

Scenarios for redesigning the informal care system

Exploring possible scenarios to alleviate challenges experienced by employed informal care providers



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Chapter 1: Introduction

The ageing of the population and rising costs of long-term care create pressure on the viability of the healthcare system (Plaisier, Broese van Groenou, & Keuzenkamp, 2015). Healthcare regulation is changing to cope with these effects by forcing people to rely more on informal care provided by family and friends before turning to residential care and professional home care (Plaisier et al., 2015). Informal care is unpaid care provided to sick family members or friends. In The Netherlands, over four million people provided some form of informal care in 2014 (De Klerk et al., 2015). It is particularly important in the case of chronic and terminal diseases where long-term care is needed (Koopmanschap, Van Exel, Van Den Berg, & Brouwer, 2004). A big part of informal care is done by people who combine work with informal care. One out of eight employees currently combines work with informal care, and a lot of employees experience this combination as a heavy burden (Rijksoverheid, n.d.). This has various negative consequences such as sleep disturbance (Sacco, Leineweber, & Platts, 2017), higher rates of depression (Amirkhanyan & Wolf, 2003) and possibly more disease symptoms (Pavalko & Woodbury, 2000). As a result, employee absenteeism increases (Josten & De Boer, 2015), employee productivity decreases (Plaisier et al., 2015), and some employees even quit their job (Bittman, Hill, & Thomson, 2007), leading to decreased labour participation (Henz, 2004). Obviously, this has a negative effect on the performance of organizations and this makes the topic highly relevant for managers. This will be even more the case in the near future, as the population of older people is growing fast and the demand for informal care by this population will increase by 25% in the next decade (Sadiraj, Timmermans, Ras, & Boer, 2009). It is likely that employee wellbeing and organizational performance will even be more affected by this increase in demand for informal care. This is why organizations are paying more and more attention to employees that provide informal care, but it is still a relatively new topic in the practice of Corporate Social Responsibility (CSR).

CSR has become a significantly important topic on the corporate agenda in the last few decades. It used to be a “frowned-upon idea”, but most businesses have accepted the concept as highly relevant in modern business (Lee, 2008, p. 53). Lee (2008) describes that almost 90% of the Fortune 500 firms reported CSR practices in their annual reports and included it in their organizational goals by the end of the 1990s, showing that modern businesses value the concept of CSR. The opinions of what CSR should entail are however widely varying as Friedman (1970) suggests that the only social responsibility of firms is to make profit, while Freeman,

Martin and Parmar (2007) suggest that the social side of value creation is the most important. A definition of CSR is still contested (Aguinis & Glavas, 2012; Dahlsrud, 2008), and this makes it hard for organizations to translate the contested concept of CSR into specific CSR practices (Wickert & de Bakker, 2018). Wickert and de Bakker (2018) note that it therefore is important to explore how CSR is translated by organizations.

One of the organizations that is currently working on translating the concept of CSR into specific CSR practices is IMPACT040. IMPACT040 is a network organization that consists of local governments and organizations and focuses on the social agenda in the region of Eindhoven. Informal care has also been placed on this agenda and they are looking for concrete tasks for employers to help employed informal care providers.

Unfortunately, there seem to be no viable design options yet for the system of informal care, but this thesis builds on design options for healthcare as described by Christensen, Grossman and Hwang (2009) for general hospitals and general practitioners.

The goal of this study is to gain insight in what scenarios can improve the combination of work and informal care. The outcomes of this study will contribute to organizational design theory and CSR literature by enhancing our understanding of design options that will take care of employee and organizational needs regarding the combination of work and informal care. The results will enhance designing for a more supportive informal care system, allowing employees to provide informal care while maintaining to be productive in the labour market, which in turn contributes to organizational performance and society in general. To reach the goal of this research, the following research question has to be answered:

How can the informal care system within IMPACT040 be redesigned in order to improve the combination of work and informal care?

To help answer the main research question, four sub questions have been set up. The first two are theoretical questions, the third is empirical and the fourth is empirical and analytical.

1. What are current issues in combining work and informal care?
2. What is known about options that can improve the combination of work and informal care within organizations?
3. What are possible scenarios, according to stakeholders of IMPACT040, to improve the combination of work and informal care for employees?
4. What are implications of possible scenarios?

To realise the goal of this research and to answer the research question, a qualitative approach is needed. It is important to develop a deeper understanding on the opinions and attitudes of employees and organizations of IMPACT040 regarding this sensitive topic. Qualitative research offers the possibility to gain insight in these opinions and attitudes, as respondents can answer the questions in their own words, and it gives the researcher the opportunity to ask more questions and diverge on the topic if needed (Bleijenbergh, 2013). Interviews with supervisors, HR-managers and employed informal care providers gave insights from multiple perspectives and a focus group with informal care providers gave more insight in issues and needs of these informal care providers.

The qualitative data provide insights into issues that are experienced by employed informal care providers and scenarios that could improve the combination of work and informal care. These scenarios include network solutions, HR-solutions and technological options and can be used to redesign the informal care system. Insights of this thesis contribute to organizational design theory by extending current design options to fit the informal care system. It also contributes to CSR literature as this study helps define the social part of CSR and it gives insight in the process of translating the concept into specific CSR practices. This study also has practical relevance, as it helps to decrease the burden on employed informal care providers and concrete scenarios make it easier for organizations to design a more supportive informal care system.

The remainder of this thesis is structured as follows: first, to improve our understanding of existing options that can help improve the combination of work and informal care, a literature review will be done. Chapter 2 will give an overview of relevant literature regarding the core concepts of this research. Based on the literature review, topics for interviews can be set up. These topics will be used to gain further insights in employee needs and to develop possible scenarios through interviews with members of IMPACT040 and a focus group with informal care providers. This will be discussed in the methodology in chapter 3. Chapter 4 will contain the analysis of the data and answers on the sub questions. Finally, the fifth chapter will give a conclusion that answers the research question, discusses implications of the research, and will give recommendations for future research.

Chapter 2: Theoretical background

This chapter will discuss the theoretical background of this research. At first, Corporate Social Responsibility will be addressed. Next, the background of informal care will be discussed, as well as options that can facilitate the combination of work and informal care. This will answer the first two sub questions of this research. Finally, existing scenarios for redesigning general healthcare will be discussed as they can serve as inspiration for the system of informal care.

2.1 Corporate Social Responsibility

Multiple value creation becomes increasingly important for organizations (Bansal & DesJardine, 2014) and Corporate Social Responsibility (CSR) has become an important topic on the corporate agenda in the last few decades. Lee (2008, p. 53) describes that CSR was a “frowned-upon idea”, but that the concept is now accepted as highly relevant in modern businesses. CSR was reported in almost 90% of the annual reports of Fortune 500 firms by the end of the 1990s, showing that modern businesses value the concept of CSR (Lee, 2008). Opinions of what CSR should entail however vary widely as Friedman (1970) suggests that the only social responsibility of firms is to make profit as profit benefits employees and shareholders, while Freeman et al. (2007) suggest that the social side of value creation is the most important by focussing on creating value for all stakeholders. A universal definition seems to be missing as the concept of CSR is still contested and developing (Aguinis & Glavas, 2012; Dahlsrud, 2008). This makes incorporating CSR practices hard for organizations (Wickert & de Bakker, 2018).

There seems to be consensus about the idea that organizations should contribute to not one but multiple areas of responsibility (Aguinis & Glavas, 2012). These areas are also called the ‘triple bottom line’ and include environmental, social and economic responsibilities (Wilhelm, Blome, Bhakoo, & Paulraj, 2016). The social dimension is about making contributions to society and incorporating social issues in daily operations (Dahlsrud, 2008). This involves taking care of employees and the society as a whole. This raises the question whether organizations should include initiatives in their CSR practices that allow employees to provide informal care better.

Research has shown that taking care of employees has become increasingly important, as employees have a major influence on organizational performance. CSR influences employees positively, like increasing organizational commitment (Ali, Rehman, Ali, Yousaf, & Zia, 2010; Brammer, Millington, & Rayton, 2007), employee engagement (Mirvis, 2012), experience of meaningful work (Gill, 2016) and work-life balance (Gołaszewska-Kaczan, 2015).

