
Addressing the Issue of Fatigue among Working Carers: The Next Challenge after Reforming the Family Care Leave System

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In Japan around 100,000 working carers leave their jobs each year. While long-term care leave was legislated in 1995 with the aim of ensuring that working carers do not leave their jobs, few workers use such leave. The Japanese government has addressed this problem in 2016 by proposing amendments to the Child Care and Family Care Leave Act to allow workers to take care leave more flexibly. Focusing on another aspect of combining work and care, this paper addresses the possibility that workers who remain in their jobs may suffer from the effects of having to combine work with providing care. Although fatigue among carers has been raised as a problem in the context of issues that arise outside the workplace, such as abuse or murder of care receivers or suicide among carers, the effects that fatigue may have on carers' work is rarely a topic of discussion. The results of our original data analysis show that physical fatigue due to providing care while working full time raises the risk of having an accident while at work and failing to meet work quotas. It is therefore crucial to consider means of ensuring that working carers who come to the office as usual are able to maintain their health and work performance.

I. Issue

Japan is the most aging society in the world. A quarter of the Japanese population is more than 65 years old, and the proportion of elderly people in Japan is still increasing. Given this significant and growing proportion of elderly people, combining work with providing care to elderly relatives has become a social issue.

For middle-aged female workers, combining work and care is not a new issue. While there is a clear M-shaped curve in the female labor force participation rate in Japan, some Japanese female workers in full-time employment try to combine work and childcare by receiving support from their parents or their husband's parents. However, even after they have already provided for their children, working women also face the possibility that they will have the responsibility of caring for their or their husband's parents when they get older. As a result, some women living with their or their husband's parents give up their careers in order to provide care to their elderly parents or parents-in-law.

In recent years, elderly care has become an issue for both men and women. With the increasing proportion of older people and decreasing proportion of young people, the number of male workers who take care of their parents or spouse is also increasing. Around 10,000 to 20,000 male workers each year leave their jobs to provide family care, among a total of around 100,000 male and female workers each year who leave their jobs to provide family care. The number of young working carers is also increasing. It is often said that

today everyone faces a high possibility that they will need to care for elderly or disabled family members or relatives.

Despite the growing numbers of both male and female working carers, it is not clear what specific difficulties they face, or what kinds of problems their companies should be aware of regarding the reconciliation of work with family care commitments. The main issue discussed in Japan in this context is the tendency for workers to leave their jobs, an issue that also arises in the case of women facing childbirth and childcare.¹ Elderly care is often compared to childcare in policies introduced by the Japanese government and Japanese companies. In 1995 the Japanese government legislated a system of long-term leave for people providing care to relatives, known as Family Care Leave (hereinafter FCL), in order to try to ensure that employees do not leave their jobs due to the fact that they need to provide family care. Although there are few workers who utilize FCL, many working carers take time off to provide care by using other types of leave, such as an annual paid leave. Japanese government bodies and researchers investigate how workers manage time spent working and time spent caring²—often discussing the issue in relation to childcare—and suggest that if employers fail to support their employees to reconcile their work obligations with their care commitments, those employees will quit their jobs as a result. With this in mind, in 2016 the Japanese government has proposed amendments to the Child Care and Family Care Leave Act to reform the FCL system and ensure flexible working arrangements for family care. If the amendments fulfill their intended purpose, there should be a decrease in the number of workers leaving their jobs to provide family care.

In this paper I would like to examine another aspect of conflict between work and providing care. Are there not problems that arise if working carers remain in their jobs and do not take leave to provide family care? There is a possibility that those who remain in their jobs may have to cope with fatigue that arises from providing care alongside working. If this is the case, are such people able to pursue their careers to the best of their abilities? I shall attempt to answer this question using results from data analysis.

I will start by introducing the Japanese FCL system and its latest proposed amendments in 2016. Secondly, I will demonstrate that under the new amendments the FCL has the potential to prevent employees from leaving their jobs. Finally, I will point out the consequences of carers suffering fatigue.³ Through such discussion, I aim to reveal the problems that are currently arising in Japan due to workers combining work and care.

¹ Although in general usage “family care” may include childcare, policies by the Japanese government and companies distinguish childcare from “family care,” which they use to refer to care provided to elderly or disabled family members. In this paper “family care” therefore refers to care provided to elderly or disabled family members.

² Similar discussions can be seen in European countries (Phillips 1995; OECD 2011).

³ This paper is based on my presentation at the 6th International Carers Conference in Sweden in 2015.

II. Background regarding Combining Work and Family Care in Japan

Combining work with commitments to provide care to elderly relatives has been a social issue since the 1980s, as a women's work issue in particular.⁴ A significant number of research studies on combining work and care have been conducted both in Japan and Western countries.

