

Combining employment and care and its health effects - experiences of carers.

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Abstract

This paper presents results from a systematic literature review within the broader research framework of the "Combining Employment and Informal Care" (COMBECA) project. It integrates three key perspectives: a methodological emphasis on qualitative studies, a geographical-cultural focus on German-speaking countries, and an exploration of health effects of combining of employment and care. Eight relevant studies were identified. Key issues are: understanding the familial carers' perceptions of their situation, assessing the impact of combining care and employment on physical, mental and social health, and identifying facilitating or challenging factors in their daily lives. Factors such as workplace arrangements and social support networks are found to influence carers' health outcomes the most. Recognizing the pivotal role of health outcomes, this study underscores the importance of future qualitative research, to further comprehend the intricacies of combining employment and care.

Key words/short phrases:

health of carers, combining work and care, impact of working conditions, impact of supporting networks

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Introduction

The ageing of Europe's population, the growing number of elderly residents over 65 years of age and the rising number of age-related diseases are the main reasons for an increased need for care and professional care work. This is also the case in the German speaking countries of Austria, Germany and Switzerland (Reichert 2012; Eurofound 2017; OECD 2017).

Besides language, these countries have also communalities in terms of their long-term care models: Care provision in the German speaking countries predominantly takes place in private homes, with the majority of elderly residents being cared for in a family environment (OECD, 2019). Culturally, at-home-care is also in accordance with the preferences of the majority of the aging population (Ornstein et al. 2016).

Because at-home care is the preferred model of welfare state policy and clients, the question arises who is providing care work in Austria, Switzerland and Germany. Across all three countries, about three quarters of care activities are performed by women and at least 30% of these carers are still of working age (OECD 2017; Nagl-Cupal et al. 2018; BFS 2019). In all three countries, the largest group of carers are adults who care for their aged parents (38-41%), followed by those caring for partners or spouses (Feichtner 2020; Vetter et al. 2020).

The high prevalence of familial involvement in long-term care underscores "familialism" as a dominant cultural (and political) orientation, i.e. the responsibility for care is primarily considered a family obligation (Franke and Reichert 2010). We consider these widespread societal expectations to have major consequences also for the social status of many carers even if there are theoretical concepts that offer differ, rather complementary perspectives on the social significance of care (Tronto 2017).

Research from the last decades suggests that juggling job and care responsibilities are challenging for many carers (Bischofberger 2012; Preuß 2013), and the numbers of people facing these challenges seem to have increased, especially due to the rising employment rates among women, but also due to an increased involvement of men in care (Pochobradsky et al. 2005).

The rates seem to vary, but it is not easy to compare them as the indicators also vary and there is no reliable data set for comparison. But the overall trend indicates a substantial number of individuals is attempting to combine employment and care. In Austria, around 30% of those persons who take care for a person with the formal status of "care dependency", ("carers") are at the same time employed (Grasser et al. 2018; Nagl-Cupal et al. 2018). If one looks at carers of working ages specifically, the numbers indicate that there is a very high prevalence of attempts to combine care and employment. E.g. in Germany, two thirds of all carers under the age of 65 are employed (Kuhlmeiy and Budnick 2023) and in Switzerland, around 330,000 persons in employment also care for relatives. This corresponds to about 9% of all employees in the country (Bubb et al. 2019).

Situation of Carers that remain in employment: Under-researched

However, the personal situation of this large group of carers remains largely under researched. This especially concerns the impact of this situation on their health and well-being.

Overall, there is very little systematic knowledge about the impact of combining employment and care giving on health (Keck 2012), but there is some research on (primarily) negative health impacts on carers (Kofahl et al. 2007; Mischke and Meyer 2008).

Research indicates that combining employment and care often involves large burdens and self-restrictions. Its feasibility often depends on supportive private or professional care networks (Carmichael et al. 2010; Nagl-Cupal et al. 2018; Mairhuber and Sardadvar 2018; Kröger and Yeandle 2013; Keck 2012).

Curiously, despite its relevance for health and the well-being of so many individuals and thus for public health in general, the intersection of employment and care has received much less

attention than other topics in occupational health. The latter include more explicit risks related to formal work (Karasek 1979).

The significance of this matter can be understood from different viewpoints.

- For welfare state (care) policy, the health status of carers holds significance as it constitutes a central resource for effective, efficient and sustainable care and support systems.
- Seen in the context of a public health perspective, carers constitute a substantial demographic group that is likely to be vulnerable due to various factors. This starts out with their age and previous health status – many people at the age of 50 have one or the other chronic conditions. These risks are likely to be increased due to substantial stressfactors related to carrying out their care responsibilities – stress with potential negative impact on psychosocial as well as physical health.
- From a women's policy perspective, care can be seen as an important factor negatively impacting on “social health” (Pelikan 2009, see explanation below) of many women and contributing to gender disparities in income, societal status, and access to social protection measures. For example, there are arguments that care responsibilities are leading to an increased likelihood of early retreat from the labor market, increased rates of only part time employment, reduced participation in management, reduced incomes and also contributions to pension plans etc.
- From the perspective of economic policy, the reduction in workforce supply due to care responsibilities can contribute to labor market shortages and increase scarcity of skilled workers.
- From a company perspective, carers attempting to reduce demands from employment to better manage the burden of responsibilities may impact in a reduction of working time offered and/or a reduction of work performance.

