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## Frameworks for Balancing Work and Long-Term Care Duties, and Support Needed from Enterprises

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This paper carries out a quantitative analysis based on the hypothesis that in terms of balancing work and long-term care duties, the quality of this balance (subjective sense that balance is achieved, and preservation of a feeling that work is rewarding) differs depending on the frameworks and circumstances surrounding the balance of work and care. These “frameworks and circumstances” are examined herein from five perspectives: (i) Attributes of the caregiver, (ii) Attributes of the care recipient, (iii) The relationship between these two persons and the role the caregiver plays, (iv) The long-term care framework in place (including cooperation from other family members and service providers), and (v) The caregiver’s work style or format (flexible work schedules and utilization of leave, etc.)” In the quantitative analysis, the objective variable is “quality of balance,” the control variables are (i) through (iii) above, which are given conditions for the caregiver and the enterprise employing him or her, and are not easily changed, and the explanatory variables are (iv) and (v), for which there is room for adjustment by both caregiver and enterprise for the purpose of achieving balance. The analysis results showed that while care of an elderly family member appears on the surface to place caregivers in more complex and diverse circumstances than childcare, when we control for factors such as the attributes of the care recipient, the relationship between caregiver and recipient, and the long-term care framework (cooperation from family members and service providers, etc.), it is evident that the support employees need from enterprises, with regard to their work styles and formats, involves “curtailing excessively long working hours,” “creating an environment in which leave can be taken flexibly and support programs can be utilized,” and “supervisors’ consideration for employees’ circumstances,” and there is hardly any difference between this and the type of work environment required for employees engaged in childcare to achieve work-life balance. However, if the above-described “framework” for balancing work and long-term care duties is not in place, support from enterprises will not function effectively, and thus it is important for enterprises not simply to offer support in terms of work styles and formats, but also to encourage caregivers, who often try to handle too many duties directly by themselves, to avail themselves of long-term care service providers and divide duties among family members, i.e. to focus on “management of care services and division of duties.”

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## I. What Is Required to Achieve Balance?

In order for enterprises to offer support for balancing work and long-term care duties, the first problematic issue to address is that the realities of long-term care are unclear. In Japan, there are established frameworks for childcare: employees can take childcare leave until the child is around one year old, then after they return to work, place their preschool child in a day-care center or nursery school while they are working during the day, and once the child enters elementary school, utilize an after-school program. Enterprises take these established frameworks into account when they develop and implement programs of support for balancing work and childcare. However, with regard to long-term care, enterprises' human resources divisions are not aware of what roles are played by their employees facing the need to provide long-term care, or what services they are utilizing, for reasons such as the relative scarcity of workers that are attempting to balance work and long-term care, or that utilize programs such as caregiver leave (up to 93 days). This makes it a challenge for enterprises to formulate programs of support for employees balancing work and long-term care. In the case of childcare, the care and degree of engagement required at each stage of development are relatively consistent for all children, but vis-à-vis long-term care, there is significant diversity in the condition of persons requiring long-term care and the duration that care is required. Also, in cases where other family members are involved in providing long-term care or support, the circumstances surrounding long-term care are more varied than those surrounding childcare, and enterprises' approach to offering support for balancing work and long-term care can be assumed to differ depending on the nature and extent of the employee's role in providing long-term care, in the context of care as a group effort among the entire family.

According to Asai and Takeishi (2014), important factors in the workplace are (i) employees recognizing that there are support programs in place so they can continue to work if they are faced with long-term care responsibilities in the future, (ii) an atmosphere in which employees feel comfortable consulting supervisors, etc. about long-term care and work concerns, and (iii) flexible workplace management that enables employees to be exempt from working overtime, take paid vacation days as they wish, and so forth.

Mitsubishi UFJ Research and Consulting (2013) analyzed the differences between workers who stay on at their jobs while balancing work with long-term care of a parent and workers who quit their jobs due to long-term care responsibilities, and found that there were differences in the nature and frequency of these responsibilities and, accordingly, differences in appropriate work styles and formats, depending on the availability of long-term care service providers and division of duties with other family members. However, even people who were continuing to work while engaged in long-term care at the time of the survey had not necessarily achieved a desirable "balance." There were clearly some respondents who were staying on at their jobs, but were not utilizing their employers' programs of support for balancing work with long-term care duties, or had not sought assis-

tance from long-term care professionals outside their circle of family or relatives or from the enterprise's human resources staff,<sup>1</sup> and it was unclear whether the employees "balancing work and long-term care" were really achieving a positive balance sustainable over the long term.

With this in mind, this paper seeks to clarify differences among people who are working while engaged in long-term care—differences in the frameworks of balancing work and care duties between people that are achieving "balance" and those that are not—and based on these differences, to examine the frameworks necessary to achieve a positive balance of work and long-term care, and the support from enterprises needed to realize these frameworks. Here, "frameworks" refers to a combination of the attributes of the caregiver, the attributes of the care recipient, the relationship between these two persons and the role the caregiver plays, the long-term care framework (including cooperation from other family members and service providers) in place, and the caregiver's work style or format.

This paper hypothesizes that discrepancies in the *quality* of balance between work and long-term care arise as a result of differences in frameworks for balancing work and long-term care. On this basis, the paper will take (i) the attributes of the caregiver, (ii) the attributes of the care recipient, and (iii) the relationship between these two persons and the role the caregiver plays, as preconditions, and examine the nature of (iv) long-term care frameworks and (v) work styles and formats, in light of these preconditions. As measures of "the quality of balance between work and long-term care," we posit "sense of balance" (whether or not the employee subjectively feels he or she has achieved balance), and "sense of work being rewarding" (whether or not the employee has a sustained sense of his or her work being worth doing). The data employed is from the "Survey of Regular Employees Acting as Caregivers for Family Members" independently conducted by Mitsubishi UFJ Research and Consulting in May 2014. This was an Internet survey targeting online monitors who were working as regular employees while providing long-term care to their own parent or the parent of a spouse. The number of respondents was 1,000. Here, "long-term care" refers not only to direct caregiving such as meals, bathing, and going to the toilet, and helping with housework, but also tasks such as taking the family member to and from the hospital, dealing with sudden hospital visits and other emergencies, managing financial matters, and arranging for services and completing related procedures.<sup>2</sup>

From the next section onward, we will primarily focus on the results of cross-tabulation between the key items discussed and "sense of balance," with "sense of balance" indicating responses to the question "Do you feel you are achieving balance

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<sup>1</sup> For details, see Mitsubishi UFJ Research and Consulting (2013), and Sato and Yajima (2014), which outlines the state of enterprises' support for balancing work with long-term care based on this survey.

<sup>2</sup> The survey targeted caregivers who are caring for parents while continuing to work, and the word "you" in the survey items refers to these survey targets. In this paper, the terms "caregiver," "respondent" or "survey subject" are used to distinguish the survey respondent from other caregivers.

