

Can We Manage a Balance between Care and Employment?

—The Compatibility of Informal Care and Employment at the Alpen-Adria University

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Abstract

The demographic trend confronts the younger generation with the decision to care for family members. The care of a loved one is seen as not only a challenge but also a burden. The aim of the present study is to investigate the compatibility of care and employment in the university context by a multilevel triangulations design. First we determined the amount of persons concerned by all staff members of the Alpen-Adria University (AAU) ($n = 919$). Subsequently we discussed the problems in depth with ten employees. The results show that 11% of the employees are caring for a family member and are exposed to a variety of burden. In addition to physical and mental disorders, there are changes in the work style. The affected employees kept the care secret and formulated fears of job loss and degradation of efficiency. These results formed the basis for expert interviews ($n = 7$) and the development of concrete solutions.

Keywords

Informal Care, Employment, Compatibility

1. Introduction

The demographic development towards old people continues. While a person with an age of 100 years old was a notable exception a few decades ago, very old age increasingly is the norm (Rott & Jopp, 2012). Expressed in numbers, the proportion of people aged over 65 in the total population will increase by 9% in the next 30 years (Statistik Austria, 2014). This population group is of particular interests in terms of society as a whole because a longer life goes hand in hand with a higher risk of dementia processes, chronic diseases, the need for help and

care (Kreimer, Meier, & Sträußelberger, 2010; Küçük & Piechotta, 2013).

Because of the increase in the proportion of very old people, in the coming years we will more and more be confronted with questions of care takeover and necessary support services (Schneider, Drobnic, & Blossfeld, 2001). For relatives, as well as the caregivers, the wish for individual care is of great importance and the care in private households is preferred (Gerlach & Laß, 2012). We currently are in the situation that will be maintained, namely that for 80% of people care in the family environment by their relatives will be required (Jabsen & Blossfeld, 2008; Pochobradsky, Bergmann, Brix-Samoylenko, Erfkamp, & Laub, 2005). This applies especially to today's Baby Boomer Generation (defined as being born between 1946 and 1965), as well as the Generation X (defined as being born between 1966 and 1979) (Ivancevich, 2007). The care services and nursing tasks are mainly taken over by female relatives (Pochobradsky et al., 2005).

In detail, a parent, followed by spouses or life partners, usually does the care takeover (Pochobradsky et al., 2005). The care services range from support for the physical care, home help and lifestyle to financial support (Schneider, Häuser, Ruppenthal, & Stengel, 2006). In particular, the care of a dementia patient and/or mentally ill people is experienced by informal carers to be particularly time-consuming and stressful (Kittl, 2003; Kofahl, Arlt, & Mnich, 2007; Wancata, 2002). Especially women have to carry the main burden of care normally. They are subject to a higher subjective social and health burden (Lüdecke et al., 2007; Ponocny, Panholzer, Trukeschitz, Schneider, & Mühlmann, 2010). If you try to characterize the typical informal caregiver, this will be a female, around 50 years old and older, who has mostly completed an apprenticeship or compulsory schooling as the highest completed education and is married in most cases (Pochobradsky et al., 2005; Trukeschitz, Mühlmann, Schneider, Ponocny, & Österle, 2008). Just under a third of informal carers are gainfully employed and precisely these people are doubly challenged by the compatibility of work and care (Pochobradsky et al., 2005). If in addition to work and care even school-age children have to be taken care of, this can lead to a further increase of the load experience (Albrecht, 2008; Dammert, 2009).

The compatibility of care services and employment has so far been studied mainly in terms of the compatibility of parenting (Dawid, Ludescher, & Trukeschitz, 2008; Kreimer et al., 2010; Mühlmann, Ludescher, Trukeschitz, & Schneider, 2009).

However, family care giving differs from child rearing, despite some similarities (Dawid et al., 2008; Kreimer et al., 2010; Lüdecke et al., 2007; Schneider et al., 2001) and in many areas represents a greater challenge. While parenting is limited in time and you look to a positive future, the end of care is typically combined by getting to the demise of dependent persons (Dawid et al., 2008; Lüdecke et al., 2007). At the same time the course is often not predictable (Kreimer et al., 2010) and the costs of providing care increase (Schneider et al., 2001). The care can be more easily arranged in children and the possibility of putting them in a playschool exists, which is regarded as positive by society, and is also funded financially by the government. The decision for a retirement or nursing home is a taboo and often considered as getting rid of the elderly relatives (Dawid et al., 2008; Fleischer, 2010). Unlike with child care, with family care giving the part-time work is less likely chosen as a way to lessen the burden; the caregivers rather tend to terminate the employment (Schneider et al., 2001). Schneider, Heinze, & Herring (2011) describe economic consequences arising from the compatibility issues with an annual 14154.20 euros per employee. The operational costs resulting in total per year amount to 10 to 30 billion euros, resulting from adjustment of the affected services, such as absenteeism, presenteeism, work time reduction and fluctuation. Although the issue of reconciling work and care is of great importance, in terms of literature there is not only insufficient information about the situation of care given by employed persons, but also little research having been done in this field so far (Kreimer et al., 2010; Trukeschitz et al., 2008).