Dimensions of Health

Looking for research that pays specific attention to health issues, we follow the suggestion of Pelikan (2009) to distinguish three health dimensions—physical, mental and social health (Pelikan 2009) that are likely to be affected by combining employment and care. All three dimensions are relevant for the reproduction of individual and social life and can be understood from a resource and risk perspective (positive vs. ill-health) (Pelikan 2007).

In epidemiological research but also in policy discourses, the concept of a “double burden” stemming from work and care has been suggested to grasp an increased risk of adverse health outcomes. This includes but is not limited to an increased likelihood of cardiovascular diseases (Mortensen et al. 2017) and poorer self-rated overall health (Vlachantoni et al. 2016; Kohl et al. 2019). Boumans and Dorant (2014) have argued that besides impacting physical health, mental health outcomes significantly worsen for “double-duty carers”.

Last but not least, the “social health” dimension seems very relevant in this context, as carers are more likely to report poorer socio-economic conditions than people without care duties (Carmichael et al. 2010). It is highly plausible that if the workload is reduced or gainful employment is abandoned altogether, at least the carers’ financial situations will be impacted. Additional out-of-pocket expenses to pay ambulant or inpatient services often add to financial hardship (Keating et al. 2014).

International studies with the focus on the workplace argue that - If reconciliation of work and care isn't managed in an effective way - negative health effects can be further reinforced (Arksey 2002; Auth 2017; Bennett et al. 2018; Gaugler et al. 2018; Sadavoy et al. 2022a).

Focus of this paper

A first publication out of the systematic literature review that this paper also stems from has focused on an overview of the main findings of international and larger studies researching practices of combining employment and care at an organizational level (Geisen et al. 2023). But so far there is no systematic overview of studies from countries with a culturally similar background as the three German speaking countries.

This paper combines three different foci: (1) A geographical-cultural focus on German speaking countries, (2) a focus on studies that investigate combining employment and care and show the demands and results on physical, mental and social health and finally (3) a methodological focus on qualitative studies.

The first focus of this paper is on the three German speaking countries, not only because of the shared language, but also because of significant cultural and demographic similarities such as the (rather) family-centered “long-term care regimes” (Mairhuber and Sardavar, 2017), their well-developed healthcare systems, and their comparatively high levels of workforce participation. All three countries share rather traditional role models within the family, with preferences of people in need to be cared for by their own kin and a basic willingness of relatives to follow these expectations. This seems to be reinforced by cultural pressures (especially in smaller communities) and by welfare state provisions which support this basic model. The commonalities in their approaches to care provide an opportunity to investigate the challenges and resources faced by carers under these preconditions. By examining research from these countries jointly, our paper can offer insights that may be transferable to other regions with rather similar care regimes and long term care systems.

We found only a small number of studies with a clear focus on the workplace level in researching combining employment and care for older relatives and in these studies, health emerged as one of several topics. So questions and results concerning health were not a primary inclusion or exclusion criterion. Nevertheless health is a topic which that was discussed in most of the studies and builds our second focus. The studies consider health as a necessary resource investigate potential negative effects of combining work and care (“double burden”) as well as investigating potential positive effects of continuing employment on various dimensions of health.

The third focus we set arose from the findings of the systematic literature research with a focus on the company level, which the research group had previously published (Geisen et al. 2023), which had showed that there is little research on the specific processes of combining at workplace. This result led to the decision to focus on studies with a more in-depth approach on this issue, which we expected rather from qualitative studies, which usually have an explorative approach. In the end, we opted in this review to exclusively include qualitative studies in order to obtain a comparable sample.

This paper, which is part of a bigger project that focuses on the issue of combining employment and informal care (COMBECA) thus centers on the following core questions:

- What do qualitative studies reveal about how working carers in German speaking countries perceive their situation?
- And especially what can we learn about the impact of combining care and employment on their physical, mental and social health?

It also aims to pinpoint the factors in their daily lives that are helpful or challenging in the process of reconciling care responsibilities with employment.

Methods

The basis of this paper is a systematic literature review, which was undertaken to ensure a thorough and impartial exploration and evaluation of research focusing on the viewpoints of

carers. As of today, there is no widely accepted best-practice standard for the synthesis of qualitative studies (Britten et al. 2002; Thomas and Harden 2008).

The search and selection strategy consisted of three steps. Firstly, we searched for relevant studies, secondly screened eligible records and thirdly applied inclusion criteria on the identified records. A search was conducted for studies written in English or German language in the bibliographic databases PubMed, Proquest, Web of Knowledge, EBSCO host, SCOPUS, OVID, MEDLINE, CINAHL, EMBASE, CAIRN, WISO, Swisscovery, OBV and Taylor & Francis covering periods from 2000 to present. Included studies were qualitative or mixed-method designs. Moreover, we searched GoogleScholar and specific Swiss, Austrian and German research websites of researchers from our personal network (Springer Verlag, FORBA research depository, master and doctoral theses of the Universities of Vienna and Basel). The search terms were related to carers' experiences in the -German speaking countries and had to entail qualitative information about barriers, challenges and resources related to combining care and employment.

To report the results, we used the Preferred Reporting Items for Systematic Reviews (PRISMA), (Moher et al. 2009). The flow diagram is shown in Figure 1. Two authors (CD, RS) were directly involved in screening the records, applying the eligibility criteria, and selecting studies for inclusion in the review. Eight studies were identified for the final analysis.

For the analysis and synthesis approach of the eight studies, we used Kuckartz's structuring content analysis (Kuckartz 2018) with abstract a priori categories and more differentiated subcategories. The aim was to reduce the complexity of the individual studies to compare their results. This was achieved by developing a cross-study perspective on the current state of the art by finding common themes in both challenges and resources of carers with employment duties.

