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Publication date	2023-08-25
Publication information	Dowling-Hetherington, Linda, Majella Fahy, Dominique Phillips, Breda Moloney, Clare Duffy, Gillian Paul, Gerard Fealy, Thilo Kroll, and Attracta Lafferty. "The Role of Line Managers and Co-Workers in Mediating Informal Flexibility for Working Family Carers," 2023.
Conference details	Irish Academy of Management Conference on Sustainable Leadership and Management: Making a Global Impact for the Public Good. University of Galway, 23-25 August 2023
Item record/more information	http://hdl.handle.net/10197/24791

The role of line managers and co-workers in mediating informal flexibility for working family carers

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Abstract

Purpose: Our paper identifies the enabling mechanisms through which carer-friendly informal flexibility is enacted in the workplace and explores whether these enabling mechanisms help working carers remain in the workforce and avoid taking leave from employment.

Methodology: Twenty-six working carers in Ireland were interviewed. Interviews were semi-structured, and questions were formulated around three broad themes: participants' caregiving role; their employment situation; and the services and supports available to them.

Findings: The findings highlight three mechanisms through which carer-friendly informal flexibility is enacted: reassurance and pre-emptive support; carer advocacy; and idiosyncratic deal making (i-deals). In the absence of informal flexibility, disruption to working arrangements is likely in the form of intermittent periods of leave from the workplace.

Research limitations/implications: Greater diversity in the profile of our study participants could be helpful, particularly the inclusion of more male carers and those working in the private sector.

Practical implications: A greater emphasis on informal, locally negotiated, flexible working arrangements would facilitate carers to remain in employment.

Originality/value: Our research explores the enabling mechanisms through which carer-friendly informal flexibility is enacted. Our study uncovered the pivotal mediating role played by line managers and co-workers in supporting carers to secure access to these informal flexible working arrangements.

Introduction

Family carers are the main care providers for those living in the community and in need of support due to illness, disability or age-related infirmity. One in nine employees in Ireland currently has a family caregiving role (Family Carers Ireland, 2020), and the need for family carers is expected to grow (Maynard et al., 2019). The increasing prevalence and complexity of family caregiving situations can be attributed to factors such as an ageing population, the changing proportion of women in the workforce, smaller family sizes, delayed retirement and an increased emphasis on community-based care (Bouget et al., 2017). Work and caregiving are often undertaken side-by-side (Bainbridge et al., 2021) and employees may find themselves taking on multiple caregiver roles or engaging in multiple care episodes during their working lives (Keating et al., 2019).

Due to the individualised circumstances that working carers find themselves in, and the often unpredictable and complex needs of care recipients, formal organisation-wide flexible working arrangements may not adequately meet the needs of working carers. Instead, the ability to make informal adjustments as to when (time), where (place) and how (contractual) carers work may be necessary. How this informal flexibility is enacted, is not well understood. Drawing on work-family conflict theory, signalling theory and the flexible working literature, this paper makes two important and interrelated contributions.

First, we address a research gap relating to informal working arrangements, and the support provided by line managers and co-workers, that enable family carers to reconcile work and caregiving (Gordon et al., 2012). Our research highlights the importance of informal support

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and the mediating role of line managers and co-workers in providing this support. We address Lapierre and Allen's (2006) call for further research relating to how flexibility is enacted in practice, and to Bainbridge and Townsend's (2020) suggestion for more research about how flexible work impacts work-family conflict among caregivers. We explore the enabling mechanisms, or explicit signals of support, through which carer-friendly informal flexibility is enacted. Furthermore, we respond to Kossek and Kelliher's (2022) call for more research on the benefits of informal flexibility by exploring the relationship between this kind of flexibility and the retention of carers in the workplace.

Second, much of the current research uses quantifiable measures of caregiving such as "tasks undertaken, hours committed, or care recipient characteristics" (Bainbridge & Broady, 2017: p. 58). This approach means that the daily struggle that many working carers face remains invisible to the employer. By capturing the voice of carers, our paper makes this struggle, and its associated complexities and consequences, visible.

The general aim of our study is to provide insight into the challenges faced by working carers, the workplace supports available to them and the outcomes they experience when appropriate support is available and when it is absent. We address two research questions:

1. What enabling mechanisms help enact carer-friendly informal flexibility in the workplace?

2. Do these enabling mechanisms help working carers remain in the workforce and avoid taking leave from employment?

Conceptual Background

Combining Work and Caregiving Demands

Simultaneously managing work and caregiving is challenging and can have adverse emotional, psychological and physical health outcomes for carers (Carers UK, 2013; Calvano, 2013; Schroeder et al., 2012; Duxbury & Higgins, 2012; Longacre et al., 2017; Brimblecombe et al., 2018; CIPD, 2020b; Boumans & Dorant, 2020). Moreover, combining both domains can have employment and financial consequences for carers who may be forced to reduce working hours, undertake less demanding roles or exit employment (Courtin et al., 2014; Bauer & Sousa-Poza, 2015; CIPD, 2020a; Family Carers Ireland, 2020; Glendinning, 2018; Dixley et al., 2019; Akanji et al., 2020). While enabling carers to remain in employment not only benefits employers, the economy and society more broadly (Burch et al., 2019), working while caregiving also benefits carers themselves. Many carers choose to engage in both domains (Spann et al., 2020), despite the challenges this presents and the strain it places on them (Clancy et al., 2020). Work can bring financial benefits for carers (Larkin et al., 2019), it can be a welcome source of respite (Hansen & Slagsvold, 2015), it can provide them with a valuable social identity and can positively impact their wellbeing (Eales et al., 2015; Spann et al., 2020). Where adequate supports are not in place, organisations will likely encounter carers experiencing burnout, lower levels of performance, higher absenteeism rates and carers who are faced with the dilemma of whether to exit the organisation (Williams, 2022).