Consequences of these factors are decreased turnover intention (Tett & Meyer, 1993), increased competitive advantage (Macey & Schneider, 2008), decrease in turnover and absenteeism (Hackman & Oldham, 1976) and increased employee productivity (Glass & Estes, 1997) by reducing work-life conflict (Greenhaus & Beutell, 1985). Direct effects of CSR on organizational variables have also been well researched. Porter & Kramer (2006) describe that CSR can have a positive effect on competitive advantage, and Ali et al. (2010) describe the positive relationship between CSR and organizational performance. It is clear that CSR has various positive influences on many organizational variables and that organizations see it as their responsibility to take of societal issues. One of the current societal issues is the provision of informal care. The successful combination of work and informal care partly depends on characteristics of the job, so organizations can contribute to this societal issue (Plaisier et al., 2015). Incorporating this issue in CSR practices seems to be an obvious choice.

2.2 Informal care

This paragraph will discuss informal care as it is increasingly placed on the corporate agenda and it has implications for employees and organizations at the same time.

The Dutch healthcare system is changing to cope with the ageing of the population and rising costs of long-term care (Plaisier et al., 2015). Residential care and professional home care have become too expensive and people are expected to rely more on informal care provided by family and friends (Plaisier et al., 2015). Informal care is particularly important in the case of chronic and terminal diseases (Koopmanschap et al., 2004). Over four million people in The Netherlands have provided some form of informal care in 2014 (De Klerk et al., 2015) and the demand for informal care will increase by 25% in the next decade because the population is ageing (Sadiraj et al., 2009). This means that the burden for the population to provide informal care will increase in the coming decade.

A large part of informal care is provided by people who combine work with informal care. One out of eight employees is combining work with informal care, and 40% of the employed informal care providers experience this as a heavy burden (Rijksoverheid, n.d.). This combination can lead to various negative consequences such as sleep disturbance (Sacco et al., 2017), higher rates of depression (Amirkhanyan & Wolf, 2003), and possibly more disease symptoms (Pavalko & Woodbury, 2000). In turn, these consequences of combining work and informal care have a negative influence on different organizational variables such as increased employee absenteeism (Josten & De Boer, 2015), decreased employee productivity (Plaisier et

al., 2015) and turnover (Bittman et al., 2007), leading to decreased labour participation (Henz, 2004). This is a concern for organizations and it shows the need to develop improvements in the combination of work and informal care.

2.3 Combining work with informal care

Options that can improve the combination of work and informal care are mostly rooted in work-life and work-care balance theories. First, classic and current approaches to these theories will be discussed, followed by the options that can improve the combination.

Work-family balance is defined as “satisfaction and good functioning at work and at home, with a minimum of role conflict” (Clark, 2000, p. 751). Work-life balance has a positive influence on wellbeing and important aspects of a good work-life balance are high self-esteem, satisfaction and overall sense of harmony in life (Rantanen, Kinnunen, Mauno, & Tillemann, 2011). Employed informal care providers do not have to run into problems, but it is likely that some challenges are experienced that may have implications for a good work-care balance (Plaisier et al., 2015). Research of Rijksoverheid (n.d.) shows that 40% of the employed informal care providers experience the combination of work and informal care as a heavy burden. Plaisier et al. (2015) found that a heavy care burden has negative implications for the combination of work and informal care. This likely leads to work-life conflict (Greenhaus & Beutell, 1985) and decreased productivity (Glass & Estes, 1997). The role of informal care provider seems to affect the role of employee and this suits the concept of spill-over.

Spill-over is defined as a “process whereby behaviours, moods, stress, and emotions from one realm of social life affect those in another and vice versa” (Mennino, Rubin, & Brayfield, 2005, p. 107). This means that experiences at home may affect experiences at work or the other way around and this can be experienced positively or negatively. Positive spill-over occurs when positive experiences in one domain, such as excitement and happiness, positively influence experiences in the other domain (Hanson, Hammer, & Colton, 2006). Negative spill-over is experienced when both home and work “compete for an individual’s time, energy and attention” (Mennino et al., 2005, p. 107). This fits the case of informal care, where some employees may experience the combination of work and care as a heavy burden as both home and work demands require attention. The concern in this research is with negative spill-over, as the goal of this research is to gain insight in what scenarios can improve the combination of work and informal care, and thereby decreasing negative spill-over. Fortunately, there are some options that can reduce negative spill-over.

Work-life balance practices typically include flexible work hours, compressed work weeks, working from home, family leave programs, job-sharing and financial or informational assistance (Beauregard & Henry, 2009). Beauregard and Henry (2009) found that work-life conflict is not necessarily reduced by using these work-life balance practices. It seems clear that more knowledge is needed to improve the combination of work and informal care as existing options are not enough. New scenarios can contribute to this.

2.4 Redesigning informal care

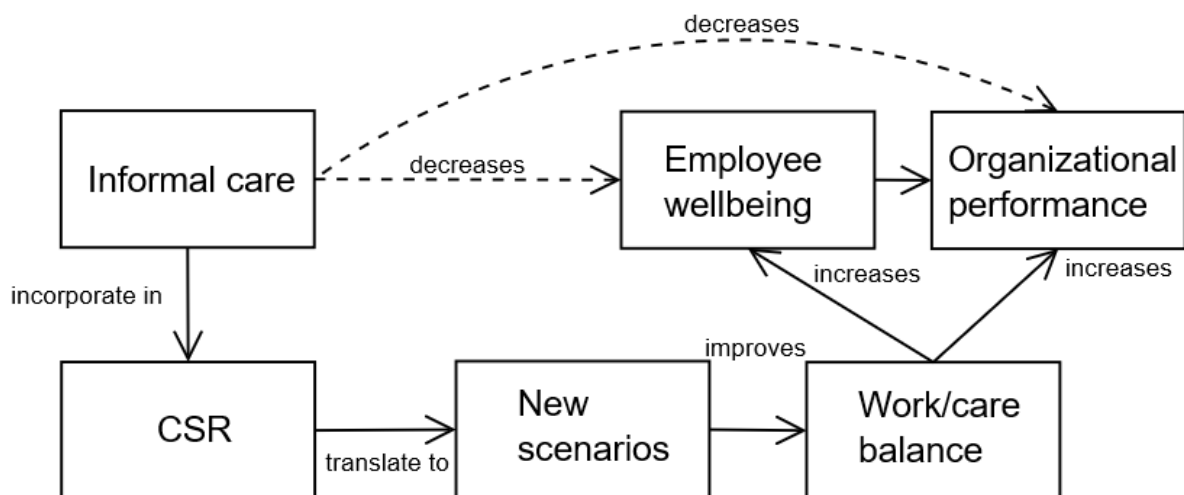
Costs of healthcare have increased every year by 5,3% on average in The Netherlands (Slobbe, Smit, Groen, Poos, & Kommer, 2011). According to Christensen et al. (2009), a disruptive solution is needed to improve affordability and accessibility of general healthcare. This solution consists of using technology, new business models and value networks to disrupt the current healthcare system (Christensen et al., 2009). The most important factor is the business model. This concept can also help redesign the informal care system and will now be discussed.

