Title: Looking Beyond Hours of Care: The Effects of Care Strain on Work Withdrawal Among Australian Workers

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Keywords: carer, work withdrawal, work-family conflict, workplace practices

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Abstract

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Introduction

Demographic and social changes over the life cycle are resulting in a greater number of employees combining their paid work with unpaid care responsibilities for family members with a disability, chronic illness, or frailty due to old age (Carr et al, 2018). An ageing population and increase in the prevalence of chronic diseases have contributed to greater demand for care and support, and a shift towards care in the community has intensified the involvement of families in the provision of that care. At the same time, there has been an increase in female labour market participation and longer working lives (Hamilton and Suthersan, 2020), leading to increasing

numbers of employees combining paid work with unpaid care responsibilities (Burr and Colley, 2019).

Providing unpaid care for a family member with a disability, chronic illness or an older person can place time pressures and emotional strains on employees that can affect their availability for, engagement with, and performance in work (Bainbridge and Townsend, 2020). Previous quantitative research on the impact of unpaid care on paid work has focused on the relationship between the number of hours of care provided and reduction in the number of hours of paid work, either to fewer hours or to complete withdrawal from the labour market (Kotsadam, 2011; Meng, 2012). In this literature, hours of care are often described as a measure of 'care intensity', and increasing care intensity (i.e., more hours) is usually correlated with higher levels of work withdrawal (i.e., fewer hours of paid work). However, these commonly used concepts of care intensity and work withdrawal are limited in what they can tell us about the relationship between providing unpaid care and doing paid work.

In recent years, an emerging body of research has sought to explore the complex dynamics of paid work and unpaid care. While the quantitative literature on work and care remains mostly focused on care hours as a measure of care intensity, qualitative literature suggests that care intensity encompasses more characteristics than the number of hours of care provided. It identifies a range of other stressors associated with care (Arksey et al, 2005; Laparidou et al, 2019). At the same time, most quantitative literature remains focused on a reduction of work hours or exit from work as measures of work withdrawal. However, there is now a substantial body of qualitative work identifying the ways in which care responsibilities may lead to broader forms of withdrawal from work than a reduction in the number of hours, including remaining in work but withdrawing from aspects of career investment or progression (Arksey et al, 2005;

Hanisch and Hulin, 1990; TOCC, 2007). Withdrawal from career investment and progression can have negative effects on people's enjoyment of and fulfilment at work (Aryee and Tan, 1992), on the match between their skills and job role (Carmichael et al, 2008), and on their earnings potential over time.

To date, therefore, while qualitative research has identified a multi-dimensional relationship between unpaid care and paid work, quantitative research is only embryonic in the extent to which it measures the influence of both hours *and other characteristics* of care on the *wider range of dimensions* of work withdrawal (beyond just withdrawal of hours of work). This article examines the relationship between both care hours and other stressors associated with care (which we call 'care strain'), and withdrawal from both hours of work and career investment. In doing so, it aims to better understand the ways in which care can shape not only the quantity of work undertaken by carers but also the qualitative nature of that work over time, and its consequences for the wellbeing and financial security of carers.

Our article draws on work-family-conflict theory to better understand the nexus between caregiving responsibilities and different forms of work withdrawal. Work-family-conflict theory focuses on the ways in which the time and emotional resources used in unpaid care compete with time and performance at work. For example, *time* spent in care responsibilities may limit time available to participate in paid work (i.e., 'time-based conflict', Magnini, 2009), compelling caregivers to reduce their employment hours or even terminate their employment (Bauer and Sousa-Poza, 2015). At the same time, the *strain* associated with care responsibilities may affect investment in and wellbeing at work (i.e., 'strain-based conflict', Magnini, 2009).