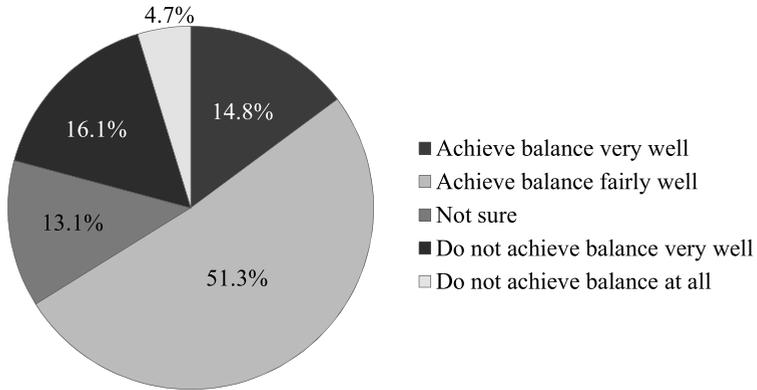


Figure 1. Whether or Not Employees Felt They Achieved Balance between Work and Long-Term Care Duties (n=1,000)

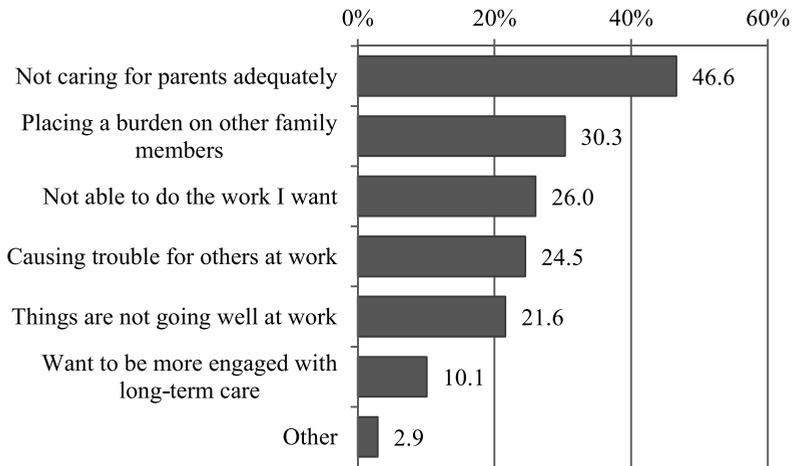


Figure 2. Reasons for Feeling They Had Not Achieved Balance (n=208)

between work and long-term care?” shown in Figure 1. When explaining the results of cross-tabulation, the percentage equated with “achieving balance” is the combined total of respondents saying they “had achieved balance very well” and those who “had achieved balance fairly well.” In some cases, references are made to the percentages of persons giving specific responses, such as that they had “achieved balance very well.” Meanwhile, those responding that they “had not achieved balance” could be divided, in terms of reasons (see Figure 2), into those who felt they were not adequately engaged in long-term care and those who felt they were not adequately engaged at work. These points must be taken into account when interpreting the results of the analysis.

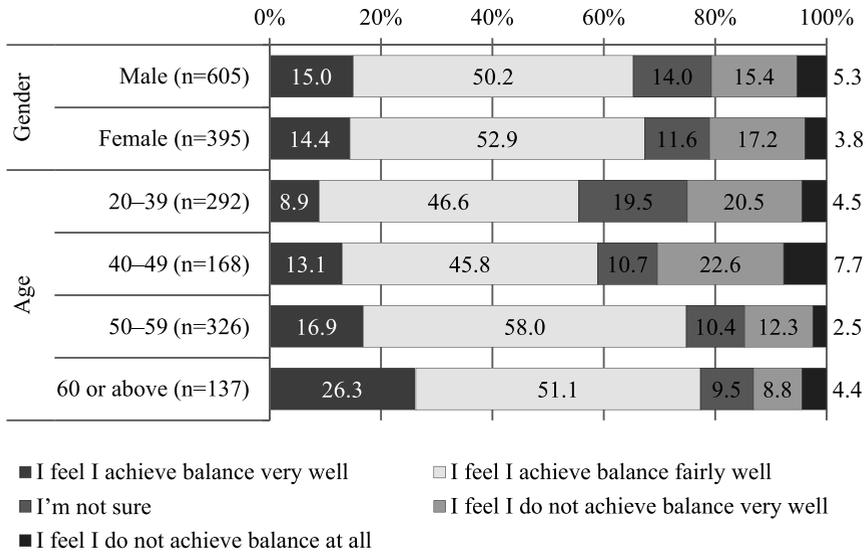


Figure 3. Gender, Age, and Sense of Balance

## II. Attributes of Caregivers

Let us examine the base attributes of regular employees who are working while providing long-term care to a parent. Ages of such employees range widely, from 20 to 76, with an average age of 46.3. A sizable percentage of them were in their 40s, and men accounted for 60% of the group, reflecting the fact that regular employee status was a precondition. In terms of marital status, “married” was the largest group, accounting for more than 60%. As for the size of the enterprise where they were employed, slightly under 60% were working at enterprises with 300 or fewer employees. With regard to correlations between gender, age, and subjective “sense of balance,” there was scarcely any difference depending on gender, but higher age was positively correlated with a sense of balance (see Figure 3).

One might predict that the older an employee is, the greater the physical burden of working while caring for a family member becomes, but in fact older respondents were more likely to report a sense of balance, which probably relates to their positions and duties at work, which are more conducive to effective balancing with long-term care responsibilities. Also, “sense of balance” appears to differ depending not only on the amount of time actually spent on work and long-term care, but also on subjects’ different perceptions of “balance” within the same time frame. In answer to a question about reasons for feeling balance was not achieved, responses from people who felt they were “not doing an adequate job of caring for [their] parent” were prevalent. From this perspective, it seems possible that the older people are, the more support they may have from siblings or other family members,

or that a stay-at-home housewife spouse may be the primary caregiver, reducing respondents' own degrees of responsibility and making them more likely to say they were achieving balance. Meanwhile, the third most common response regarding reasons for not achieving balance was "I am unable to do the work I want to do," and this sense of conflict appears strongest among younger people with their careers ahead of them, while conversely conflicts regarding balancing work and long-term care diminish progressively as people grow older.

### III. Attributes of Persons Requiring Long-Term Care

In the survey, subjects were asked about the identities of all persons to whom they were providing long-term care (own parents, spouse's parents, other family members, etc.), and then asked to specify the person (from among his/her own parents or the parents of a spouse) whom they were most involved in providing care to. The basic attributes of this "person they were most involved in providing care to" are discussed in this section.

In terms of gender, women (i.e. the respondent's mother or the mother of a spouse) accounted for over 60%, the mirror image of the gender breakdown for caregivers. As for age, 65.5% were "latter-stage elderly" persons aged 75 or over. With regard to Certification of Needed Long-Term Care under the long-term care insurance system, nearly three tenths of respondents (29.1%) stated that they either had not applied, had applied but were ineligible, or did not know about certification status. Even among persons requiring long-term care, there are many who under the long-term care insurance system are not officially considered to require support or long-term care. Examining the results for "sense of balance" broken down by degree of long-term care needed, the percentage of caregivers stating that they were achieving balance was highest among those for whom the care recipient was classified as "requiring long-term care—Class 1 or 2," whereas this percentage drastically declined when the recipient was classified as "requiring long-term care—Class 5," and the percentage responding that they were "not sure" increased, while there was no major discrepancy in the percentage stating that they were "not achieving balance" (see Figure 4). There was not a significant difference in the breakdown of responses from caregivers depending on whether the recipient required "long-term care—Class 1 or 2" or "long-term care—Class 3 or 4."

With regard to senile dementia, the highest percentage of respondents, at 45.9%, stated that the care recipient did "not have senile dementia," while 40.8% reported "mild dementia" accompanied by degradation of memory and perceptive, and 8.1% reported "severe dementia" involving erratic behavior such as wandering aimlessly outdoors. When "sense of balance" is viewed in light of the presence or absence of dementia, a higher percentage of caregivers for people with "mild dementia" said they had a "sense of balance" than their counterparts caring for people without dementia, and although the percentage of people caring for those with "severe dementia" who reported a lack of balance was higher