A business model describes how value is created by organizations and includes four components: a value proposition, resources, processes and a profit formula (Christensen et al, 2009). Christensen et al. (2009) propose the use of three business models to disrupt the healthcare system, which are solution shops, value adding processes and facilitated networks. Solution shops deal with diagnosing ill patients and value adding processes deal with standardized treatment for certain diseases (Christensen et al., 2009). These two business models are not relevant for the case of informal care, as these are in the domain of general healthcare. The last business model is relevant and is called a facilitated network. This business model is about linking clients, care providers and experts to deal with chronic diseases (Christensen et al., 2009). Informal care mainly deals with chronic and terminal diseases (Koopmanschap et al., 2004), so the business model of facilitated networks seems to fit the people with a need for informal care the best. Currently, family members and friends provide informal care and are part of the network. Adding more parties to the network can amplify the supply for informal care, while attenuating the burden experienced by family and friends. Christensen et al. (2009) describe that scale and network composition are important in setting up a facilitated network. Scale refers to the size of the network, indicating that the network will only work when it has sufficient members. Network composition refers to the balance between care-providers and those in need of care. The network will only work when supply and demand are in balance (Christensen et al., 2009). The demand is high at the moment, so more supply of care is needed. Neighbours, volunteers, churches and private organizations will increasingly

take part in the provision of informal care to increase the supply of available care (De Klerk et al., 2015). Examples of Dutch private organizations that can help facilitate the provision of informal care are ‘De Buren’, ‘Mantelaar’, and ‘Vertroetel je Ouders’. These services provide paid personal care to partly substitute informal care. As these services are privately owned and not controlled by the government, they are different from general healthcare services. These services can decrease the burden on care-providing employees and would be an option to include in a scenario.

2.5 Summary of core concepts

The core concepts of this research have been discussed in the previous paragraphs. Informal care can influence employee wellbeing and organizational performance negatively. This is why informal care is a current issue on the CSR agenda and is incorporated in CSR practices. The concept of CSR has to be translated into specific CSR practices (Wickert & de Bakker, 2018). New scenarios contribute to this and can improve the work-care balance of employed informal care providers. This has a positive effect on employee wellbeing and on organizational performance. The following mind map visualizes these findings. This thesis will only focus on developing scenarios for redesigning the informal care system from the perspective of CSR so that employees can maintain a good work-care balance.



Chapter 3: Methodology

3.1 Research design

In order to answer the research question how the informal care system within IMPACT040 can be redesigned to improve the combination of work and informal care, knowledge about opinions and attitudes of informal care workers and stakeholders in IMPACT040 is needed.

As the goal of this study is to explore scenarios that can alleviate challenges that are experienced by employees that provide informal care, in depth knowledge about their opinions and attitudes is needed to better understand the problem. This is important for analysing current issues in combining work and informal care and developing new scenarios to improve this combination. Qualitative research offers the possibility to gain insight in opinions, attitudes and motivations because it allows respondents to answer in their own words and the researcher has the ability to ask more questions to gain deeper knowledge about the topic (Bleijenbergh, 2013). Bleijenbergh (2013, p. 10) describes that qualitative research contains all forms of research that develop insights about a social phenomenon on the basis of linguistic data. In this study, a combination of multiple sources and methods will be used to gather the data. These will be discussed in paragraph 3.3.

3.2 Context description

This research focuses on the context of IMPACT040, a collaboration of local governments and companies in the region of Eindhoven. The network consists of the largest companies in the region and collaborates with local governments to improve the Corporate Social Responsibility and sustainability of the region. It was founded in 2016 to increase the impact on the region. Recently, they started focussing on social sustainability. Informal care was placed on the agenda as these organizations started to experience higher numbers of absenteeism related to employees providing informal care (personal communication, February 17, 2018). This raised the question what issues employees were experiencing and how the organizations could support employees to provide informal care while maintaining to be productive in the labour market. Insights in current issues and needs have been gained by a survey that was conducted at “TechCo”.

3.3 Data collection

Multiple data collection techniques were used to collect the necessary data. These techniques were document analysis, interviews and a focus group. The techniques and the data sources will be discussed below.

3.3.1 Documents

Existing sources of data in organizations can be a huge source of knowledge for the researcher (Bleijenbergh, 2013, p. 47). An important document was a survey performed by one of the members of IMPACT040. TechCo has done a survey to gain insight into employees' needs concerning the combination of work and informal care. The survey showed the number of employees that provided informal care, issues that were experienced by employees, and options that could improve the combination. This document was analysed to gain insights into current issues and to form interview topics.

3.3.2 Interviews

The interviews in this study were semi structured. This means that questions were formulated beforehand, but allowed the researcher to ask more questions when needed and to open up new subjects (Boeije, 2014). The questions were open-ended to allow the interviewees to answer in their own words. The advantage of structuring the questions is that every interviewee answered the same questions and this therefore enhanced the reliability of the research (Bleijenbergh, 2013). The interview questions can be found in appendix I but became more focused as experience on the topic was gained through interviewing. Because the role of the interview participants varied, the questions were also slightly adjusted to fit the perspective of the participant.

The literature and practical examples served as leading topics for the interview. Interview questions were based on important theoretical and practical concepts in this research. Four topics were discussed in the interview. At first, the corporate social responsibility of the firm was discussed. It was important to know what organizational members thought of adding the provision of informal care to the corporate social agenda. When organizations wanted to include this practice in their CSR policy, this served as a basis for possible scenarios. Next, it was important to question issues regarding the combination of work and informal care. It was important to know how this combination is experienced, as scenarios should be based on experiences and issues. Third, options that can improve the combination of work and informal care were discussed. These may or may not be present in the organization of the participant. Discussing the use and benefits of these options was important, because scenarios should build upon these options to improve the informal care system. At last, possible scenarios were discussed. On basis of the experienced issues and known options that can alleviate challenges, participants were asked to think of new scenarios, and some practical examples were discussed. One of these practical examples was an informal care supporter as this was suggested by one

of the members of IMPACT040. This supporter should help the informal care provider by performing household tasks and other chores. Based on the scenarios that came up in the interview, the implications of those scenarios were discussed.

The data was gathered by conducting eleven interviews. These interviews were recorded (in agreement with respondents) and transcribed to prepare for data analysis. The interview transcripts are available in appendices II to XII. The first interview was planned with a healthcare institution that already provides support for informal care in a small area. Their practices can serve as an inspiration for developing scenarios. The other ten interviews were divided over four organizations that are a member of IMPACT040. Within each organization, three employees were chosen based on their job title. In every organization, there was an interview with the HR-manager, supervisor and an employee that provides informal care. This led to multiple level of insights from different organizations. The organizations selected the interview participants. Unfortunately, not all organizations were able to select three participants. This resulted in missing an interview with an informal care provider and a supervisor. One organization partly solved this by selecting a supervisor that also provides informal care.

HR-managers were selected, because they are likely to deal with informal care related requests and are responsible for retaining employees. Supervisors were selected, because they have to deal with employees that provide informal care. This can be in terms of questions or absenteeism. At last, employees that provide informal care were selected, because they experience the combination of work and informal care and can provide valuable insights into current issues or ideas about new scenarios. Employees that provide informal care had to meet the following selection criterion: the income of the employee has to be in the lower level of the organization. This is because employees with a higher income are likely to have more access to ‘buying’ care for their relatives to decrease their informal care burden (De Klerk et al., 2015). The following table shows the interview participants. Eight of the interviewees were male and three were female.

Interviewee	Date	Function
Org 1 (confidential)	17-04-2018	HR Manager
Org 1 (confidential)	07-05-2018	Supervisor
Org 1 (confidential)	09-05-2018	Informal care provider
Org 2 (confidential)	20-04-2018	HR Manager

Org 2 (confidential)	15-05-2018	Supervisor / informal care provider
Org 3 (confidential)	07-05-2018	HR Manager
Org 3 (confidential)	20-04-2018	Supervisor
Org 3 (confidential)	07-05-2018	Informal care provider
Org 4 (confidential)	16-05-2018	HR Manager
Org 4 (confidential)	16-05-2018	Supervisor
Org 5 (confidential)	16-04-2018	Manager

Table 1: Overview of interview participants

3.3.3 Focus group

A focus group is an interactive discussion between participants and the researcher to explore current issues in practice (Lucassen & olde Hartman, 2007). Lucassen and olde Hartman (2007) describe that this interactive discussion can be used to gather details about complex experiences and the emotions and attitudes of people during these experiences. In this research, the focus group consisted of the researcher and some informal care providers. This group was used to gain more insight in issues that informal care providers experienced, and to help develop scenarios to improve the informal care system. The session was not recorded, but notes have been made. These notes are available in appendix XIII.