Concerning the health concept utilized in the paper, we decided – as described above - for a comprehensive perspective, that encompasses physical, mental, and social dimensions (Pelikan 2009).

Importantly, the inclusion and exclusion criteria did not prioritize health explicitly as a primary category. Instead, also studies were included that were expected to allude to health effects, even if they did so implicitly rather than explicitly. This approach allowed us to capture a broader spectrum of insights related to the well-being of carers.

In total, we identified 7734 records via the above-mentioned data bases. After removing the duplicates, 3409 studies remained for title and abstract screening. Of those, 46 studies were selected that met all inclusion criteria. Forty-one records were excluded due to the following reasons: paper was not written in English or German, it did not focus on the German speaking countries, the paper was not empirical, did not contain qualitative interview data, or the topic was deemed irrelevant. Besides the five ultimately included articles, we could identify three more studies via a secondary literature search and personal networks. In total, eight studies were included in the final review. All interviews in these eight studies were conducted in German.

(Figure 1 here)

Table 2 shows the eight papers examined here, with an overview of the author, country, research questions and demographics, starting with the most recent study. Most studies (n=6) were conducted in Germany, all other studies originate from Austria (n=2). Interestingly, no qualitative studies about carer experiences that fulfilled our inclusion criteria could be identified from Switzerland. Carers were aged from 18 to 65, with some studies reporting wide age ranges within their project.

(Figure 2 here)

Findings

Framework conditions for combining employment and care

Several articles examined show that combining work and care is considered a necessity rather than a choice, especially due to financial needs (Frerk and Leitner 2017; Mairhuber and Sardadvar 2018; Neubert et al. 2021; Keck 2012). Mairhuber and Sardadvar (2018) state, "Staying employed is, for many, a financial necessity and a prerequisite for their own social security, especially in old age." (p. 67). But care responsibilities tend to reduce the opportunity of doing paid work and lead to a decrease the carer's wages.

The solution could be to stay employed part-time, but this conflicts with increasing financial needs. The literature argues that relatives have additional costs due to the care situation which shows that reducing to part-time employment might be problematic (Keck 2012). This is one of the reasons given why carers are sometimes hesitant to reduce their work hours to have more time for ing duties (Frerk and Leitner 2017).

Finally, parallel demands of providing care duties for aged relatives and childcare duties can further complicate combining employment with care (Preuß 2014; Keck 2012).

Another interesting result is that combining work and care does not protect against social pressure from the person cared for or other family members to accept the responsibilities of a "main carer" role, not even full-time employment is might be considered a hinderance against such expectations, as exemplified by (Mairhuber and Sardadvar 2018)

Dosch demonstrated that combining employment with care is always a challenge, even if people have opportunities to adapt their duties (Dosch 2018). Reuyß et al. (2012) highlight rigidity in work roles as a crucial factor for structuring time. Flexibility in both the quantity of work and the location where it is carried out proves to be highly useful for combining. In the analysis of the papers, we identified three categories among the resources mentioned by carers, namely 1) for an carer, having a job/ being employed is also a health resource 2) for a healthy combination of work and care, having beneficial workplace conditions is crucial 3) another crucial factor for positive health effects is being able to use informal and formal support networks if need be. Each of these three categories is relevant on specific dimensions of health (Reuyß et al. 2012; Frerk and Leitner 2017; Mairhuber and Sardadvar 2018; Keck 2012).

The analysis also showed that support and assistance from a partner or significant other is most valuable, especially also in case of a triple burden by demands from childcare, employment and care. Another challenge is that the division of labor and responsibilities within the family is affected by the emergence of (new) care duties. Couples usually have to (re)negotiate the organization of household tasks to maintain the work-life balance of those affected. If this is done successfully, and partners support each other well in their new tasks, this can even strengthen their relationship. Finally, low-threshold accessibility to care support services (e.g., rapid availability if needed, affordability), can be a huge resource for those combining employment and care for the aged (Keck 2012). According to (Dosch (2018), support from professional care services is particularly important for male carers in combining employment and care, especially when there are no other co-carers involved.

Relevance of all three dimensions of health

The distinction between physical, mental and social health makes it possible to illustrate the positive and negative influences of different attempts at reconciling responsibilities.

Physical health covers all aspects of the body, from muscular tension to cardiovascular illness or, on the positive side, physical fitness and general functional health.

A bit to our surprise, in the literature included, there is very little information on the impact of combining work and care on physical health. The only reference found described a nurse who also had to care for a relative as carers: "We did it and kept doing it, but then it became too much for us and we were no longer able to do it physically or healthwise." (Keck 2012, p. 137). That paper suggests that this occupational group may be also physically very stressed (ibd.).

Mental health includes aspects that can also have an impact on physical health, such as classical stress situations, but also subjective well-being.

Certain primary obstacles as well as potential support systems for balancing work and care responsibilities for family members are discussed, with a specific emphasis on mental health, including psycho-social well-being.

Multiple studies underscore the perceived difficulties arising from the absence of clear boundaries and demarcation, both physical and mental (e.g., Keck 2012; Kreimer and Meier 2017; Mairhuber and Sardadvar 2018). Particularly challenging is the need for establishing distance and taking intermittent breaks, a task exacerbated when the carer and care recipient share the same household (ibid.). Notably, a prevalent challenge is the persistent sense of vigilance, even during work hours. Additionally, carers often grapple with a profound sense of responsibility for their elderly relatives, leading to feelings of guilt when unable to fulfill care duties.