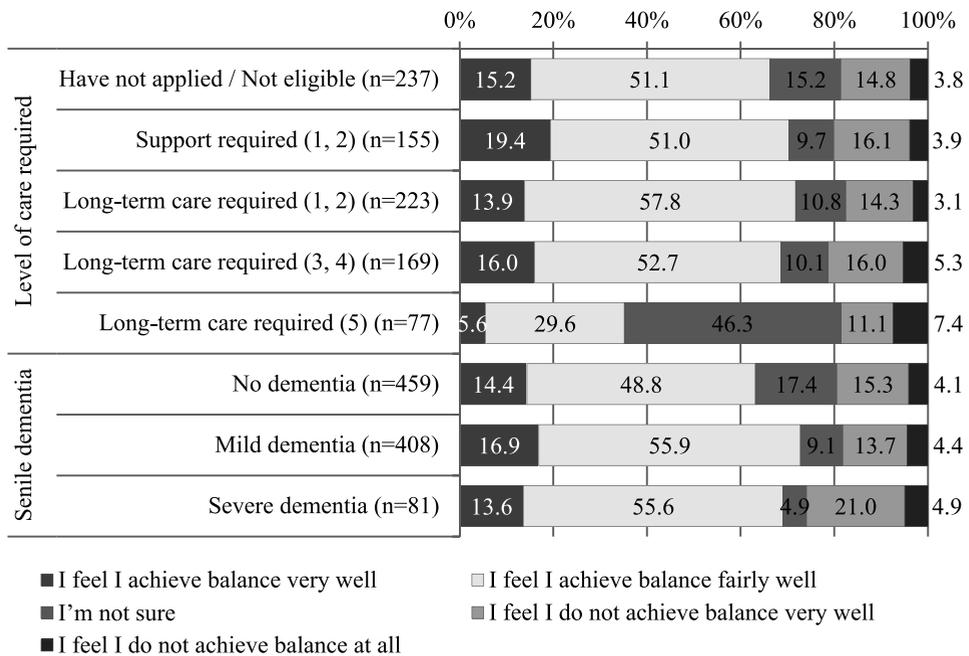


Figure 4. Degree of Long-Term Care Required, Presence or Absence of Senile Dementia, and “Sense of Balance”

than those caring for persons without dementia or with mild dementia, the discrepancy was not significant. One would expect that balancing work with long-term care would become more difficult the higher the degree of long-term care required, or the greater the severity of dementia, but in fact it does not appear that “sense of balance” is necessarily more difficult to attain when the person requiring long-term care has more severe symptoms.

#### IV. Caregivers’ Roles and Relationship between Caregivers and Recipients

The degree of diversity among relationships between caregiver (survey respondent) and care recipient, the role of the caregiver, and the “long-term care frameworks” discussed in the next section, is another major difference between childcare and long-term care. In the case of long-term care, the relationship of the caregiver to the recipient differs depending on whether the latter is the caregiver’s own parent or that of a spouse, and there are a wide variety of combinations of other family members involved, as well as much diversity in terms of the primary caregiver’s identity. Also, the caregiver and the recipient often do not live in the same place, with the distances separating their residences varying widely.

With regard to the relationship between caregiver and person requiring long-term care, first of all, there is the number of persons the caregiver is caring for, which was “one” for over 80% of survey subjects. The number was as high as four, but respondents caring for

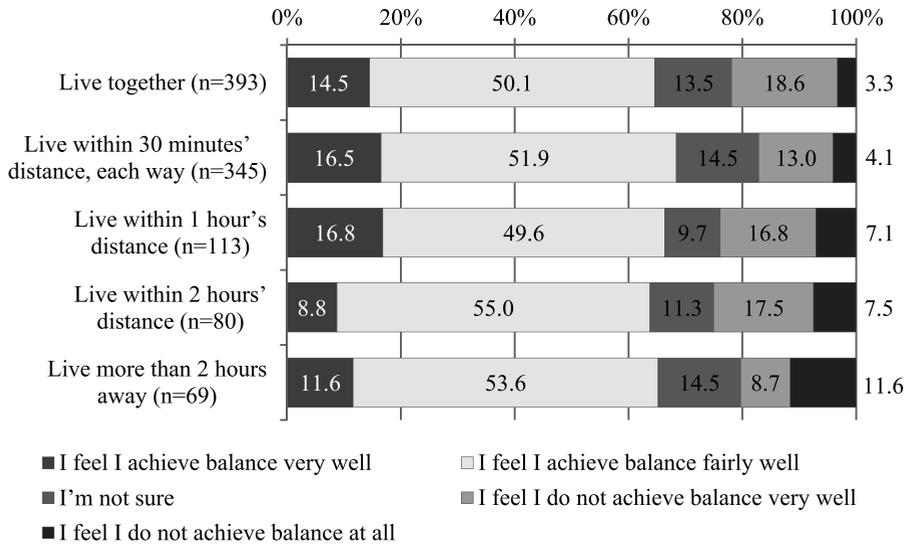


Figure 5. Distance between Caregiver and Recipient and “Sense of Balance”

three or more persons were rare. As for the identity of the primary long-term care recipient, the respondent’s own parent accounted for 77.5%. In terms of distance between caregiver and recipient, people living together or a short distance apart (30 minutes or less each way) made up a total of 73.8%. Long-distance care (more than two hours’ travel each way) accounted for 6.9%. Just under half (47.6%) said that they were the primary caregivers. One would expect that the more care recipients there were, the greater the caregiver’s burden and the more diminished his or her “sense of balance” would become, but the survey found that actually the percentage of respondents reporting they achieved balance was higher among those caring for two or more persons. As with the degree of care required and the presence or absence of dementia, this also indicates that the severity of the long-term care situation is not significantly correlated with greater difficulty in attaining a “sense of balance.” It is possible that persons caring for multiple recipients are making effective use of long-term care services and so forth, and cooperating with other family members, leading to a heightened “sense of balance.” It is also possible that when there are more care recipients, the caregiver’s focus of attention turns increasingly from work toward caregiving, and the subjective perception of “balance” is altered.

Regarding distance between caregiver and recipient, percentage of respondents reporting a “sense of balance” was higher among those living separately from the person requiring care, but a short distance away (30 minutes or less each way), than those living together. On the other hand, the percentage with a “sense of balance” declines when the distance from between caregiver and recipient exceeds one hour. However, when it exceeds two hours, a high percentage responded that they were not achieving balance at all, but the percentage saying they were achieving balance very well was also high (see Figure 5).

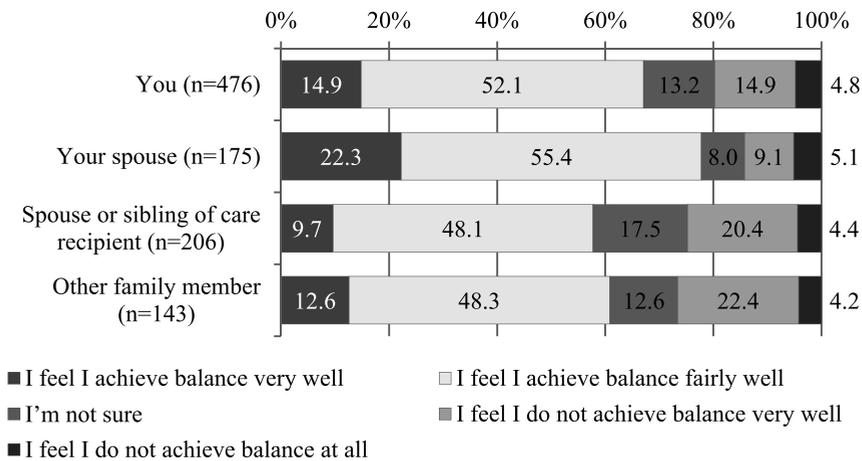


Figure 6. Identity of Primary Caregiver and “Sense of Balance”

When it takes more than two hours to get to or from the recipient, it seems impossible to care for him or her day-to-day while also working, and we may infer that those achieving balance do so by delegating the role of primary caregiver to someone else, or by establishing solid “long-term care frameworks,” i.e. utilizing facilities or other services.

Examining “sense of balance” broken down by identity of primary caregiver, we find that more respondents reported a sense of balance when their spouse was the primary caregiver than when the respondent himself or herself was. However, the percentage of survey subjects attaining balance was lower than that of “Self” when the primary caregiver was a “Spouse or sibling of the care recipient” or “Other family member” (see Figure 6).