This paper draws on the literature on work-family conflict – "a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect" (Greenhaus & Beutell, 1985, p.77). This literature illustrates how the demands experienced in either the work or caregiving domain can lead to role strain (Gordon et al., 2012;

Templeman et al., 2020) and individuals may be forced to make choices around how they allocate resources to deal with these demands (Grawitch et al., 2010). For example, in an effort to minimise work-family conflict, some caregivers opt to alter different aspects of their job, e.g. working hours and jobs tasks (Bainbridge et al., 2021), and utilise flexible working arrangements (FWAs), where available, while other caregivers are forced to leave the workforce. Kelliher et al. (2019: p. 100) suggest that 'different types of care may generate different kinds of demands' and the circumstances of family carers, and the needs of the people they support, are particularly diverse and often unpredictable. The literature, however, pays comparatively little attention to the complexity and unpredictability of caregiving demands, and the resources that working carers utilise when responding to these demands.

Workplace Enabling Resources

Three types of support may help employees manage work-family conflict – *formal resources*, such as FWAs; *relational support* from line managers and co-workers; and *organisation-wide support* such as cultural norms around work and family prioritisation (Allen, 2012). The literature often presents flexibility as a 'sine qua non' in the workplace today (Bal and Izak, 2021: p. 37). FWAs are considered mutually beneficial for the organisation and employees (Williams et al., 2021), with employees valuing flexibility and viewing it as a resource (Hobfoll, 1989). For carers, having more autonomy and control over their working day is important (Brauner et al., 2020; Barnett & Gareis, 2002; Galinsky et al., 1996). It is acknowledged that FWAs provide employees with greater autonomy in relation to 'how, when, and where paid work is undertaken' and they signal organisational support for those combining work and caregiving (Bainbridge and Townsend 2020: p.484). More recently there has been some discussion of the merits of 'informal flexibility' i.e. 'being able to alter planned working time on an *ad hoc* basis at short notice, or agree personal start and finish times to apply on a

routine basis to accommodate commitments outside of work' (Hall and Atkinson, 2006: p. 376). Informal flexibility that is negotiated with an individual's manager may be more effective in facilitating the "work-life preferences" of employees and this is particularly the case for working carers (De Menezes & Kelliher, 2017, p. 1051). Yet, our understanding of how informal flexibility is enacted in the workplace and the extent to which it benefits employers and carers is limited.

Drawing on signalling theory, recent research has examined both the role of line managers as signallers of HRM policy and practice (Guest, et al., 2021) and the organisational 'signals' given by supervisors when implementing FWAs (Williams et al., 2021). While our research examines the nature of the support signals communicated by line managers to working carers, it also considers the less understood role of co-workers in signalling support. These are important issues to address given Sethi et al's (2017) assertion that an absence of work-family support at organisational level can negatively impact wellbeing, work performance and absenteeism. Similarly Mills et al. (2014, p. 1766) reflect on the role of organisational culture, and suggest that an organisation's culture and policies are only as 'family supportive as employees perceive them to be'. While there is clear evidence that carers benefit from a supportive workplace culture (Kossek et al., 2010; Lapierre & Allen, 2006; Major et al., 2008), the literature is limited when it comes to understanding how this support is enacted by organisations and accessed by carers.

In research conducted by Kröll et al (2021), organisational attractiveness was found to be significantly enhanced when access to FWAs is provided by the organisation. They allow employees to make the necessary adjustments to their working hours and location and can help them reconcile different responsibilities (Anand and Mitra, 2022; Pestotnik & Süß, 2021)

which are beneficial to the employer and employee (Erden Bayazit & Bayazit, 2019; Wang et al., 2019). The individual nature of many employment practices has become increasingly apparent (DeMenezes and Kelliher, 2017), with working arrangements being personalised and negotiated between employees and their managers (i.e. i-deals) (Marescaux et al., 2021; Rousseau, 2015; Wang et al., 2019). These i-deals enable employees to negotiate informal working arrangements that address, and help them manage competing work and family demands (Crain and Stevens, 2018; Rousseau, 2015; Hornung et al., 2008). While we know that line managers play an important role in promoting the take-up of formal FWAs (CIPD, 2019; 2020a), our knowledge of how caregiving responsibilities are addressed by organisations and employees is somewhat limited (Plaisier et al., 2015). In particular, little is known about the locally negotiated, informal adjustments made to carers' working arrangements or the outcome of any such adjustments.

Method

Research design

As the aim of this exploratory study was to uncover the 'lived experiences' (Marshall & Rossman, 1995) of working family carers, a qualitative design was adopted. A qualitative methodology allows the researcher to reveal 'the messiness of real life' (Braun & Clarke, 2013, p. 20), gain insight into the particular 'context' of the research participants (Myers, 2020, p. 5) and capture richness and complexity (Airey et al., 2007). The research was conducted as part of a wider research study that aims to promote health and self-care behaviours among working family carers.

Participants and data collection

During 2019 (pre Covid-19) and 2020 (during Covid-19), twenty-six working carers in Ireland were interviewed. Ten interviews were conducted face-to-face in 2019 (B1-B10) and sixteen interviews were conducted in 2020 (C1-C16) via Zoom or phone due to Covid-19 public health restrictions. The average duration of interviews was 66 minutes. While the researchers did not set out to compare the 'lived experiences' of carers before and during a pandemic, the interviews conducted at these moments in time nonetheless provide interesting insights. In selecting the research participants, purposive sampling was utilised (Quinn-Patton, 2002). This allowed the researchers to 'select respondents who are most likely to yield appropriate and useful information' (Kelly et al., 2010, p. 317). This approach resulted in a strong degree of heterogeneity in the participant sample with regard to gender, age, relationship to the care recipient, the health condition of the care recipient, industry sector, status of employment and working arrangements. The inclusion criteria required that participants be aged 18 years or over and that, at the time of interview, they were caregiving for a family member(s) due to frailty, disability or a chronic illness. The participants also needed to have been employed, either on a full-time or part-time basis, at some point during their caregiving activities. The participants served as the primary carer for family members, including children, spouses and parents.

When recruiting participants from family carer populations, the subset of working carers is difficult to identify. Not all carers identify themselves as carers and, as Courtin et al (2014, p. 84) highlight, 'most countries do not have a process in place to systematically identify informal carers'. Carers are also difficult to recruit due to their multiple roles and the demands on their time (Atanackovic et al., 2020). Male carers can be particularly difficult to recruit (Maynard

et al*., 2019).* The participants in our study were recruited through several sources, including social media, the researchers' own networks, and through carer advocacy organisations, such as Family Carers Ireland. Interviews were semi-structured, and questions were formulated around three broad themes: participants' caregiving role; their employment situation; and the services and supports available to them. The participants' profiles, anonymised to protect their identity (Braun & Clarke, 2013), are summarised in Table 1.