3.4 Data analysis

Template analysis was used to analyse the data. This technique is flexible in the coding structure and a priori themes can be used (Symon & Cassell, 2012). A context mapping session was used to generate a first version of the codebook. Context mapping uses a group setting to come to a deeper understanding on the context of use by interpreting the data and grouping the data into themes (Stappers, 2012). Prior to the session, group members individually marked relevant quotes in the transcript and used statement cards to interpret the quotes. Stappers (2012, p. 2) notes that paraphrasing is key in using these statement cards because group members should “make explicit in their own words what the quote is saying”. These interpretations were discussed and analysed in the group to come to topics and themes. This helped to understand the levels of data and the relations between core concepts in the research (Stappers, 2012).

Three themes came up in this session, and this provided structure for further analysing the interview transcripts. These three themes were: reasons for informal care, Corporate Social

Responsibility and scenarios for redesigning the informal care system. As further insights were gained through analysing, the codebook changed as part of the iterative process. At first, descriptive codes were applied. Every code was defined to clarify the reasoning of the researcher. Clusters of codes produced more general higher order codes and were sorted in sub themes. Finally, these sub themes were grouped into the grand themes of the research. The final codebook is included below.

Code	Definition of code	Sub theme	Theme
1.1.1 People live longer at home	People are expected to live longer at home	1.1 Political	1. Reasons for informal care
1.2.1 Materialism	People want more goods so work more	1.2 Societal	
1.2.2 Changing role of women	The role of women seems to be changing		

Table 2: Reasons for informal care

Code	Definition of code	Sub theme	Theme
2.1.1 Informal care not visible	Informal care seems to be invisible when you don't talk about it	2.1 Invisibility	2. CSR
2.2.1 Communication to create awareness	Communication with supervisors to create awareness of the informal care situation	2.2 Awareness	
2.3.1 Conversation beforehand	Communication with supervisors before problems arise in combining work and informal care	2.3 Communication	
2.3.2 Advantage of communication	Two possible advantages of communication: employee remains productive and keeps career		

Table 3: Corporate Social Responsibility

Code	Definition of code	Sub theme	Theme
3.1.1 Specific situation	Every situation in informal care is specific	3.1 Customized solutions	3. Scenarios
3.1.2 No generic solution	A generic solution seems not possible because every situation is unique		
3.2.1 Flexible working hours	Flexibility in working hours	3.2 Flexibility	
3.3.1 Care leave	Partly paid leave when care is needed immediately	3.3 Leave arrangements	
3.4.1 Decrease in stress	Decrease in stress because of support from supervisor	3.4 Supportive climate	
3.4.2 Recognition	Recognition of informal care situation by colleagues		
3.5.1 Gauges	Gauges for blood pressure and glucose	3.5 Technology	
3.6.1 Bundling initiatives	Bundling existing initiatives	3.6 Role informal care coordinator	
3.6.2 Information support	Support in information for employers and employed informal care providers		

Table 4: Scenario for redesigning the informal care system

3.5 Research quality

The quality of research can be assessed by using the assessment criteria as proposed by Symon and Cassell (2012). These criteria are focussed on qualitative research and are: credibility, transferability, dependability and confirmability. The methods to adhere to these criteria will now be discussed.

At first, paragraph 3.2 discusses the context description of the research. This helps to make clear what other contexts may be informed by the research findings (Symon & Cassell, 2012). Second, interview transcripts were sent to the interview participants to give them a chance to read and adjust the transcript. These member checks can enhance the internal validity of the research (Boeije, 2014). Seven of the interviewees responded to the interview transcripts and agreed on the content. How this data has been transformed into research findings is discussed in paragraph 3.4, which gives a detailed overview of the data collection and analysis process, so the reader can assure that the data and interpretations remain as objective as possible (Symon & Cassell, 2012). The codes that were assigned to the transcripts were also defined to clarify the reasoning of the researcher. The coded interview transcripts are available in appendices II to XII. At last, it is important to show consistency in methodology and acknowledge the role

of the researcher so that research findings can be as repeatable as possible (Symon & Cassell, 2012). Paragraph 3.3 provides a detailed description of the methodology and chapter 5 contains a reflection on the methodology and on the role of the researcher.

3.6 Research ethics

“Ethical tensions are part of the everyday practice of doing research” (Guillemin & Gillam, 2004, p. 261), and it is important to adhere to some virtues to do ethical research (Symon & Cassell, 2012). Symon and Cassell (2012) describe a number of virtues that can contribute to ethical research: deliberative conversation, sensitivity in handling participant data, honesty and learning from mistakes. A few measures were taken to adhere to these virtues and will be discussed now.

Participants were properly informed about the research goals before the interview. This is particularly important because the participants were selected by the organizations and it is necessary to gain consent from the participants themselves (Symon & Cassell, 2012). Participants were therefore given the opportunity to think about participating or to withdraw at any given moment during the interview. Full anonymity was assured to all research participants and their organizations. Names of the participants and organizations will not be traceable for anyone but the researcher. Where necessary, pseudonyms were used to guarantee anonymity and to improve readability of the research. However, after consultation, the name of IMPACT040 is mentioned in this research. Participants also received the interview transcript and interpretations of the researcher to give them an opportunity to change or delete the data. Finally, chapter 5 contains a reflection on the research, as well as a reflection on the role of the researcher. This is important to learn from mistakes and to avoid these in the future (Symon & Cassell, 2012).

Chapter 4: Results

This chapter contains the results of the research. First, the context of informal care will be discussed from the perspective of interviewees. This includes triggers for informal care and current issues they experience. Next, the opinion on the corporate social responsibility of organizations to take care of employees that provide informal care will be discussed. Finally, findings regarding scenarios for redesigning the informal care system will be discussed. The quotes from HR-managers are indicated by ‘HR’, supervisors by ‘SV’, managers by ‘M’ and informal care providers by ‘ICP’.

4.1 The context of informal care

As described in previous chapters, the need for informal care was mainly triggered by changing healthcare regulations and ageing of the population (Plaisier et al., 2015). This political reason was also described by an HR-manager: *“The famous participative society is a neoliberal form of just taking care of yourself. It is not a way to bring people closer as told by the government, but a way to cut costs”* (R2_HR). This quote implies that the Dutch government moved from a welfare state to a participative society where everybody would have to take care of themselves. More interviewees mentioned political triggers, but they mainly focused on societal triggers such as the changing role of women, smaller families, dual income families and the rise of the 24-hour economy. An HR-manager stated:

“Men used to be the breadwinner and women took care of the children and could take care of a sick mother. It was not even called informal care back then. But at the moment, we have a lot of two-income households which makes combining it all more difficult” (R3_HR).

This quote implies that the changing role of women has made it more difficult for families to take care of sick family members. One of the HR-managers interpreted this phenomenon of two-income households is caused by increased materialism:

“Thirty years ago, one member of a family used to work. Nowadays, people want more items like five televisions instead of one, and a new couch every five year. You can tell by the absenteeism that everybody is working a lot, but because they want to work a lot and because of the 24-hour society, there is little time left” (R2_HR).

These political and societal triggers seem to explain the increased need for informal care: people are expected to take care of others and themselves while they have less time to do so.

Participants in the focus group acknowledged that providing informal care can be demanding and that it is hard to find time for yourself. However most of the participants in the focus group were already retired, they mentioned that home demands dramatically increased when informal care was needed. According to interviewees, these demands did not lead to problems immediately when combined with work. Problems seemed to rise when unexpected events took place or work and home demands were high simultaneously. An HR-manager stated the following:

“The unexpected situations, that is when I think employees are running into problems. For example, when there is a phone call and your mother is in the hospital because she fell and you should come right away. And that is right at the moment when you have an important meeting. That are mostly the unexpected situations that cause stress” (R3_HR).

According to this interviewee, unexpected situations were seen as stressors and could lead to problems. When work and home demands are high simultaneously, problems are also expected to rise according to an HR-manager:

“Eighty percent of our population are technical developers. They work in projects with delivery dates. There are a few very critical steps in such a process. And you also have to take care of a sick partner or sick mother, father, child or neighbour where you feel committed to. Then you get on an emotional rollercoaster. You feel committed to your colleagues because you have to deliver. (...) You run into problems when things on the other side also have urgency” (R10_HR).