The aim of the present study is to give an overview of the affected proportion of informal carers and their loads in terms of compatibility of care and employment. On this basis, options for relief tailored to the individual and target group-adequate approaches will be developed. Through different types of data collection, an awareness of the issue will be created with the employer, which should be a first step to sensitization.

2. Methods

2.1. Design

The study followed an "iterative sequential mixed design", in which were more than two quantitative and qualitative phases in chronological order on the application. The discrete but evolutionary study modules are used to supplement the results of the first part in order to provide further explanations to confirm or refute the results. At

the end the received information of the different data sources to answer the questions are combined into one result and compared (Creswell & Plano Clark, 2007; Teddlie & Tashakkori, 2009). **Figure 1** gives an overview of the three study blocks.

2.2. Participants

Study module 1: The online questionnaire was addressed to all employees of the AAU. The study population included 919 persons (400 persons of administrative and 519 persons of academic staff). Of 267 people the questionnaire was answered completely, which corresponds to a response rate of 29%.

The majority of employees, which participated in the survey, were between 30 and 59 years old (79%) and female (69%). Most of the respondents worked full-time (64%) and 30% had specific attendance times. This is in contrast to 186 persons (70%), which indicated flexibility in the distribution of the working time. 52% were members of the scientific and 48% of the administrative staff. Analysis was performed using descriptive statistical analysis methods.

Study module 2: In the second module, the participants were also employees of the AAU, which currently or in the past cared for a family member. The sampling recruitment proved quite difficult in this module. In a circular email to all employees not a single person answered. Through personal requests and handing out of interview invitations, 10 university employees were acquired for an interview.

Study module 3: For the last study module, individuals were selected, which have experience and knowledge in the area of reconciliation between work and care or were contact person for these issues at the AAU (Flick, 2007). Five experts took part, which are employed at the AAU, and two external experts. The internal company interview partners included the rector, the vice rector for personnel, the works council of general staff, the representative of the works council for academic staff and the chairman of the working group on equal opportunities of the AAU. The external experts are employed as head of the staff department for gender equality policy at the Johannes Kepler University Linz and as head of unikid & unicare at the Karl-Franzens-University Graz.

2.3. Measures

Study module 1: To get an overview of the affected employees at the AAU, on the basis of the work of Kreimer et al. (2010) and Mühlmann, Ludescher, Trukeschitz, & Schneider (2009), an online questionnaire was developed (<https://wwwu.edu.uni-klu.ac.at/limesurvey2011/index.php?sid=78168&lang=de>) and made available to all employees ($N = 919$). In part A of the questionnaire sociodemographic characteristics of employees, such as age, sex, activity (type, duration and flexibility) and the housing situation were collected, followed by the question whether they have actually or taken care activities in the past and how they reconcile the assessment of care and professional activities at the AAU. Part B of the questionnaire was open only to persons concerned. There key data of the patient, professional problems of compatibility and the use of support measures are explored. The analysis was performed using descriptive statistical analysis methods.

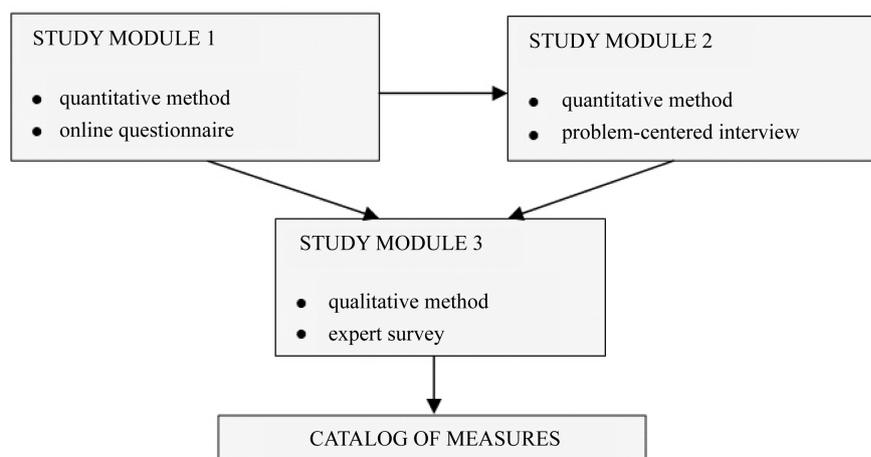


Figure 1. Overview of modules.