While Brody et al. (1987) points out that many workers who leave their jobs to provide care to family members are in the low-income class and therefore have a high possibility of sinking into poverty after leaving jobs, many researchers in the United States such as Stone, Cafferata and Sangle (1987), Ettner (1996), Pavalko and Artis (1997), and Wakabayashi and Donato (2005) have discussed the working hours of family carers and the rate at which family carers leave their jobs. They make observations based on the fact that only 8.9% of people providing care to family members leave their jobs, which is less than the percentages of workers who work fewer hours (21.0%), rearrange their schedule (29.4%), or take time off without pay (18.6%) as shown by Stone, Cafferata, and Sangle (1987).

In Japan, most researchers have focused on women's labor force participation with relation to their care roles in their families. Sodei (1989) points out the high rate of coresidence with older relatives, which is due to the fact that it has been a tradition in Japanese families for the eldest son and his wife to live with his parents and for the wife to take care of her parents-in-law. Although it is said in Japan that women coresiding with their parents (or parents-in-law) has a positive effect on women's labor force participation because they can receive childcare support from their parents, Maeda (1998) presents data analysis results that show that coresidence with parents has a negative impact on women's labor force participation if the parents are more than 75 years old. This result implies that women leave their jobs to provide care to elderly parents. Data analysis such as Iwamoto (2000), Yamaguchi (2004) and Nishimoto (2006) does in fact show that elderly care commitments have a negative impact on women's work.

However, there is growing diversity in terms of who provides care in Japanese families, and the number of male carers is also increasing. Since the end of World War II, Japanese society has experienced a growth in the number of nuclear families, decreased family sizes, and a rapidly aging population. Recently the number of single adults has also been increasing. Amid these trends, it has become less typical for a daughter-in-law to provide care to their spouse's parents, and instead there has been an increase not only in the number of females but also the number of males who provide care to their own parents or to their spouse, as Tsudome and Saito (2007) describes. The increase in the number of male working carers changes the issue of conflict between work and care obligations into an issue that unavoidably affects the core labor forces of companies.

⁴ Although traditionally female carers in Japan were fulltime housewives, the presence of working female carers has also become an issue with the increase in labor participation among middle aged women.

The Child Care and Family Care Leave Act allows working carers to take long-term FCL for up to three months (93 days), with the aim of ensuring that employees do not leave their jobs as a result of needing to provide family care. FCL is shorter than childcare leave⁵ because while the childcare leave system was legislated to provide workers with time to care for their infants themselves, the aim of FCL is not for the worker to spend time caring for their elderly relatives directly, but for the worker to have time to make arrangements that will allow them to combine work and care, such as consulting with other family members, arranging for the use of care services, or renovating their houses into barrier-free residences to allow them to provide care in the home. If workers spend the care leave only directly caring for their relatives it may be difficult for them to return to their job, because it is hard to predict how the care receiver's condition will progress and when it may be possible to cease providing care, especially if the care receiver's health condition suggests little sign of recovery.

However, it has become a problem that that only a small number of workers take FCL. The Japanese government organized a working group to discuss how the FCL system should be reformed in order to make it more accessible for working carers. The working group devised amendments to the Child Care and Family Care Leave Act which have been submitted to the Diet this year. Aimed at ensuring that it is easier for working carers to use FCL, the amended rules of the FCL allow employees to divide the 93 days leave into 3 periods of leave.⁶ Additionally, the amended act also establishes the rule that carers are not obliged to work overtime. Although in the case of childcare part-time working arrangements are also legislated in the act, such arrangements for family carers are still not a duty in the amended act.⁷

In sum, the systems to support elderly care have been devised such that they take into account the differences between elderly care and childcare. However, the basic schemas for combining work and care refer to balancing work and childcare, the central issue of which is managing time between work and family life. Childcare leave⁸ was legislated in 1991 before FCL was legislated in 1995. The FCL system was devised on the assumption that workers who need to provide elderly care to relatives need long periods of leave, similar to the way in which workers with young children require long-term leave. In fact, the public

⁵ The Child Care and Family Care Leave Act allows employees with infants to take childcare leave until their children become one year old, and to extend this up to one and a half years old if they have some reason why they cannot return to work, such as that there are no childcare services available for the child, or that the worker must take the place of a partner who has become unable to look after the child due to illness or other causes.

⁶ There are not many working carers who need long-term leave, as Ikeda (2010) analyses.

⁷ The act prescribes that employers have to introduce either part-time working, flexitime, or staggered working hours as flexible working arrangement systems for carers. Alternatively, employers are also entitled to introduce their own systems to provide financial allowances to enable working carers to pay for professional care services. In this sense, part-time working for carers is not an obligation by itself.

⁸ Childcare leave in Japan is the same as the system known as "parental leave" in Europe.

support system for elderly and disabled family care is similar to that of childcare, and public care services are provided for elderly or disabled family care as they are for childcare. At the same time, while there is a need for childcare leave due to serious shortages in childcare services, the need for FCL has been reduced by the increase in the supply of elderly care services following the implementation of the Long-term Care Insurance system in 2000, as Ikeda (2010) analyses.

