



COMBINING PAID WORK AND ELDERCARE IN THE NETHERLANDS IN THE PRACTICE OF SELECTED DUTCH ORGANIZATIONS

Agnieszka Furmańska-Maruszak¹, Susanne Heeger-Hertter²

¹Faculty of Humanities

Nicolaus Copernicus University

ORCID: <https://orcid.org/0000-0002-3877-7996>

e-mail: afmaruszak@umk.pl

²Faculty of Law, Economics and Governance

Utrecht University

ORCID: <https://orcid.org/000-0003-1807-9960>

e-mail: s.heeger@uu.nl

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Abstract

The possibility to balance work and eldercare in the Netherlands is determined by legal and institutional factors (such as special employment entitlements for a career in the form of leaves and a flexible working arrangement). In our paper we compare the Dutch legislation in this field with the HRM practice of four Dutch public and private (non-profit and for-profit) organizations. The aim is to check what kind of workplace eldercare assistance is provided by the organizations and what forms are applied due to legal regulations and what goes beyond these regulations and why. The results show that the relationship between employer and employee is based on mutual trust. Dutch employers are – as far as circumstances permit – more generous in practice than the specific legislation requires, mainly due to the minimum rights in the legislation. A reason for the generosity is self-interest. The Dutch regulation of sick pay can be seen as an incentive to prevent sickness as it obliges employers to continue paying the wages during sickness for a long period. Moreover, they want to build loyalty and motivation among their employees by developing a form of corporate social responsibility.

ŁĄCZENIE PRACY I OPIEKI NAD OSOBĄ STARSZĄ W HOLANDII W PRAKTYCE WYBRANYCH ORGANIZACJI HOLENDERSKICH

*Agnieszka Furmańska-Maruszak*¹, *Susanne Heeger-Hertter*²

¹Wydział Humanistyczny

Uniwersytet Mikołaja Kopernika w Toruniu

²Wydział Prawa, Ekonomii i Zarządzania

Uniwersytet w Utrechcie

Słowa kluczowe: pomoc w zakresie opieki nad osobą starszą, równowaga praca-życie, holenderskie ustawodawstwo.

Abstrakt

Możliwość zrównoważenia pracy i opieki nad osobą starszą w Holandii jest determinowana przez czynniki prawne i instytucjonalne (jak specjalne uprawnienia dla pracującego opiekuna w formie urlopów i elastycznych warunków pracy). W artykule porównano holenderskie ustawodawstwo w tej dziedzinie z praktyką HRM czterech holenderskich organizacji publicznych i prywatnych (non-profit i for profit). Celem było sprawdzenie, jaki rodzaj pomocy w zakresie opieki nad osobami starszymi jest zapewniany przez te organizacje i jakie formy są stosowane ze względu na przepisy prawa, a co wykracza poza te przepisy i dlaczego. Wyniki pokazują, że relacje między pracodawcą a pracownikiem opierają się na wzajemnym zaufaniu. Holenderscy pracodawcy są – gdy tylko pozwalają na to okoliczności – bardziej hojni w praktyce, niż wymaga tego konkretne ustawodawstwo, ze względu na minimalne prawa w ustawodawstwie. Powodem hojności jest własny interes. Holenderskie przepisy dotyczące zasiłków chorobowych mogą być postrzegane jako zachęta do zapobiegania chorobom, ponieważ obligują one pracodawców do dalszego wypłacania wynagrodzenia w czasie choroby przez długi czas. Ponadto pracodawcy chcą budować lojalność i motywację wśród swoich pracowników, rozwijając podejście społecznej odpowiedzialności biznesu.

Introduction

Only recently (*Proposal for a Directive...*, 2017) has the combination issue of work and care for a dependent relative been recognized as an important part of a work-life balance (WLB) approach that makes work sustainable throughout the life cycle (*Sustainable work over...*, 2015, p. 8). Taking into consideration recent developments in European societies, the Commission introduced a broader approach to work-life balance referring this issue to parents and caregivers separately. The research of WLB measures for persons of working age with dependent relatives has been conducted for 35 European countries and presented in the form of a joint report (Bouget *et al.*, 2016) as well as individual reports for each country (European Commission 2016) facilitating international comparisons. The issue has been raised due to the problem of low employment rates, especially among women (*Proposal for a Directive...*, 2017, p. 2) and a growing demand for eldercare (Billings *et al.*, 2013, p. 3; Wittenberg, 2016, p. 13) in European and OECD countries. Managing an ageing and multigenerational workforce

requires a particular HRM approach that answers the needs of older workers and helps them with the problems they experience while combining work with giving care to their parents, their spouse or other relatives (Calvano, 2015). It requires an adequate work-life balance policy including care leaves, flexible working arrangements and also sufficient formal care services (*Proposal for a Directive...*, 2017, p. 2).