This can lead to worse problems like absenteeism or sick leave. This was mentioned by a supervisor:

“As soon as those two come together, people start missing work. If they feel pressure at work and at home they have to take care of parents, a wife or a child, they are falling out after a few months. It is even possible to signal it beforehand” (R9_SV).

These quotes imply that when work and home demands are high simultaneously, problems like absenteeism are expected to rise. Finally, some interviewees remarked that problems at home could lead to decreased performance at work. The following quote indicates negative spill-over: *“If issues at home are not taken care of, you are not feeling well and not functioning as you should on the job” (R6_HR).* This quote implies that negative feelings at home may be transferred to the work environment.

4.2 Perspectives on Corporate Social Responsibility

The previous paragraph shows that the combination of work and informal care can lead to problems like absenteeism and sick leave. From the perspective of CSR, it seems logical to help employees that provide informal care. All respondents acknowledged that an organization has at least the responsibility to look at possibilities to help employees. However, the opinions varied on how much help organizations should offer from just investigating possibilities to employing an informal care supporter. An HR-manager was in favour of all initiatives that allow employees to combine work and informal care:

“I think that an organisation does not only exist to do what they are good at. (...) They are always part of society so in that sense they have to look at what happens in society and it is important that employees feel good to maintain productive. (...) We find it important, because we acknowledge that informal care is a trending issue, that we have to do something to allow people and our employees of course to combine work and informal care. So, I am in favour of all initiatives that contribute to this” (R3_HR).

This quote implies that organizations should not only look at their primary process, but also at their contribution to society. Initiatives that facilitate informal care can be included in the operations to contribute to employees' wellbeing and society as a whole. On the other end, another HR-manager stated that an organization at least has to look at possibilities:

“Responsibility [to take care of employees that provide informal care], that is too much for me. I think that an employer always has to look for possibilities. This means the possibilities that allow an employee to combine both. But, responsibility is too much for me. I do not think an employer has the responsibility, but I do think that an employer has to look into possibilities and not deny it straight away” (R6_HR).

This shows that the opinions about the responsibility of organizations varied. Incorporating initiatives in CSR practices that allow employees to provide informal care seems to have its benefits. A supervisor that also provides informal care stated:

“The project is delivered two weeks later and that hurts. But in the long term, you have an employee that feels good in the organization resulting in increased engagement. You have helped solve a situation where he was involved with his family, friends or whatever, and it results in not being distracted anymore. His effectiveness increases and you have contributed to solidarity, enjoyment, wellbeing of the society. You are out of your mind if you are not combining that if you have the possibility” (R11_SV and ICP).

This quote implies that helping an employee provide informal care is a worthwhile initiative even when it hurts performance in the short term because it has multiple benefits like increased engagement and effectiveness, less distraction on the job, enjoyment and increased wellbeing of society.

Incorporating informal care in CSR practices seems to be hard, because informal care is often not visible in organizations and employers do not seem to be aware of the issue. An HR-manager said the following about the invisibility of the problem: *“It is not openly discussed. You have to search on internet for people who provide informal care. It is not really a topic here”* (R2_HR). This implies that informal care is invisible unless you start looking for it. This is remarkable as the survey of TechCo showed that one out of eight employees provided informal care and 52% of the respondents expected to become an informal care provider (unpublished internal document, 2018). Creating awareness might help incorporate initiatives into CSR practices. According to an interviewee, communication is key to create awareness and to make progress in incorporating initiatives:

“Some employees do not call it informal care when they take care of their father. So, in that sense, what we have started with the co-creation, we can make some progress in creating awareness among employees as well as among supervisors. Before we can talk about informal care, we need to know what it is and how we can recognize it. It is hard to create initiatives when we do not [know]” (R3_HR).

This quote implies that communication is required to create awareness as a starting point for creating initiatives. All interviewees acknowledged that communication with supervisors is key in creating awareness. A supervisor stated:

“Problems can be prevented by communicating with a supervisor beforehand. Clearly stating how the informal care situation looks like and what days in a week are needed or what kind of emergencies you are dealing with. And then we can make an arrangement. That works more pleasant” (R4_SV)

This quote implies that communication with supervisors about the informal care situation beforehand could prevent problems. It seems that issues in informal care are invisible to supervisors and that communication with supervisors is needed to create awareness. Creating awareness seems to be a starting point for initiatives that could improve the combination of work and informal care.

4.3 Findings regarding scenarios for redesigning the informal care system

The previous paragraph shows that incorporating initiatives in CSR practices that allow employees to provide informal is a good choice according to interviewees. The possible scenarios and their implications will now be discussed and this will answer the third and fourth sub-question.

4.3.1 Customized solutions

Every interviewee acknowledged that informal care calls for customized solutions. The situation around informal care seems to depend on many factors such as the duration and type of help needed, the financial position of the informal care provider, flexibility offered by the organization, type of job and size of the organization. The following quote shows the complexity of the informal care situation:

“I think that what makes it very difficult with this topic, is that every situation is unique. Generic solutions are very hard, because one situation is short and another takes years. One situation is very intensive, another is less intensive. One has three or four situations at the same time, another has only one. It is that diverse. One is more physical, one is more mental. One is about dementia and another is about a physical handicap. It is that diverse. A one size fits all solution does not exist. And that is why flexibility in solutions is key in this issue” (R11_ SV and ICP).

This quote implies that a one size fits all solution does not exist due to the complexity of the informal care situation. Flexibility in solutions is key in improving the combination of work and informal care.

4.3.2 Flexibility

Almost all interviewees mentioned flexibility as a solution for combining work and informal care. This included flexibility in working hours and flexibility in searching for solutions. A supervisor stated:

“You have to find a balance in working hours, try to be as flexible as possible. It is easy as employer to say, you have to be here between half past 8 and 5. That would work for some functions. It is always easy to solve it temporarily. But to solve it structurally. Try to find a solution. That is in my opinion a task or responsibility of a supervisor to show some flexibility” (R7_SV).

This quote implies that flexibility in working hours is important to find a balance and to solve it temporarily. Flexibility in searching solutions is key in solving it structurally. According to 53% of the respondents of the TechCo survey, flexible working hours would help them combine work and informal care (unpublished internal document, 2018), but the flexibility that might be offered seemed to depend on the type of job. An informal care provider stated:

“The flexibility that my job offers is enough to cope. That is the advantage. The receptionist can’t leave because she has to be here between 8 and 5. She has to be there. The same for a truck driver. I can plan my own meetings because I plan my own work. I am flexible so that is easy” (R8_ICP).

This quote implies that a job could offer enough flexibility to combine work and informal care without problems and that flexibility is affected by the type of job. This was only mentioned by one interviewee and it is possible that job demands also have an impact on the ability to cope with combining work and informal care.

Flexibility also seems affected by the size of the organization. A supervisor stated the following: *“If you work with lots of people and you have to make a planning, it is easier to give someone a day off. (...) With a lot of people, it is easier to arrange”* (R4_SV). This implies that larger organizations have less challenges in giving someone a day off. It is not clear if flexibility in working hours is also affected by the size of an organization. This mainly seems to depend on the type of job.

4.3.3 Supportive climate

Paragraph 4.2 indicated that interviewees thought communication was a starting point for developing initiatives. Interviewees thought that communication was related to a supportive climate. According to a supervisor, it should start with support and communication: *“Researcher: so, it begins with support and communication? Respondent: Yes, if you do not have that, then it is over immediately. This prevents that the employee has to call in sick for either a short or long time”* (R7_SV). This implies that support and communication could prevent that an employee that provides informal care has to call in sick for a short or longer time. According to an HR-manager, this is because support can decrease stress:

“That is what you see with work pressure. Informal care can result in work pressure and stress. When a supervisor shows support and understanding and has some attention for the employee, the pressure drops enormously. The pressure, the real pressure, does not change, but the

experienced pressure is more manageable. That can be the case for informal care too” (R3_HR).