Table 1: Research Participants

No.	Gender	Age	Cares for	Care-recipients' health condition	Employed in	Interview mode
B1	F	51	Mother	Cognitive impairment	Public/Private	Face-to-face
B2	F	55	Mother and Father	Cognitive impairment and frailty	Private	Face-to-face
B3	F	48	Daughter	Spinal injury	Public	Face-to-face
B4	M	62	Daughters	Genetic disorder	Public	Face-to-face
B5	F	53	Husband	Chronic physical illness	Private	Face-to-face
B6	F	41	Son	Cancer	Public	Face-to-face
B7	F	44	Daughter	Chronic physical illness, genetic and neurological disorder	Public	Face-to-face
B8	F	42	Daughter	Neurological disorder	Public	Face-to-face
B9	M	65	Wife	Cognitive impairment	Private	Face-to-face
B10	M	38	Son	Genetic disorder	Private	Face-to-face
C1	F	48	Daughter	Physical disability	Public	Zoom
C2	F	58	Mother	Lung disease	Public	Zoom
C3	F	52	Mother	Frailty	Public	Zoom
C4	F	56	Daughter	Developmental and intellectual disability	Public	Zoom
C5	F	45	Son	Global developmental delay	Public	Zoom
C6	F	50	Daughter	Genetic disorder	Public	Zoom
C7	F	62	Mother and Father	Cognitive impairment, cancer	Public	Zoom
C8	F	56	Mother	Cognitive impairment	Private	Telephone
C9	M	30	Wife	Genetic disorder	Self-employed	Telephone
C10	F	47	Daughter	Genetic disorder	Public	Telephone
C11	F	51	Father	Cancer	Public	Zoom
C12	F	36	Mother	Cognitive impairment	Private	Zoom
C13	F	46	Mother	Mood disorder, frailty	Public	Zoom
C14	F	50+	Father	Metabolic disease	Public	Zoom
C15	M	44	Son	Developmental disability	Public	Zoom
C16	F	53	Mother and Husband	Frailty, brain injury	Private	Zoom

Data analysis

An inductive, data-driven approach was taken to data analysis. The researchers were broadly

guided by the six-phase thematic analysis approach (Braun & Clarke, 2006). This approach

enabled the researchers to identify, analyse and report patterns within the interview data. The

transcripts were uploaded into the data analysis software, NVivo 12. From the interview

transcripts, the researchers gathered in-depth narratives of carers' experiences of the issues

examined. Two members of the research team read and re-read the interview transcripts to familiarise themselves with the interview data and identify common themes. Each researcher noted their observations on the interview data and met to compare notes. A second round of coding took place to ensure consistent coding (within and across transcripts) and that nothing was inadvertently missed during the initial coding. The first round of data analysis, involving open coding where the transcripts were reviewed line by line (Charmaz, 2006), resulted in the development of an initial set of codes. These were then reviewed and re-organised for the purpose of identifying themes emerging from the data. The themes were reviewed and any themes that could be merged or were not adequately supported by data were identified. Each theme was then named. Suitable excerpts from the transcripts that would help to highlight the complexities of managing work and caregiving and the disruption experienced around working arrangements were selected.

Findings

The findings provide nuanced accounts of working carers' lived experiences of combining work and caregiving and what it really means for carers to feel supported in the workplace.

The experience of combining work and caregiving

Carers gave accounts of how working alongside caregiving impacted them personally, particularly with respect to their wellbeing – "you're on all the time" (B1), "you're never switched off" (C8), "you're constantly a little bit on edge" (B2) and under "constant emotional stress and pressure" (B1). They reported a never-ending feeling of "being pulled and dragged in the two areas" (C1) and "feeling, no matter where you are, that you're not doing the right thing – if you're at work, you should be at home; if you're at home, you should be at work"

(C6). Some describe their situation as "stressful" (C10) and "wearing" (C8) and it can lead to "exhaustion" (C6). For B5, she experienced a period of "burnout" – "one morning, I woke up and I actually just couldn't get out of the bed" (B5). For some carers, this constant tension between work and caregiving intensified during the Covid-19 pandemic when work became "completely intertwined with home life" (C15). Carers talked about how "relentless" the juggling act had become (C2, C15) and some reached almost "breaking point" (C13). Yet the daily struggles that carers deal with, as illustrated below, are not always visible to line managers and co-workers.

> "Walking into her [daughter's] bedroom every morning, I don't know what I'm going to find...if she has had a bad seizure during the night…sudden death in epilepsy is a very, very real thing and, every morning, I have to brace myself" (B8).

> "There were times where I would be sick coming into work. I was sick with stress trying to get out the door, trying not to let that stress rub off on the children, trying to be calm, knowing I'm going to be 5 minutes late, now I'm going to be 10 minutes late, I'm going to be 15 minutes late. Constantly feeling like I'm making excuses and that whole feeling of, I'm letting people down, and questioning whether I should remain in paid employment" (B8).

> "They brought her [mother] to the doctor who recommended A&E. I was doing a meeting where we were telling 30 staff members that their jobs were gone and I had a choice – do I go and sit with my mum or do I go and do a really hard thing. I felt like I couldn't not be there for 30 people to say your job is gone. I couldn't leave the board to do that, yet my mum was sitting in [hospital] all on her own" (C13).

Carers reported how juggling work and caregiving impacted their work quality and productivity ("my work was slipping", B3, "my output is lower", C2); and their ability to be fully engaged while at work ("there's some days when your concentration is gone", C1; "you are focused but you're not really because you're all the time thinking, I'll ring home", B2). Their disposition while at work was also impacted ("I was finding myself very short tempered", B3). Competing work and caregiving demands means that carers are forced to make trade-offs that impact their career; for example, opting not to take on more demanding roles ("I also told my managers that I didn't want to be considered for any leadership roles", C15); not applying

for promotion ("I never could go for promotion", C4); giving up a promotion ("I sacrificed my promotion for the greater good of [daughter]", C1); or delaying professional development ("I'm not going to put any more stress on myself by taking on further education", C13). Despite these trade-offs, work is important for carers' identity and well-being – "mentally, I need that stimulation and I need to be around people" (C12). Work is also a source of "respite" (C1), an "escape" (B2), a "distraction" (C13) and an opportunity to take a "break" (B8, C11).

