




# **Usable Flexibility—Not Flexibility—Makes The Difference**

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The U.S. workforce now includes many employees with caretaking responsibilities for elders and other adults (e.g., disabled spouses, adult children).

In one recent study, as many as 28% of employees 18-30 and 43% of employees 50 and older had provided elder care in the past year (Pitt-Catsouphes & Smyer, 2007).

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Previous research has focused on caregiving *per se*, which has generally been operationalized in terms of objective indicators (e.g., caregiving hours).

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In this paper, we focus on a subjective measure of employee concerns about their care recipients, as distinguished from objective care burden.

In general, objective indicators have been less closely linked to caregiver health outcomes than such subjective indicators as role quality (Neal & Hammer, 2003).



## CARE (Concerns about Adult Relatives and Elders)

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Employed caregivers are likely to have worries and concerns while they are at work about their dependents' well-being.

These concerns or CARE may be heightened today because the mobility of the American workforce means that many employed caregivers must provide care indirectly (e.g., through a relative or friend who lives close by or through an intermediary, perhaps a social worker).



## Selected CARE Items


1. To what extent are you concerned that the care recipient is not receiving enough attention?
2. To what extent are you concerned about the overall safety of the care recipient?
3. To what extent are you concerned that the care arrangements that have been made for the care recipient will fall through or break down?
4. To what extent are you concerned that the care recipient will face an unexpected need or situation and that no one will be available who is able to handle it?
5. To what extent are you concerned that there will not be enough financial resources available to meet the needs of the care recipient?



In the present study, we use a new 13-item measure of caregiving concerns, or CARE to assess employee concerns about care recipients.

The measure has excellent internal consistency, with a Cronbach's alpha of .89 in this sample.

Sample items:




## Flexible work schedules might reduce employee caregiving concerns.

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Flexible work schedules might reduce employee caregiving concerns.

But previous research shows that many employees who have access to such policies do not use them for fear of negative career consequences (Bond, Galinsky, & Swanberg, 1998; Williams, 2000).



***Usable flexibility*** is the perception that employees can use flexibility options without incurring career penalties.

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## Usable Flexibility

### **Availability of Flexibility Options** (*1=yes, 0=no/don't know*)


1. Informal flexibility, or the ability to take off part of a workday to deal with family matters when necessary.
2. Formal flextime, or the ability to change regular starting and quitting times within a certain range of hours.
3. Daily flextime, or the ability to change starting and quitting times on a daily basis.
4. Compressed work week.
5. Informal telecommuting, or the ability to work from home when necessary.
6. Formal telecommuting, or the ability to work from home on a regularly scheduled basis.

### **Penalty** (*1=not at all to 5=extremely*)

To what extent employees in their organization who use these supports will experience career consequences as a result.

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Usable flexibility was computed as the summed availability score divided by the penalty rating.



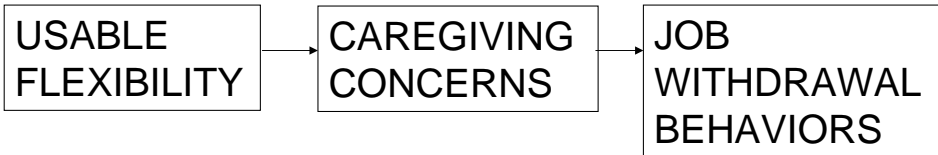
Little attention has been paid to the pathways through which usable flexibility policies might have positive effects.

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Yet little attention has been paid to the pathways through which usable flexibility policies might have positive effects.

In contrast to flexibility per se, usable flexibility creates an atmosphere at work that should reduce caregiving concerns.

In this view, usable flexibility is a work resource that affects caregiving concerns, which, in turn, affect two important outcomes: job withdrawal behaviors and health-promoting behaviors.