This quote implies that support and understanding from a supervisor can result in a decrease in experienced pressure. This can decrease the burden on employees that provide informal care. The survey of TechCo showed that 54% of the employees experienced support from a supervisor and 58% experienced support from colleagues (unpublished internal document, 2018). Providing an even more supportive climate seems to be helpful.

4.3.4 Leave arrangements

Leave arrangements include sick leave, emergency leave and short or long-term care leave and organizations are required to offer them by law. The survey of TechCo showed that 8 to 20 percent of the respondents were aware of the content of these leave arrangements (unpublished internal document, 2018). Some interviewees seemed to be aware of these arrangements, but one supervisor thought employees and employers are not adequately informed:

“I do not think employees are aware of what our organization can do for them in terms of informal care. We have never discussed it in our management meetings and I believe it is never discussed in regular work meetings” (R9_SV).

According to this supervisor, employees and supervisors are not aware of the leave arrangements that organizations are required to offer by law and the arrangements are not discussed in meetings. This could possibly explain why leave arrangements are not used that much. A supervisor told that only a few employees used these: *“We do have employees that have used care leave for a short time, but I do not know how many did. That is not a lot in hours. And none used long-term care leave. Those who were eligible for it, (...) could not cope with it financially”* (R7_SV). It seems possible that when more employees who provide informal care would become aware of these arrangements, these will be used more and could help decrease the burden on informal care providers. In the survey of TechCo, 8 to 16% of the respondents thought that additional leave arrangements could help them combine work and informal care better (unpublished internal document, 2018).

Another issue in using leave arrangements is that employees bear part of the costs when they make use of these arrangements. Multiple interviewees acknowledged that financial implications could be a reason not to use these arrangements. An informal care provider stated:

“I had a good education, I have a good job. So, I can more easily take a pay cut than someone who is just above minimum wage. It is harder for them to make that decision. (...) People with high salaries use that arrangement because they can miss some salary” (R8_ICP).

This quote implies that the financial position influences the use of arrangements. Employees with lower salaries are less likely to use leave arrangements.

4.3.5 Informal care coordinator

Due to the invisibility and lack of awareness of informal care provided by employees, multiple interviewees suggested an informal care coordinator as new scenario. Such an informal care coordinator could function as an advisor for employers and informal care providers and could bundle existing initiatives. The previous paragraph shows that not all parties are adequately informed about leave arrangements and about what organizations can do for employees in terms of informal care. The survey of TechCo showed that 38% of the respondents would like a helpdesk for advice on possible arrangements and 30% would like a helpdesk for general advice on informal care and work (unpublished internal document, 2018). Almost all interviewees were in favour of this scenario. A supervisor stated: *“If you have that informal care coordinator, just some advice would already unburden you. You get faster to a solution where it is possible” (R7_SV)*. An informal care coordinator could, according to this interviewee, unburden an informal care provider by providing some advice. According to an HR-manager, it also has benefits for the employer: *“It would help me as an HR-advisor to get clear what is informal care, what are issues in informal care. (...) I think we can be helped as employer to gain more insight in informal care. That would help get a better understanding” (R6_HR)*. This implies that providing a coordinator would be a useful scenario for both employees and employers. However, the exact role of this coordinator is not clear. Some interviewees preferred an internal coordinator, and some suggested a coordinator for a network of organizations. The latter seemed to be the most cost-effective role according to a supervisor who also provides informal care:

“You could make it a joint responsibility of organizations. It does not have to be expensive. Create a pool of experts and give those experts some time and space to do it. Does not cost you anything but time, excluding the infrastructure. (...) It is harder to with just one company than with a larger pool of multiple companies. That is the advantage, to do it together” (R11_SV and ICP).

This quote implies that creating a pool of experts from a network of organizations would be the most cost-effective method that allows multiple organizations to benefit from the experts. Creating an infrastructure costs money, but the experts could come from the members of IMPACT040, so that only costs time. It seems best if HR-managers take on this role as they are experts in issues regarding employee retention and absenteeism. While the time they spend on taking on this role has to be paid, it seems more cost-effective than hiring an external coordinator.

4.3.6 Informal care supporter

Another scenario concerned the role of informal care supporter and was suggested by one of the members of IMPACT040. This member offers educational programmes for the health and wellbeing industry. At the moment, they are working on educating this supporter, but more knowledge is needed about opinions on this supporter and ways to incorporate this supporter in the informal care system. This supporter should help the informal care provider by performing household tasks and other chores to decrease the burden on the informal care providers. Most of the respondents were positive about this scenario. An HR-manager stated:

“I believe this is social innovation. I am going to think about it, it is very creative. I did not know about that educational programme and that they offer it to people at the lower end of the labour market. It would also be a great stepping stone for those people to a job in regular care. Look, you can’t ignore the problem. If research shows that the demand for informal care grows by twenty to twenty-five percent [in the coming decade], then using an informal care supporter would be useful” (R10_HR).

This quote implies that the advantage of an informal care supporter would be twofold. The burden of the informal care provider would decrease and the role of informal care supporter would present an opportunity for less qualified people. This was acknowledged by most interviewees. Some interviewees also mentioned drawbacks of this scenario. These mainly include the issue of who is going to pay for this supporter. Respondents mentioned that various parties like local governments, national government, health insurers, the client self, and employers could pay for this scenario. Most respondents were in favour of including this option in a government plan, but this is not likely to happen because the government wants people to take care of themselves. Multiple respondents mentioned that the employer could pay for this scenario, and a HR-manager argued that this would be less costly than absenteeism and loss of productivity of an employee:

“You could pay for it as employer. Then you are doing it great. (...) Then you are very friendly, practical and efficient. With all respect but that engineer is more expensive than that supporter. (...) So, if that supporter costs a quarter of that engineer, it would be a better option” (R10_HR).

This quote implies that offering an informal care supporter to employees that provide informal care could be part of the Corporate Social Responsibility and it helps to maintain productivity of employees. Not all interviewees seemed to be in favour of this financing option but could not think of many alternatives. This has to be further researched.

4.3.7 Technology

According to interviewees, participants in the focus group and respondents in the survey of TechCo, technology can be used to unburden informal care providers. Interviewees mentioned gauges for blood pressure and glucose, cleaning robots, entertainment robots and video calling as technological devices. A manager gave the following example:

“Certain actions that a client has to do like taking medicines. The Medido from Philips helps. They have a box and the medicines are in bags with a barcode. The Medido gives a sign, you take a bag from the box and take the medicine. When that does not happen, we [home care organization] get an alert that the medicines have not been taken. Then we use face-to-face contact, and often it has just been forgotten. It saves an informal care provider half an hour to get there and to give the medicines” (R1_M).

This quote implies that the burden on an informal care provider can be decreased by using technology. Informal care providers could save time by using video calling to solve some issues. An informal care provider also mentioned gauges for blood pressure and blood glucose as a technological option:

“There are some gauges for example. You can measure blood pressure and glucose at home, so you do not have to leave [home] every time [to see a doctor]. That works fine. But on the other side, if you don't have to leave home to see a doctor, you get out of your home even less. So, it may decrease the burden, but on the other side it can be a burden as you do not leave your home anymore” (R8_ICP).

Using these gauges could be useful and the informal care provider could save time by measuring blood pressure and glucose at home instead of seeing a doctor. It may also be a disadvantage as those in need are less likely to go out. The effect of using gauges seems to be

limited. Only 7% of the respondents in the survey of TechCo thought that these technological options could help them combine work and informal care better (unpublished internal document, 2018). None of the interviewees mentioned technology as option to be facilitated by employers. It is therefore unclear how technology could be used from the perspective of CSR. This has to be further researched.

Chapter 5: Discussion and conclusion

This chapter contains the discussion of the research. At first, an answer to the research question will be given followed by theoretical and practical implications. Next, the limitations of the research will be discussed as well as suggestions for further research. Finally, the chapter ends with a reflection on the role of the researcher.

5.1 Summary of findings

This goal of this research was to gain insight in what scenarios can improve the combination of work and informal care. The following research question had to be answered:

How can the informal care system within IMPACT040 be redesigned in order to improve the combination of work and informal care?