Study module 2: Starting from the baseline surveys in study module 1 a purely qualitative approach was chosen to deepen the available data for more, concrete evidence on the compatibility issues for the follow-up survey. Following Kreimer et al. (2010) an interview guide was developed that focused on four topics. A narrative hook sequence served as relationship bonding, in which a free report can be given on the development of the care situation. In the subsequent part, situations in which heavy workloads were experienced and the effects, that taking over the care of an elderly person had on one's own life and the job situation were discussed. Finally requests of support were explored. The interviews were conducted over a period of six months and lasted between 7:43 and 55:18 minutes ($M = 27.51$). The interviews were recorded on tape, the consent to do so was given by all interviewees. The transcribed interviews were evaluated using inductive and deductive category creation (Mayring, 2008) and were supplemented with the findings of the questionnaire survey.

Study module 3: In the third study module expert interviews were conducted to discuss the results obtained in terms of solutions and implementation ideas. First, the experts were presented the key findings of the questionnaire survey and the qualitative interviews and evaluated as to their relevance and implementation priority (for further details see Frate, 2014). It was placed on a differentiation between general and scientific university staff value. Following allocation was made for the ranking: 2 points were awarded if the support measure was described as "very important", 1 point was given to proposals, which were "important", and no points were given to the topics that were assessed "not important" or "not very important". With the experts, a target group adequate catalogue of measures has been developed for the AAU.

3. Results

3.1. Study Module 1

The results in this module show that 29 employees at the AAU were taking care of a relative. Half of these ($n = 15$) is between 40 and 49 years old and about two-thirds female ($n = 19$). In the majority of cases ($n = 17$) the need for care occurred suddenly. More than half of those affected ($n = 18$) did not live with the person being cared for in the same household.

Results regarding the employment situation showed that 20 of the persons concerned were employed full-time. 17 of 29 people were active in the scientific field and 12 persons in the administrative area. The data show that eleven affected employees rated "bad" or "very bad" concerning reconciling work and care at the AAU. Nobody rated "very good" and only four people "good" (Figure 2).

Problems regarding compatibility of work and care were shown mainly by the fact that the vast majority of informal carers from the AAU ($n = 22$) suffered from increased fatigue. Nearly half of the subjects ($n = 13$)

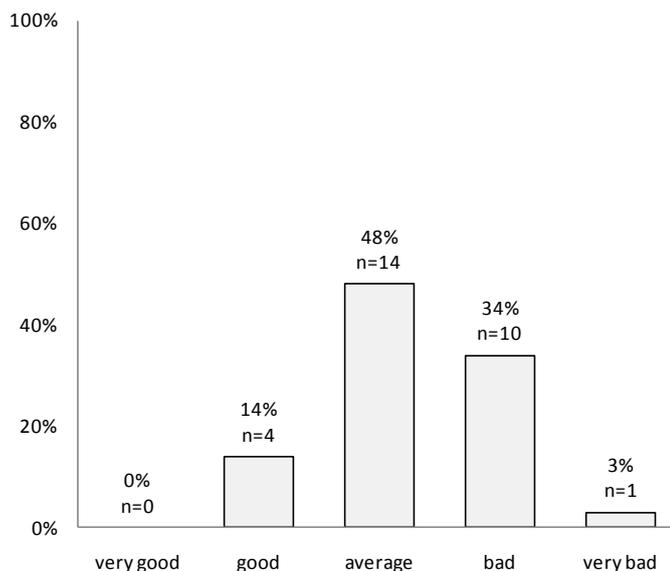


Figure 2. The reconciling of work and care from the perspective of affected employees.

stated that they dedicated work breaks, holidays and the likes to care. Eleven people described a lack of concentration and nine people that had abandoned the work earlier, described that there were agreements with colleagues and that overtime, training, work-related social events, as well as business trips were avoided. Six people described a lack of understanding in the business environment, as well as fears of devaluation of performance.

21 people who had responded to the questionnaire after receiving support reported to have been supported by relatives, but no one stated that colleagues, supervisors, council, works council member or staff representatives supported them. Every second person concerned ($n = 16$) did not communicate the situation to the superiors.

3.2. Study Module 2

Seven female and three male persons took part in the interviews. Their age was 34 - 64 years. Eight people were employed in the administrative area and two in the scientific field. The staff were on average 21 years (range: 7 - 42 years) and for the most part (seven out of ten) working full time on the AAU.

The interviews showed that care was taken over mainly for a parent (mother 5×, father 2×). At the time of interviewing, four care arrangements had been completed and six still going on. In the current six nursing situations the dependend persons were on average 86 years old (range 76 - 89 years).

Based on the statements of the 10 interviewees in module 2, subjective stress factors of affected employees at the AAU were determined, insight into personal and professional impact could be gained and needs of support were identified.

Subjective stress factors

Stress factors were named 26 times (**Table 1**). These result from the *care and housekeeping*, which is accompanied by a high *organizational effort*. The informal carers stated *worries of the future* that stood in relation to possible occupational limitations, while at the same time there was uncertainty regarding how the care situation would develop. Another topic addressed was the *taboo of talking about the care situation*.