Many of those surveyed were male, and in traditional Japanese society, it has been taken for granted that a full-time housewife would be primarily responsible for the long-term care of her husband’s parents, meaning that if a male respondent’s spouse (i.e. wife) plays the role of primary caregiver, his own duties may be significantly lessened even if the recipient is his own parent. It is also reasonable to assume that if a spouse is the primary caregiver, husband and wife can discuss and agree upon long-term care policies, procedures, and division of labor, creating a framework in which it is easier to balance work and long-term care. However, when the primary caregiver is another family member, the respondent may lack authority over long-term care policies or frameworks, and may feel a sense of inability to carry out caregiving duties. For example, the respondent may feel that more long-term care services should be utilized, but the primary caregiver may insist that family members should handle things themselves, or, the primary caregiver may reside with the recipient while the survey respondent has to travel a long distance, both of which can be expected to increase the subjective sense of burden. Also, leaving primary care responsibilities to other family members may lead to a feeling of insufficient engagement with caregiving.

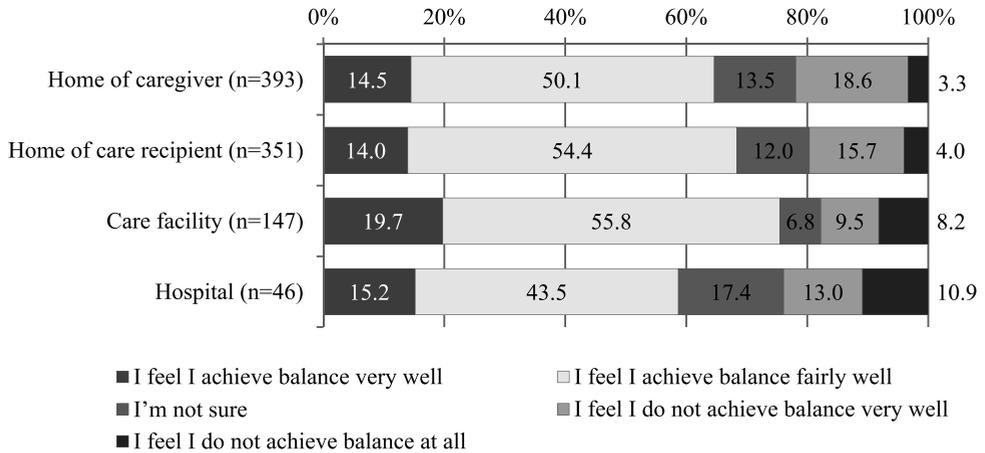


Figure 7. Long-Term Care Site and “Sense of Balance”

## V. Long-Term Care Frameworks (Family/Service Providers)

The sites of long-term care for the elderly can be broadly divided into “in-home care” and “facility care,” with the latter generally perceived as reducing the burden on family members providing care. Some workers find it necessary to take caregiver leave until they are able to place the care recipient in a facility, believing that they will be unable to balance work and long-term care responsibilities otherwise. However, under the current long-term care insurance system, in-house care is the basic rule until the care recipient is certified as “requiring long-term care—Class 2,” and in the survey utilized in this paper, nearly 80% reported in-home care (at the caregiver’s home, the recipient’s home, or the home of a family member).

Figure 7 shows differences in “sense of balance” depending on whether the site of long-term care is the home of the caregiver or the recipient, or a long-term care facility. For reference, figures for hospitals, which act as temporary short-term care facilities, are also included. When we compare in-home care and facility care, the latter had a higher percentage of respondents stating they were achieving balance very well, but also had a somewhat higher percentage who felt they were “not achieving balance at all.” While placing a recipient in a care facility reduces the burden of family members’ long-term care duties, we can infer that when the facility is far away, the burden may increase due to emergencies, paperwork and so forth, but also that there are other mediating factors so it is not a clear-cut decision between “in-home or facility.” Also, when care recipients are in facilities, survey subjects may feel they are not achieving balance because they are unable to do their part in providing long-term care.

Next, let us turn our attention to the long-term care framework composed of persons

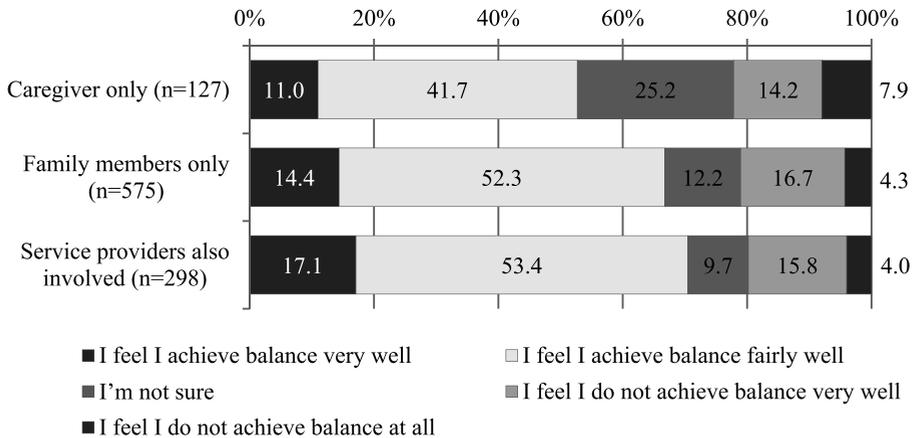


Figure 8. Nature of Long-Term Care Framework and “Sense of Balance”

other than the respondents, such as other family members and care service providers. Here these frameworks are classified in three categories depending on the status of others’ participation: “Self only” (no others involved), “Family members only,” and “Service providers involved” (including both cases where family members are also involved and cases where only service providers are involved.) The correlations with “sense of balance” are shown in Figure 8. Compared to “Self only,” the other two groups had a stronger sense of achieving balance. It appears that “sense of balance” is heightened when caregivers build a long-term care framework in cooperation with family members or service providers, rather than taking on all duties by themselves.

So, in terms of the various aspects of long-term care, what sorts of roles do different caregivers play? When we examine correlations between types of long-term care and whether or not respondents achieved a “sense of balance,” with regard to physical care there is little difference depending on whether it is handled by the respondent him or herself or the spouse of the care recipient, but having it handled by “a service provider, etc.” was correlated with a higher rate of achieving “sense of balance.” As for other categories of long-term care, survey subjects who achieved a “sense of balance” were more likely to be handling these aspects of care themselves, indicating that persons who are not deeply involved in caregiving do not necessarily have a stronger sense of balance. With regard to direct long-term care and household tasks such as “Giving reminders and watching over the recipient,” “Housework,” and “Shopping and taking out the garbage,” as well, a significant percentage of those achieving a sense of balance delegated these tasks to “service providers, etc.” In the group that did not report a “sense of balance,” a significant percentage responded vis-à-vis aspects other than physical care, such as “Arranging for services and completing paperwork, etc.,” “Managing money,” and “Reacting to sudden changes in condition, etc.” that they “do not deal with this aspect of long-term care,” suggesting that the lack of a