Existing literature suggests that employer policies and workplace culture play an important role in enabling, or constraining, participation by people with care responsibilities. For example,

research suggests that where care-friendly policies (such as leave or flexibility) are coupled with supportive managers and workplace cultures, carers find it easier to remain in paid work and successfully balance their paid work and unpaid care responsibilities (Arksey 2002; Cass et al, 2012). However, research with carers also suggests that unsupportive workplace policies and practices heighten work/care conflict and pose as a major barrier to labour market participation and progression (Cass et al, 2012; Arksey 2002, Phillips et al, 2002). Consequently, to fully understand the relationship between care strain and work withdrawal, we also need to examine the role of organisations in alleviating the challenges associated with care responsibilities among employed carers.

Drawing on a national sample of 2009 Australian employees aged 18 and above (two thirds of whom were aged 45 and above) in the Mature Workers in Organisations Survey (Andrei et al, 2019), this article will shed new light on the relationship between different dimensions of care intensity (i.e., time and strain), and different dimensions of work withdrawal (i.e., hours and career withdrawal), and the potential role of organisations in alleviating the challenges arising in this relationship. By doing so, the article offers a more detailed analysis and understanding of the important dynamic of work and care that now exists in developed countries such as Australia. This will support employers to understand the potential impacts of unpaid care responsibilities on their employees' availability for, engagement with, and experience at work. It will also provide new evidence for employers and policymakers on how to better support people balancing paid work and unpaid care.

Theorising work and care

Existing research suggests a clear relationship between the provision of unpaid care and labour market participation. Most of this literature focuses on the negative association between the provision of unpaid care and participation in the paid labour market. Existing quantitative research suggests that people with unpaid care responsibilities are less likely to participate in paid work and where they do participate, are more likely to participate part-time (AHRC, 2013a; Carmichael et al, 2008; Lilly et al, 2007; Spiess and Schneider, 2003). Some have found that care responsibilities increase the likelihood of complete withdrawal from the labour market (Nguyen and Connelly, 2014). The extent of care responsibilities is often labelled 'care intensity', with research showing that the more intense the care responsibilities are, the fewer hours of work a person engages in. However, care intensity is commonly measured in terms of the *quantity* of care, usually measured by number of hours of care per week (Carmichael et al, 2008; Lilly et al, 2007; Spiess and Schneider, 2003): the greater the number of hours of care a person provides, the more likely they are to work part-time or not at all (Australian Bureau of Statistics, 2016; Kelle, 2020).

Perhaps because of its focus on hours of care, most of the existing quantitative literature conceptualises work withdrawal in terms of time, such as a reduction in hours of work or exit from the labour market. The focus, therefore, is on time-based conflict. However, as is established in the human resources literature (i.e., Reid et al, 2010; Zacher and Winter, 2011), work withdrawal can involve various forms of withdrawal from *and within* paid employment. This literature allows us to examine different forms of withdrawal more fully among people with care responsibilities. In this article, drawing on the human resources literature, six forms of work withdrawal were identified. The first three involve reducing the time spent at work as per the conventional measures and include: *time withdrawal*, which refers to reduced working hours (see

for example Pas et al, 2011); e*xit*-based *withdrawal*, which refers to terminating employment (such as leaving a job, leaving the labour market for a period of time, or retiring) (see for example Hughes and Bozionelos, 2007); and *absenteeism*, which refers to greater than usual instances of absence from work (see for example Falkenburg and Schyns, 2007). Several studies have linked higher time withdrawal (Bittman et al, 2007), exit withdrawal and rates of absenteeism (i.e., Čikeš et al, 2018; Hughes and Bozionelos, 2007; Reid et al, 2010; Zuba and Schneider, 2013) to the presence of care responsibilities.