The following excerpt from a study by Kreimer provides a characteristic example by presenting the story about an emergency during a stay abroad by an academic teacher: interviewed told a story:

"I was sitting there with colleagues on the second conference day, having lunch, and I get a call from the neighbor: your mother is not well, she has stomach pains, and she doesn't know how to deal with it. I'm sitting in another [country]...[the neighbour] is taking her to the hospital and I know that she will have to stay there for hours, and that no one cares whether she has something to drink, no one helps her to go to the toilet or anything else [...] When I am in (my hometown), it is clear that I accompany her and talk to the doctors, take care of her while being there.... But the crazy thing was: I'm sitting there (in a foreign country), cannot leave and have to organize things by phone, call the hospital and so on [B 6]." (ibd., p. 14)

Other psychological challenges refer to the way that some care duties are handled at the workplace. The crux of the matter lies in whether care constitutes a taboo at the workplace, as highlighted by Kreimer and Meier (2017) – people are not expected to talk about their care duties or at least expect that they are not expected, or fear that it will hamper their professional status if their difficult life situation gets public. The significance of this "taboo" can vary, depending on the workplace context. Kreimer argues with the following example: "We believe that the performance requirements for academic staff lead to a greater tabooing of family care obligations than for administrative staff. This is because the performance of individual academics is included in the assessment of the entire institute or faculty. For this reason in particular, talking about it could lead to colleagues and superiors questioning their performance." (ibd., 15).

Regulations at the workplace that allow for flexible-mobile working were emphasized as reducing psychological stress by many of the interviewees. Home office is mentioned in both Kreimer and Meier (2017) and Keck (2012) as a huge resource and opportunity for better compatibility since work and minor care tasks can be combined during a workday without a significant loss of working hours. But Kreimer and Meier (2017) also argue that the possibility of home office is not only dependent on the regulations at the workplace, but also on the type

and intensity of the relative's care needs. However, they emphasize that the possibility of a spatial demarcation in the home office is an important prerequisite for sustainably combining work in home office and care. This is illustrated by the following quote "In the evening I put her to bed and then worked in the home office for another two or three hours (...) but in the morning I had to get up again at 5 or 6 o'clock (...). So you don't have any free time at all, you don't switch off..." (ibid., p.7).

Moreover, flexible working hours were mentioned as a precondition to be able to combine employment and care over a longer period without extra psychological stress.

Variations in workplace structures significantly impact the possibilities of juggling dual roles, shaping whether continuing to work becomes an added risk or a mental health resource. This is underscored by Keck (2012) and Kreimer and Meier (2017). In her study, Kreimer shows that expectations vary depending on the position someone occupies in an organization. She mentions the example of scientists, who - depending on their role- might need to attend conferences or workshops despite having care duties (ibid.). They also mention difficulties for freelancers, who might not be able to reduce their working hours, as it might be difficult to find a substitute, or because they are unable to take off due to negative effects on income (Kreimer and Meier 2017; Keck 2012). Moreover, an employee's ability to mitigate psychological stress is contingent on informal workplace expectations, often shaped by the organizational culture, as noted by Kreimer and Meier (2017). The organization's policies also appear to influence whether a company fosters a family-friendly organizational culture, as indicated by Reuyß et al. (2012).

In contrast to the potentially negative effects of the double burden mentioned above, work can be also perceived as a resource for mental health.

Normality of everyday work life as a distraction and "time off" is mentioned in several papers: (Reuyß et al. 2012; Frerk and Leitner 2017; Kreimer and Meier 2017; Mairhuber and Sardavar 2018; Keck 2012). In their research, Sardavar and Mairhuber found, that care was perceived as even more stressful when the person did not have a job: "A life centered only on care provision, albeit without "reconciliation issues", appears in fact more burdensome than combining paid and unpaid work" (p.8). Their case study findings highlight, that carers often view their employment as a counterbalance to their care situation, that provides meaning and distraction from their situation in the family. In Keck (2012), two interviewees state: "going to work feels almost like a vacation...it frees my mind," and "for now, it is good for me that I can pursue a regular job and stay busy (...) because at home, I get cabin fever (p.10)."

In Keck (2012), employment is also described as a means of combating intellectual deadening. As one carer describes: "I have something else to do there...that is the balance for me. Taking care of my mother at home would be too one-sided. At work, however, you get to think about other things (...) and you are mentally stimulated (p.7)"

Specifically male carers often mentioned that they felt more respected by their social network if they remained at their workplace (Frerk and Leitner 2017, p.5).

According to the interviewees, informal arrangements at the workplace are especially important to reduce stress in times of acute and unforeseen emergency situations (Kreimer and Meier 2017, p.6, p.7). This goes hand in hand with the fact that it is beneficial if the supervisor is informed about the current care duties and acts in an empathic way towards the employee's current stress situation. Supervisors who actively collaborate with the carers in finding solutions for coordinating work and care responsibilities therefore seem to be a major factor in successful reconciliation of work and care (Kreimer and Meier, p.6). Finally, legal terms of employment contracts, especially a permanent job status, were mentioned by interviewees as a safety net against loss of income and as a tremendous psychological resource (Kreimer and Meier, p.9).