Personal consequences

The stress factors arising from the care are not without personal and professional consequences (**Table 2**). In the personal area (35 responses) mainly *psychological consequences* could be determined; followed by *physical consequences*, as well as ongoing *worrying* and *financial losses*.

Impact on employment

As a consequence of the double work load effects on professional life have been reported (**Table 3**) with 26 nominations. This showed itself mainly in a *change in the style of work*. The caring staff reduced their working hours. There was short-term leaving the workplace and it came to the cancellation of courses. Taking off work, as granted by the law, which should provide employees with rest and recovery, happened at atypical times. Likewise, the care situation had an impact on *working performance*, which manifested by its lack of concentration.

Wish for support

The wishes for support (26 mentions) ranged from *flexible structuring of time*, to being able to leave the

Table 1. Subjective stress factors.

Stress setting	Common examples	<i>n</i>
care and housekeeping	Proband 3: "I went shopping and looked what she needed. I cleaned the windows and washed the curtains. Mostly after the time I desperately needed a vacation, but I was back on the job. That was the last seven years that way."	14
organizational effort	Proband 1: "It was always writing something, or you had to collect information, call, etc. Then the appeal was to make. It is difficult to regulate all documents and the stories of everyday life; to manage the lists, files and invoices from afar."	7
worries of the future	Proband 7: "One time I was so desperate. She had again a bad phase for two to three days and spent a lot of time in a wheelchair. Then my father was in the ICU. Since I hardly slept all night because I thought, 'For God's sake. What will I do if I have to maintain both?'"	3
taboo of talking about the care situation	Proband 9: "There happen things, about which one does not like to talk. For example, when my father no longer find the way to the toilet. This is not pleasant to talk about."	2

Note. Multiple answers were possible.

Table 2. Personal consequences.

Personal consequences	Common examples	n
psychological consequences	Proband 5: <i>“I wanted to retire in a corner and say, ‘Let me all alone. I want another hour to hear nothing and see no one.’”</i>	14
physical consequences	Proband 7: <i>“She died. Now the impact came out first. It is beaten on my bronchial tubes, so I have asthmatic attacks and get no air and just nothing works.”</i>	11
worrying	Proband 4: <i>“You never have assurance. Something can happen every day. The time when she had no care was bad.”</i>	6
financial losses	Proband 7: <i>“The care has become my financial distress.”</i>	4

Note. Multiple answers were possible.

Table 3. Impact on employment.

Employment consequences	Common examples	n
change in working style	Proband 9: <i>“I have often taken leave. Alone for hospital or doctor visits, because it has been from time to time acute.”</i>	18
change in working performance	Proband 7: <i>“The soul and the head are blocked. So it is not possible to make a huge scientific step, especially in the theory.”</i>	8

Note. Multiple answers were possible.

workplace at short notice, the desire for *counseling, information and organization* of care and assistance, other *benefits*, such as free parking, up to the possibility of working through *home- and teleworking* (Table 4).

3.3. Study Module 3

Within the expert interviews initially the main results from module 1 and module 2 were discussed. Then, the determined support wishes of those affected were evaluated for their relevance and priority. Based on this evaluation of the support wishes a catalogue of measures was prepared and assessed by the experts. Table 5 shows the areas of activity separated by five thematic areas. Individual nominations were not considered.

The table shows that measures on work organization were most important and assessed with 80 points by the experts; followed by conveying information with 20 points, kind contributions with 13 points, management and personnel development, as well as workplace health promotion, each with 11 points.

Regarding the options of work organization, the maximum number of points were awarded for flexitime models, as well as flexible work organization. Flexitime models enable those concerned to leave the work short term and they can act on their own responsibility. Regarding flexible work organization it should be noted that for the administrative staff, the use of home and teleworking is difficult because this occupational group is often tied to specific attendance times. The second highest rating points were the options for temporary part-time work, as well as individual and especially short-term reduction of working time, or to be able to take a special leave. Especially when a care exemption cannot be claimed because of separate households, as is often the case with scientific personnel, special leave would offer as a possible measure. However, the existing amount of vacation days and the individual task areas within the company should be taken into account. In third place stood the adjustment of performance requirements, the involvement of colleagues at work into the agreements and concessions for appointments if there is an obligation for attendance. The final points were avoiding additional time expenses such as meetings, business trips, etc. during the period of care and unpaid day releases, which are regarded as critical because these bring a financial burden of care givers with them.

With regard to possible measures for providing information, an individual contact person, followed by the provision of information about mailings, information brochures or the website of the University, awarded the highest rating to individual advice. Stress factors, such as full-time employment, large administrative and organizational effort, as well as lack of time have a negative impact on the information gathering of nursing services and auxiliary power. The experts believe this could be solved by the possibility of individual consultation within the company, as well as provision of information on the part of the AAU.