We also move beyond more traditional and well-established forms of withdrawal by examining withdrawal in terms of disengagement from career development and progression, including withdrawal from the development of career or job-specific knowledge, skills, and qualifications (which we treat separately in this study) and withdrawal from career progression. *Knowledge development withdrawal* and *skills and qualification development withdrawal* refer to the lack of investment in updating the knowledge, skills, and qualifications that employees require to perform their job well (see Noe and Wilk, 1993). Carmichael et al (2008) identified a potential link between care responsibilities and development withdrawal, suggesting that people with care responsibilities have fewer opportunities to develop or utilise their skills, experiencing skill atrophy. This is supported by qualitative research which suggests that some carers work in roles and industries not commensurate with their skills and qualifications because they are less demanding and better accommodate their caring responsibilities (Arksey et al, 2005; TOCC, 2007) and consequently, may be less likely to invest in new skills or qualifications.

Career progression withdrawal refers to an employee not pursuing opportunities for promotion or progression in their career. Perhaps as a symptom of this, Michaud et al (2010) found that people with care responsibilities are less likely to have their skills recognised by employers

through remuneration. This is also supported by qualitative research which suggests that carers withdraw from career progression because they have fewer resources to make the extra investment of time and emotional (and sometimes financial) resources required to pursue strategies and opportunities for career progression (Arksey et al, 2005; TOCC, 2007). As career development and progression results in more engaged, skilled, and satisfied employees, withdrawal of employees from career development and progression also has negative implications for employers.

Most existing quantitative research focuses on hours spent on care as a measurement for care intensity and how it may relate to work withdrawal, rarely acknowledging *other characteristics of the care experience*. However, qualitative research with carers suggests that the intensity of a person's care responsibilities and its impacts on their work encompasses the *strain* associated with care, as well as the number of hours (Hamilton and Adamson, 2013). First, it is not just the number of hours of care but the extent to which those hours interfere with, or can be accommodated around, their work that has an impact on the carers' capacity to participate in work and invest in career progression (Arksey et al, 2005).

Second, the stress associated with carrying out care responsibilities is also an important component of care intensity that shapes the impacts of care on work. More stressful circumstances of care, such as difficult care relationships or demanding care tasks for example, can place greater constraints on the time and emotional resources that a person has available to undertake paid work and invest in career development (Arksey and Glendinning, 2008).

Therefore, this paper examines the relationship between these other stressors associated with care (which we call 'care strain') and withdrawal from both hours of work and career investment. In capturing care strain as a form of care intensity, we examine the extent to which the care

responsibilities *interfere with work,* and *how stressful* the care responsibilities are. We therefore hypothesise the following:

H1a: Care strain is positively related to time-based work withdrawal

H1b: Care strain is positively related to career development and progression withdrawal

While our focus is to establish how care strain, as a measure of care intensity, plays a critical role in shaping work withdrawal behaviours, it is also important to examine factors that can offset its detrimental effects. Consequently, we propose that the relationship between care strain and work withdrawal will depend on access to workplaces that are understanding and supportive of employees with care responsibilities (Bernard and Phillips, 2007; Cass et al, 2012). Work environments that value the importance of care and family responsibilities may alleviate the stress associated with care and its impact on work. It may also reduce the feeling that care interferes with work. For example, Bakker and colleagues (2005) suggest that social support from the organisation can help buffer the negative impact of work-family interference on burnout among employees. A large body of qualitative research with people with care responsibilities suggests that understanding from employers about their care responsibilities plays an important role in enabling them to balance their work and care responsibilities more easily (see for example Arksey, 2002; Bernard and Phillips, 2007). Conversely, a lack of understanding from employers can force carers to reduce their labour market engagement. Even where care-friendly policies (such as leave or flexibility) exist, they do not effectively support carers to manage work and care unless coupled with supportive or understanding managers and workplace cultures (Bernard and Philips, 2007). Different organisations have varying levels of concern and support for their employee's family life (Allen, 2001).