Social health

The findings categorized under social health primarily pertain to aspects related to social status. Most common is the notion of social health referring to the number and quality of social

relationships and participation in social networks with numerous strong or weak connections (“social capital” in Bourdieu’s framework). Besides the issue of social embeddedness, the theoretical framework proposed by Pelikan (2009) proposes to consider also other central means for individual reproduction in modern societies as important aspects of “social health”, such as economic capital and legal entitlements which for most people in countries with a developed economy and welfare state come along with employment. This is particularly evident in the fact that some of the studies examined describe combining employment and care as a financial necessity (Frerk and Leitner 2017; Mairhuber and Sardadvar 2018; Neubert et al. 2021; Keck 2012).

Looking more closely into the issue of “social capital”, various studies demonstrate the repercussions of insufficient leisure time (especially because of care duties) on their embeddedness in social networks, social support, societal integration (Keck and Saraceno 2008; Preuß 2014). Keck emphasizes that the lack of leisure time leads to personal neglect and compromise, which could also result in a worsened quality of care. Additionally, he observed that carers tend to withdraw socially as a result. (ibd., p.114). In most papers social interactions at work were mentioned as a counterbalance to losses that occurred in the carers’ personal social network due to care activities. Work colleagues who were open, understanding, and empathetic towards the carer’s situation were frequently cited as helpful resources (Reuyß et al. 2012; Kreimer and Meier 2017; Mairhuber and Sardadvar 2018; Keck 2012). As one interviewee describes: “For me it is very important to have a different social environment...and I think that I draw a lot of strength from that. Simply by talking to other people, to my colleagues, there is a distraction, a positive narrative.” (Keck 2012)p.6). Carers also describe that they feel proud of the accomplishment of managing the dual task of employment and care, while pushing themselves to the limit (Keck 2012, p.5).

Lastly, being employed was found to allow carers to draw limits against expectations by co-carers (relatives, neighbours etc.) to automatically fulfill all expectations on care. When individuals are unable to meet all care demands and expectations, work-related responsibilities appear to be more readily accepted compared to reasons such as the need for leisure time. (Mairhuber and Sardadvar 2018,p.9).

Functioning family negotiation processes were deemed a very important resource for organizing and co-ordinating co-caring among several relatives successfully (Mairhuber and Sardadvar 2018). Having family members residing close to the care recipient can serve as a valuable social and time-saving resource, as noted in Dosch’s research. (2018): “Since I still live here in the same house, on the fourth floor, my mother fortunately doesn’t have to go to a nursing home”. Keck (2012) concludes that shared care duties can even promote family cohesion and induce a feeling of closeness to other family members (ibd.). Distributing care and support responsibilities within the family helps to alleviate individual burdens, such as carrying the sole responsibility for care coordination, physical and mental stress, balancing work and care duties, and overall time constraints. (ibd.).

Discussion

The systematic literature review (SLR) analysis presented in this paper reveals a broad spectrum of challenges and resources linked to a successful reconciliation of work and carer responsibilities. They can either hinder or facilitate the protection and reproduction of family carers’ health in a complex, multi-dimensional understanding as outlined by Pelikan (2009). The studies which were reviewed indicate that carers face a range of health risks, which can be mapped to three health dimensions—physical, psychological/ mental, and social health (Pelikan, 2009).

The focus of this analysis is on qualitative studies from German speaking countries, also we try to contextualize within the wider scientific discussion.

The SLR shows that for carers, primary health risk factors involve the pressure to sustain an income through employment, even in situations demanding full attention for care. Another

potentially stressful aspect arises from the limited time available for both care duties and employment, leaving little room for leisure and recovery. Additionally, the lack of clear boundaries, both physical and psychological, in the care situation can cause significant stress. When the challenges outweigh the resources for balance, the effort to combine employment and care becomes stressful and constitutes a significant health risk (Frerk and Leitner 2017; Dosch 2018; Keck 2012). This risk affects mental health the most, but – at least from our perspective - it also probably negatively impacts physical health.

Overall, the analysis shows that problems in combining employment and care typically lead to negative social, psychological and physical health outcomes for carers (Dosch 2018) and often forces them to reduce or even leave their gainful employment (Keck 2012; Heger 2014).

Our results also identified a number of resources that benefit carers in combining work and care. The "normality" of everyday work life is described as a resource, e.g., serving as distraction from the worrying aspects of the care situation and provide "time off" from care duties. This also refers to the stabilizing effects of everyday social interactions at work which were deemed important for the carers' mental health.

Retaining employment holds significance not just for financial stability but also for social standing. Work roles usually provide recognition, foster social connections, and thus can have positive effects on the overall health of carers (e.g. Frerk and Leitner 2017).

The potential of combining work and care as a health resource is especially likely to be realized if workplace conditions are favorable. This includes flexible work arrangements that allow for adaptations to changes and crises in care situations, including home-office options, flexible working time arrangements, knowledge and support of supervisors (and colleagues) concerning care crises and the duties incurred. Support and assistance by a partner or another significant other are also considered important, especially if the availability and affordability of professional care and support services are seen as a basis for making combining work and care a health resource rather than a "double burden", i.e. an additional health risk. It is important to additionally mention that remaining in employment is also a factor that facilitates affordability of services.

Other recent international studies (Arksey 2002; Bennett et al. 2018; Sadavoy et al. 2022b) confirm the perspective that when combining is not managed well it is likely to become primarily a double burden with negative health consequences (Converso et al. 2020; Templeman et al. 2020). A study conducted in South Korea showed the negative impact of combining care and work issues on physical and mental health and it also described, negative influences on the work situation, especially for women (Kyung Do 2008). The most recent studies confirm this connection, such as Kohl et al. (2019) who argue for an as the "double burden" of care leading to significantly poorer health (ibd.).