III. Carers' Fatigue and Its Appearance as a New Issue

It is expected that in future systems to support time management will be developed in Japan to ensure that working carers are able to remain in employment, through a series of reforms to the FCL, or the introduction of flexible working arrangements and other measures to promote work-life balance. We must shift our perspective to try to gain a deeper understanding of the issues involved in combining work and family care. As mentioned above, the most crucial task is to recognize the specific characteristics of family care—especially elderly care—and how it differs in nature from childcare.

Infants need someone to attend to them all the time. Parents cannot go to the office if there is no one to look after their children on their behalf. In contrast there are few elderly care receivers who need someone to attend to them all the time, even if they are bedridden. As most adults can be left by themselves for several hours even if they need care, carers are somewhat able to work in their offices even when no one is looking after the care receiver in the home. If we consider such characteristics, we can understand why working carers want flexible, short-term leave rather than long-term leave, or exemption from overtime obligations rather than part-time working arrangements. In short, the fact that elderly family members are less dependent than infants means that people who provide care to adult family members are more able to work as usual than parents of infants.

However, this is not to suggest that combining work with caring for adult family members is easy. It is important to take note of the fact that some working carers suffer from fatigue and it has become a social issue that there are cases in which exhausted carers abuse care receivers or commit suicide. In the context of mental health, depression due to the burdens of caring is also an issue. It is also likely that fatigue from providing care has a negative impact on carers' work. Although some may leave their jobs to care for relatives with serious health conditions, others may make efforts to continue their work in order to carry out their duties in the work place, especially if they are regular employees. However, even if they are able to continue working, there is a possibility that they may develop fatigue and not be able to work to their satisfaction.⁹ As Ikeda (2013) shows, it is typical for working carers to fall asleep during their working hours as a result of having had to provide

⁹ Although Ikeda (2014) discusses the overall issue, it does not reveal the specific negative impacts on work.

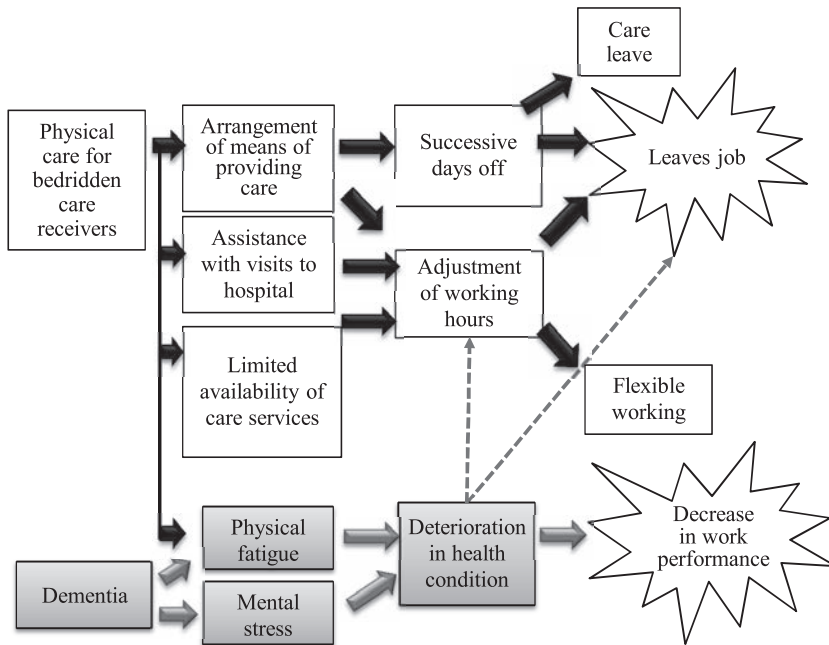
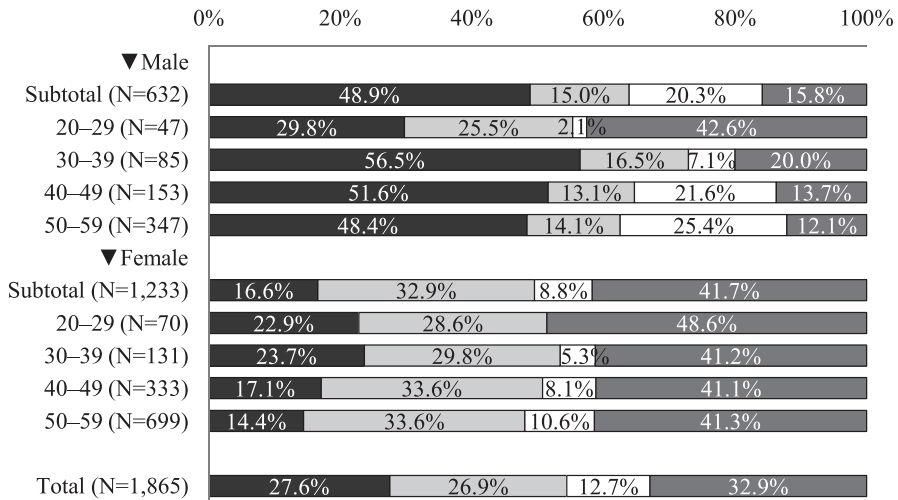