Interviewees mentioned various existing options that can improve the combination of work and informal care. These included flexible working hours, leave arrangements and support in information. These options are also described in work-life balance and work-care balance theories and are mostly aimed at reducing negative spill-over. These consist of flexible working hours, compressed work weeks, tele-work, family leave programs, job-sharing and information and financial support (Beauregard & Henry, 2009). Current options are often not enough to solve issues of employed informal care providers and multiple new scenarios were therefore mentioned by interviewees that alleviate challenges experienced by employed informal care providers. These new scenarios include HR solutions, network solutions and technological solutions. It is important to notice that all interviewees mentioned that informal care requires customized solutions. The context of informal care seems to be very complex as it depends on multiple factors like the duration and type of help needed, the financial position of the informal care provider, flexibility offered by the organization, type of job and size of the organization. A one size fits all solution does not seem to work. Flexibility in offering solutions seems key to decrease the burden on employees that provide informal care structurally.

The first scenario is flexibility in working hours. Flexibility in working hours is important to find a balance between work and home demands and can solve part of the problem. If a job type allows enough flexibility, it might even be enough to combine work and home demands without problems. This is also acknowledged by Hill, Hawkins, Ferris and Weitzman (2001). They describe that employees with job flexibility have a more successful work-family balance while they maintain their workload. The implication is that the job type and size of the organization might restrict the possible flexibility.

The second scenario is creating a supportive climate. The survey of TechCo showed that about half of the employees already experienced their climate as supportive (unpublished internal document, 2018). Interviewees acknowledged that a supportive climate can decrease experienced pressure and can prevent employees from calling in sick. This possibly requires a change in an organization's culture. However no implications were mentioned for this scenario, it is known that changing an organization's culture is hard. Armenakis, Harris and Mossholder (1993) describe that it is necessary to create readiness for change to successfully implement changes in culture. Readiness is defined as "the cognitive precursor to the behaviours of either resistance to, or support for, a change effort" (Armenakis et al., 1993, pp. 681-682). Change agents should assess the readiness of organizational members and plan a readiness program that is in line with the urgency and the context of the change that is needed (Armenakis et al., 1993). In the case of informal care, it is likely that supervisors take on this role of change agent to create a more supportive climate.

The third scenario is the use of leave arrangements and the creation of additional leave arrangements. The awareness of these leave arrangements seems to be quite low according to interviewees and only 8 to 20% of the respondents in the survey of TechCo were aware of these arrangements (unpublished internal document, 2018). Another issue is that employees have to pay partly for these arrangements. It seems possible that when employees are more aware of these arrangements and arrangements can be used without financial implications, that this can help decrease their burden.

Employees and employers can be informed about these arrangements by an informal care coordinator, which is the fourth scenario. This coordinator should advise employers and employees about arrangements and about what organizations can do for employees in terms of informal care. Interviewees mentioned that they lack proper information and 38% of the respondents in the survey of TechCo would like a helpdesk for advice on possible arrangements and 30% would like a helpdesk for general advice on informal care and work (unpublished internal document, 2018). Information support was also mentioned by Beauregard and Henry (2009) as option to reduce negative spill-over. The implication of this scenario is the financing. Interviewees mentioned different parties that can finance this option but did not all agree on one financing option. What seems the most cost-effective option is creating a pool of experts from IMPACT040 that provide advice to all member organizations. HR-managers can take on this role as they are experts in issues regarding employee retention and absenteeism. This is likely more cost-effective than hiring an external coordinator.

The fifth scenario is support in household chores by an informal care supporter. The benefit of this supporter seems to be twofold: the burden on the informal care provider decreases and the role of informal care supporter is great for people in the lower end of the labour market. The implication of this scenario is also the financing. According to interviewees, the supporter can be paid by health insurers, employers, the government or the client themselves. Paying this supporter as employer would be a huge gesture as part of the CSR, but not all interviewees agreed on this financing option.

The final scenario was the use of technology like blood pressure gauges, robots and video calling. Technology can be used to unburden informal care providers, however this has only a limited effect. It is not clear how technology can be used from the perspective of CSR. Technology might be used by employers to help employees, but this is not mentioned in the interviews. This scenario has to be further researched.

In conclusion, the informal care system within IMPACT040 can be redesigned by using the scenarios and extending the facilitated network of informal care. Incorporating these scenarios in CSR practices can lead to benefits for both employers and employees. Member organizations of IMPACT040 can be included in the facilitated network to offer flexibility to employees, provide a supportive climate and offer (additional) leave arrangements. Next, the facilitated network of informal care can be extended by including an informal care coordinator and an informal care supporter. This likely helps to increase the supply of care and to bring the network composition in balance. These scenarios should be used with enough flexibility to adapt to local situations as a one size fits all solution does not seem to work.

5.2 Theoretical implications

To this date, there is little literature about incorporating informal care in CSR practices. It is even hard to define what CSR exactly entails (Dahlsrud, 2008). Wickert and De Bakker (2018) noted that the abstract concept of CSR has to be translated into specific CSR practices and that is important to explore how organizations can do this. This study contributes to this by providing concrete scenarios that can be incorporated in CSR initiatives and it helps define the social part of CSR.

Second, this study contributes to organizational design theory by providing scenarios for redesigning the informal care system. Redesign options for the informal care system are still missing and it is not known how the system should be redesigned to improve the combination of work and informal care. This study shows that the design options for healthcare as described

by Christensen et al. (2009) for general hospitals and general practitioners can be extended to fit the informal care system. The concept of a facilitated network can be used for the informal care system, which is about linking clients, care providers and experts to deal with chronic diseases (Christensen et al., 2009). The inclusion of employers, an informal care coordinator and an informal care supporter in this network can bring the network composition in balance by increasing the supply of care. This provides a foundation for redesign options and enhances our understanding of design options that will take care of employee and organizational needs regarding the combination of work and informal care.

Third, this study builds on options that can improve work-life balance, such as flexible hours, tele-work, compressed work weeks, term-time, part time work, job-sharing and information and financial support (Beauregard & Henry, 2009). Beauregard and Henry (2009) found that these work-life balance practices do not necessarily reduce work-life conflict. More knowledge is needed to improve the combination of work and informal care. This study provides new options that change the role of employers to support employees in a proactive manner. These new options include offering an informal care coordinator to inform employees about existing options and arrangements, an informal care supporter to decrease the burden on the dual role of their employees, active support from supervisors and colleagues, and possibly the use of technology. This study therefore extends current options and provides new options to improve the combination of work and informal care. This contributes to work-life and work-care balance theories.

5.3 Practical implications

The insights of this study show scenarios for redesigning the informal care system within IMPACT040. This has implications for practice. It is important that all solutions should be used with enough flexibility to adapt to local situations, as the context of informal is highly complex and a one size fits all solution does not seem to work.

The first implication for practice is that organizations should try to offer as much flexibility as possible in working hours and arrangements. This study shows that flexibility can solve a large part of the problem and can influence work-life balance positively. However, the job type and size of the organization might restrict the possible flexibility. According to Kelly and Kalev (2006), supervisors should make flexible work arrangements accessible to every employee and not manage these arrangements as bonuses as this may result in low usage. Managers are

advised to look for options to allow for more flexibility in jobs of employed informal care providers and to make these options properly accessible.

The second implication is the provision of a supportive climate. Support from colleagues and supervisors is important to decrease experienced stress and it can prevent absenteeism. According to Plaisier et al. (2015), a supportive climate can be created by communicating with employees about their issues and taking the dual role of employed informal care providers seriously. It is recommended to look at customized solutions and not just stick to leave arrangements that organizations are required to offer by law (Plaisier et al., 2015). This possibly requires a change in the culture of member organizations of IMPACT040. According to Armenakis et al. (1993), supervisors should assess the readiness for change and plan a readiness programme prior to change efforts. Based on the readiness for change and the urgency of the change, supervisors are advised to choose a readiness program. When member organizations of IMPACT040 are ready for change, the culture can be changed into a more supportive climate that supports employed informal care providers.