International studies indicate that the quality and health impact of the care situation depend considerably on the support of family and friends (Bernard und Phillips 2007) and the quality and health impact of the work situation is depending on how it is arranged and shaped by formal structures, management and colleague behaviour (Gaugler et al. 2018; Kramer et al. 2019). Thus, both German language and international studies point out that the workplace does not necessarily pose an additional burden but can also constitute a resource.

Another health risk factor identified in the studies refers to an often perceived lack of recognition and appreciation for managing complex and challenging care situations.

In part this is attributed to what the literature describes as the "taboo" of care in numerous workplace settings. (Kreimer and Meier 2017). In multiple international studies, care is being described as a taboo topic which is preferably not talked about at the workplace. In extreme cases it can lead to feelings of shame and result in social distancing at the workplace (Kramer et al. 2019; Dörfler et al. 2020). So far this perspective has been little studied in detail. However, in the few instances where it has been mentioned, an expectation could be that overcoming taboos at the workplace could facilitate a better reconciliation of the demands of care and employment.

There are indications that a combination of risk management and resource development can significantly influence the overall health of carers. In case of failure, the situation will probably

affect functional abilities and overall well-being on physical, mental and social dimensions. It is essential to recognize that factors such as the workplace context should not be viewed in isolation but rather as interconnected elements capable of either negatively or positively affecting health of individuals trying to combine work and care.

The discussion leads to the conclusion that it is important to be sensitive to the ambiguous issues of combining employment and care, and to be aware, that still many employers have little knowledge about the needs of their employees (Ruppert et al. 2019). However, combining is necessary and also meaningful for many. Here perspectives from German language studies and international perspectives complement one another and show that the solutions for those affected must be designed in such a way that they can be adapted and shaped to support the carers' individual situation and match their possibilities.

Also in terms of the perspectives opened up in the introduction to this paper maintaining the health of working family carers is an important resource, i.e. for welfare state (care) policy, for a public health perspective, from a women's policy perspective, from the perspective of economic policy and also from a company perspective.

For example, in the perspective of women's policy, it would be relevant to strengthen women's employment participation. With good support, arrangements for combining employment and care could be realized - with probably positive outcomes for a overall vulnerable group. But also for welfare state policy it would result in a more sustainable system with people who are healthy for a longer time.

Results of international studies as well as from the German-speaking context confirm the assumption that the welfare state can play a central role for making combining care and employment feasible and of positive health impact. Furthermore, it is crucial to recognize specific agreements need to be negotiated at the company level.

Hence, we argue that the impact on the health of carers can be regarded as a pivotal qualitative outcome indicating the successful or unsuccessful combination of employment and care. *For us*, the results show that the differentiated look at physical, mental and social dimensions of health is an important way of analyzing the needs of those affected in more detail. In the studies analyzed the descriptions of health effects primarily focused on mental health, and that negative effects on physical and social health seem to be perceived as less central. However, one should not forget that there is an intricate interplay of social, mental, and physical health as they effect each other.

The current analysis is to be followed by a comparative analysis of the influence of the welfare state framework, which will enable a systematic perspective on needs of companies and carers for state support.

Limitations

The current literature review focuses on qualitative studies that were published in German speaking countries over the past decade. The viewpoints they offer align with the international discussion. However, the number of relevant articles we could include is small, because it systematically addresses only a specific regional segment of the discourse. Due to the exclusion criteria, the sample was very specific, so that no representative results for combining employment and care in general emerged from the review.

A general flaw of the selection could not be worked around. While numerous qualitative studies on the subject were conducted in Austria and Germany, no publication could be identified for Switzerland. Some studies address the intersection of employment and care at the European level, and did incorporated Switzerland into their analysis (Eurofound, 2015). There are also specific examination of working carers in Switzerland, (e.g., Bennett et al. ,2018), who explore how individuals experience the reconciliation issue and identify potential avenues for effective support. However, akin to several studies in Switzerland on this subject, their approach is predominantly quantitative (Rudin et al. 2019).

Reference to very recent developments, e.g. the Covid-19 epidemics and its impacts, is also limited, as the systematic literature search was carried out in spring 2021, which has also

excluded studies on combining in the context of Covid-19. And also interesting questions like the relevance of socio-economic status and ethnic belonging did not turn up in analyzing the studies in question.

Conclusion

Our results show that there are health risks and resources that can be recognized on three dimensions: physical, mental and social health. Factors such as workplace conditions and the carers' social network have an influence on the negative but also on the positive effects on health. The effect on health of carers should be regarded as a pivotal outcome indicating the successful or unsuccessful combination of employment and care. Future qualitative research on the health of carers for the German speaking countries is needed, especially for Switzerland. Based on our results, future research should adopt a multi-perspective research approach. It should focus on different workplace realities and develop a comprehensive measure that accurately assesses the health, well-being, and overall quality of life of carers. This will enhance our understanding of the successful integration of employment and care responsibilities.