Figure 1. The Effects of Care Commitments on Work

care in the night if, for instance, the care receiver has dementia and stays up late at night. Dozing during working hours is one kind of negative effect that the physical and mental burdens of providing care may have on a working carer’s capacity to work. It can be more serious if fatigue has a negative effect on work processes or outcomes. Exhaustion—a problem that often arises due to overwork in Japan—may increase the risk of accidents while at work, and fatigue due to care commitments could also be a risk factor in such accidents. Work product may also decline as a result of fatigue. For example, someone who has fatigue from providing care may barely be able to fulfill their work quota.

We should also keep in mind that carers may accumulate such fatigue outside of their working hours. Although conventional studies on the reconciliation of work with care commitments have supposed that working carers need to provide care in the daytime on weekdays when many workers normally work, carers’ fatigue may accumulate due to providing care at night after working hours, or on days off. It may be difficult for workplaces to see the problems of fatigue among such working carers because it is not necessary for such workers to take leave or shorten their working hours to provide care.

Figure 1 illustrates such arguments. The white boxes show the conventional framework for understanding how care commitments can affect work. Working carers who need to make arrangements for providing care, assist the care receiver to visit hospital, or who come up against restrictions on the availability of daily care services are more likely to face time conflicts between work and care, and are therefore more likely to need to take



*People who started providing care in or after April 2000.

■ Regular employment □ Non-regular employment □ Self-employed ■ Not employed

Source: *Survey on Combining Work and Care* (2014) by the Japan Institute for Labour Policy and Training (JILPT).

Figure 2. The Rate of Employment Status of Carers by Sex and Age of Carers

successive days off or adjust their working hours. While the Japanese government has taken this framework into account in its amendments to the Child Care and Family Care Leave Act, it is also necessary to pay attention to the gray boxes in Figure 1. Carers' fatigue consists of physical fatigue and mental stress, and these are both likely to lead to deterioration in the carers' health. Carers' fatigue is discussed in relation to providing care for persons with dementia as well as attending to traditional physical care needs caused by cerebral apoplexy (stroke). Unless the carers leave their jobs, such fatigue may become a significant problem as it may have a negative impact on work performance.

We have conducted an original survey on combining work and family care to analyze the relationship between work and care.¹⁰ In Figure 2, the bottom belt shows that about one quarter of carers are regular employees, amounting to half of all employed carers. The growing number of carers among regular employees is correlated with the increase in male

¹⁰ The outline of Survey on Combining Work and Care is as follows. 2,000 people aged between 20 and 59 years old who provide care to family members or relatives were surveyed by means of a web survey. Questionnaires were sent to carers nominated from the database of a research company until 2,000 responses were collected. In addition, the responses were collected according to allotted quotas set to closely resemble the distribution ratios (for employment rates and employment type percentages by sex and age, etc.) of the respondents to the 2012 Employment Status Survey. The survey was implemented by Nippon Research Center between September 19 and October 1, 2014. The results have been released as Japan Institute for Labour Policy and Training (2015). In this paper, we focus on people who started providing care in or after April 2000, since which the Long-term Care Insurance System has been implemented.

Table 1. The Rate of Present Employment Status by Sex and Employment Status at Beginning of Care

	Present employment status				N
	Regular employment (RE)	Non-regular employment (NRE)	Self-employed (SE)	Not employed (NE)	
Employment status at beginning of care					
Male					
RE	80.6%	6.5%	5.3%	7.6%	340
NRE	12.5%	63.8%	6.3%	17.5%	80
SE	2.8%	6.6%	90.6%	0.0%	106
NE	20.8%	14.2%	8.5%	56.6%	106
Female					
RE	72.5%	10.2%	3.3%	13.9%	244
NRE	1.9%	76.3%	1.4%	20.3%	418
SE	3.8%	5.7%	80.0%	10.5%	105
NE	3.4%	12.0%	2.1%	82.4%	466

*People who started providing care in or after April 2000.