In the Netherlands, the system of support for family caregivers is regulated by law. The possibility to balance work and care is determined by legal and institutional factors, such as: special employment entitlements for a caregiver to ask for care leave, flexible working arrangements such as the adjustment of working hours or work place, flexible working time, etc. In our paper, we compare the Dutch legislation in this field with the human resources management (HRM) practice of several Dutch organizations. The aim is to check how the Dutch legislation helps organizations to balance work and care of their employees in the Netherlands. In order to do so, we assess the legislative approach to work-care balance in the Netherlands and present four cases of Dutch public, private non-profit and private for-profit organizations that support their employees in balancing work and care.

Measures supporting the balance between work and eldercare in the Netherlands

Access to formal long-term care services in the Netherlands

In the Netherlands the provision for formal long-term care (LTC) is well-developed. In 2015, the proportion of the elderly aged 65 or more receiving this type of care equaled 18.4%; placing the Netherlands in the third position next to the OECD countries with the highest LTC coverage – Switzerland (21.6%) and Israel (20.7%). In 2005, the Netherlands was the leader among analyzed OECD countries with more than one fifth of over-65s receiving long-term care (20.5%) (*Health at a Glance 2017...*, 2017, p. 207). The decrease in LTC coverage in this country is not substantial, but it mirrors the tendency of an increasing role for informal care.

The majority (71% in 2015) of formal long-term care recipients in the Netherlands receive care at home. Moreover, in 2015 the Netherlands had the highest number of beds in long-term care institutions and hospitals (87 beds per 1,000 people aged 65 and over) among OECD countries. This kind of care is necessary for people with intensive LTC needs and often costs more to public budgets in comparison to informal care (*Health at a Glance 2017...*, 2017, p. 213). In the Netherlands in 2015, the long-term care expenditure for the health and social component incurred by the government and compulsory insurance schemes

was the highest among OECD countries and equaled 3.7% of GDP. It was more than twice as high as the OECD average (*Health at a Glance 2017...*, 2017, p. 215).

In the Netherlands, long-term care for people in need has undergone radical reform. Since 2015, the availability of centrally funded care to people who require permanent supervision or who require residential care within an institution has been strictly limited. As a consequence, the focus has increasingly been away from publicly funded care, and has shifted towards familial social responsibility and towards promoting informal care (Verbeek-Oudijk *et al.*, 2014).

An important objective of government policy with regard to labour and care; therefore, is “to encourage employees to combine work and care” (*Beleidsdoorlichting Arbeid en Zorg...*, 2006). Policy in this area is mainly a consequence of the increasing labour participation of women and the disappearance of the breadwinner society. It is recognized that this changing reality not only has positive aspects (in terms of better use of human capital and greater financial independence), but it can also lead to coordination problems, time pressure, health and financial risks, etc. When these negative aspects are at least partly met by government policy, the chance of labour market participation is maximized.

Flexible forms of employment are widely spread among the Dutch workforce. In 2016, the Netherlands had the highest proportion of workforce aged 20-64 years in Europe reporting that their main job was part-time (46.6%). This form of employment is particularly popular among women, and in 2016 74.8% of women in the age group 20-64 worked part-time (Eurostat 2018). Such a high percentage of part-timers indicates better possibilities of organizing one’s working life around care duties (van der Woude *et al.*, 2016, p. 17).