Free parking, as well as financial assistance for an interest-free advance of salary or a special fund in kind could do assistance to affected employees by contributions.

Table 4. Wishes for support.

Support desires	Common examples	n
flexible structuring of time	Proband 1: <i>“I hope that you can always respond better, more dynamic, open and free to time needs. But this probably depends on the type of work. More flexibility would help when it comes to personal matters.”</i>	16
counseling, information and organization	Proband 4: <i>“These things occur every day in a hundred times. It would be good that the organisational not have to make any over again. These are standard tracks. That a man say, ‘so you have to make it.’”</i>	4
benefits	Proband 5: <i>“Free parking would be a good thing... Someone is often half an hour away and looking as long a parking spot when you come back to the university.”</i>	3
home- and teleworking	Proband 1: <i>“In science, it does not matter if I read my books where else or take my computer with me and write there... Since there are now electronic forms of learning such as e-learning.”</i>	3

Note. Multiple answers were possible

Table 5. Catalogue of measures.

Domain of practice 1	Work organisation
<i>Activity</i>	<i>Relevance by score</i>
flexitime models	10
flexible work organization (home- or teleworking)	10
individual and short-term reduction of working time	9
special leave	9
temporary part-time work	9
adjustment of performance requirements	7
involvement of colleagues at work into the agreements	7
concessions for appointments if there is an obligation for attendance	7
avoiding additional time expenses	6
unpaid day releases	6
Domain of practice 2	Information
<i>Activity</i>	<i>Relevance by score</i>
individual contact person	11
provision of information about mailings, information brochures or the website of the University	9
Domain of practice 3	Management and personnel development
<i>Activity</i>	<i>Relevance by score</i>
sensitization of executives	11
Domain of practice 4	Workplace health promotion
<i>Activity</i>	<i>Relevance by score</i>
psychological/psychotherapeutic support	5
publicinformation events	4
placement and organization of care and assistance (coordination without-patientservices)	2
Domain of practice 5	Kind contributions
<i>Activity</i>	<i>Relevance by score</i>
free parking	7
financial assistance (special funds, interest-free advance of salary, etc.)	6

Within the field of action “management and personnel development”, the maximum numbers of points were awarded to the sensitization of executives. There is on the one hand the need to prepare managers better and give them the opportunity to make individual agreements with those concerned. On the other hand, it would be important to make the topic less of a taboo. This would have a positive effect on fears of devaluation of the performance of affected employees.

Measures, which serve to promote health at the workplace, affect the psychological/psychotherapeutic support of affected employees, public information events and the placement and organization of care and assistance.

4. Discussion

The aim of this study was to develop measures to reconcile informal care and employment at AAU. Through the combination of quantitative and qualitative methods a good overall impression of the topic relevance could be worked out.

In module 1, 29 people (11%) stated that they care for a relative over the age of 18 for more than 2 weeks or did so in the past. Pochobradsky et al. (2005) conducted a survey in Austria which catered to people who were caregivers receiving state money for caregiving and found that 29% of these people also received money through employment. As a possible cause, it was noted that the situation is covered up because of fear or insecurity. The age in this sample is lower, which might also be an explanation for a lower percentage of those affected. Because the parents' generation and / or partners are the ones primarily cared for, the percentages would have to be higher with an older sample. Another explanation could be that many members do not see themselves as care givers. Mühlmann et al. (2009) assume that for caregivers it often can be difficult to assess, which kinds of assistance still fall in the range of normal relationships and which activities go beyond the scope of the traditional relationship.

Main features for the caregivers in module 1 show that two thirds ($n = 19$) are female. In module 2 it was seven out of ten that women were concerned. This is in correspondence to the literature, where 69% female participation is assumed among working caregivers (Kytir & Schrittwieser, 2003; Mühlmann et al. 2009; Mühlmann, Trukeschitz, Schneider, Ponocny, & Österle, 2008). In contrast to literature, only 11 of the 29 affected university staff members live in the same household with the person being cared for. Pochobradsky et al. (2005) speak of two thirds that live in the same household. One explanation for this could be the demanded mobility in the scientific field. It was also found that the majority of those affected live in separate households, which makes nursing leave impossible and represents a considerable negative factor.

The majority of care workers at the AAU ($n = 20$) were employed full-time at the time of the survey. Also during the guided semi-structured interviews, this was true for seven out of ten interviewees. It is obvious that full-time employees are under duress by the care giving even more. Above all, at the beginning, when care giving becomes necessary, time is lacking for collecting the necessary information on care and assistance. The results of block 2 show that the person concerned felt burdened by the administrative and organizational effort. This can be a big problem especially for unprepared care situations, as was the case for more than half of the interviewed caregivers ($n = 17$). If the need for care occurs suddenly, it takes rapid, flexible solutions. Responsibilities of being present and lack of information are reinforcing the problem. A potential conflict entails absenteeism when colleagues need to share the work of those affected.