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- Arksey, Hilary. 2002. *Combining informal care and work: supporting carers in the workplace*. Health & social care in the community 10: 151–161.
- Auth, Diana. 2017. *Pflegearbeit in Zeiten der Ökonomisierung. Wandel von Care-Regimen in Großbritannien, Schweden und Deutschland*.
- Bennett, Jonathan, Diana Romano, Thomas Oesch, und Felix Kunz. 2018. *Aging–Betreuung: Vereinbarkeit von Erwerbsarbeit und Betreuung*. Metrobasel.
- Bernard, Miriam, und Judith E Phillips. 2007. *Working carers of older adults: what helps and what hinders in juggling work and care?* Community, Work and Family 10: 139–160.
- BFS. 2019. *Lebensqualität im Alter*. Bundesamt für Statistik. <https://www.bfs.admin.ch/bfs/de/home/statistiken/soziale-sicherheit/berichterstattung-altersvorsorge/indikatoren-altersvorsorge/lebensqualitaet-alter.html>.
- Bischofberger, Iren. 2012. *Erwerbstätige pflegende Angehörige – drei zentrale Handlungsfelder*. Soziale Sicherheit CSS 1: 6–8.
- Boumans, Nicolle P G, und Elisabeth Dorant. 2014. *Double-duty caregivers: healthcare professionals juggling employment and informal caregiving. A survey on personal health and work experiences*. Journal of advanced nursing 70: 1604–1615.
- Bubb, Katharina, Pascal Martig, und Nada Endrissat. 2019. *Angehörigenbetreuung in der Schweiz: Bestandsaufnahme und Ausblick auf betriebliche Möglichkeiten zur*

- Unterstützung von betreuenden Mitarbeitenden. Nachhaltige Unternehmensführung: Herausforderungen und Beispiele aus der Praxis* 365–389.
- Carmichael, Fiona, Susan Charles, und Claire Hulme. 2010. *Who will care? Employment participation and willingness to supply informal care*. *Journal of health economics* 29: 182–190.
- Converso, Daniela, Iliana Sottimano, Sara Viotti, und Gloria Guidetti. 2020. *I'll be a caregiver-employee: aging of the workforce and family-to-work conflicts*. *Frontiers in Psychology* 11: 246.
- Dörfler, Sonja et al. 2020. *Verhaltensökonomie und die Vereinbarkeit von Familie und Erwerb. Mögliche Anwendungen mit Fokus auf Väterbeteiligung und die Gewährleistung von Vereinbarkeit auf Unternehmensseite*.
- Dosch, Erna. 2018. *Wie Männer pflegen : Pflegearrangements häuslich pflegender Männer im erwerbsfähigen Alter*. Wiesbaden: Springer Fachmedien Wiesbaden Imprint: Springer VS.
- Eurofound. 2017. *European Quality of Life Survey 2016: Quality of life, quality of public services, and quality of society*. Luxembourg.
- Feichtner, Angelika. 2020. *Häusliche Pflege und die Rolle (n) der Angehörigen*. In *Spannungsfeld Pflege*, 91–108. Nomos Verlagsgesellschaft mbH & Co. KG.
- Franke, Anette, und Monika Reichert. 2010. *Zwischen Beruf und Pflege: Konflikt oder Chance? Ein inter-nationaler Literaturüberblick*.
- Frerk, Timm, und Sigrid Leitner. 2017. *Zur Vereinbarkeit von Pflege und Beruf: Quantitative und qualitative Perspektiven*. *Sozialer Fortschritt* 267–283.
- Gaugler, Joseph E et al. 2018. *The complexities of family caregiving at work: A mixed-methods study*. *The International Journal of Aging and Human Development* 87: 347–376.
- Geisen, Thomas et al. 2023. *The relevance of the workplace for combining employment and informal care for older adults: results of a systematic literature review*. *International Journal of Care and Caring* 1–26.
- Grasser, Margarethe, Karin Pfeiffer, Bissierka Weber, und Maria Buck. 2018. *Österreichischer Pflegevorsorgebericht*. Wien.
- Heger, Dörte. 2014. *Work and well-being of informal caregivers in Europe*. Ruhr Economic Paper.
- Karasek, Robert A. 1979. *Job Demands, Job Decision Latitude, and Mental Strain: Implications for Job Redesign*. *Administrative Science Quarterly* 24: 285–308.
- Keating, Norah C, Janet E Fast, Donna S Lero, Sarah J Lucas, und Jacquie Eales. 2014. *A taxonomy of the economic costs of family care to adults*. *The Journal of the Economics of Ageing* 3: 11–20.
- Keck, Wolfgang. 2012. *Die Vereinbarkeit von häuslicher Pflege und Beruf*. Bern: Huber.
- Keck, Wolfgang, und Chiara Saraceno. 2008. *Pflege und arbeit! Familiäre Pflegeleistungen sind nur schwer mit dem Beruf vereinbar*. *WZB-Mitteilungen* 112.
- Kofahl, Christopher, Elizabeth Mestheneos, und Judy Triantafillou. 2007. *EUROFAMCARE- Services for Supporting Family Carers of Elderly People in Europe: Characteristics, Coverage and Usage*. Hamburg.
- Kohl, Noreen M, Krysia N Mossakowski, Ivan I Sanidad, Omar T Bird, und Lawrence H Nitz. 2019. *Does the health of adult child caregivers vary by employment status in the United States?* *Journal of Aging and Health* 31: 1631–1651.
- Kramer, Birgit, Stefanie Engler, und Iren Bischofberger. 2019. *„Distance Caregiving“ – empirische Einblicke aus betrieblicher Perspektive*. *Zeitschrift für Gerontologie und Geriatrie* 52: 546–551.
- Kreimer, Margareta, und Isabella Meier. 2017. *Pflegende Erwerbstätige an der Universität Graz*. In *Vereinbarkeit von Beruf und familiären Sorgepflichten*, 7–18. Springer.
- Kröger, Teppo, und Sue Yeandle. 2013. *Reconciling work and care: an international analysis*. *Combining Paid Work and Family Care* 3–22.
- Kuckartz, Udo. 2018. *Qualitative Inhaltsanalyse : Methoden, Praxis, Computerunterstützung*. 4. Auflage. Weinheim Basel: Beltz Juventa.