It is estimated that 33% of all adults in the Netherlands provide informal care to relatives, friends and neighbours. The large majority of these caregivers (73%) give less-intensive informal care (de Klerk *et al.*, 2015; van der Woude *et al.*, 2016, p. 13). The Netherlands belongs to the group of countries with the lowest rates of daily care provision due to developed formal long-term care sector and comprehensive public coverage (*Health at a Glance 2017...*, 2017, p. 208). However, the recent tendency of shifting care from publicly funded care to informal care makes the issue of work-life balance among working caregivers particularly relevant.

Measures supporting the balance between work and eldercare regulated by the Dutch law

The right to request care leaves and flexible working hours is regulated by law. Caregiver leave has been organized under the Work and Care Act (Wet arbeid en zorg, hereafter: Wazo). It provides short and long-term care leave as well as emergency leave. Employees are entitled to care leave for a legally

defined group of people in need of care. Until 2015, this group was limited to family members in the first degree (parents and children). To encourage informal care, the caregiving group has been extended enormously¹. The extension was necessary because, due to increased mobility and an increasing participation of women in the labour market (which is also the aim of the law that extended the group of caregivers), a growing group does not have access to immediate family members or housemates who can be recruited for performing the necessary informal care (*Modernisering regelingen...*, 2014).

Caregivers are allowed to take short-term care leave with a maximum of two times the weekly working time in each period of 12 months. It can be taken in several spells within one year. Short-term care leave is at the expense of the employer. It is paid at a rate of 70% of wages or higher if it is regulated differently by an employer or collective agreement. The leave enables the employee to provide the necessary care in case of the illness of a person belonging to the group. The requirement of “necessary care” means that there is a need for care of a person as well as that the employee is the person to provide the care, i.e. care cannot be given in another way (Article 5:1 Wazo j° Cantonal Judge Gouda, 24 February 2005; JAR 2005/86).

Long-term care leave is unpaid unless an employer or collective bargaining partners decide differently. Caregivers can take this leave for a maximum of six times the weekly working hours per year. Long-term care leave could originally only be taken for family members who were life-threateningly ill. However, the scope was broadened in 2015 with care for the sick and needy. Employees have no absolute right to short and long-term care leave. The employer does not need to allow leave if the taking up of leave impedes compelling business or service interests, for which the interest of the employee in taking up the leave must deviate according to standards of reasonableness and fairness (Article 5:4 Wazo).

The employee is protected against dismissal *due* to taking short or long-term care leave (Civil Code, Article 7:670 par.). The termination prohibition, however, does not apply *during* the duration of the leave. Despite care leave an employee can also take up holidays. Only during the unpaid long-term care leave, a caregiver is not insured for sickness, disability and unemployment benefit (Asscher-Vonk, 2001). It is possible for him or her to join a voluntary insurance contract for sickness during leave but it means paying the contributions out of his/her own pocket.

¹ Now it includes the husband or wife, registered partner or life partner cohabiting with the employee; his/her child and the child of the husband or wife, registered partner or life partner cohabiting with the employee; a foster child living at the same address as the employee; a kinsman in the first and second degree; a person (not being an employee of the caregiver) living at the same address as the employee and a person with whom the employee has a social relation, as far as the care is directly linked to this relation and reasonably should be provided by the employee.

Giving care to the dependent relative is related to physical and emotional effort that if lasts for a long period and is not provided with adequate support can lead to a caregiver's incapacity for work. Not being able to work due to sickness is at the expense of the employer. The income protection for an employee who is incapable for work due to illness is provided by an employer who is obliged to pay 70% of wages (the first year it must amount to at least the statutory minimum pay) to his/her employee during his/her sickness for the period of one hundred four weeks (Civil Code, Article 7:629). Legally there is a maximum daily wage, but collective labour agreements often regulate that the full wage is paid in the first year of illness and 70 per cent in the second year of illness. Employers can bear the risk of the employees' illness themselves or take out private insurance to cover this risk (Pennings, 2017, p. 75).

The right to flexible work arrangements was settled under the Flexible Working Act (*Wet flexible werken*) in 2016 (replacing the Working Hours Adjustment Act – *Wet aanpassing arbeidsduur*) in order to “effectively support the combination of work and private life” (*Wijziging van de Wet...*, 2014). Currently the following three forms of flexibility are acknowledged:

- a change of working hours (number of hours);
- a change of working time (when the work has to be done);
- an adjustment of the workplace (the place where the work is to be performed, mostly involving work in the home office, teleworking).