Few assessed the compatibility of care and employment on the AAU as “good” or “very good” ($n = 4$). 11 people rated this as “poor” or “very poor”. The employer does not get a good feedback here.

In the online-survey, six persons concerned reported having encountered a lack of understanding in the business environment. Six of the caring staff described fears of devaluation of performance and no one stated colleagues, the manager, and council or staff representation supported them.

At the same time, more than half of all respondents ($n = 16$) described that the nursing relationship was hidden from employers or has not been addressed. In this case, those people tended to make adaptations, which were not agreed with at the AAU. These adaptations are an attempt to tackle the double duty and are show themselves primarily as temporal restructuring or reduction of working time, while the work performance however was maintained. Furthermore, in favor of the care, recovery hours were limited, which should serve for regeneration. As a result there may be a low dependability and productivity loss (Mühlmann et al., 2009).

Regarding the employment group, the results showed that 17 affected employees belonged to the academic staff and 12 employees belonged to the general university staff. The administrative staff has little room for ma-

noeuvre in terms of attendance times and absenteeism, thus it may come to a depending on superiors and colleagues. The general university staff is further disadvantaged by the limited possibility for homework and teleworking, and especially by a lower salary. So the purchase of care services is difficult and a reduction in working time is only to a few financially accessible. Problem areas for the scientific university staff show up in the fear of devaluation of the performance, because career losses are feared. This could have a direct influence on the reduction of fear, in terms of job loss but also in terms of fear of devaluation of job performance.

Due to changing family constellations that are expressed in high divorce rates and lower birth rates (Schneider et al., 2006) as well as increased employment of women, in the future a lower family care participation is expected (Döhner, Kohler, & Lüdecke, 2007).

On the long run it must be assumed that the imbalance of people who can take care and those who need care by relatives is getting bigger (Haber Kern, 2009). In light of the above it is clear how urgent operational support measures are needed. The currently low share of workers with care obligations to the AAU is expected, in regard to demographic developments, to grow rapidly. The currently affected employees are wishing for assistance in the form of flexible working and work organization, consulting and information as well as kind contributions.

From expert's point of view, creating awareness regarding the relevance of the subject is a first step to reconcile. In this case it is important to reach decision makers and to give them the opportunity to come to individual agreements with the affected.

This could have the effect of reducing anxiety, both in terms of fears of job losses and prior validation of performance. It is also important to work on the taboo of threat. A possible positive consequence would be that the willingness to take auxiliary and support measures will be increased. Other areas of activity are related to the work organization, information, kind contributions and workplace health promotion.

5. Limitations and Suggestions for Future Research

Although we are confident in our results, some shortcomings should be addressed. Due to the small sample size, a generalization of the results is not allowed. It cannot be traced to gender differences; a reliable comparison of scientific and administrative staff cannot be made. The results are merely an orientation in a previously unexplored area. Future studies should include small and medium enterprises, with different working conditions, investigate and approach the issues from different perspectives. It would be especially interesting to work out conditions under which the occupation was ended in favour of care, respectively in the desirable case, where the employment could be maintained.

6. Conclusion

The aging of our society and changed conditions of life bring it about that many older people no longer live with their children under one roof, but still like to be cared for by them and prefer to stay in the home environment. The individual decision to take care of a family member has far-reaching consequences (and affects all areas of life). To enable familial care in the future and make it more attractive, not only operational measures, funding models and support options are needed, but also social policy and societal solutions will be required that respect and appreciate the task of care giving. Creating awareness and breaking taboos can be the first steps on this path.

References

- Albrecht, S. (2008). *Burnout—Der Wegdanach. Burnout imLichte von Theorie und Praxis [Burnout—The Path to Be Followed. Burnout in the Light of Theory and Practice]*. Saarbrücken: VDMVerlag.
- Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and Conducting Mixed Methods Research*. Thousand Oaks: Sage.
- Dammert, M. (2009). *Angehörige im Visier der Pflegepolitik: Wie zukunftsfähig ist die subsidiäre Logik der deutschen Pflegeversicherung [Relatives in the Focus of Carepolicy: How Sustainable Is the Subsidiary Logic of German Care Insurance]*. Wiesbaden: VS Verlag für Sozialwissenschaften. <http://dx.doi.org/10.1007/978-3-531-91535-7>
- Dawid, E., Ludescher, M., & Trukeschitz, B. (2008). *Was will man noch mehr machen als Arbeitszeitflexibilisieren, Telearbeitsplätze, Karenzierungen...? Eine qualitative StudieüberpflegefreundlicheMaßnahmen in Wiener Unternehmen [What Do You Want to Do More than More Flexible Working Hours, Teleworking, Permanent Leave...? A Qualitative Study of Nursing-Friendly Measures in Viennas Companies] (Forschungsbericht)*. Wien: Forschungsinstitutes für Altersökonomie.
- Döhner, H., Kohler, S., & Lüdecke, D. (2007). *Pflege durch Angehörige—Ergebnisse und Schlussfolgerungen aus der*