Despite the benefits of combining work and caregiving, 17 of the 26 carers experienced some disruption to their employment due to the intensity of their caregiving responsibilities, work demands, a lack of appropriate FWAs, or burnout (see Table 2). While 4 of these carers left their organisation on a permanent basis through voluntary redundancy, early retirement or resignation, the disruption experienced by the other 13 carers was often in the form of intermittent periods of leave from employment. These carers either left employment temporarily by availing of various types of leave (career breaks, sick leave, parental leave, carer's leave, unpaid leave), or they altered their working hours to enable them to remain in employment (switching from full-time to part-time hours and, in some cases, returning to full-time hours when their caregiving demands allowed). Of the 17 carers, the disruption faced by 5 carers (B6, B10, C15, B7, B2) could potentially have been reduced had the appropriate FWAs been in place. The challenge of combining work while caregiving in the absence of appropriate FWAs was captured by B7:

> "... there were just so many important appointments ... her [daughter] needs were so great … even working a 3-day week was really, really tough but, you know, we managed. But there was no way that I could have worked full-time and they wouldn't let me work part-time, so my hand was completely forced".

Table 2: Carers who experienced varying levels of disruption to working arrangements

No.	Currently works	Nature of the disruption	Primary reason for the disruption
B4	N/A	Early retirement	Care intensity
B9	N/A	Voluntary redundancy	Care intensity
C1	Full-time	Reduced working hours temporarily	Care intensity*
C10	Part-time	Reduced working hours	Care intensity**
C4	Part-time	Carer's leave (3 periods of leave)	Care intensity
B1	Part-time	Career break (2 breaks of 6-8 weeks)	Care intensity
C6	Part-time	Carer's leave (2 months)	Care intensity
B3	Part-time	Sick leave (6 months) Carer's leave (2 periods of leave) Reduced working hours	Care intensity
B6	N/A	Career break (2 years) Unpaid leave	Care intensity*** Employer denied a request to work part-time
B10	Part-time	Resignation	Flexible working hours and hybrid working not available
C15	Full-time	Resignation	Flexible working hours not available**
B7	Part-time	Reduced working hours Carer's leave (6 months) Voluntary redundancy	Flexible working hours not available (subsequently changed career and works reduced hours)
B2	Full-time	Currently on carer's leave (2 periods of leave for 2 years each time)	Flexible working hours and remote working not available

B5	Full-time	Sick leave (3-4 weeks) Carer's leave Reduced working hours temporarily	Difficulty reconciling care demands with senior management role
B8	Full-time	Sick leave (3 weeks) Parental leave (1 day per week)	Burnout from managing work and caregiving demands
C12	Full-time	Sick leave (1 week)	Burnout from managing work and caregiving demands, lost home care supports*
C5	Full-time	Parental leave Reduced working hours Sick leave (2 weeks)	Burnout from managing work and caregiving demands

* Working remotely at the time of interview due to Covid-19 pandemic.
** Hybrid working arrangement at the time of interview due to Covid-19 pandemic.
*** On unpaid leave due to lack of part-time options available at her workplace.

8 out of 26 carers did not experience any disruption to their working arrangements and or take any intermittent periods of leave from the workplace. These carers worked for employers who supported them through the provision of informal temporal and locational flexibility when needed (see Table 3). Two of these carers were already working part-time when their caregiving responsibilities began. One other carer, was self-employed and, therefore, had autonomy over his working hours and was able to avoid any disruption to his working arrangements.

Table 3: Carers who experienced no disruption to working arrangements

No.	Currently works	What helped the carer avoid disruption to working arrangements?
C2	Full-time	Flexible working hours. Remote working.*
C3	Full-time	None specified. Preference for hybrid working post-pandemic.*
C7	Part-time	Works part-time (3 days a week). Flexible working hours.*
C8	Part-time	Works part-time (2 days a week). Flexible working hours.
C9	Unemployed	Works part-time (weekends). Self-employed.
C11	Full-time	Flexible working hours.
C13	Full-time	Flexible working hours. Remote working.*
C14	Full-time	Flexible working hours. Remote working.*
C16	Part-time	Flexible working hours. Hybrid working.**

* Working remotely at the time of interview due to Covid-19 pandemic.
** Hybrid working arrangement at the time of interview due to Covid-19 pandemic.

What it means for carers to feel supported in the workplace

Carers' narratives provide insight into what it means to feel supported in the workplace, and how this support can minimise disruption to their employment. Three mechanisms through which carer-friendly informal flexibility is enacted are identified: reassurance and pre-emptive support; carer advocacy; and idiosyncratic deal making (i-deals).

Reassurance and pre-emptive support:

Carers see line managers as a particularly important source of reassurance and pre-emptive support, often in the form of "flexible working hours, empathy and awareness, trust, consideration" (C8). Yet, for some carers, the kind of workplace support needed only became available when matters were brought to a head – "it took me actually breaking down in the office one day" (B8).   Merely knowing that the line manager is supportive can be enough to

alleviate some of the burden on the carer ("having supportive management, even the feeling that I could ask [for support]", B1). Even when line managers signal an interest in the employee, it can make a difference ("my boss would ask me how are things and how are you and your kids…that interest and that support and that understanding is what you need", C6). When line managers (and co-workers) appreciate the needs of carers and respond in a reassuring and understanding manner, the caregiving-work burden is somewhat eased ("I just want understanding", B8; "an acknowledgment that you're dealing with more than others", C6). This need for reassurance and pre-emptive support was particularly evident during the Covid-19 pandemic:

> "My boss was very good to me…at first, I was going to take leave…and she said 'no, don't, just do as much as you can do...just fit in as much as you can do'" (C7).