An employer must agree to a request to change the number of working hours (1st type) and the right to change working time (2nd type) if he or she cannot give a valid business reasoning against it. With regard to the right to change working time (2nd type), serious safety risks may justify a refusal. Adjustment of the workplace is actually only the worker's right to apply for home work. The employer may reject the application without needing to file serious business or professional interests (Dijkhoff, 2017).

The research shows that the take-up of care leave is relatively low among Dutch informal caregivers (de Boer *et al.*, 2019). They are more willing to take holidays than care leave to provide care. In 2016, of all informal caregivers 10% took paid care leave and 6% took unpaid leave. A substantial proportion of informal caregivers (40%) took up holidays in order to provide care. An explanation for the relatively low shares of employees taking paid or unpaid leave is given that employees are often not aware that this type of statutory leave scheme exists (*Op weg naar een mantelzorgvriendelijk...*, 2018). The low use of unpaid leave may also indicate that the financial consequences of taking care leave play a role (Zwinkels, 2018). Finally, it might be that people do not need these forms of support, because they can combine caring for their family and work well.

Workplace-based eldercare assistance (not regulated by law)

A good combination of work and informal care is not only determined by leave possibilities and shortening the working hours. There is more attention in the workplace for the dialogue about informal care. Eldercare assistance at work is shaped by the external environment – by the welfare policy of a particular country and by family-leave laws (Calvano, 2015, p. 167). Some of the company HRM solutions are directly influenced by law, some go far beyond this and some are independently developed at an organizational level. They may develop formally as a part of official HRM policies and programmes or informally as practical and emotional support provided by supervisors and co-workers. It is difficult to measure the costs and benefits of workplace-based eldercare support. Research shows that employers are willing to introduce such forms of support as long as they do not need to spend extra money or they expect a positive return on investment (Calvano, 2015, p. 168).

In the Netherlands the Ministry of Social Affairs and Employment (SZW) initiated in 2015 the campaign 'How the Netherlands works?' (*Hoe Werkt Nederland?...*, online) which gave examples of agreements that employees had made concerning the combination of work and informal caregiving. The Ministries of Public Health, Welfare and Sport (VWS) and the Ministry of Social Affairs and Employment (SZW) also support the activities of the Foundation for Work and Informal Care (*Op weg naar een mantelzorgvriendelijk...*, 2018) which offers employers tools to give input to a caregiving-friendly employership (*Op weg naar een mantelzorgvriendelijk...*, 2018).

Research problems and methodology

In the paper, we investigate the relation between the Dutch legislation regarding work-care support for employees and the practice of human resources management applied in several Dutch organizations. We examine the way they use work-care measures in order to check which of them are applied due to legal regulations and what goes beyond these regulations and why. We take into account organizations from the public sector (one organization) and the private sector – both for profit (one organization) and non-profit (two organizations of different sizes) in order to check whether there are important differences between work-care measures used according to sector, size and the goal of profit maximization. We formulate three research problems:

- To what extent do surveyed organizations apply the measures supporting work-care balance regulated by the Dutch law?
- To what extent do examined organizations apply other measures supporting working caregivers?
- What motivates employers to support the work-care balance among their employees?

The study is based on the qualitative analysis of data obtained by means of unstructured interviews conducted with the owner of the company and HR managers. Some questions for these interviews had been prepared in advance and were related to the following topics: the impact of eldercare on employed caregivers, workplace-based eldercare assistance and the effects of eldercare assistance at work. Some of the questions developed during the course of the interview.

The investigated organizations differ according to the size – from a big organization (employing more than 6,000 people) to a small family business (employing 15 workers). Three of the examined organizations employed highly and very highly qualified staff working full time and part-time. In two of them, having an MA diploma was not sufficient. They expected additional scientific involvement (post graduates courses, PhD studies or others) and also other social or political involvement from their employees. These organizations with highly and very highly qualified staff operate mainly in the field of higher education, research and consultancy. The private for-profit organization is run in the form of a family business and specializes in the clothing trade. It employs only 15 people, all working part-time.