- europäischen Untersuchung EUROFAMCARE [Careby Relatives—Results and Conclusions from the Europeanstudy EUROFAMCARE]. *Informationsdienst Altersfragen*, 3, 9-14.
- Fleischer, E. (2010). Organisation von Care [Organisation of Care]. In E. Appelt, M. Heidegger, M. Preglau, & M. A. Wolf (Hrsg.), *Who Cares? Betreuung und Pflege in Österreich* (pp. 177-186). Innsbruck, Wien, Bozen: Studien Verlag.
- Flick, U. (2007). *Qualitative Sozialforschung [Qualitative Social Research]*. Hamburg: Rowohlt Verlag.
- Frate, N. (2014). *Die Vereinbarkeit von informeller Pflege und Berufstätigkeit an der Alpen-Adria Universität Klagenfurt [The Compatibility of Informal Care and Employment at the Alpen-Adria University Klagenfurt]*. Unveröffentlichte Diplomarbeit, Klagenfurt: Alpen-Adria Universität.
- Gerlach, I., & Laß, I. (2012). Gesamtgesellschaftliche Effekte betrieblicher Familienpolitik [Whole of Society Effects Operating Family Policy]. In I. Gerlach, & H. Schneider (Hrsg.), *Betriebliche Familienpolitik. Kontexte, Messungen und Effekte* (pp. 241-260). Wiesbaden: Springer VS Verlag für Sozialwissenschaften.
<http://dx.doi.org/10.1007/978-3-531-93330-6>
- Haber Kern, K. (2009). *Pflege in Europa: Familie und Wohlfahrtsstaat [Care in Europe: Family and the Welfare State]*. Wiesbaden: VS Verlag für Sozialwissenschaften. <http://dx.doi.org/10.1007/978-3-531-91617-0>
- Ivancevich, J. M. (2007). *Human Resource Management* (11th ed.). New York: McGraw-Hill Irwin.
- Jabsen, A., & Blossfeld, H. P. (2008). Die Auswirkungen häuslicher Pflege auf die Arbeitsteilung in der Familie [The Impact of Home Care on Work Sharing in the Family]. *Zeitschrift für Familienforschung*, 3, 293-321.
- Kittl, H. (2003). *Rahmenbedingungen und Qualität häuslicher Versorgung alter Menschen unter sozialpädagogischer Perspektive [Environment and Quality of Domestic Supply of Elderly under Socio-Educational Perspective]*. Unveröffentlichte Dissertation, Universität Graz, Institut für Erziehungs- und Bildungswissenschaft.
- Kofahl, C., Arlt, S., & Mnich, E. (2007). "In guten wie in schlechten Zeiten."—Zu den Unterschieden und Gemeinsamkeiten von pflegenden Ehepartnern und anderen pflegenden Angehörigen in der deutschen Teilstudie des Projektes EUROFAMCARE ["In Good and in Bad Times."—On the Differences and Similarities of Caring Spouses and Other Caregivers in the German Part of the Study Project EUROFAMCARE]. *Zeitschrift für Gerontopsychologie & Psychiatrie*, 20, 211-225.
- Kreimer, M., Meier, I., & Sträublerberger, M. (2010). Die Vereinbarkeit familiärer Altenbetreuung mit Erwerbsarbeit im Kontext der österreichischen Pflegepolitik [The Compatibility of Family Care for the Elderly with Employment in the Context of the Austrian Care Policy].
http://static.uni-graz.at/fileadmin/Unikid-Unicare/2010_Kreimer-Meier_Vereinbarkeit-familiaerer-Altenbetreuung-mit-Erwerbsarbeit_Kurzfassung.pdf
- Kücü, F., & Piechotta, G. (2013). Bericht zur Lage pflegender Angehöriger von demenziell erkrankten türkischen Migrant/inn/en in der Bundesrepublik Deutschland [Report on the Situation of Family Carers of Dementia Turkish Immigrants in the Federal Republic of Germany].
[http://www.pflegenetz.at/index.php?id=78&no_cache=1&tx_ttnews\[tt_news\]=69&cHash=5b5ffa4f869b979d909002577a55d9f8&cat=7&cat2=22](http://www.pflegenetz.at/index.php?id=78&no_cache=1&tx_ttnews[tt_news]=69&cHash=5b5ffa4f869b979d909002577a55d9f8&cat=7&cat2=22)
- Kytir, J., & Schrittwieser, K. (2003). *Haushaltsführung, Kinderbetreuung, Pflege [Housekeeping, Child Care, Care]*. Wien: Bundesministerium für soziale Sicherheit, Generationen und Konsumentenschutz.
- Lüdecke, D., Mnich, E., Melchiorre, G. M., & Kofahl, C. (2007). Familiäre Pflege älterer Menschen in Europa unter einer Geschlechterperspektive [Family Care of Older People in Europe from a Gender Perspective]. *Zeitschrift für Frauenforschung und Geschlechterstudien*, 2, 85-101.
- Mayring, P. (2008). *Qualitative Inhaltsanalyse: Grundlagen und Techniken (10. Aufl.) [Qualitative Content Analysis: Principles and Techniques]*. Weinheim: Beltz Verlag.
- Mühlmann, R., Ludescher, M., Trukeschitz, B., & Schneider, U. (2009). *Auswirkungen informeller Pflēgetätigkeit auf das Erwerbsverhalten und Konsequenzen für ArbeitgeberInnen. Ein Literatursurvey [Impact of Informal Care Activities on the Employment Behaviour and Consequences for Employers. A Literature Survey] (Forschungsbericht)*. Wien: Forschungsinstitut für Altersökonomie.
- Mühlmann, R., Trukeschitz, B., Schneider, U., Ponocny, I., & Österle, A. (2008). *Arbeitsplätze und Tätigkeitsmerkmale berufstätiger pflegender Angehöriger. Befunde aus der Wiener Studie zur informellen Pflege und Betreuung älterer Menschen 2008 [Workplaces and Job Characteristics of Working Carers. Findings from the Vienna Study on Informal Care and Care for the Elderly in 2008] (Forschungsbericht)*. Wien: Forschungsinstitut für Altersökonomie.
- Pochobradsky, E., Bergmann, F., Brix-Samoylenko, H., Erfkamp, H., & Laub, R. (2005). *Situation pflegender Angehöriger [Situation of Caring Relatives] (Endbericht)*. Wien: Bundesministeriums für soziale Sicherheit, Generationen und Konsumentenschutz.
- Ponocny, I., Panholzer, S., Trukeschitz, B., Schneider, U., & Mühlmann, R. (2010). *Die Erholungsmöglichkeiten von informell pflegenden Erwerbstätigen [The Recreation Opportunities of Informal Care Workers] (Forschungsbericht)*. Wien: Forschungsinstitut für Altersökonomie.