When reassurance and pre-emptive support from line managers is not forthcoming, the work-caregiving burden is significant and combining work and caregiving is challenging ("if my boss wasn't so accommodating, I don't know what I would do", C5). Without this kind of support, there is a danger working carers will consider leaving employment.

Carer Advocacy:

Some line managers lacked an awareness of an individual's caregiving responsibilities ("I think employers need to be a bit more aware that people have circumstances going on", B2). Carers noted how challenging it sometimes was to open up a conversation with their line manager around their support needs. For example, carers report being fearful about even requesting carer's leave ("I was very afraid even saying it to my employer", B2). There was a perception that managers are often concerned about setting a precedent by granting such requests. Despite these challenges, carers' narratives suggest that having an advocate at work to amplify their

voice can be particularly beneficial. Advocates include line managers ("my boss was my advocate", B1); co-workers ("someone would, like, literally stamp their foot and say 'she HAS to go home; would you just send someone down so that she can go'", C6); and human resources staff ("she kept checking on me…and she said you need a break…then she spoke to my line manager", B3). Yet, the absence of appropriate mechanisms to enable carers to disclose their caregiving responsibilities at work and the perception that their workplace is not carer-friendly present a challenge. This may hamper the potentially valuable advocacy role of line managers, co-workers and other staff and result in the underutilisation of this potentially important source of support for carers ("I've learnt to manage things a little bit more…without divulging too much to management", C11).

Idiosyncratic deal-making:

Given the often sporadic and episodic nature of caregiving, informal flexibility at work and the willingness of line managers to engage in idiosyncratic deal-making (i-deals) is essential for many carers. As B6 and B10 explain: "I'd need something local and something that if the school rang me, I could leave at the drop of a hat and go out to him [son]" (B6); and "it's affecting my potential choices because if I had an interview, I would be open about that [the need for flexibility]" (B10). Many carers in our study value having temporal flexibility, particularly start and finish times ("there might be leeway to take a few minutes in the morning and be in a bit later or to go a bit earlier in the afternoon", B4); and lunch hours ("…saying to my boss...we have 45 minutes at lunch time, I'm going to be an hour", B2). While some carers reported considerable flexibility around when they work ("I'm really, really grateful for the flexible hours I have here – it makes everything possible", B7; "if something comes up at home, I am in a position to not go into work until late", C15), others had limited or no temporal flexibility ("flexi-time would have helped a little bit but there was none", B2).

The Covid-19 pandemic highlighted diverse perspectives on the value of locational flexibility. For some carers, remote working alleviated some pressure ("it's taken some of the pressure off", C1), whereas for others it increased the pressure ("I was worried about being seen as a slacker by being at home so I redoubled my efforts to make sure that I did what I was supposed to do…", C13). Looking to the future, the option to engage in a hybrid working arrangement (where some days are spent working remotely and others in the physical workplace) would be welcomed by some carers ("I'd love 3 days at home, 2 days in the office", C12). I-deals in the form of the option to hold back annual leave ("they allowed me to accumulate it", B3); or to avail of unpaid annual leave ("I opted for a little bit more holiday time because I was running through my holidays…whether it was for appointments or I had to be at home", C11) were also helpful. Despite how important informal flexibility is for carers, some feared that co-workers would perceive that they were receiving preferential treatment from the line manager ("sometimes it can be used against you", C11) or that availing of informal flexibility would be seen as a potential shortcoming at work. Carers also felt guilty for leaving co-workers in the lurch ("if I didn't turn up, it meant the other person had to deal with whatever came in", B4) and were concerned that customers/clients would be negatively impacted ("you had responsibility to the patients who were coming in", B3).

To summarise, without sufficient informal flexibility, the tension between work and caregiving often intensifies and carers may contemplate taking periods of leave or exiting employment.

Discussion and conclusion

Our research suggest that an absence of adequate workplace supports for carers compounds the difficulties they experience and negatively affects their wellbeing, work performance and

workforce attachment (Carers UK, 2013; Calvano, 2013; Schroeder et al., 2012; Duxbury & Higgins, 2012; Longacre et al., 2017; Brimblecombe et al., 2018; CIPD, 2020b; Boumans & Dorant, 2020; Sethi et al., 2017).   Many of the carers who participated in our study believed that their workplace was not particularly carer-friendly, resulting in a reluctance to disclose their caregiving circumstances. In some instances, this disclosure only occurred when carers reached "breaking point" and were on the verge of exiting the organisation. In deciding whether to make a disclosure, carers often compare the benefits of doing so with the possible implications (Templeman et al., 2020).

Carers spoke about the important role of different organisational actors in 'signaling' a carer-supportive organisational culture and in providing reassurance and pre-emptive support. As 'gatekeepers' of an organisation's human resource policies, line managers play a significant role in making carers aware of, and giving access to, formal organisational supports and resources. As 'advocates', line managers and co-workers can become the voice of the carer and help them navigate access to appropriate and timely support, particularly during moments of caregiving crisis. The literature acknowledges the importance of formal resources, relational support and organisation-wide support (Allen, 2012; Jungblut, 2015; Stefanidis & Strogilos, 2020; Pan & Yeh, 2012). However, by probing the lived experiences of working carers, our research has gone beyond this literature by highlighting how line managers and co-workers can play a critical role in mediating informal flexibility through three enabling mechanisms – reassurance and pre-emptive support; carer advocacy; and i-deals. Our research builds on the work of others who consider the role of line managers as signallers of HRM policy and practice (e.g. Guest, et al., 2021) and as facilitators of informal flexibility (Murphy & Cross, 2021) and highlights the less understood role of co-workers in signalling support for, and advocating on behalf of, carers.   While the literature argues that carers benefit from a supportive

organisational culture (Kossek et al., 2010; Lapierre & Allen, 2006; Major et al., 2008), the enabling mechanisms we identified extend our current understanding of how support, in the form of informal flexibility, is mediated in practice.