The majority of the examined organizations have a long history dating back even to the 17th century (in the case of the public organization). One of the private non-profit organizations is relatively young. It emerged from a combination of several foundations in 2012. This company specializes mainly in partnership building and consultancy to local authorities. The other private non-profit organization has quite a long history dating back to the times before the Second World War. It was setup in 1938 as a family business. Now this organization provides consultancy in the field of energy transitions, project teams, as well as soft and hard human resource management. The clothing trade family business dates from 1924.

Table 1

Characteristics of analysed organizations

Organization:	Public	Private non-profit	Private non-profit	Private for-profit
Employment	>6,000	75	300	15
area of activity	higher education, research	research, consultancy	consultancy	trade
The beginning of activity	1636	2012	1938	1924
Staff	very highly qualified	highly qualified	very highly qualified	secondary education (MBO)
Form of employment	full-time and part-time	part-time preferred (32 h), full time – 36 h	full-time and part-time (min. 60%)	only part-time (4 days a week)

Source: own research.

Work-life measures for persons of working age giving care to the elderly in selected Dutch organizations – results

Measures supporting work-care balance regulated by the Dutch law

All investigated organizations declare they make use of the measures supporting work-care balance of their employees regulated in the Dutch law such as short-term and long term care leave, as well as flexible working arrangements. The results show that the companies go beyond the legal regulations offering their employees better conditions than it appears from state regulations. Two of the examined organizations offer their employees short-term care leave paid at 100% of wages for caring duties. Moreover, they do not register the number of days-off due to care declaring that “the law is the minimum”. This is based on mutual trust and openness of the organization to help employees who struggle with difficult family situations. Managers assume that their employees will not overuse this right, remaining loyal to their company and its goals.

For employees who struggle with caring duties for a longer period, there is a possibility to go on long-term care leave. In this case an organization uses a mixture of tools to help an employee remain in employment as it was in the case of the private non-profit consultancy company employing 300 people. The measures used to help an employee giving care to the dependent relative were used at various moments of the caring period depending on the needs and involved: working from home, working part-time, one year unpaid care leave and also short-term paid leave (100% of wages). This employee came back to work after more than one year of giving care and remained valuable to the company.

Another example of help given to the long-term caregiver, which is possible according to the law, but requires additional effort and willingness from an employer is related to the combination of paid and unpaid leave – long-term care leave taken on a part-time basis. In the situation of a terminally ill family member, a public organization made possible a spread leave, namely: one day off for half a year, whereas at that time, the spread out use of the long-term care leave was only possible during a period of 18 consecutive weeks. Moreover, the employer continued the payment at half the salary; the other half was at the expense of the employee. This is a nice example of customization. An extraordinary situation asks for an extraordinary solution and the legal basis is the open standard for a good employer and a good employee.

Flexible working arrangements including the right to request adjusted working hours and an adjusted workplace are used to help family caregivers by all investigated companies. An adjusted workplace in all companies appeared to be a possibility to work from home (for positions for which it is possible) and in one organization also by the possibility to change the tasks performed due to care (in the case of a private non-profit consultancy company employing 300 people).

The HR manager of this company declared that they give their employees “space and time to create their own job”. Their so called “output driven” approach gives their employees a lot of flexibility as long as they perform well. What counts is the initiative of an employee. It was stressed by both non-profit organizations. The HR manager of the smaller non-profit organization (employing 75 people) admitted that organizing the job when caring duties appear is “on the employee shoulder” and “it is your problem and we (the organization) can always help”. This company decided to reduce all additional days-off, retaining only those that are regulated by law. Instead they decided to increase the number of days taken as holidays (above the obligatory limit) in order to leave to employees the decision as to how they want to spend it. To make it more flexible once a year (usually in December) there is a possibility of buying or selling holidays. Employees can plan how many holiday days they will need during the coming year and then decide whether they want to have more or less than they had been already given.

