or preparation in handling their coordination

responsibilities with health care professionals, providing direct personal care, or carrying out medical or health tasks in the home. Few have any idea of what to do. Because caregiving for an older relative or friends will affect nearly every family in America, the public and private sectors need to be proactive in providing the following as suggested by Reinhard et al, 2011. Grillo (2014) posits that being proactive is also in the best interest of the organization. By being proactive the organizations mitigates the likelihood of legal responses from employees as well as reduces the cost of healthcare.

Proactive public policies and programs to help people know where to find the right kind of care and help even before they need it, at and affordable cost Health care professionals who ask if you are helping to care for another family member or friend, and provide proactive, anticipatory guidance and support. Communities that anticipate and offer both practical and emotional support Family and friends who are proactive “help seekers” for themselves and for those for whom they care. “How can it be that so many people like me are so completely unprepared for what is, after all, one of life’s near certainties? What I needed was for the experts to find me and tell me what I needed” (Rauch, as quoted in Reinhard et al, 2011, p.7). “We are rarely provided the solid training we need [as family caregivers] to feel comfortable and competent in the role of health care provider” Mintz, as quoted in Reinhard et al, 2011, p. 9). Public policy solutions play an important role in supporting the private sorrows of family caregivers to lessen the strain in the daily lives of caregiving families in the United States. Lee et al. (2001) also suggest that even those who are retired and not involved in caregiving can benefit from interaction with the community as an approach to address depression, perhaps reducing the isolation that comes with retirement while encouraging engagement with the community.

Policy solutions can include the following (Reinhard et al, 2011) - family-sensitive policies that protect the well-being and vital interests of families; workplace policies that recognize and accommodate employed family caregivers; system change to improve the quality of life for family caregivers and a payment system that provides resources for a comprehensive and culturally sensitive assessment of needs, including caregiver assessment and the need to identify the person’s and the family’s goals for care. Practical and affordable resources are needed to support care delivery and coordination, and reimburse consultations with family members “The problem is not that public policy looks first to families but that it generally looks only to families and fails to support those who accept responsibility. The availability of family caregivers does not absolve policy makers of their own responsibility to make sure that their actions assist rather than destroy families” (Levine, as cited in Reinhard et al. 2011, p. 7). Finally, Rauch believes “We should all be given time off work at age 40 to take a class on elder care” (as cited in Reinhard et al, 2011, p. 7).

A culture change is needed in government, business and society. As more people experience the “new normal” of being a family caregiver, a social movement that demands recognition of family caregivers may be looming. Caregiving is now a normal part of life, yet family caregivers remain invisible, isolated, coping stoically, and getting random advice rather than using a cohesive system that is easily accessible and filled with systematic and practical advice and support. Caregiving and the need to address the aging population must be addressed on a much larger scale not only in terms of what family caregivers need in addition to support from their own organizations, but also in terms of what is available, affordable options, and immediate attention. “It is clear that American

health care is out of sync with the reality of life in America today, in which chronic illnesses and family caregiving have the starring roles” (Mintz, as cited in Reinhard et al, 2011, p. 9). Families and support groups need public acknowledgement, supportive workplace environments, and antidiscrimination laws. “It was not a matter of paying for her care; the challenge was finding the right kind of care we wanted to pay for” (Kane, as cited in Rinehard et al., 2011, p. 9). “Home care requires more than just health aides. It also requires a place to live. And for many, that is a huge—and often ignored—challenge” (Gleckman, as cited in Rinehard et al, 2011, p. 9). “What we need...is for our nameless problem to be plucked out of the realm of the personal and brought into full public view, where help can find us” (Rauch, as cited in Reinhard et al., 2011, p. 9).

CONCLUSION

The implications of the aging population have largely been ignored to date as evidenced by the lack of action in policy and legislation from the government and governmental agencies as well as in businesses and organizations. Providing options for flexible hours and EAP counseling only represents the beginning steps needed to identify and effectively support those engaged in caregiving outside of the workplace. Although communities do provide some assistance and support, these efforts are few and in some cases nonexistent, as those who need such services struggle to locate and identify options necessary for their families. The notable lack of research, articles, and general discussion in recent years provides a clear indication of not only the need to address this immediately at all levels, but in particular for HR management in an effort to reduce the stress and toll on employees who are caught in the middle of this “sandwich”. If the development of human capital, retention of employees, and employee performance matters to organizations, HR departments need to develop plans for immediate implementation. This crisis was predicted years ago and the lack of action at all levels has now created a crisis.

Without a coherent approach as represented by the inclusion and cooperation in business and organizations, communities, and government, we will continue on a haphazard approach to addressing the needs of the elderly as well as the needs of the caregivers who are working full time, and will still be lacking the necessary support and resources. Employee performance will suffer, families will deal with more stress, and we can still remain hopeful that we are not addressing the same concerns in another decade.

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