In the human relations literature, family supportive work environments (FSWE) are a distinct form of organisational support and represent the extent to which employees *perceive* that their organisations are supportive/responsive to their employees' work-family needs (see Allen, 2001; Behson, 2002; Jahn et al, 2003). A study by Mauno and colleagues (2006) found that family supportive work environments help alleviate the negative impact of work-family conflict on both wellbeing and organisational commitment. We argue that working in environments that feel supportive for employees can reduce the detrimental effects of care strain on work withdrawal. Employees in high FSWE are more likely to feel confident and supported to carry out their care responsibilities without fearing negative consequences at work. This not only reduces their need to take time off work, decrease hours, or leave the workforce or organisation (to effectively manage either their care responsibilities or their own stress), but also reduces the impact of stressors that can hamper the ability to develop and invest in one's career. Hence, we hypothesise that:

> H2a: Family supportive work environments moderate the positive relationship between care strain and time-based work withdrawal. The positive relationship is less pronounced (weaker) when family supportive work environment is high rather than low.
>
> H2b: Family supportive work environments moderate the positive relationship between care strain and career development and progression withdrawal. The positive relationship is less pronounced (weaker) when family supportive work environment is high rather than low.

Method

Context, Sample, and Procedure

The Mature Workers in Organisations Survey data set provided the basis for the analyses in this article. This large-scale survey of Australian employees set out to understand experiences and perceptions of support among workers of different ages in organisations, with a focus on mature workers (Andrei et al, 2019). The data set comprises 2009 Australian workers, working at least one day per week, who completed an electronic survey questionnaire as part of a convenience sample sourced from Australian online panels (Andrei et al, 2019). Because of its focus on mature workers, workers aged 45 years and over were deliberately over-represented in the sample, comprising two thirds of the sample, with workers aged 18-44 years old comprising the remaining third. Retired persons and persons looking for work were excluded from the sample. As the focus of this study is on organisational support, people working in organisations of all sizes were included but those who were self-employed were not included in the sample. Due to the limits of the sample, caution should be used in extrapolating the results of this study to the general Australian population. Nonetheless, the sample was broadly reflective of the population distribution of gender, industry, and occupational role (Andrei et al, 2019).

Within the sample of 2009 Australian workers, 332 participants identified as having care responsibilities for an older relative and/or someone with a disability or chronic illness. Of these participants, 58% were female, 55% worked full-time, and on average earned between $A1,250-$A1,499 per week. These statistics all are all aligned with recent population-level data on carers in Australia (Australian Bureau of Statistics, 2019; Deloitte, 2020). The survey oversampled workers aged over 45 years and while this is not reflective of the broader Australian workforce, working carers are more likely than working non-carers to fit into this demographic, with 70 per cent of carers in Australia aged 45 and above (Australian Bureau of Statistics, 2019).

Participants were asked "Do you have care responsibilities?" and if they answered 'Yes', were asked how many hours per week they were providing care for 1/ an older person or 2/ a person who is 'disabled/sick'. There are clear limitations associated with these categories, including the grouping of people with a disability or illness together. Other surveys in which care is the focus have more detailed approaches to categorising types of care need that facilitate more sophisticated analyses of the relationship between care recipient group and work and other outcomes. However, for the purpose of this paper, we are focusing on data derived from the available questions on care for older people and care for a person with a disability or illness. Results for the two groups were closely correlated so are not presented separately.

Measures

The dependent variables comprise of six different aspects of work-related withdrawal. These broadly fit under two dimensions of work withdrawal, time-based and career-based. These include:

Time-based withdrawal:

(1) Time Withdrawal: *How much do you agree with: I have reduced my working hours.*

(2) Exit Withdrawal: *I had to quit my job;* and *I had to retire or leave the paid workforce for a period of time.*

(3) Absenteeism: *In the past 6 months, about how many workdays, in total, have you been absent from work?*

Career-based Withdrawal:

4) Knowledge Development Withdrawal: *How much do you agree with: I do not keep up as well with the latest developments in my field as I did 2 years ago.*

5) Skills and Qualifications Development Withdrawal: *In the past 24 months, how much do you agree with: I did not find the time to update the skills and qualifications that are required to do my job well.*

6) Career Progression Withdrawal: *In the past 24 months, how much do you agree with: I have turned down a new job / promotion.*

To measure the independent variable of care strain, we asked participants to read the following: "Thinking about your care responsibilities, how much do you agree with the following statements?". They then rated their agreement on two question items: 1) providing care is stressful and 2) providing care interferes with work.