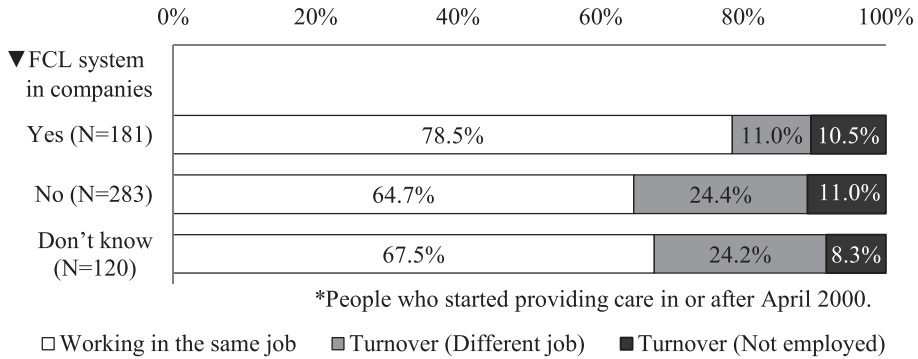
Source: Survey on Combining Work and Care (2014) by the JILPT.

working carers. Many male working carers over 30 years old are regular employees, while many middle-aged and older female working carers are non-regular employees.

While non-regular employment such as part-time work is inherently suitable for balancing work and family life, full-time regular employment in Japan often demands significant commitments, particularly in the case of male employees. We must consider the key problems that regular employees face in terms of conflict between their work and care commitments.

First, let us look at the percentages of regular employees who leave their jobs. Table 1 shows whether carers in regular and non-regular employment retain the same employment status or change their status in the beginning stages of providing family care. The results show that 7.6% of male regular employees and 13.9% of female regular employees become unemployed after starting to provide care. In total, about 10% of regular employees leave their jobs. While these rates are lower than those of non-regular employees, it is important to provide support to ensure that regular employees remain in their jobs.

Second, we discuss the issues surrounding working carers who remain in their jobs. Table 1 also shows that more than 70% of regular employees keep the same job status. Is it fair to assume that such employees succeed in fulfilling their work commitments alongside providing care? Next, I will focus on the fatigue that working carers may face and note the negative effects it can have on their work.



Yes: Family Care Leave System had been introduced in their companies.
 No: Family Care Leave System had *not* been introduced in their companies.

Source: *Survey on Combining Work and Care* (2014) by the JILPT.

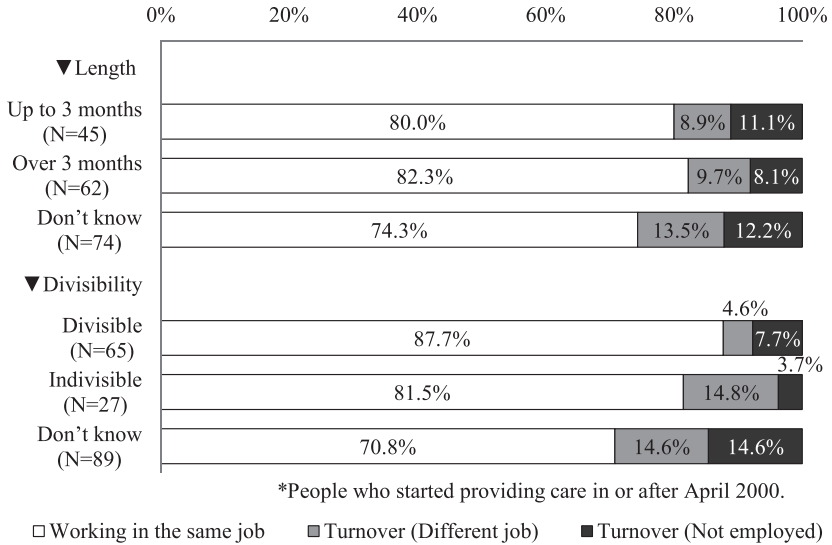
Figure 3. The Rate of Job Continuity and Turnover of Working Carers: By Yes or No of Introduction of Family Care Leave System at Place of Work (Regular Employees at Beginning of Care)

IV. Family Care Leave and Workers Leaving Their Jobs

Based on the Child Care and Family Care Leave Act, employees with elderly or disabled family members can take FCL for up to three months, even if the leave is not stipulated in their company’s regulations. To prevent employees from leaving their jobs, however, it is crucial that individual companies introduce an FCL system that is stipulated in their regulations. As Figure 3 shows, the rate of job turnover rises if there is no FCL system incorporated into companies’ policies and procedures.