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## Job Withdrawal Behaviors

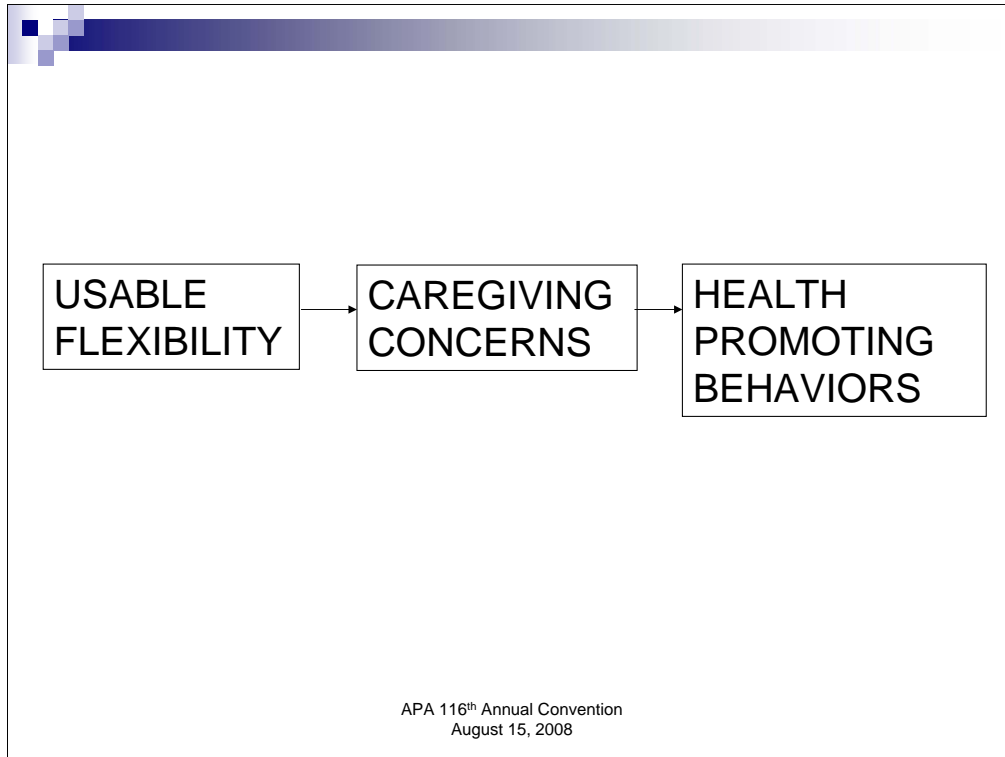
**Planning or considering making any of these job changes in the next 12 months due to caregiving responsibilities (0 = no, 1 = possibly, 2 = yes)**

1. Take leave of absence.
2. Decrease hours or switch to part-time schedule.
3. Change to less demanding job.
4. Give up working or take early retirement.

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Respondents indicated whether they were planning or considering making a change with regard to each of these 4 job withdrawal behaviors within the next 12 months due to their caregiving responsibilities (0 = no, 1 = possibly, 2 = yes).

An overall summary score was created by summing responses and dividing by the number of items answered; respondents who skipped more than two items were coded as missing.



We envision a similar pathway linking usable flexibility to

- Reduced caregiving concerns and, in turn, to increased health-promoting behavior.
- Employees who have usable flexibility will have low concerns and presumably more energy, and time, to engage in regular health-promoting behavior.



## Health Promoting Behaviors

Has there been any change in the way you take care of your physical health:

- adequate sleep
- healthy diet
- exercise

because of your current caregiving situation?

*(1=major change for the worse to 5=major change for the better)*

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Respondents indicated their answers on a 5-point scale, from 1 = major change for the worse to 5 = major change for the better.

## Hypotheses

- *The relationship between usable flexibility and job withdrawal is mediated by a reduction in caregiving concerns.*
- *The relationship between usable flexibility and employee health-promoting behavior is mediated by a reduction in caregiving concerns.*

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# SAMPLE


## ■ Job Withdrawal

- 572 employed caregivers (74.8% women) who worked at one of four companies and who were providing or overseeing some of the care for an elder aged 55 or older, even if the employee was not the main caregiver.

## ■ Health Promoting Behavior


- 400 employed caregivers (79.5% women) who worked at one of two companies and who were providing or overseeing some care for an elder or other adult even if the employee was not the main caregiver.

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Caregiving was defined broadly, as visiting, monitoring, or helping directly, as well as arranging, managing, or coordinating care that others provide.