Our research also considered whether the enabling mechanisms, through which carer-friendly informal flexibility is enacted, help working carers to sustain their attachment to the workforce. Our research suggests that when these enabling mechanisms are deployed, disruption to employment and the need to take intermittent periods of leave is reduced. For most carers, small ad-hoc adjustments negotiated with the line manager, often in the form of unscheduled time off, extended lunch breaks, flexibility around start and finish times and the opportunity to occasionally work remotely, may be sufficient to allow them enough scope to manage their caregiving responsibilities and remain in employment. In the absence of informal flexibility, disruption to working arrangements is likely in the form of intermittent, and sometimes multiple, periods of leave from the workplace or even organisational exit. We found that a lack of access to informal flexibility, where working arrangements are not adequately tailored to carers' individual circumstances, is often the 'tipping point' that leads to disruption to carers' working arrangements, resulting in intermittent periods of leave.

Our findings support the contention that, for working carers, informal flexibility, that is negotiated with an individual's manager, may be more effective in helping them with their 'work-life preferences' (De Menezes & Kelliher, 2017). Our paper addressed the research gap identified by Bainbridge and Townsend (2020) and highlighted tangible ways in which flexible working can mitigate work-family conflict among caregivers. Our paper provides evidence to suggest that informal flexibility reduces work-family conflict and potential employment disruption. In doing so, we have responded to the call for more research on the benefits of

informal flexibility (Kossek and Kelliher, 2022). The implementation of informal FWAs is not without its potential pitfalls, however. Such practices must be robust and fair and be underpinned by formal policies and a culture of inclusiveness (Rousseau, 2015) and there is a concomitant need to train line managers.

To conclude, the experiences of working carers reported in our study indicate that access to informal FWAs, which are underpinned by formal carer-friendly policies, enables carers to reconcile their work and caregiving responsibilities and remain in the workforce. Our study uncovered the pivotal mediating role played by line managers and co-workers in supporting carers to secure access to these informal FWAs. Reassurance and pre-emptive support; carer advocacy and i-deals mediated by line managers and co-workers are the enabling mechanisms through which carer-friendly informal flexibility can be enacted in the workplace. Further research on this subject might address the limitations of our study. For example, greater diversity in the profile of the study participants could be helpful, particularly the inclusion of more male carers and those working in the private sector. Future research should examine the experiences of line managers and co-workers in facilitating flexibility i-deals for carers. Moreover, how the reluctance among carers to disclose their caregiving circumstances and associated support needs could be addressed at organisational level needs to be investigated.

References

Airey, L., McKie, L., & Backett-Milburn, K. (2007). Women's experiences of combining eldercare and paid work in the Scottish food retail sector. *Health Sociology Review*, *16*(3-4), 292-303. https://doi.org/10.5172/hesr.2007.16.3-4.292

Akanji, B., Mordi, C., & Ajonbadi, H.A. (2020). The experiences of work-life balance, stress, and coping lifestyles of female professionals: insights from a developing country. *Employee Relations, 42*(4), 999-1015. https://doi.10.1108/ER-01-2019-0089

Allen, T. D. (2012). The work-family interface. In S.W.J. Kozlowski (Ed.), *The Oxford handbook of organizational psychology* (pp. 1163–1198). Oxford University Press.

Anand, S. & Mitra, A. (2022). No family left behind: Flexibility i-deals for employees with stigmatized family identities. *Human Relations*, *75*(5), 956-988. https://doi.org/10.1177/0018726721999708

Atanackovic, J., Williams, A., Tompa, E., Ireson, R. & Yazdani, A. (2020). *Overcoming recruitment difficulties in conducting intervention research with carer-employees: Lessons learned from a research study at a Canadian University*. Sage Publications Ltd.

Bainbridge, H.T., & Broady, T.R. (2017). Caregiving responsibilities for a child, spouse or parent: The impact of care recipient independence on employee well-being. *Journal of Vocational Behavior*, *101,* 57-66. https://doi.org/10.1016/j.jvb.2017.04.006

Bainbridge, H.T., & Townsend, K. (2020). The effects of offering flexible work practices to employees with unpaid caregiving responsibilities for elderly or disabled family members. *Human Resource Management*, *59*(5), 483-495. https://doi.org/10.1002/hrm.22007

Bainbridge, H.T., Palm, E. and Fong, M.M. (2021). Unpaid family caregiving responsibilities, employee job tasks and work-family conflict: A cross-cultural study. *Human Resource Management Journal*, *31*(3), 658-674. https://doi.org/10.1111/1748-8583.12333

Bal, P.M. and Izak, M. (2021). Paradigms of flexibility: a systematic review of research on workplace flexibility. *European Management Review*, *18*(1), 37-50. https://doi.org/10.1111/emre.12423

Barnett, R.C., & Gareis, K.C. (2002). Full-time and reduced-hours work schedules and marital quality: A study of female physicians with young children. *Work and Occupations*, *29*(3), 364-379. https://doi.org/10.1177/0730888402029003005

Bauer, J.M., & Sousa-Poza, A. (2015). Impacts of Formal Caregiving on Caregiver Employment, Health and Family. *Journal of Population Aging*, 8, 113-145. https://doi.org/10.1007/s12062-015-9116-0

Bouget, D., Saraceno, C., & Spasova, S. (2017). Towards new work-life balance policies for those caring for dependent relatives? In B. Vanhercke, S. Sebastiano, & Bouget D. (Eds.) *Social Policy in the European Union: State of Play* (pp. 155-237). European Trade Union Institute and European Social Observatory.

Boumans, N.P., & Dorant, E. (2020). The relationships of job and family demands and job and family resources with family caregivers' strain. *Scandinavian Journal of Caring Sciences*, *35*(2), 567-576. https://doi.10.1111/scs.12873

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2): 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London: Sage.

Brauner, C., Wöhrmann, A.M., & Michel, A. (2020). Congruence is not everything: a response surface analysis on the role of fit between actual and preferred working time arrangements for work-life balance. *Chronobiology International*, *37*(9-10), 1287-1298. https://doi.org/10.1080/07420528.2020.1803897

Brimblecombe, N., Fernandez, J.-L., Knapp, M., Rehill, A., & Wittenberg. R. (2018). Review of the international evidence on support for unpaid carers. *Journal of Long-Term Care,* September, 25-40. https://doi.10.21953/lse.ffq4txr2nftf

Burch, K.A., Dugan, A.G. and Barnes-Farrell, J.L. (2019). Understanding what eldercare means for employees and organizations: A review and recommendations for future research. *Work, Aging and Retirement*, *5*(1), 44-72. https://doi.org/10.1093/workar/way011

Calvano, L. (2013). Tug of war: Caring for our elders while remaining productive at work. *Academy of Management Perspectives*, *27*(3), 204-218. https://doi.org/10.5465/amp.2012.0095

Carers UK (2013). *Supporting working carers: the benefits to families, business and the economy*. London: Carers UK.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.