- Rott, C., & Jopp, D. S. (2012). Das Leben der Hochaltrigen. Wohlbefinden trotz körperlicher Einschränkungen [The Life of Very Old Persons. Well Being Despite Physical Limitations]. *Bundesgesundheitsblatt*, 55, 474-480. <http://dx.doi.org/10.1007/s00103-012-1452-0>
- Schneider, H., Heinze, J., & Hering, D. (2011). *Betriebliche Folgekosten mangelnder Vereinbarkeit von Beruf und Pflege [Workplace Costs Resulting Lack of Compatibility of Career and Care] (Expertise)*. Berlin: Forschungszentrum Familienbewusste Personalpolitik.
- Schneider, N. F., Häuser, J., Ruppenthal, S., & Stengel, S. (2006). *Familienpflege und Erwerbstätigkeit. Eine explorative Studie zur betrieblichen Unterstützung von Beschäftigten mit pflegebedürftigen Familienangehörigen [Family Care and Employment. An Explorative Study for Operational Support of Employees with Ill Family Members] (Abschlussbericht)*. Mainz: Ministerium für Arbeit, Soziales, Familie und Gesundheit des Landes Rheinland-Pfalz.
- Schneider, T., Drobnic, S., & Blossfeld, H. P. (2001). Pflegebedürftige Personen im Haushalt und das Erwerbsverhalten verheirateter Frauen [Dependent People in the Household and Work Behaviour of Married Women]. *Zeitschrift für Soziologie*, 30, 362-383.
- Statistik Austria (2014). Bevölkerungsprognosen [Population Forecasts]. http://www.statistik.at/web_de/statistiken/bevoelkerung/demographische_prognosen/bevoelkerungsprognosen/index.html
- Teddlie, C., & Tashakkori, A. (2009). *Foundations of Mixed Methods Research. Integrating Quantitative and Qualitative Approaches in the Social and Behavioral Sciences*. Thousands Oaks, CA: Sage.
- Trukeschitz, B., Mühlmann, R., Schneider, U., Ponocny, I., & Österle, A. (2008). *Arbeitsplätze und Tätigkeitsmerkmale berufstätiger pflegender Angehöriger [Jobs and Activity Characteristics of Working Carers] (Forschungsbericht)*. Wien: Forschungsinstitut für Altersökonomie.
- Wancata, J. (2002). Die Epidemiologie der Demenzen [The Epidemiology of Dementias]. *Wiener Medizinische Wochenschrift*, 152, 52-56. <http://dx.doi.org/10.1046/j.1563-258x.2002.01123.x>