Table 2

Work-care balance measures regulated by the Dutch law

Measures:	Public (6,000)	Private non-profit (75)	Private non-profit (300)	Private for-profit (15)
Short-term care leave	<ul style="list-style-type: none"> • 2 weeks (70%) • registered 	<ul style="list-style-type: none"> • 2 weeks (70%) • registered 	<ul style="list-style-type: none"> • 2 weeks (100%) • not registered 	<ul style="list-style-type: none"> • 2 weeks (100%) • not registered
Long-term care leave	unpaid leave, individual combination of paid and unpaid leave	unpaid leave	unpaid leave (coming back to work after one-year unpaid leave)	unpaid leave
Flexible working arrangements	<ul style="list-style-type: none"> • possibility to work from home and adjust working time 	<ul style="list-style-type: none"> • more paid holidays • possibility of buying or selling holidays • possibility to work from home and adjust working time • initiative of an employee 	<ul style="list-style-type: none"> • possibility to work from home and adjust working time • employees have “space and time to create their own job” • possibility to change the tasks performed 	<ul style="list-style-type: none"> • possibility to work from home and adjust working time

Source: own research.

Other forms of workplace-based eldercare assistance (not required by law)

In order to combine work and care, it is very important to have a supportive employer. Eldercare assistance at work can be more formally organized (as it was in the case of a big public organization) or be completely informal based

on empathy and the personal experience of an owner (as it was in the case of a small for profit company). In the first case, eldercare assistance had been institutionalized. There are formal ways and procedures a caregiver can use in order to receive adequate help. Up-to-date information about the rights and conditions to request short-time, long-time or emergency leave is available for employees on the Internet. If an employee struggles with the problem of combining work and care, he or she can ask the reintegration manager for help. The reintegration manager helps both employees and managers to solve the problem of a worker's incapacity for work due to health problems and tries to find a tailor-made solution to "keep an employee on their feet" as long as possible preventing his or her burn-out as a working caregiver. Moreover, if a caregiver feels that he or she is treated unequally due to giving care or if other difficulties appear, he or she can talk to a trust person about his or her personal problems. There is also a social worker employed by the organization in order to guide employees struggling with difficult family problems.

In a small family business, the relationships between the owner and her employees are closer and less formal. Working caregivers can receive adequate emotional support and counseling from the owner. It is the owner's decision to share her personal experience in solving and understanding the problems of her workers.

In the two analyzed profit and non-profit organizations, the initiative and awareness of an employee is very important. They both offer support provided by the supervisor or HR manager on deciding what kind of working adjustments are necessary. The HR manager of the non-profit consultancy organization (employing 300 people) emphasized that they (as a company) "have no taboo", so it means that employees can easily talk about their personal problems that harm their work involvement.

Table 3

Other measures supporting working caregivers

Public (6000)	Private non-profit (75)	Private non-profit (300)	Private for-profit (15)
counselling and formal support reintegration manager social worker trust person tailor-made solutions	the duty of giving care is a problem of an employee, the organization helps an employee decide what kind of adjustments he or she needs	support in organizing the caregiver's work provided by a supervisor and/or HR manager „when employees struggle, we will help them” there is "no taboo"	informal, empathy and personal experience of an owner employees "come to work crying and leave it with a smile"

Source: own research.

Employers' motivation to support the balance between work and care

There are various reasons for employers to support employees who struggle with caring duties. The first group of motives is related to making use of human capital in the best possible way. The examined companies, especially those employing highly and very highly qualified staff, do not want to lose their capital – employee knowledge, attitudes and loyalty. They know it is very difficult to replace a good worker and losing him or her might mean a great loss for the whole company. Being generous and building employee loyalty brings a better outcome in terms of efficiency and motivation. Even in a small family business, the owner feels that it is to her advantage to help with solving employee problems.

Table 4

Employers motivation to support work-care balance among their employees

Reasons:	Public (6,000)	Private non-profit (75)	Private non-profit (300)	Private for-profit (15)
Retainment of valuable employees, better job performance	„employees are the human capital of our organization” being generous means better outcome	„we are not making cars. My workers are my capital. You don't want to lose this capital (attitude, knowledge, loyalty)” it is not easy to replace a worker	it is difficult to replace the worker due to his/her special expertise Loyal employee -> more effect	„it is a small business. It is to my advantage to solve it (employee's problem) asap”

Source: own research.

Moreover, employers are motivated to support working caregivers due to institutional and legal factors related to the risk they take in the case of an employee's incapability for work caused by illness. The examined public organization is an own risk bearer in case of sickness, disability and unemployment of employees. Thus it is understandable that „treating their employees well” and „keeping them on their feet” is in the interest of an organization. Otherwise, it (the company) bears the risk of a workers' incapability for work and is obliged to pay him or her a sick benefit for a duration of 104 weeks maximum. A small for profit company decided to insure the sickness benefit on the private insurance market.