CIPD (2019). *Cross-sector insights on enabling flexible working*, London: CIPD.

CIPD (2020a). *A guide to becoming a carer-friendly workplace*, London: CIPD.

CIPD (2020b). *Supporting working carers: how employers and employees can benefit*, London: CIPD.

Clancy, R.L., Fisher, G.G., Daigle, K.L., Henle, C.A., McCarthy, J. and Fruhauf, C.A. (2020). Eldercare and work among informal caregivers: a multidisciplinary review and recommendations for future research. *Journal of Business and Psychology*, *35*(1), 9-27. https://doi.org/10.1007/s10869-018-9612-3

Courtin, E., Jemiai, N., & Mossialos, E. (2014). Mapping support policies for informal carers across the European Union. *Health Policy*, *118*(1), 84-94. https://doi.org/10.1016/j.healthpol.2014.07.013

Crain, T.L., & Stevens, S.C. (2018). Family-supportive supervisor behaviors: A review and recommendations for research and practice. *Journal of Organizational Behavior*, *39*(7), 869-888. https://doi.org/10.1002/job.2320

De Menezes, L.M., & Kelliher, C. (2017). Flexible working, individual performance, and employee attitudes: Comparing formal and informal arrangements. *Human Resource Management*, *56*(6), 1051-1070. https://doi.org/10.1002/hrm.21822

Dixley, A., Boughey, R., & Herrington, A. (2019*). Informal Carers and Employment: Summary Report of a Systematic Review.* Retrieved from:

https://dera.ioe.ac.uk/34161/1/Informal_Carers_and_Employment.pdf

[Accessed 13 November 2021]

Duxbury, L., & Higgins, C. (2012). Revisiting work-life issues in Canada: The 2012 National Study on Balancing Work and Caregiving in Canada. Retrieved from:

https://newsroom.carleton.ca/wp-content/files/2012-National-Work-Long-Summary.pdf

[Accessed 13 November 2021]

Eales, J., Keating, N., Donalds, S., & Fast, J. (2015). Assessing the needs of employed caregivers and employers. *Edmonton: University of Alberta, research on aging, policies and Practice*. University of Alberta, Edmonton.

Erden Bayazit, Z. and Bayazit, M. (2019). How do flexible work arrangements alleviate work-family-conflict? The roles of flexibility i-deals and family-supportive cultures. *The International Journal of Human Resource Management*, *30*(3), 405-435.

https://doi.org/10.1080/09585192.2017.1278615

Family Carers Ireland (2020). *The State of Caring 2020*, Dublin: Family Carers Ireland.

Galinsky, E., Bond, J.T., & Friedman, D.E. (1996). The role of employers in addressing the needs of employed parents. *Journal of Social Issues*, *52*(3), 111-136. https://doi.org/10.1111/j.1540-4560.1996.tb01582.x

Glendinning, C. (2018). Peer review on improving reconciliation of work and long-term care. Brussels, European Commission.

Gordon, J.R., Pruchno, R.A., Wilson-Genderson, M., Murphy, W.M., & Rose, M. (2012). Balancing caregiving and work: Role conflict and role strain dynamics. *Journal of Family Issues*, *33*(5), 662-689. https://doi.org/10.1177/0192513X11425322

Grawitch, M.J., Barber, L.K., & Justice, L. (2010). Rethinking the work–life interface: It's not about balance, it's about resource allocation. *Applied Psychology: Health and Well-Being*, *2*(2), 127-159. https://doi.org/10.1111/j.1758-0854.2009.01023.x

Greenhaus, J.H., & Beutell, N.J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, *10*(1), 76-88. https://doi.org/10.5465/amr.1985.4277352

Guest, D.E., Sanders, K., Rodrigues, R. and Oliveira, T. (2021). Signalling theory as a framework for analysing human resource management processes and integrating human resource attribution theories: A conceptual analysis and empirical exploration. *Human Resource Management Journal*, *31*(3), 796-818. https://doi.org/10.1111/1748-8583.12326

Hall, L., & Atkinson, C. (2006). Improving working lives: flexible working and the role of employee control. *Employee Relations*. *28*(4), 374-386. https://doi.10.1108/01425450610673420

Hansen, T. and Slagsvold, B. (2015). Feeling the squeeze? The effects of combining work and informal caregiving on psychological well-being. *European Journal of Ageing*, *12*, 51-60. https://doi.org/10.1007/s10433-014-0315-y

Hobfoll, S.E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, *44*(3), 513-524. https://doi.org/10.1007/s10433-014-0315-y

Hornung, S., Rousseau, D.M., & Glaser, J. (2008). Creating flexible work arrangements through idiosyncratic deals. *Journal of Applied Psychology*, *93*(3), 655-664. https://doi.org/10.1037/0021-9010.93.3.655

Jungblut, J.M. (2015). *Working and caring: Reconciliation measures in times of demographic change*. Luxembourg: Publications Office of the European Union.

Keating, N., Eales, J., Funk, L., Fast, J., & Min, J. (2019). Life course trajectories of family care. *International Journal of Care and Caring, 3*(2), 147-163. https://doi.org/10.1332/239788219X15473079319309

Kelliher, C., Richardson, J. and Boiarintseva, G. (2019). All of work? All of life? Reconceptualising work-life balance for the 21st century. *Human Resource Management Journal*, *29*(2), 97-112. https://doi.org/10.1111/1748-8583.12215

Kelly, S. E., Bourgeault, I., & Dingwall, R. (2010). Qualitative interviewing techniques and styles. In I. Bourgeault, R. Dingwall, R. de Vries (Eds.), *The Sage Handbook of Qualitative Methods in Health Research* (pp. 307-326). Sage.