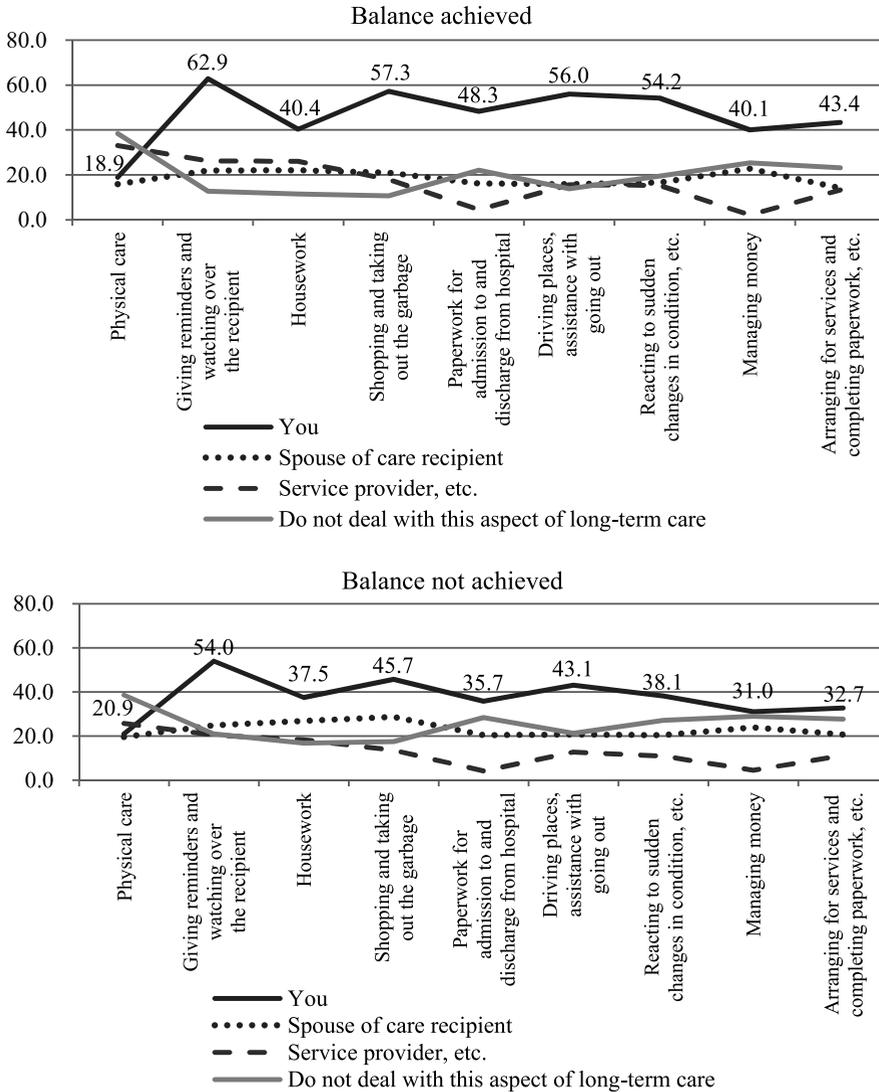


Figure 9. Identity of Persons Handling Specific Aspects of Long-Term Care and “Sense of Balance”

“sense of balance” signifies “insufficient engagement with long-term care,” resulting from the lack of a solid long-term care framework (see Figure 9).

When the amount of time actually spent on long-term care is viewed in terms of hours per week, nearly nine-tenths (88.3%) spent less than 30 hours per week. Among these, a considerable percentage (35.8%) reported spending very little time (less than five hours per week). However, there were cases of people engaged in extremely time-consuming long-term care, 100 hours per week or more, accounting for 1.0% of responses.

Table 1. Average Weekly Hours Spent on Long-Term Care and “Sense of Balance”

	Hours spent on care duties (average)
Total (n=715)	13.5 hours
I feel I achieve balance very well (n=100)	12.8 hours
I feel I achieve balance fairly well (n=401)	13.3 hours
I feel I do not achieve balance very well (n=116)	15.1 hours
I feel I do not achieve balance at all (n=27)	16.6 hours
I'm not sure (n=71)	11.9 hours

Examining correlations between average number of hours spent on long-term care and “sense of balance,” we can see a positive correlation between length of time spent on care and percentage of people who felt they had not achieved balance. However, even when people who are “achieving balance very well” are compared to those who are “not achieving balance at all,” the discrepancy in average hours per week is not large, at less than four hours (see Table 1).

Next, let us turn our attention to long-term care services and related services utilized. Here, as well, major differences with childcare exist. In childcare, the typical pattern is for parents returning to work after childcare leave to place their children in day care centers virtually every day during working hours, whereas in long-term care there is great diversity, in terms of whether at-home services are used or care recipients are placed in facilities, and among at-home services, which of many possible combinations of services are selected. Services utilized also vary depending on the long-term care framework involving family members that was discussed earlier. Also, there is a complementary relationship between long-term care frameworks, involving family members and service providers, and “work styles and formats,” and while in one sense, needs with regard to work styles and formats differ depending on the nature of the long-term care framework, there may also be cases where the long-term care framework conversely needs to be adjusted, in terms of care services utilized, to fit the work style and format.

Examining correlations between services utilized and “sense of balance,” we find that persons who report attaining balance have a high rate of service utilization overall, but there is also a slightly higher percentage of respondents using “No services at all” than among their non-balanced counterparts.<sup>3</sup> Meanwhile, people who did not achieve balance have a

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<sup>3</sup> With regard to long-term care expenses, the percentage responding “between 10,000 and 30,000 yen” is higher among those achieving balance than among those not achieving balance. Among those not achieving balance, the percentage responding “5,000 yen or less” is slightly higher than among those achieving balance, but the percentages of persons responding “30,000 yen or more” do not significantly differ from those achieving balance.

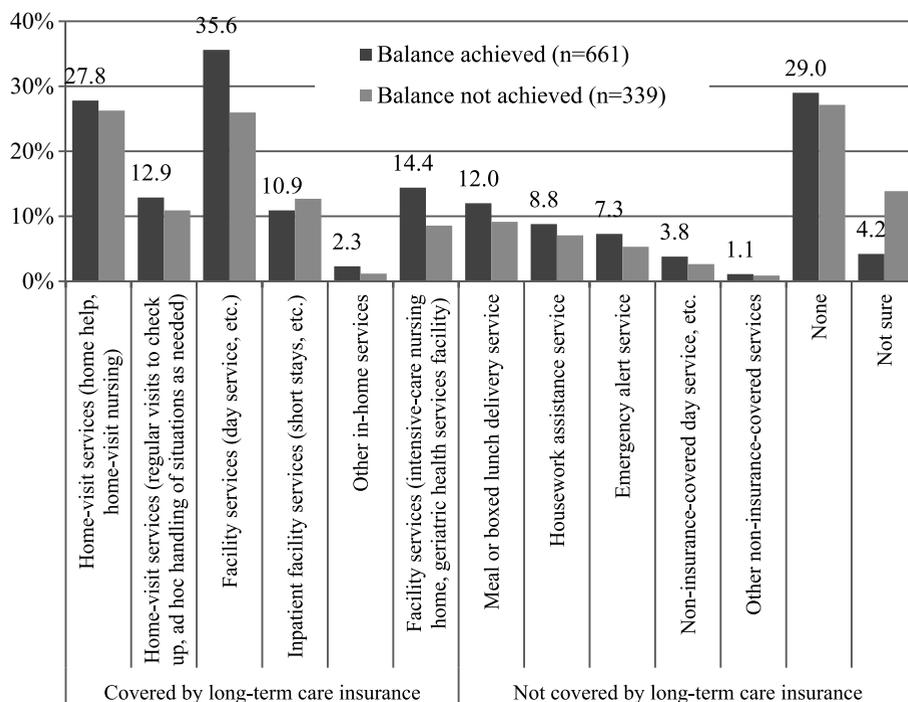


Figure 10. Services Utilized and “Sense of Balance”

higher rate of utilization of “Short-term inpatient facilities” (see Figure 10). These short-stay services are generally utilized when caregivers go on business trips or must attend weddings, funerals or other ceremonies, or to relieve caregivers’ exhaustion (“respite care”), but it has been pointed out that inappropriate usage of these facilities can lead to degradation of the care recipient’s physical and mental condition. Underlying the frequent utilization of short-term inpatient facilities among people with little or no sense of work-caregiving balance may be a state of affairs in which failure to establish an effective day-to-day long-term care framework by adjusting work styles and formats and securing cooperation from family members leads to increased use of short-stay facilities.

As for the correlation between duration of long-term care and “sense of balance,” up until one year, the longer the duration, the lower the percentage who are “achieving balance very well,” but after one year, the percentage of those achieving balance rises. We may infer that many persons who have been working and providing care for a year or more are more likely to have an environment conducive to long-term caregiving in place. Or, put the opposite way, if an appropriate long-term care environment leading to “sense of balance” is not in place, it becomes difficult for the caregiver to continue working while carrying out care duties over the long term.