To measure the moderating variable of family supportive work environment, we adapted a scale from Allen (2001). We asked participants: "To what extent do you agree that the following statement represents the philosophy or beliefs of your organization?" They then rated their agreement on whether "individuals who take time off to attend to personal matters are not committed to their work". We then reversed the scores, such that higher levels of agreement reflect higher perceived levels of family supportive work environments. All agreement-based questions ranged from 1 (strongly disagree) to 5 (strongly agree).

As mentioned above, the different models control for total care hours, as this is a well-established variable that can affect work withdrawal outcomes (Kotsadam, 2011; Meng, 2012). The models also include a series of control variables: age, gender, weekly hours of work, tenure, income, and self-rated health.

Data Analyses

We first conducted regression analyses to test the effect of care strain on different types of work withdrawal while taking account of our control variables (also comprising total hours of care per week) (Hypotheses 1a and 1b). We then performed a moderated regression analysis to test the conditional effect of family supportive work environment (Hypotheses 2a and 2b). Prior to our analyses, we mean-centred the independent variables to avoid potential multicollinearity (Aiken & West, 1991). For the analysis, we included the control variables, followed by care strain and family supportive work environment (FSWE), and then the target interaction term (care strain × FSWE), examining whether the interaction term's coefficient has a significant effect on the various work withdrawal outcomes. To further test Hypothesis 2, we plotted the interaction effects of care strain on the withdrawal outcomes under two conditions: high (one standard deviation above the mean) and low (one standard deviation below the mean) FSWE.

Results

Insert Table 1 about here

We first examined the effect of care hours on different dimensions of work withdrawal (see Table 1). Most existing studies (Carmichael et al, 2008; Lilly et al, 2007; Spiess and Schneider, 2003) have found that the amount of time spent doing care is positively associated with work withdrawal, measured in terms of reduced hours, or exit from the labour market. However, results from our analyses show that when including the effects of care hours alongside care strain and other control variables on the six types of work withdrawal, its effects are non-significant. In other words, work withdrawal neither increases nor decreases as hours of care increase.

Hypotheses Testing

Results in Table 1 show that care strain is positively associated with all types of work withdrawal, both time- and career-based. When workers perceived their care responsibilities to be stressful and when they felt that care interfered with work, they were more likely to withdraw from different aspects of work including by reducing hours, leaving work, being absent, and investing less in knowledge, skill and qualification development and career progression. R^2 values in Table 1 indicate that our hypothesised model explained 4 to 17 per cent of the variance across different types of work withdrawal. We then tested whether these positive associations are conditional based on the work environment participants are in. Specifically, we tested for the interaction between care strain and FSWE on the different work withdrawal outcomes. The interaction terms are all significant ($p < .05$), except for absenteeism ($p = .46$). Therefore, we plotted the effect of care strain on work withdrawal under high (one standard deviation above) and low (one standard deviation below) conditions of FSWE, except for absenteeism. Results in Table 2 show that under low levels of FSWE, care strain is significantly and positively associated with the five work withdrawal outcomes, whereas under high levels of FSWE, the effect of care strain becomes weaker, and less significant or insignificant. R^2 values from our analyses indicate that our hypothesised interaction model explained 8 to 25 per cent of the variance across different types of work withdrawal. These findings suggest that a family supportive work environment can significantly alleviate or buffer the detrimental effects of care strain on work withdrawal.