The approach to working caregivers is a part of the general company's philosophy – the way they treat their employees, build relationships and the kind of values they consider as crucial for their organization. „It is a human thing to help employees” – admitted the HR manager of the non-profit organization employing 75 people. Empathy, solidarity, the feeling of responsibility and

Table 5

Employers motivation to support work-care balance among their employees

Reasons:	Public (6,000)	Private for-profit (15)
Preventing long absence from work – institutional factor (sickness benefit)	in case of employee's sickness the benefit is paid by an employer (full responsibility of the organization) it is important „to keep an employee on his/her feet”	sickness benefits insured on the private insurance market (from 6 weeks on)

Source: own research.

an individual approach seem to be the most important elements motivating employers to support caregiving workers. What is more, both the family business and the non-profit company (employing 300 people) emphasized the goals of their organization going far beyond profit-maximization. „A company is about working together for the society” – admitted the HR manager of a non-profit organization (300). The owner of a family business emphasized that the goal of her company is to help society. She defines „a sustainable company as a company that gives work” to all the people that need it. The profit is necessary to maintain and „if you maintain, it means that you (as a company) are sustainable”.

Table 6

Employer motivation to support work-care balance among their employees

Reasons:	Public (6,000)	Private non-profit (75)	Private non-profit (300)	Private for-profit (15)
Philosophy of an organization (approach to employees, building the relationships and declared values)	empathy individual approach – „extraordinary situations are for extraordinary solutions”	„it is a human thing to help” in such situations	employees share about their problems „a company is about working together for the society” „it is OUR company” „we spoil our employees”	empathy, solidarity within a group, strong feeling of responsibility „sustainable enterprise is about giving work to people” „the profit is if you maintain” „it is not necessary to swim in money but to paddle” „you can eat only one beefsteak a day”

Source: own research.

Conclusion

Eldercare support at work in the examined organizations goes far beyond what is regulated by law. The results give us only examples of an employer perspective but are in line with more general research outcomes (de Klerk *et al.*, 2015) showing that the best way of combining work and care is based on flexible work arrangements (including part time work, the possibility to work from home and adjust working hours). Both short-term and long-term care leaves were taken-up together with a combination of other measures related to the aforementioned working conditions. It must be recognized that current legislation and regulations provide hardly any public support during a longer period in which intensive care is required, for example in the case of a seriously ill partner or child. What counts is a “tailor made solution” which requires the employers’ involvement and awareness.

Their awareness goes in line with their general philosophy of an organization which in all examined cases is related not only to profit maximization but to serving the society. This approach makes them more open to meet their employee needs, especially when the necessity of giving care arises. They know that in this way they will not lose valuable workers and will be able to gain better performance. There were no significant differences between the examined organizations from the public and private sectors, as well as between big and small analyzed organizations in the way work-care measures were perceived by employees.

The easiness of combining work and care using flexible work arrangements declared by employers refers in the majority to highly educated people (3 out of 4 examined organizations employed only highly qualified staff) which goes in line with the outcomes of the European Working Conditions Survey from 2015 according to which the ability of a worker to vary his/her start and finish times differs considerably between the highly and poorly educated (van der Woude *et al.*, 2016, p. 13). Due to a limited sample of examined enterprises, the differences in education level of employees and their impact on work-care balance were not taken into account in this study.

Work-life balance measures for working caregivers with a dependent relative regulated by the Dutch law were the minimum in HRM practice of examined organizations. The pressure has been put on companies through the regulation of sickness benefit payments that made employee health a matter of particular importance. Thus lowering the risk of physical and psychological health deterioration of a working caregiver is in the interest of the employer. The way he or she introduced the work care balance measures was more or less institutionalized depending on the size of the organization. The relationship between the employer and employees was based on mutual trust and governed by the legal principle of reasonableness, building a sense of responsibility and having an openness for individual solutions, at least in the opinion of employers.

The fact that only their point of view was taken into account is definitely a limitation of this study and opens the space for further research including the perception of work-care arrangements by employees.

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