The third implication is informing employees about leave arrangements and possibly offer additional leave arrangements. This study shows that employees and employers are not fully aware of existing leave arrangements and that they are not used much. Some respondents thought that additional leave arrangements could help them combine work and informal care better. While the effect of leave arrangements on their burden seems limited, HR-managers are advised to look for options to properly inform employees and supervisor about these arrangements and to look for options to provide additional arrangements and other financing options. This may be of use for some employed informal care providers.

The fourth implication is the use of an informal care coordinator. This coordinator could provide advice to employers and employees and bundle existing initiatives to offer them to employed informal care providers. IMPACT040 is advised to look for options to install such a coordinator in their network as this seems to be the most cost-effective method. Creating a pool of HR-managers from the organizations in the network seems to be a good option to fill in this role. An infrastructure is needed to install such a coordinator. This could be done in various ways. The most cost-effective way would be to provide contact details of this coordinator to employees and to refer employees with informal care related issues to this coordinator. The coordinator could provide advice via telephone or make a physical appointment at his or her office. Another method would be to create a new office for the informal care coordinator and

to staff it with one of the HR-managers of IMPACT040. The latter would be more expensive and the added benefit might be small.

The fifth implication is the use of an informal care supporter. One of the members of IMPACT040 is already working on educating this supporter but was not sure how this supporter could be incorporated in the informal care system. As most interviewees were in favour of hiring such a supporter, organizations from IMPACT040 are advised to look at options to hire these supporters to support their employees. An informal care coordinator may coordinate this process and look for financing options. As the context of informal care is complex and the informal care supporter has to be introduced in the context of the informal care provider, it seems best to organize a group meeting with the employed informal care provider, informal care supporter and informal care coordinator to discuss needs and expectations. Financing options for this supporter are not clear, but some interviewees thought that the supporter could be paid by their employers. The informal care coordinator may decide whether the organization pays for this supporter as part of their Corporate Social Responsibility or look for other financing options. The role of informal care coordinator is likely to be filled in by HR-managers, so they are familiar with making decisions about financing arrangements for employees. Coordinating this process therefore suits the role of an HR-manager.

The final implication is the use of technology. While this study does not provide enough data about the role of technology from the perspective of CSR, it is clear that technology can help informal care providers. Organizations are advised to look for technological options to support their employees. This may include offering gauges to measure blood pressure and blood glucose at home or providing mobile telecommunications technology to support work from home.

5.4 Limitations and future research

It is important to recognize limitations of this research in using the findings. First, a strength of this study is that the interviewees represented three different roles and were from four different organizations. These roles were supervisor, HR-manager and informal care provider. This provided insights on the topic from multiple perspectives. Unfortunately, not all organizations were able to select participants from these three different roles. Therefore, one interview with an informal care provider and one interview with a supervisor is missing. One organization partly solved this by selecting a supervisor that also provides informal care. The

lack of these two interviewees may result in an underrepresentation of the role of informal care providers.

Second, the participants of the focus group did mostly not combine work with informal care because they were already retired. The focus group was still valuable as it gave insight in the background of informal care and needs of informal care providers. This information helped to understand the topic better and to give examples in the interviews. Because of the underrepresentation of employed informal care providers in the interviews and given the fact that the informal care providers of the focus group were mostly not employed, further research among employed informal care providers is advised.

Third, women are slightly underrepresented in the interviews. This may have affected the findings of the research as Sadiraj et al. (2009) describe that informal care is mostly provided by women. This research does therefore not properly represent the population of informal care providers. Further research is advised to see if differences in opinions on informal care exist between men and women.

Fourth, paragraph 3.3.2 stated that only employed informal care providers with an income in the lower level of the organization are included in the research because employees with a higher income are more likely to 'buy' care for their relatives to decrease their informal care burden (De Klerk et al., 2015). Organizations in this research were not able to select employed informal care providers that fit this criterion, because most employees are earning a high income. This may affect the findings of the research as only informal care providers with a high income are represented. Further research on this distinction is advised.

Fifth, this study only focused on IMPACT040 and this restricts the external validity of the research. The context of IMPACT040 may also have affected the findings of this research. IMPACT040 is located in Eindhoven and members of IMPACT040 are large employers that are mostly rooted in the technological industry. Research in other contexts might result in other findings. General conclusions cannot be made on basis of just this research, and therefore further research in other organizations and contexts is advised.

Finally, this study only explored scenarios for redesigning the informal care system within IMPACT040. These scenarios are broadly described and only a few implications were mentioned by interviewees. In practice, more implications are expected. More research is advised to specifically define the different scenarios and their implications.

5.5 Role as researcher

My knowledge about informal care was very limited when I started this thesis. Because of my general interest in social sustainability, the topic of informal care suited my interest. During the research, I learned a lot about the context of informal care and how it is experienced by informal care providers and organizations. This helped me later in the research with conducting interviews. My lack of knowledge may have affected the interviews, because I was not fully aware of the context of informal care. Second, during transcribing the first interviews, I noticed that I asked some closed questions or missed some details that were talked about by the interviewees. This may have affected the research findings. I tried to limit this in further interviews by making more notes and asking for concrete examples. Third, the coding process may be affected by my own bias as I was the only researcher analysing the transcripts. I tried to prevent this as much as possible by defining the codes.

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Appendices

Appendix I: Interview guide

0. Preparation

Prepare: interview guideline, pen and paper, voice recorder

1. Introduction

1.1 Introduction of researcher

I am Bart van Waes, master student business administration at the Radboud University. I am specializing in organizational design and development. At the moment, I am writing my master thesis about the subject informal care.

1.2 Introduction of the research

In this research, I will map needs and issues of employees that combine work with informal care. Based on this, possible scenarios will be developed with stakeholders from IMPACT040 to improve this combination. At the moment, there are a lot of employees that experience informal work, next to their work, as a heavy burden. There seem to be no options yet to significantly improve this issue, but there are some options that may contribute to this like flexible working hours. The goal of the research is to come up with scenarios that can alleviate challenges experienced by care-providing employees.

1.3 Permission for audio recording

To help me analysing this interview, it is very helpful that the interview will be recorded. I would like to emphasize that all information from this interview will be confidential and it is fully anonymous. Your name will not appear in the research and the interview will not be available for your organization. The audio recording will be transcribed and will be available for you to check the content. The audio file and the transcribed interviews are only accessible by me and my supervisors from the Radboud University. Do you agree that this interview will be recorded?

1.4 Outline of the interview

We will discuss three topics in this interview. At first, we will look at informal care from the perspective of corporate social responsibility. Secondly, we will talk about current issues that are experienced by employees that provide informal care. Based on these issues, we are going to talk about scenarios that can improve the issues. The interview will take about one hour, and I will would like to thank you in advance for your time.

Start voice recording when permission has been given

2. Introduction interview participant

A. Could you introduce yourself and tell me something about your work?

3. Corporate Social Responsibility

Corporate social responsibility is acknowledged as a social duty of companies to care for profit, society and environment.

- A. How do you think about the responsibility of organizations to help care-providing employees?

4. Issues in combining work and informal care

- A. How do you think employees experience informal care? Do you have examples of this?
- B. What are the needs of employees that provide informal care?
- C. Have you talked with employees that struggle with providing informal care and work at the same time? Can you give an example?
- D. Which regulations are being used by employees?

5. Scenarios

There are already some scenarios that can decrease the burden that care-providing employees experience. These scenarios mainly consist of adding private organizations to the informal care network, that can take over some of the informal care of the employees.

- A. What is your opinion on these initiatives?
- B. What kind of scenarios come to your mind when thinking about decreasing the burden on care-providing employees?
- C. What could be the role of an informal care supporter?
- D. What scenarios would you like to offer your employees?

6. Implications of scenarios

We have now talked about possible scenarios that can improve the combination of work and informal care

- A. What are, according to you, catches of these scenarios?
- B. Which parties should contribute to financing these scenarios?

7. End

These were my questions for the interview. Would you like to add something to what you have said?

The next thing I will do is to transcribe this interview. Are you interested in checking this transcript?

If you have questions after the interview, feel free to contact me. I am happy to answer you. I would like to thank you for your time.