Insert Table 2 about here

Discussion

The focus of existing studies has been on the impact of number of hours spent caring on hours of work and exit from the labour market. The results of this study reveal that beyond care hours, the stress associated with care and the toll it places on work (care strain) is also important in determining various forms of work withdrawal. In addition, those impacts are felt not just on hours of work but also on investment in career development and progression. We found that those who reported that care responsibilities were stressful and interfered with work were more likely to withdraw in terms of both time and career investment. Interestingly, we did not find any relationship between care hours and any dimensions of work withdrawal. Hence according to these results, when it comes to the relationship between care responsibilities and work withdrawal, it is not the number of hours of care per week that is significant but the impact of care on their work and wellbeing that affects their work withdrawal. In circumstances where the carer is finding the impact of their care responsibilities on their work and wellbeing manageable, the number of hours of care may become less important.

Notably, the items 'providing care is stressful' and 'care interferes with work' are themselves broad concepts and the survey provided no scope to examine in more detail the nature of that stress or work interference. For example, the analysis was unable to examine the reasons *why* care is stressful (the qualitative literature suggests the source of stress can be varied and multifaceted including for example, difficult care relationships, demanding care tasks, strain on other family relationships, and difficulty navigating services (i.e. Arksey et al, 2005; Laparidou et al, 2019; Lyonette and Yardley, 2003)) or the *ways in which* care interferes with work (the qualitative literature suggests that this can also be varied, including regular interruptions from the care recipient, or worry while at work about the care recipient (i.e. Spann et al, 2020)). Future

research could build on this study by combining similar survey data with qualitative work to examine these important concepts more fully.

We also shed light on how the employee's perception that work environments are supportive of care responsibilities can alleviate the detrimental effects of care strain on work withdrawal. Where employees believe that their organisation values and recognises the role of family responsibilities, the strains associated with care are less likely to result in their withdrawal of time from work and withdrawal of investment in career development and progression. We discuss implications of this below.

Theoretical Implications

We extend the existing international care literature by examining the role of care strain and its effects on work withdrawal behaviours. By applying work-family conflict theory, our findings advance the understanding of care intensity beyond just the *time* associated with care (quantity of care) to include the *nature* of care responsibilities, especially how they act as work stressors for carers. We found that care strain in terms of stress and work-interference is a vital factor that influences work withdrawal behaviours. The study also advances knowledge on the effect of care strain beyond just exit and reduced work hours. It examines the less studied yet critical dimensions of withdrawal from career investment, including withdrawal from the development of knowledge, skills, and qualifications and from career progression itself.

We also discovered the beneficial effects of family supportive work environments (FSWE) in alleviating the impact of care strain on work withdrawal behaviours. By bringing together literatures on work-family conflict and the roles of organisational resources, we shed light on a specific type of organisational environment that can aid working carers to withdraw less from both being at work (reduced hours or exit) and from career investment. While the existing

literature acknowledges the benefits of FSWE (for example, Mauno et al 2006), we apply this to the care context and highlight how it can alleviate the strain that care may pose on working carers.

Practical Implications

The findings also have important implications for policy and practice. They suggest that, for employees with care responsibilities, the perception that they work in 'care-friendly' workplace cultures can play an important role in decreasing the extent to which they reduce their work hours, miss work, and leave the organisation. It can also play an important role in reducing the extent to which they cease investing in career development and progression. These outcomes are likely to bring benefits for employees with care responsibilities and for employers through reducing costs associated with recruitment, turnover, and absenteeism, and increasing the skills and qualifications among employees with care responsibilities. While this paper is based on an Australian sample, the findings on the value of care-friendly workplaces are likely to be relevant for employers globally, and further research examining the relationship between FSWEs and work withdrawal among carers in other countries is required to examine this more closely.