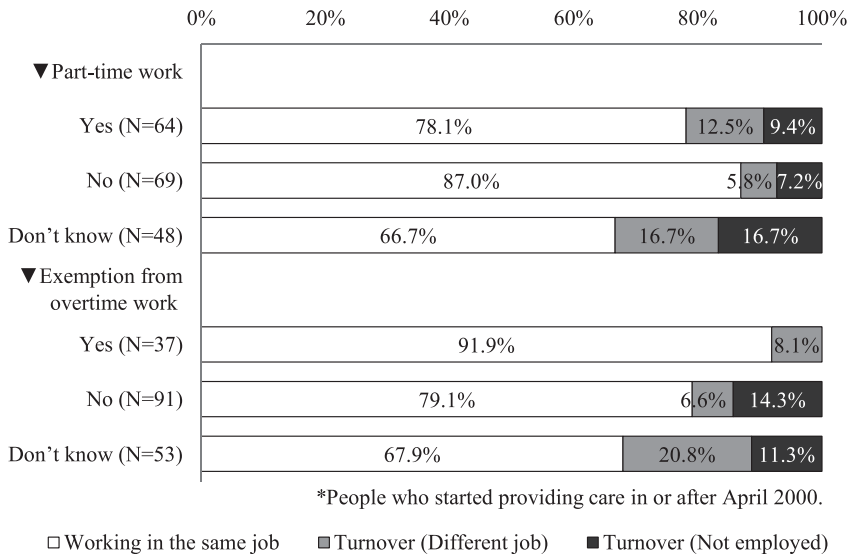
The FCL system is aimed at giving workers the time to make arrangements that will allow them to effectively combine work and care obligations; it is not intended for workers to take care of their elder or disabled family until they no longer require care. Actually, carers who make care arrangements take FCL. However, according to Ikeda (2010), the need for long-term leave like FCL has decreased due to the spread of care services following the implementation of the Long-term Care Insurance system in 2000. Although some companies introduce FCL with terms lasting over three months, Figure 4 implies that FCL with such long terms has no effect on decreasing turnover of working carers. Rather, FCL is effective if working carers are able to divide the FCL into separate terms.

Additionally, some companies introduce part-time work systems for supporting working carers. Part-time work systems for supporting childcare are very popular in Japan. However, such systems are not effective for preventing employees from quitting their jobs when it comes to caring for elderly or disabled family members, as illustrated in Figure 5. Rather, it might be effective to relieve such workers of their obligation to work overtime.



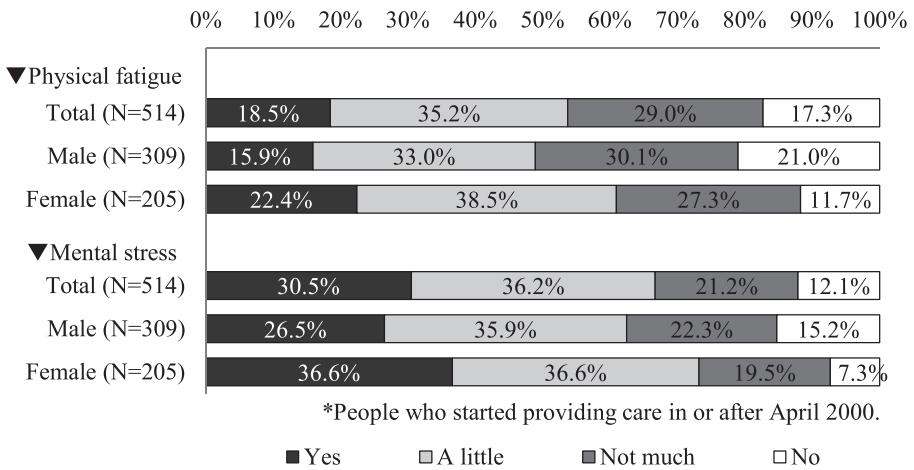
Source: Survey on Combining Work and Care (2014) by the JILPT.

Figure 4. The Rate of Job Continuity and Turnover of Working Carers: By Companies' Regulation of FCL Term (Regular Employees at Beginning of Care)



Source: Survey on Combining Work and Care (2014) by the JILPT.

Figure 5. The Rate of Job Continuity and Turnover of Working Carers: By Yes or No of Introduction of Part-Time Work System / Exemption from Overtime Work (Regular Employees with FCL System in Companies at Beginning of Care)



Source: Survey on Combining Work and Care (2014) by the JILPT.