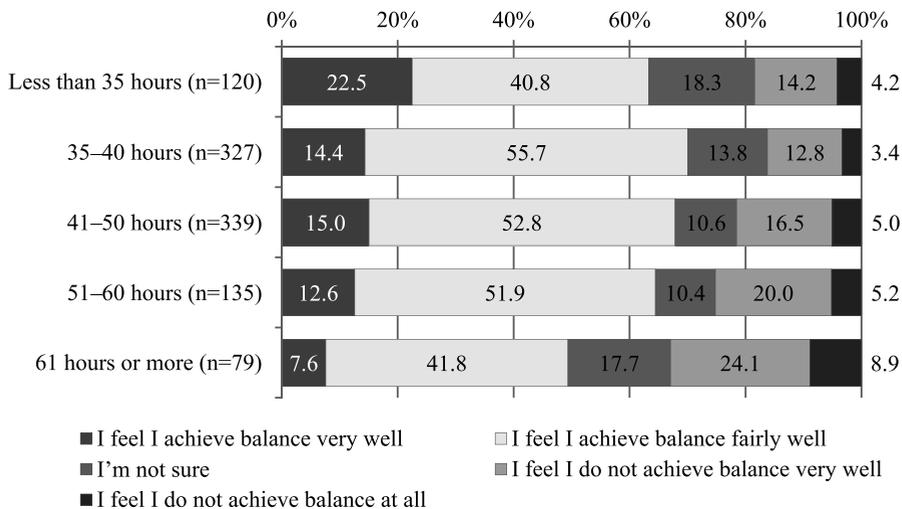


Figure 11. Average Number of Hours Worked per Week and “Sense of Balance”

## VI. Work Style and Format

Thus far, it has been thought that work styles and formats that enable balancing of work and long-term care are realized through adjustment of work styles and formats to fit the caregiver roles and long-term care frameworks discussed thus far. However, among middle-aged and older men who face the strong possibility of having to care for their parents while continuing to work as regular employees, there tends to be strong resistance to the idea of taking paid leave or changing their work style or format due to family obligations, and they may instead be leaving their working style unchanged while adjusting the long-term care framework accordingly. Examination of these work formats reveals that around 90% of respondents to this survey fit the category of “full-time work with a standard schedule.” As for the average number of hours worked per week (including overtime work), the percentage of subjects working “41–50 hours” was highest at 33.9%, followed by “35–40 hours” at 32.7%. With regard to number of days of paid leave taken in the past year, a high percentage responded “1–4 days” (25.3%) or “5–9 days” (23.1%), while a sizable percentage (18.9%) took no paid leave at all.

Examining the correlation between average number of hours worked per week and “sense of balance,” we find that the greater the number of hours, the lower the percentage of respondents “achieving balance very well.” In particular, among those working 61 hours per week or more, the percentage of those not achieving balance is high. On the other hand, among those working 34 hours or less, the percentage of those not achieving balance is higher than among those working 35 hours or more (see Figure 11).

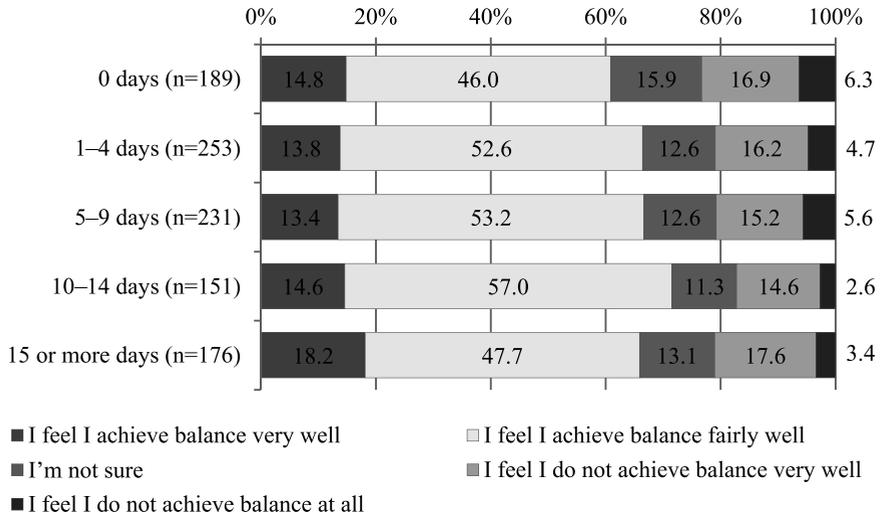


Figure 12. Number of Days of Paid Leave Taken and “Sense of Balance”

As for reasons why a large proportion of those with both long and short working hours feel they have not achieved balance, examination of the responses to “Reasons for not achieving balance” reveals that longer working hours are correlated with a higher percentage stating they “are unable to provide adequate care to a parent.” Meanwhile, among those with shorter working hours (40 or less per week), a higher percentage said they “are unable to do the work they want” or “are placing a burden on those around them at work.” It is evident that the sense of “not achieving balance” takes on different meanings depending on the number of hours worked per week.

Next, turning our attention to correlations between “sense of balance” and number of days of paid leave taken, we find that up to 15 days, the greater the number of days taken, the more likely respondents were to achieve balance, although the discrepancies are not as pronounced as with working hours. However, among those taking 15 or more days of paid leave, although the percentage “achieving balance very well” is high, the percentage “achieving balance fairly well” is lower, and the overall proportion “achieving balance” is lower than that of “10–14 days” (Figure12).

As for “reasons for not being able to achieve balance” by number of days of paid leave taken, in contrast to the results for working hours, there was a tendency for people who did not take vacation days to state the reason as “Things are not going smoothly at work” and “I am unable to do rewarding work,” whereas among those who did take vacation days, there were many respondents stating they were “insufficiently engaged with long-term care.” It is possible that people who take no paid leave at all, despite being engaged in long-term care while working, have a strong mentality of prioritizing work and are resistant to the idea of taking time off, and have a corresponding difficulty in feeling

Table 2. Utilization of Support Programs and “Sense of Balance” (%)

Utilization of support programs for balancing work and long-term care	Total (n=1000)	Balance achieved (n=661)	Balance not achieved (n=339)
Caregiver leave	4.7	4.2	5.6
Time off for caregivers	6.7	6.2	7.7
Paid leave (annual, accrued, etc.)	23.7	27.7	15.9
Unpaid leave	4.4	4.2	4.7
Leave taken in half-day units	10.2	11.8	7.1
Leave taken in hourly units	5.7	7.3	2.7
Staggered work start/finish times	4.7	6.1	2.1
Shortened working hours	1.3	1.5	0.9
Shortened work week	0.8	0.8	0.9
Exemption from work outside regular hours	3.0	3.5	2.1
Flex-time work	4.3	4.5	3.8
Discretionary work	0.9	1.1	0.6
Work from home	1.5	1.4	1.8
Tele-work/Satellite, etc.	0.4	0.2	0.9
Arrive late, leave early, or leave for a period during the day	10.9	13.0	6.8
Other	0.3	0.2	0.6
No programs utilized	56.6	52.3	64.9

satisfied with how work is going. Meanwhile, those who take many days of paid leave, despite a Japanese labor environment in which this continues to be frowned upon, have a strong tendency to place long-term care before work, and thus feel they are unable to play the role of caregiver adequately even when they take a fair number of vacation days. Underlying attitudes and perceptions surrounding placing work first and taking paid leave may be behind the fact that “sense of balance” does not rise the more vacation days are taken.

Next, let us examine the status of utilization of enterprises’ programs for balancing work and long-term care, including caregiver leave and “time off for caregivers.” There is scarcely any difference in “sense of balance” corresponding to the rate of utilization of the caregiver leave and “time off for caregivers” programs, with only a slightly higher rate of utilization among those “not achieving balance.” The programs for which rate of utilization was higher among those “achieving balance” were other programs such as paid leave; permission to arrive late, leave early, or leave work for a period of time during the day; leave taken in half-day units; leave taken in hourly units; and staggered working hours. Persons achieving balance tended to utilize programs that enable flexible working styles and formats, including paid leave taken in one-day or shorter units, and adjusted start and finish times (see Table 2).