- Kuhlmei, Adelheid, und Andrea Budnick. 2023. *Pflegende Angehörige in Deutschland: Vereinbarkeit von Pflege und Erwerbstätigkeit*. Bundesgesundheitsblatt-Gesundheitsforschung-Gesundheitsschutz 1–7.
- Kyung Do, Young. 2008. *The effect of informal caregiving on labor market outcomes in South Korea*. Asia Health Policy Program Working Paper.
- Mairhuber, Ingrid, und Karin Sardadvar. 2018. *Employed family carers in Austria The interplays of paid and unpaid work—beyond “reconciliation”*. Österreichische Zeitschrift für Soziologie 43: 61–72.
- Mischke, Claudia, und Martha Meyer. 2008. *Beratung pflegender Angehöriger-Pflegeberatungsbedarfe im Verlauf von ‘Pflegekarrieren’ aus der Perspektive pflegender Angehöriger*. Saarbrücken.
- Moher, David, Alessandro Liberati, Jennifer Tetzlaff, Douglas G Altman, und the PRISMA Group*. 2009. *Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement*. Annals of internal medicine 151: 264–269.
- Mortensen, Jesper et al. 2017. *Job strain and informal caregiving as predictors of long-term sickness absence: a longitudinal multi-cohort study*. Scandinavian Journal of Work, Environment & Health 5–14.
- Nagl-Cupal, Martin et al. 2018. *Angehörigenpflege in Österreich: Einsicht in die Situation Pflegender Angehöriger und in die Entwicklung informeller Pflegenetzwerke; Endbericht*. Wien.
- Neubert, Lydia, Sophie Gottschalk, Hans-Helmut König, und Christian Brettschneider. 2021. *Vereinbarkeit von Pflege bei Demenz, Familie und Beruf*. Zeitschrift für Gerontologie und Geriatrie 54: 643–650.
- OECD. 2017. *Informal carers. Health at a Glance 2017*. OECD Indicators. Paris.
- OECD., D S E. 2019. *Society at a Glance 2019. Organization for Economic*.
- Ornstein, Katherine A et al. 2016. *Spousal characteristics and older adults’ hospice use: Understanding disparities in end-of-life care*. Journal of palliative medicine 19: 509–515.
- Pelikan, Jürgen M. 2009. *Ausdifferenzierung von spezifischen Funktionssystemen für Krankenbehandlung und Gesundheitsförderung oder: Leben wir in der „Gesundheitsgesellschaft“?* Österreichische Zeitschrift für Soziologie 34: 28–47.
- Pelikan, Jürgen M. 2007. *Gesundheitsförderung durch Organisationsentwicklung- Ein systemtheoretischer Lösungsansatz*. Prävention und Gesundheitsförderung 2: 74–81.
- Pochobradsky, Elisabeth, Franz Bergmann, Harald Brix-Samoylenko, Henning Erfkamp, und Renate Laub. 2005. *SITUATION PFLEGENDER ANGEHÖRIGER*. Wien.
- Preuß, Maren. 2013. *Vereinbarkeit von Pflege und Erwerbstätigkeit: Vermittlungshandeln in einem komplexen Spannungsfeld*. Springer.
- Preuß, Maren. 2014. *Vereinbarkeit von Pflege und Erwerbstätigkeit : Vermittlungshandeln in einem komplexen Spannungsfeld*. 1st ed. 20. Wiesbaden: Springer VS.
- Reichert, Monika. 2012. *Vereinbarkeit von Berufstätigkeit und Pflege – eine Bestandsaufnahme*. In *Sozialpolitik und Sozialstaat*, Hrsg. Reinhard Bispinck, Gerhard Bosch, Gerhard Naegele und Klaus Hofemann, 323–333. Wiesbaden: Springer Fachmedien.
- Reuyß, Stefan, Svenja Pfahl, Katrin Menke, und Jürgen Rinderspacher. 2012. *Pflegesensible Arbeitszeiten*. edition sigma.
- Ruppert, Sven-Nelson, André Heitmann-Möller, und Martina Hasseler. 2019. *Vereinbarkeit von Berufstätigkeit und Angehörigenpflege in kleinen und mittleren Unternehmen*. Zeitschrift für Gerontologie und Geriatrie 52: 563–567.
- Sadavoy, Joel, Sima Sajedinejad, Linda Duxbury, und Mary Chiu. 2022a. *A Canadian national survey of informal employed caregivers of older adults with and without dementia: Work and employee outcomes*. International Journal of Social Psychiatry 68: 183–195.
- Sadavoy, Joel, Sima Sajedinejad, Linda Duxbury, und Mary Chiu. 2022b. *The impact on employees of providing informal caregiving for someone with dementia*. Aging & Mental Health 26: 1035–1043.

- Templeman, Maureen E, Adrian N S Badana, und William E Haley. 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: 698–707.
- Tronto, Joan. 2017. *There is an alternative: homines curans and the limits of neoliberalism*. *International Journal of Care and Caring* 1: 27–43.
- Vetter, Nils Sebastian, Anna Drees, Ariane Rolf, und Matthias Voß. 2020. *Pflegende Angehörige: Genderspezifische Erwartungen an soziale Unterstützungssysteme*. Verlag Barbara Budrich.
- Vlachantoni, Athina, James Robards, J Falkingham, und M Evandrou. 2016. *Trajectories of informal care and health*. *SSM-population health* 2: 495–501.

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