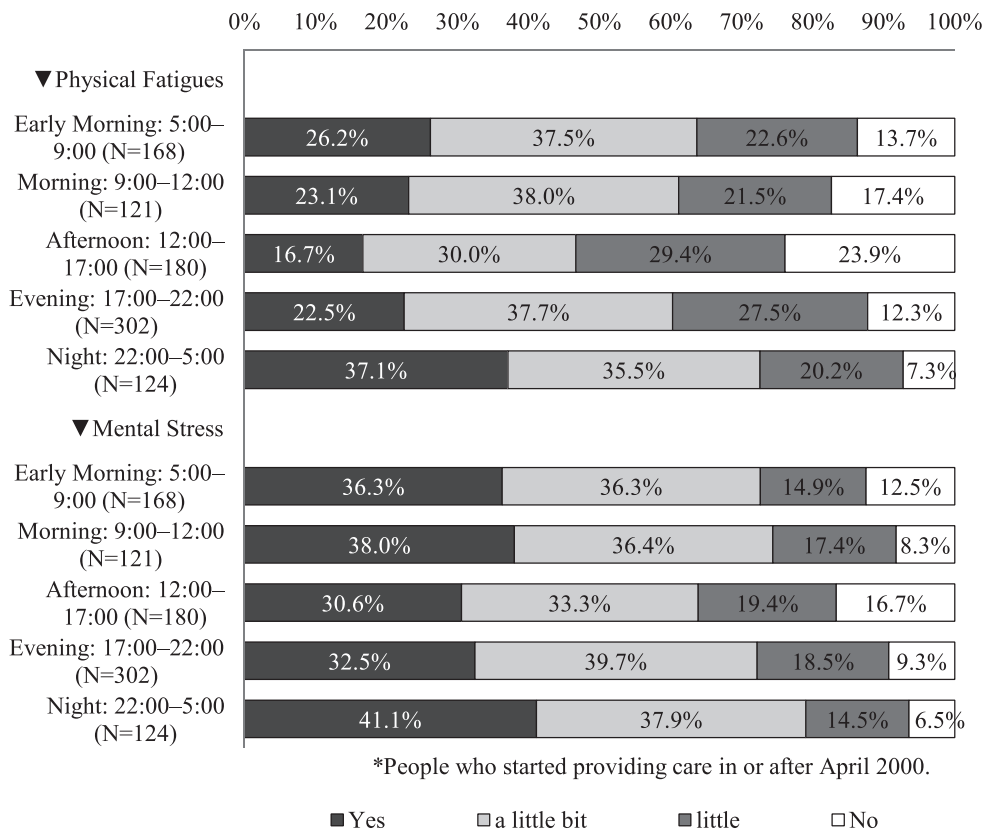
Figure 6. Physical Fatigue and Mental Stress due to Care Commitments: By Sex (Regular Employees at Present)

In sum, while workers caring for children may need long-term leave or shorter working days, workers caring for elderly or disabled family members do not require long-term leave, nor do they require a great reduction in working hours. The results of this data analysis imply that the amended FCL and the stipulation that workers should be relieved of obligations to work overtime may have positive effects that heighten the probability of working carers remaining in their jobs.

V. Carers’ Fatigue and Its Influence on Work

Although the Japanese government and Japanese companies have introduced provisions to support family care that are similar to those established for childcare, such as long-term care leave and part-time work arrangements, working carers must still continue working full time and are expected to fully perform in their jobs. However, working carers often struggle to give their full commitment to both work and family care. It is thus possible that working carers may not be able to perform in their work to their fullest, despite the expectation for them to do so. Looking at this possibility, let us focus here on the problem of fatigue from caring, an issue that troubles many working carers who remain in their jobs.

Carers’ fatigue consists of physical fatigue and mental stress. According to Figure 6, about 50% of regularly employed carers feel physical fatigue, and about 60% of regularly employed carers experience mental stress. While the number of working female carers who experience carers’ fatigue is quite remarkable, it is also important to note that a significant amount of male workers also experience physical fatigue or mental stress due to providing care. It is natural that workers who provide care for long hours every day become



Source: Survey on Combining Work and Care (2014) by the JILPT.

Figure 7. The Rate of Feeling Physical Fatigues or Mental Stress by Care: By Time at Which Care Is Provided (Regular Employment at Present)

exhausted. If working carers have to work normal hours despite needing to provide care on weekdays, they may not be able to address the care receiver’s needs appropriately and they may experience mental stress. Workers who need to attend to a care receiver’s daytime care requirements on weekdays, when typical workers are working, require leave or the opportunity to work on a part-time basis. Nevertheless, carers’ fatigue due to time-management conflicts between work and family care is a problem that remains unaddressed. Furthermore, I would like to stress that there is a possibility that such fatigue may accumulate even in cases in which carers do not face such time conflicts, such as if they provide care at night, which does not cause a conflict with work as employees typically work from morning to evening. As Figure 7 shows, providing care at night causes the greatest physical fatigue, while providing care in the afternoon causes the least physical fatigue. We can see similar tendencies in relation to mental stress.

Such fatigue among workers may be difficult for companies to detect, but it is im-

portant that it is addressed because it carers fatigues may have a negative impact on work efficiency. It is often said that exhaustion can cause near misses (potential accidents averted just in time) at work. It may also be difficult for exhausted workers to fulfill their work quotas. It is possible to presume that fatigue due to providing care may have the same impact on the quality of work.