We acknowledge that FSWE is only a limited measure of care-friendly workplaces. It captures employees' *perception* of understanding and support, rather than the support of employers and workplaces itself. Neither does it capture the detail and variety of FSWE provided by employers. Further research should focus on capturing more detail about the nature of FSWE, from both the employee and employer perspectives. In addition, the current measure of FSWE does not capture the full range of ways in which employers are able to support employees with care responsibilities, including workplace policies that flexibly accommodate care responsibilities, such as opportunities to work from home, or opportunities to take paid carers'

leave. However, these policies tend not to be effective unless coupled with supportive managers and workplace cultures that enable the take up of these policies and, more broadly, provide a context in which care is recognised and valued (Arksey, 2002; Bernard and Phillips, 2007). Workplaces can also provide measures that contribute to alleviating the stressors associated with care, such as employee counselling and wellness programs, access to a private room and phone to check in on the care recipient or organise alternative care arrangements in an emergency, referral to care services, or the provision of 'care consultants' to support employees to navigate care systems (AHRC, 2013a; AHRC, 2013b; Arksey, 2002). These kinds of policies and practices may contribute to alleviating the time-based *and* strain-based conflict associated with balancing paid work and unpaid care responsibilities (Bainbridge and Townsend, 2020), potentially reducing absenteeism and turnover, and increasing employed carers' investment in knowledge, skill and career development, and should be the subject of further work.

Workplaces provide contested sites in which family-friendly policies and cultures are embedded, enacted, and experienced. The cultivation of FSWE, therefore, is likely to take place in organisational contexts in which complex and competing cultures and practices co-exist (Blair-Loy and Wharton, 2002; Holt and Lewis, 2011). These complex sites shape, often in subtle ways, who can take advantage of FSWE and the employment opportunities available to those who do. For example, FSWE are not always available to all employees equally, and may sit uneasily alongside other values in the organisational environment such as an overtime culture (Blair-Loy and Wharton, 2002; Holt and Lewis, 2011, Lewis 1997), creating subterranean differences in the relative career rewards available to those taking advantage of FSWE and those who do not (Callan, 2007). In this study, we were unable to capture the complexities of the organisational contexts in which FSWE were offered, such as whether low levels of support may also include

organisations *penalising* those who take time off for care responsibilities. This more detailed analysis should be the subject of further research.

Care-friendly workplaces are one important mechanism for supporting working carers, but the national policy contexts that they operate within and alongside have a much greater role to play in supporting workers with care responsibilities. The data used in this paper does not allow us to capture the relationship between government policies and work/family conflict. However existing policy-focused research suggests that broader social and employment policies, such as affordable, high quality social care services, respite, flexible workplace policies, and other carer support services have the potential to reduce both carer stress and the extent to which care interferes with work, and to therefore reduce work withdrawal (AHRC, 2013a; 2013b; Arksey, 2002; Brimblecombe et al, 2018; Hamilton, 2016; Zacher and Winter, 2011). The intersection between workplace supports and public policies is highly underexamined and will be the subject of future research.

Conclusion

Previous studies on the impact of unpaid care on paid work have focused on the relationship between the intensity of the care responsibilities and withdrawal from work, where care intensity is usually measured by number of hours of care, and withdrawal from work is usually measured by the reduction in the number of hours of paid work, either to fewer hours or to complete withdrawal from the labour market (Kotsadam, 2011; Meng, 2012). This unidimensional approach both to care and to work withdrawal is limited in the extent to which it can explain the complex relationship between unpaid care work and paid work. Care intensity encompasses

more characteristics than just the number of hours of care provided, while work withdrawal refers to more than spending less time working or leaving the labour market all together.

It was found that having care responsibilities (i.e., having some hours of care) in itself is not linked to work withdrawal, but that having care responsibilities that are stressful or interfering with work create 'role conflicts' that are associated with work withdrawal. We also revealed the way in which an employee's perception that their work environment is care-friendly can alleviate the detrimental effects of care strain on work withdrawal. These findings will support employers and policymakers to understand the potential impacts of unpaid care responsibilities on working carers' availability for, engagement with, and experience at work.