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A total of four U.S. companies agreed to invite their employees to participate in a 20-minute Web survey including items assessing:

- demographics,
- the caregiving situation,
- caregiving concerns,
- workplace supports, and
- a range of work-related and well-being outcomes.

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If respondents had more than one elder or adult care recipient, they were instructed to choose the one they worry about most as the “target.”

(Note that for the health-promoting outcome, only two companies are included in the analyses because that item was not asked at the first two companies.)



## RESULTS

We estimated two regression models to test each of the mediation hypotheses.

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## Mediating Effect of Caregiving Concerns on the Relationship Between Usable Flexibility and Job Withdrawal Behaviors.

Variable	Step 1: Usable Flexibility to Caregiving Concerns			Step 2: Caregiving Concerns to Planned Job Changes		
	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$
Usable Flexibility	-.36	.14	-.12*	-.04	.07	-.03
Caregiving Concerns	---	---	---	.09	.02	.19*
$R^2$	.20			.12		
Adjusted $R^2$	.16			.08		

Note. *N* = 572 (25.2% men, 74.8% women).

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In Step 1, usable flexibility was significantly and negatively associated with care giving concerns.

In Step 2, caregiving concerns were significantly and positively associated with planned job changes.

Following Baron and Kenny (1986), we used the Goodman (I) version of the Sobel test to assess the statistical significance of the mediation effect.

Caregiving concerns were a significant mediator ( $z = -2.04$ ,  $p = .041$ ).

In other words, employed caregivers who lacked usable flexibility at work reported significantly higher caregiving concerns, which were associated, in turn, with job-withdrawal.

## Mediating Effect of Caregiving Concerns on the Relationship Between Usable Flexibility and Health-Promoting Behaviors.

Variable	Step 1: Usable Flexibility to Caregiving Concerns			Step 2: Caregiving Concerns to Health-Promoting Behavior		
	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$
Usable Flexibility	-0.438	0.146	-.149*	0.042	0.236	.009
Caregiving Concerns	---	---	---	-0.416	0.08	-.270*
$R^2$	.02			.07		
Adjusted $R^2$	0.02			.07		

Note.  $N = 400$  (20.5% men and 79.5% women).

\*  $p < .05$ . †  $p < .10$ .

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In Step 1, usable flexibility was significantly linked to caregiving concerns.

In Step 2, caregiving concerns were significantly linked to health-promoting behavior with usable flexibility included in the model.

Following Baron and Kenny (1986), we used the Goodman (I) version of the Sobel test to assess the statistical significance of the mediation effect.


Caregiving concerns were a significant mediator ( $z = 2.56, p = .010$ ).

That is, employed caregivers who lacked usable flexibility on the job reported significantly higher levels of caregiving concerns, which were associated, in turn, with changes for the worse in the way respondents took care of their own physical health.



# CONCLUSIONS

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This is the first study to suggest a plausible pathway between usable flexibility and both job withdrawal and health-promoting behavior.

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Our findings suggest that employers and employees will benefit if employees are assured that they can take advantage of available flexibility options without career penalties.

Employed caregivers will then experience lower levels of caregiving concerns and employers will have workers who do not plan a job change and who engage in health-promoting behaviors, resulting in fewer absences or costly health insurance claims.




Employers would be well advised to ensure that all employees are made aware of the usable flexibility options that are available.

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Research suggests that even when flexibility programs are available, they are often not implemented or communicated effectively to employees (Bagilhole, 2006; Sabbatini & Crosby, in press).


Therefore, another implication of our findings is that employers would be well advised to ensure that all employees are made aware of the usable flexibility options that are available.



Caregiving concerns may be a more powerful predictor of job withdrawal and health-related outcomes than objective aspects of care burden.

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Moreover, given the paucity of results of previous studies relating elder/adult caregiving *per se* to health, these findings suggest that caregiving concerns should also be assessed in future studies because more and more employed caregivers live at a distance and cannot provide direct care; therefore, defining caregiving solely in terms of direct-care provision excludes an unknown but probably large group of caregivers from caregiving research.



In sum, our measures of  
usable flexibility and  
caregiving concerns warrant  
further study.

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