Among “reasons for not utilizing the caregiver leave program,” the most common was “No need to take a prolonged leave of absence,” accounting for around 40%. This was

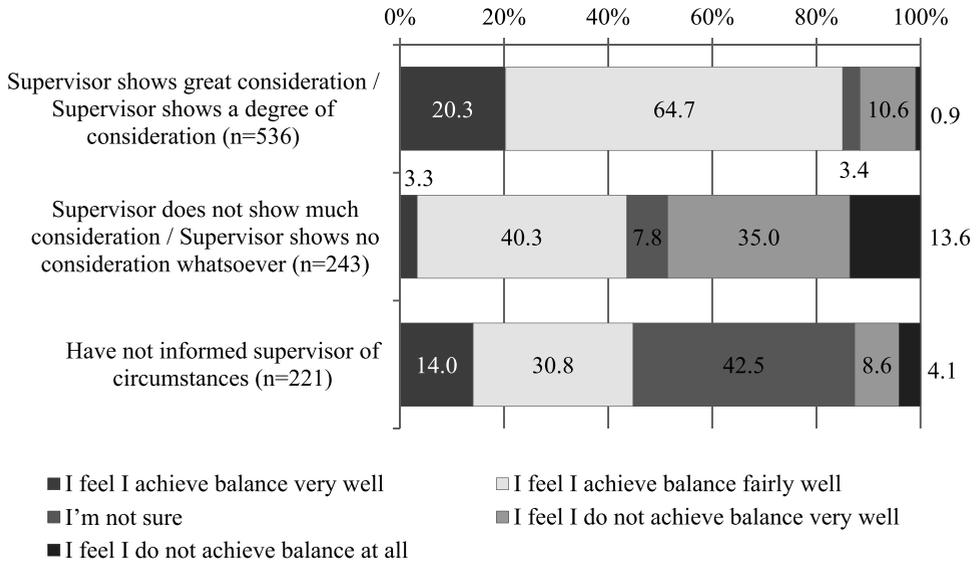


Figure13. Supervisor’s Degree of Consideration and “Sense of Balance”

followed by various reasons for not utilizing the program despite needing to—“Nobody is available to cover my duties,” “Workplace atmosphere makes it difficult to utilize the caregiver leave program,” and “I was unaware of the caregiver leave program,” each making up just under 20% of responses.

As Sato and Takeishi (2011) has pointed out, for enterprises to introduce programs promoting work-life balance by enabling balancing of work with care duties, and for employees to make effective use of these, supervisors’ workplace management is key. With this in mind, we sought to elucidate differences in in-house communication and workplace management by first of all examining correlations between “sense of balance” and supervisors’ degree of consideration for employees’ circumstances. It was found that between respondents whose supervisors “show consideration for their circumstances” (the total of “Supervisor shows great consideration” and “Supervisor shows a degree of consideration”), and those whose supervisors “do not show consideration for their circumstances” (the total of “Supervisor does not show much consideration” and “Supervisor shows no consideration whatsoever”), there is a difference in the percentage of respondents “achieving balance” of over 40 percentage points. There were also a significant number of survey subjects who had not informed their supervisors of their circumstances, and the percentage of these respondents who “were not sure” whether they were achieving balance was relatively high (see Figure13).

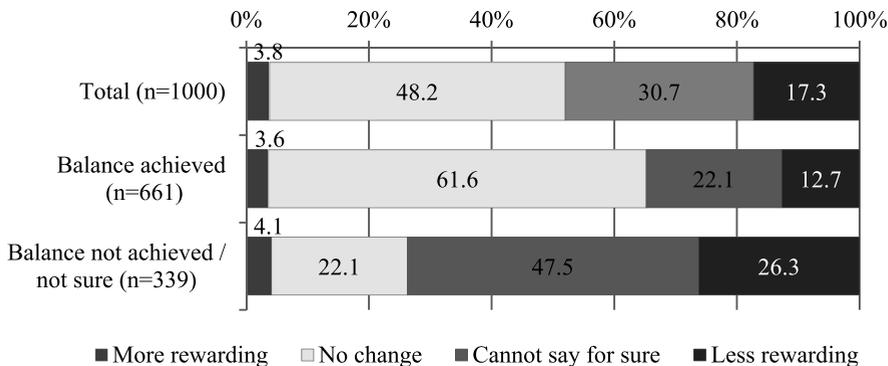


Figure14. Degree to Which Work Remains Rewarding and “Sense of Balance”

### VII. Quality of Balance between Work and Long-Term Care

Based on the above analysis, we carried out a quantitative analysis in order to clarify factors affecting “sense of balance between work and long-term care.” In addition to “sense of balance,” “sense that work is rewarding (or ability to maintain this sense)” was set as an objective variable indicative of quality of balance between work and long-term care. This is because in balancing work and long-term care, there is a recognized need for support that enables employees not only to continue working while caring for family members, but also to maintain a feeling that work is rewarding and to work at their full potential. When we examine the correlation between “sense of balance” and “sense that work is rewarding,” we find that among those who were achieving balance, there was nearly a 40% higher percentage of respondents saying their “work was just as rewarding as before” they were faced with the need to provide long-term care, compared to those who were not achieving balance (see Figure14).

The method used was a binary logistic regression analysis, where for (1) sense of balance, “achieving balance” (“achieving balance very well” + “achieving balance fairly well”) = 1, and other responses = 0. For (2) “sense that work is rewarding,” “maintaining a sense that work is rewarding” (this sense has “increased” + is “unchanged”) = 1, and other responses = 0. The explanatory variables are “4. Long-term care framework” (i.e. whether or not other people are involved in caregiving, the site of long-term care, number of hours spent on care per week) and “5. Work style and format” (actual number of work hours per week, number of days of paid leave taken, utilization of support programs, supervisor’s degree of consideration for circumstances), and the control variables are “1. Attributes of caregiver” (age, gender, marital status, size of enterprise where caregiver works, position at work), “2. Attributes of care recipient” (presence or absence of senile dementia, class of long-term care requirements of primary care recipient), and “3. Relationships and roles

(number of care recipients, identity of primary caregiver, duration of long-term care).”

The analysis results are shown on Table 3. First of all, it is evident that in this model, “actual number of work hours per week” had negligible impact on either (1) “sense of balance” or (2) “feeling that work is rewarding.” This may in part reflect the fact that at present, few people are adjusting their working hours in order to provide long-term care. There was also no consistent tendency correlated with number of days of paid leave taken. One evident reason is that because respondents who took 10 or more days of paid leave generally handled more long-term care duties than their counterparts who took between 1 and 4 days, they were actually in circumstances less conducive to (1) “sense of balance.” As for “utilization of support programs,” in terms of impact on (1) “sense of balance,” when compared to those who utilized no programs, there is no significant difference for those utilizing caregiver leave, but there was a significant positive impact for those utilizing programs other than caregiver leave. We may infer that ability to take time off in short units of one day or less as needed, and flexibility of work schedules and locations, has a more positive impact than ability to take long-term leave from work. “Supervisor’s degree of consideration” also had a significant positive impact on (1) “sense of balance” or on (2) “feeling that work is rewarding.” It should be noted that “sense of balance” is subjective, and depends on each individual’s balance of perception that he or she is sufficiently engaged in long-term care and sufficiently engaged at work, but pertaining to degree of engagement at work, “supervisor’s degree of consideration” is an especially important factor. In particular, many of those who had not informed their supervisor of their circumstances were “not sure” whether they were achieving balance or not, suggesting that the subject’s perception of how he or she appears to a supervisor is an important barometer of whether balance is achieved.