Kossek, E., Lewis, S., & Hammer, L.B. (2010). Work—life initiatives and organizational change: Overcoming mixed messages to move from the margin to the mainstream. *Human Relations*, *63*(1), 3-19. https://doi.org/10.1177/0018726709352385

Kossek, E.E. and Kelliher, C. (2022). Making Flexibility More I-Deal: Advancing Work-Life Equality Collectively. *Group & Organization Management*, 1-33.

Kröll, C., Nüesch, S. and Foege, J.N. (2021). Flexible work practices and organizational attractiveness in Germany: The mediating role of anticipated organizational support. *The International Journal of Human Resource Management*, *32*(3), 543-572. https://doi.org/10.1080/09585192.2018.1479876

Lapierre, L.M., & Allen, T.D. (2006). Work-supportive family, family-supportive supervision, use of organizational benefits, and problem-focused coping: implications for work-family conflict and employee well-being. *Journal of Occupational Health Psychology*, *11*(2), 169-181. https://doi.org/10.1037/1076-8998.11.2.169

Larkin, M., Henwood, M. and Milne, A. (2019). Carer-related research and knowledge: Findings from a scoping review. *Health & social care in the community*, *27*(1), 55-67. https://doi.org/10.1111/hsc.12586

Longacre, M.L., Valdmanis, V.G., Handorf, E.A., & Fang, C.Y. (2017). Work impact and emotional stress among informal caregivers for older adults. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *72*(3), 522-531. https://doi.org/10.1093/geronb/gbw027

Major, D.A., Fletcher, T.D., Davis, D.D., & Germano, L.M. (2008). The influence of work-family culture and workplace relationships on work interference with family: A multilevel model. *Journal of Organizational Behavior*, *29*(7), 881-897. https://doi.org/10.1002/job.502

Marescaux, E., De Winne, S. and Rofcanin, Y. (2021). Co-worker reactions to i-deals through the lens of social comparison: The role of fairness and emotions. *Human Relations*, *74*(3), 329-353. https://doi.org/10.1177/0018726719884103

Marshall, C. and Rossman, G.B. (1995) *Designing Qualitative Research,* 2nd edition. London: Sage.

Maynard, K., Williams, A., & Ilagan, C. (2019). Male working carers: a qualitative analysis of males involved in caring alongside full-time paid work. *International Journal of Care and Caring*, *3*(3), 425-444. https://doi.org/10.1332/239788219X15488381886344

Mills, M.J., Matthews, R.A., Henning, J.B., & Woo, V.A. (2014). Family-supportive organizations and supervisors: how do they influence employee outcomes and for whom?. *The International Journal of Human Resource Management*, *25*(12), 1763-1785. https://doi.org/10.1080/09585192.2013.860387

Murphy, C., & Cross, C. (2021). Blurred lines: work, eldercare and HRM. *The International Journal of Human Resource Management*, *32*(7), 1460-1485. https://doi.org/10.1080/09585192.2018.1528470

Myers, M.D. (2020). *Qualitative research in business and management*, 3rd edition. London: Sage.

Pan, S.Y., & Yeh, Y.J.Y. (2012). Impact of value congruence on work-family conflicts: The mediating role of work-related support. *Journal of Social Psychology*, *152*(3), 270-287. https://doi.org/10.1080/00224545.2011.602133

Pestotnik, A., & Süß, S. (2021). How do idiosyncratic deals influence employees' effort-reward imbalance? An empirical investigation of the role of social comparisons and denied i-deals. *The International Journal of Human Resource Management*, 1-29. https://doi.org/10.1080/09585192.2021.2016889

Plaisier, I., Broese van Groenou, M.I., & Keuzenkamp, S. (2015). Combining work and informal care: the importance of caring organisations. *Human Resource Management Journal*, *25*(2), 267-280. https://doi.org/10.1111/1748-8583.12048

Quinn-Patton, M. (2002). *Qualitative Research and Evaluation Methods*. London: Sage.

Rousseau, D. (2015). *I-deals: Idiosyncratic Deals Employees Bargain for Themselves, 1st edition.* London: Routledge. https://doi.org/10.4324/9781315703589

Schroeder, B., MacDonald, J., & Shamian, J. (2012). Older workers with caregiving responsibilities: A Canadian perspective on corporate caring. *Ageing International*, *37*(1), 39-56. https://doi.10.1007/s12126-011-9134-z

Sethi, B., Williams, A., & Ireson, R. (2017). Supporting caregiver employees: managers' perspective in Canada. *International Journal of Workplace Health Management*, *10*(1), 25-41. https://doi.10.1108/IJWHM-03-2016-0016

Spann, A., Vicente, J., Allard, C., Hawley, M., Spreeuwenberg, M. and de Witte, L. (2020). Challenges of combining work and unpaid care, and solutions: A scoping review. *Health & Social Care in the Community*, *28*(3), 699-715. https://doi.org/10.1111/hsc.12912

Stefanidis, A., & Strogilos, V. (2020). Perceived organizational support and work engagement of employees with children with disabilities. *Personnel Review*, *50*(1), 186-206. https://doi.10.1108/PR-02-2019-0057

Templeman, M.E., Badana, A.N., & Haley, W.E. (2020). The relationship of caregiving to work conflict and supervisor disclosure with emotional, physical, and financial strain in employed family caregivers. *Journal of Aging and Health*, *32*(7-8), 698-707. https://doi.org/10.1177/0898264319848579

Wang, P., Wang, S., Yao, X., Hsu, I.C. and Lawler, J. (2019). Idiosyncratic deals and work-to-family conflict and enrichment: The mediating roles of fit perceptions and efficacy beliefs. *Human Resource Management Journal*, *29*(4), 600-619. https://doi.org/10.1111/1748-8583.12246

Williams, P., Cathcart, A. and McDonald, P. (2021). Signals of support: Flexible work for mutual gain. *The International Journal of Human Resource Management*, *32*(3), 738-762. https://doi.org/10.1080/09585192.2018.1499669

Williams, A.M. (2022). Reshaping wellbeing in changing care and paid work environments. *Wellbeing, Space and Society*, *3*, 1-6. https://doi.org/10.1016/j.wss.2022.100103