When reading the present study, caution should be taken in extrapolating the findings presented here to the general Australian population due to the sample composition. First, workers 45 years old and above are over-represented in the survey, which has implications on how well it captures the attitudes and behaviours of younger workers. Second, our models accounted between 4 to 25 per cent of the variance across different types of work withdrawal. Thus, while the models account for a substantial amount of variance in some types (e.g., exit withdrawal, $R^2 = .25$), they only accounted for a small amount of variance in others (e.g., absenteeism). This signals that there are also other variables that should be considered alongside care strain. We also note that our measured variables were captured at the same time point and source, thus cannot rule out common method variance (CMV) and the potential bidirectional relationship, in which work withdrawal may affect care strain (Podsakoff et al., 2003). However, our strongest model including our interaction are not affected by CMV (Evans, 1985). As Siemsen et al. (2010, p. 17) noted, "interaction effects cannot be artificially created through CMV... On the contrary, CMV usually causes these nonlinear effects to be deflated". We recommend future studies take a

longitudinal approach and capture both care strain and work withdrawal over time to further examine the causal direction of relationships.

Third, the sample only includes people who are in the labour market and does not offer any information about people who have permanently withdrawn from the labour market, which may have been due to high care responsibilities. That implies that the people with the highest number of care hours, and/or the highest strain, may not be included in the sample. Future research should focus on replicating the models on a nationally representative sample, including employed, unemployed, retired and not in the labour market individuals, with a special focus on individuals leaving the labour market because of strains associated with unpaid care responsibilities.

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Table 1. Relationship between care strain and work withdrawal

	Time		Exit		Absenteeism		Knowledge Development		Skills and Qualifications Development		Career Progression	
	b	*SE*	*b*	*SE*	*b*	*SE*	*b*	*SE*	*b*	*SE*	*b*	*SE*
(Constant)	2.36**	0.06	3.95**	0.11	4.09**	0.42	2.56**	0.06	2.57**	0.06	2.35**	0.06
Age	-0.02**	0.01	-0.04**	0.01	-0.05	0.05	-0.01	0.01	-0.03**	0.01	-0.03**	0.01
Gender	0.02	0.15	-0.46	0.25	-2.28*	1.00	0.23	0.15	-0.02	0.14	-0.29	0.15
Hours per week	-0.01	0.01	0.02	0.01	0.01	0.03	0.01	0.01	0.01*	0.01	0.01**	0.01
Tenure	0.01	0.01	-0.04**	0.02	-0.03	0.06	0.00	0.01	-0.02	0.01	-0.02	0.01
Income	-0.04	0.02	-0.05	0.04	-0.17	0.16	0.01	0.02	0.00	0.02	-0.05*	0.02
Health	0.03	0.07	-0.04	0.12	-0.97*	0.49	-0.13	0.07	-0.23**	0.07	0.09	0.07
Total care hours	-0.03	0.03	-0.09	0.05	-0.11	0.20	-0.04	0.03	-0.03	0.03	0.02	0.03
Care strain	0.17**	0.06	0.45**	0.11	0.97*	0.43	0.36**	0.06	0.30**	0.06	0.19**	0.06
R^2	0.06		0.12		0.04		0.14		0.17		0.13	

*$p < .05$, ** $p < .01$; Unstandardized regression coefficients (*b*) were reported; *SE* = standard error. Gender (0 = male, 1 = female). Tenure measured in years.

Table 2. Conditional effects of FSWE on the relationship between care strain and work withdrawal

	Time		Exit		Knowledge Development		Skills and Qualifications Development		Career Progression	
Level of FSWE	*Low*	*High*	*Low*	*High*	*Low*	*High*	*Low*	*High*	*Low*	*High*
Care strain	0.28**	0.02	0.70**	-0.05	0.45**	0.21*	0.36**	0.14	0.35**	-0.08
*$p < .05$, ** $p < .01$; Unstandardized regression coefficients were reported.										