As for “long-term care framework,” although the significance level is only 10%, “Self only” had a negative impact as compared to “Family members or service providers are involved.” From this result, we may infer that by establishing long-term care frameworks with the cooperation of family members and others, employees are able to curtail impact on work style and format, in the form of paid leave, working hours and so forth, leading to a sense of balance between work and care duties and a feeling that work is rewarding. Vis-à-vis “long-term care site,” there was no evident impact on either (1) “sense of balance” or (2) “feeling that work is rewarding” depending on whether the site was a facility or hospital, or the home. In other words, at-home care is not correlated with greater difficulty in achieving balance. Meanwhile, “number of hours spent providing long-term care per week” also had a negative impact on (1) “sense of balance” at a 10% significance level. This suggests that the longer someone spend providing care, the greater the feeling of insufficient engagement at work.

Table 3. Factors Impacting Sense of Balance and Feeling That Work Is Rewarding: Binomial Logistic Regression Analysis

	(1) Sense of balance		(2) Sense that work is rewarding	
	(Sense of balance achieved=1)		(Increased/no change=1)	
	Coefficient	Odds ratio	Coefficient	Odds ratio
Number of hours worked per week (base: 35-40 hrs.)				
34 hrs./week and under dummy	-0.280	0.756	-0.217	0.805
41-50 hrs./week dummy	-0.134	0.874	0.308	1.361
51-60 hrs./week dummy	-0.175	0.839	0.208	1.231
61 hrs./week and above dummy	-0.704 *	0.495	0.351	1.420
Number of days of paid leave taken per year (base: 1-4 days)				
0 days dummy	-0.274	0.761	-0.152	0.859
5-9 days dummy	-0.046	0.955	0.492 **	1.635
10-14 days dummy	-0.594 *	0.552	0.299	1.349
15 days or more dummy	-0.701 **	0.496	-0.112	0.894
Utilization of programs to support work/ caregiving balance (base: no utilization)				
Caregiver leave utilized dummy	0.005	1.005	-0.414	0.661
Programs other than caregiver leave utilized dummy	0.535 **	1.708	0.049	1.051
Supervisor's degree of consideration (base: no consideration / have not informed supervisor)				
Consideration given	1.825 ***	6.200	0.936 ***	2.550
Long-term care framework (base: family members / service providers involved)				
Respondent only dummy	-0.236	0.790	-0.443 *	0.642
Site of care (base: at home)				
Facility dummy	0.107	0.540	0.237	1.267
Hospital dummy	-0.615	0.790	-0.246	0.782
Number of hours spent on care per week (care given by respondent only)				
	-0.010 *	0.990	-0.006	0.994
Sample size	1,000		1,000	
Chi-square	181.4***		73.1***	
-2 log likelihood	677.094		906.561	

Note: Input as control variables are “individual attributes of the caregiver (age, gender, marital status, size of enterprise where caregiver works, position at work),” “individual attributes of the care recipient (presence or absence of senile dementia, class of long-term care requirements),” and “relationships and roles (number of care recipients, identity of primary caregiver, duration of long-term care).”

\* $p < 0.1$  \*\* $p < 0.05$  \*\*\* $p < 0.01$

## VIII. Summary

Compared to childcare, long-term care appears on the surface to place caregivers in more complex and diverse circumstances. However, when we control for factors such as the attributes of the care recipient, the caregiver's relationship to the recipient, and the long-term care framework (cooperation from family members and service providers, etc.), it is evident that the support employees need from enterprises, with regard to their work styles and formats, involves "curtailing excessively long working hours," "creating an environment in which leave can be taken flexibly and support programs can be utilized," and "supervisors' consideration for employees' circumstances," and there is hardly any difference between this and the type of work environment required for employees engaged in childcare to achieve work-life balance. What differs is that while long-term care of family members generally does not require a prolonged leave of absence similar to childcare leave, it is necessary for employees to be able to take short-term leave or adjust working hours as needed, and for some workers this flexibility in work style and format may be required over a very long period. For care of family members over a long period of time, the crucial role of "caregiver leave" is not to provide a lengthy leave of absence for long-term care itself, but to provide time for the establishment of a cooperative framework (among family members and/or service providers) when long-term care first begins, for revision of this framework when the care recipient's condition changes, or for increased time spent with the care recipient when his or her condition is terminal.<sup>4</sup> Thus far, the "caregiver leave" program has scarcely been utilized, but with the amendment of the Act on Childcare Leave, Caregiver Leave, and Other Measures for the Welfare of Workers Caring for Children or Other Family Members, it will be possible starting in January 2017 for employees to divide up the days of leave over an extended period, and it is expected that the caregiver leave program will increasingly be utilized in a manner that fits diverse actual needs. The amendment also provides for exemption from work outside regular hours for a long period of time, until long-term care responsibilities end, and permits greater flexibility of work style or format, such as working from home, flex-time schedules, or shortened working hours, for up to three years. These support measures relating to work style and format are in line with the caregiver needs that came to light in the survey outlined in this paper. However, from the standpoint of enterprises, there is a pressing need for human resource systems and workplace management that prevents productivity from dropping, and evaluates and compensates employees fairly, even if the number of employees selecting these flexible work styles and formats increases. Also, if a growing number of employees take negative views of their roles at work and feel unrewarded due to their inability to balance work with care duties, there is a risk of employees seeking excessively lightened workloads. It will be vital to pro-

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<sup>4</sup> Among respondents to this survey, the majority of those utilizing the caregiver leave program did so when they first began providing long-term care.

vide career support for middle-aged and older employees so they can feel a sense of reward, professional growth, ambition regarding compensation, and so forth even when faced with the need to care for family members.

Enterprises' support for balancing work and long-term care relates not only to work styles and formats, but also to facilitation of the establishment of long-term care frameworks. It is important to encourage caregivers, who often try to handle too many duties directly by themselves, to avail themselves of long-term care service providers and divide duties among family members, i.e. to focus on "management of care services and division of duties." In Japan, there is still deep-rooted resistance to utilization of care services and a persistent moral climate in which "keeping long-term care in the family" is considered admirable, leading to problematic refusals of services from both caregivers and care recipients. Faced by surrounding people's attitudes that "one of the family members should refrain from working and focus on long-term care as the 'primary caregiver,'" or that "those with responsibility for long-term care ought to quit their jobs," employees are prone to trying to handle long-term care alone and being forced to resign from their jobs as a result. If society's prevailing attitudes toward long-term care are not changed, and caregivers are not persuaded to seek assistance and cooperation with their care duties, it is possible that many employees will not get adequate support, even if progress is made with enterprises' flexibility toward work styles and formats. It is also crucial to address the nature of long-term care, so that establishment of a "long-term care framework" involving service providers and family members is the norm, enabling employees to continue working more or less full-time, and enterprises must encourage their employees to have such frameworks in place.

However, even if individual companies call on their full-time employees to "balance work with care duties by utilizing long-term care services," or convince them that "managing a cooperative long-term care framework is more effective than handling everything directly oneself," if the prevailing social attitude continues to say that such caregivers are "not fulfilling their long-term care responsibilities," then the caregivers will continue feeling that they are not balancing work with long-term care duties. Also, if people do not discard a mentality in which abstaining from overtime work or taking leave when needed is seen as "not doing one's duty as a regular employee," or "causing a nuisance to co-workers, etc.," then employees will go on feeling they cannot balance work with long-term care, or are unable to feel rewarded at work. There is a need for society as a whole to overhaul attitudes toward both work and long-term care, with the assumption that work and long-term care are to be balanced.

In the survey and analysis we conducted, meaningful similarities with balancing work and childcare duties came to light. "Balancing" is not merely for the sake of enabling work to continue; it is only achieved when workers themselves feel they are fulfilling their responsibilities both on the job and in caregiving, whether this is for children or elderly family members. On the work side, a sense of balance is not achieved simply by exempting employees from overtime work, but also requires finding work styles and formats that enable

them to feel they are fulfilling their responsibilities, taking on rewarding challenges, and avoiding placing an undue burden on co-workers, all within a limited time frame. To achieve this will require not only support programs and workplace management enabling flexible work styles and formats, but also effective communication between caregiving employees and supervisors and others in the workplace, so as to elevate the quality of balance between work and long-term care.

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