Here we shall conduct multivariable analysis to verify these hypotheses. The explained variables are “Near misses (potential accidents)” and “Non-fulfillment of work quotas.” The explanatory variable is fatigue from caring, which can be divided into physical fatigue and mental stress. The following variables are also included as control variables: attribute variables such as sex and age, educational background, and job categories, and factors related to caring such as relationship with the care receiver, the care receiver’s physical care needs, and whether or not the care receiver has dementia. The basic health condition of the working carer and daily working hours, which affect both the worker’s level of fatigue and their work efficiency, were also included. Logistic regression models were used for the analysis.¹¹ The results, shown in Table 2, suggest that health condition in general affects work performance. In addition, physical fatigue from caring raises the risk of near misses at work and the non-fulfillment of work quotas. This indicates that fatigue from caring affects work performance. Furthermore, dementia also has a negative impact on the fulfillment of work quotas. We can therefore say that the work performance of working carers may decrease due to providing care even if they are able to continue working.

VI. Conclusion

The tendency for workers who provide care to family members to leave their jobs and the fact that workers may struggle to manage their time between work and care are major issues in Japan. The Japanese government and Japanese companies discuss these problems of combining work with providing care in comparison with issues related to childcare. However, as elderly care is essentially different from childcare, the systems provided to support elderly care should be different to those employed to support childcare.

The greatest difference between childcare and elderly care is that elderly care does not bind carers in terms of time. While workers who provide care for children tend to need to take long-term leave for several months and to change their working style from full-time to part-time, many workers who provide elderly care need neither long-term leave nor part-time work arrangements in order to continue working in their job.

This is not to suggest that it is easier to combine elderly care commitments with work than it is to care for children alongside working. We need to be aware of the unique issues involved in elderly care that are not applicable in the context of childcare. In particular,

¹¹ We recoded questionnaire responses for the explained variables such that “yes” and “a little” are 1, and “not much” and “no” are 0.

Table 2. Effects of Care Fatigue on Work Performance
(Logistic Regression Analysis)

	Near misses (potential accidents)			Non-fulfillment of work quotas		
	B	Standard Error	Exp(B)	B	Standard Error	Exp(B)
Sex (Male=1, Female=0)	.410	.230	1.507	.626	.242	1.870 *
Age (BM:50-59)						
20-29	.566	.473	1.761	.287	.497	1.333
30-39	.828	.320	2.288 *	.490	.330	1.633
40-49	.211	.236	1.235	.132	.249	1.141
Education (BM: Junior high school or high school)						
Junior college graduate	-.293	.299	.746	-.329	.316	.720
University graduate or above	-.255	.250	.775	.043	.258	1.044
Job categories (BM: Clerical worker)						
Professional worker or technician	.307	.292	1.359	.433	.303	1.542
Manager	.043	.375	1.044	.621	.392	1.860
Sales	.586	.349	1.796	1.350	.381	3.857 **
Service	.284	.385	1.329	.813	.406	2.254 *
Blue-color worker	.547	.293	1.728	.051	.305	1.052
Care receiver (BM: Parents)						
Grandparents	-.019	.372	.982	.304	.392	1.355
Parents-in-law	.101	.270	1.107	.108	.282	1.114
Others	.271	.373	1.311	.249	.384	1.283
Physical care needs (High=1, Low=0)	-.230	.201	.795	-.502	.212	.605
Dementia (Yes=1, No=0)	.122	.205	1.130	.450	.214	1.569 *
Daily working hours	.046	.058	1.047	.023	.061	1.024 **
Health Condition	-.556	.207	.574 **	-.863	.216	.422 *
Physical fatigue from providing care	1.128	.250	3.089 **	1.089	.254	2.972 **
Mental stress from providing care	.005	.260	1.005	.359	.267	1.432
Constant	-1.124	.575	.325	-1.316	.603	.268 *
Chi-Square		69.906 **			113.554 **	
df		20			20	
N		511			511	

Object: Regular employees at present.

***p* < .01, **p* < .05.

carers' fatigue is a typical issue resulting from caring for elderly family members, and such fatigue results in working carers being unable to fully perform in their companies. That is to say, while many working carers come to the office as usual, this does not necessarily mean that they are able to work as usual.

In sum, even if management does not face problems due to employees leaving their jobs to provide family care, they may need to face the issue of carers' fatigue. Both accidents while at work and non-fulfillment of work quotas may pose serious difficulties for employers as they try to maintain productivity. It is therefore important for employers to support workers who need to combine work with caring for elderly family members by introducing health management systems that are different from the traditional time-management support that has been developed to address issues related to caring for children alongside working.¹²

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¹² It is commonly said in Japan that many working carers try to combine work and care without making their workplace aware of their situation. Our data shows that few working carers consult personnel offices or labor unions if they begin to experience fatigue from the combined obligations of work and family care. Therefore, although personnel offices and labor unions should be able to offer support for working carers, it is difficult for them to grasp the needs of working carers. The rate of carers who consult their bosses or colleagues is relatively higher, but is still low at 14.4 percent. We can therefore say that it is crucial for companies to start by ascertaining the health condition of workers in relation to their caring commitments.

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