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## How Human Resource Professionals Manage Diversity: Decisions on Flexible Work Arrangements for Parents of Children with Disabilities

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# How Human Resource Professionals Manage Diversity: Decisions on Flexible Work Arrangements for Parents of Children with Disabilities

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# Research Team

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- ✎ Julie M. Rosenzweig & Eileen M. Brennan, Co-principal Investigators,
- ✎ Anna Malsch, Project Manager,
- ✎ Katherine J. Huffstutter, Doctoral Candidate Collaborator,
- ✎ Lisa Stewart, Graduate Research Assistant, and
- ✎ Daniel Coleman, Project Collaborator.

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# Over a Decade of Work-Life Integration Research on Families of Children with Mental Health Disabilities

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- ☞ Support for Working Caregivers Project (1996-1999)
  - Secondary analysis of data from *North Carolina Caregivers Survey* (N = 243)
  - 5 focus groups with parents (N = 41)
  - In-depth interviews with parents (N = 60)
- ☞ Models of Inclusion in Child Care (1999-2004)
  - Interviews with staff and center directors at 9 inclusive centers (N = 49)
  - Interviews with parents at 9 inclusive centers (N = 25)
  - Interviews with state child care administrators (N = 24)
- ☞ Common Ground? Families & Employers (2000-2004)
  - *Parent Employment Experiences Survey* (N = 349)
  - *Workplace Support for Parents of Children with Mental Health Disorders Survey*; Mailed surveys (N = 31), interviews with supervisors (N = 27)

# Current Research Project

*Work-Life Integration for Families with Children and Adolescents  
Who Have Emotional or Behavioral Disorders (2004-2009)*

- ☞ **Phase I:** Caregiver Workforce Participation Study, N = 2,585;  
Secondary analysis of data from the national evaluation of the  
Comprehensive Community Mental Health Services for Children and  
Their Families Program
- ☞ **Phase II:** Focus groups: Parents and Human Resource (HR) Professionals;  
Parents: 3 groups, N = 17    HR: 5 groups, N = 28
- ☞ **Phase III:** Work-Life Flexibility and Dependent Care Survey, N = 551;  
In partnership with WorldatWork
- ☞ **Phase IV:** Design and offer training to HR professionals
- ☞ **Phase V:** Resource development for families and businesses

# Work-Life Integration Project Goals and Objectives

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## Overall Goal

- To improve the extent to which families with dependent care needs have access to and awareness of employment-based supports that promote work-life integration — participation in the workplace, while permitting them to take part in family and community life and roles.

## Objectives

- To identify HR policies and practices that support employees with dependent care responsibilities, particularly children with special needs.
- To provide information and resources to HR professionals about best practices that support employees caring for children with mental health disabilities.

# Work-Life Integration Defined

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- ✎ Work-family fit is pivotal to work-life integration. Fit is the degree to which an employed parent realizes the various components of an adaptive strategy for dealing with the boundary between work and family (Barnett, 1998).
- ✎ Acknowledges that the amount of time spent in either domain will vary over one's life span (Rapoport, Bailyn, Fletcher, & Pruitt, 2002).
- ✎ Affected by disclosure, stigmatization, and flexibility arrangements experienced by the parents (Brennan et al., 2005).
- ✎ Influenced by the availability of community resources and demands for both families and workplaces (Voydanoff, 2002).

# Community Integration Defined

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- ✎ Community Integration—family members are not just physically located in a community, but they take on key roles and participate in community activities. (National Center for Dissemination of Disability Research, 2004).
- ✎ Encompasses *physical spaces* in which families are located, *relationships*, and *resources* which affect a family's ability to participate fully in community life.
- ✎ Provides family members with a psychological feeling of inclusion and belonging.
- ✎ Full participation in workplaces and work roles, not constrained by caregiving responsibilities.

# Children with Special Needs: The U. S. Numbers

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- ✎ 20% of U.S. households care for children with special needs (Child & Adolescent Health Initiative, 2004).
- ✎ 13% of children in the U.S. have a disability (Institute for Community Inclusion, 2006).
- ✎ Nearly 20% of children experience symptoms of a mental health disorder over the course of a year.
  - 5% are considered to have serious emotional disorders (U.S. Department of Health & Human Services, 1999).
- ✎ In any given company, about 9% of employees have children with special needs (Center for Child & Adolescent Health Policy, 2004).

# In Addition to Typical Parenting Activities...

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- ☞ Parents of children with disabilities frequently:
  - Arrange for and participate in their children's ongoing physical and mental health treatments.
  - Provide consultation to school personnel about their children's special educational needs.
  - Face significant obstacles to locating and sustaining adequate child care arrangements.
  - Are the primary, if not the only, source of their children's transportation.
  - Respond to frequent health or mental health crises, sometimes requiring hospitalization of their children (Rosenzweig, Brennan & Ogilvie, 2002).

# The Challenge of Work-Life Integration for Parents of Children with Special Needs

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## ✎ Workplace Support

- Historically intended for women of childbearing age who have healthy, typically developing children.
- Assumes need will be relatively short-term.

## ✎ Community-based Support

- Child care and school programs designed for typically developing children.
- Health and mental health services offered only, or primarily, during daytime hours.

## ✎ Stigmatization

- Assumption by supervisors and co-workers that you are not doing your job or that you are an inadequate parent.

# Workplace Barriers to Work-Life Integration

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- Employees who have children with disabilities are reluctant to ask for flexibility, fearing negative job consequences (Lewis, Kagan, & Heaton, 2000).
- 37% of employees say it is hard to take time off during work when personal or family issues arise and 39% report that using flexibility jeopardizes their advancement (Families & Work Institute, 2004).
- 54% of employed parents say they cannot take time off for sick children without losing pay, using vacation days, or making up an excuse (Families & Work Institute, 2004).

# Caring for a Child with Special Needs: Effects on Employment Are Significant

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It is estimated that having a child with health limitations increased a woman's probability of job loss by 33% (Earle & Heymann 2002) .

According to the *Parent Employment Experiences Survey* (Rosenzweig & Huffstutter, 2004):

- ✎ 17% currently unemployed to care for child with serious emotional or behavioral disorder.
- ✎ 11% unable to find work due to caregiving responsibilities for child with serious emotional or behavioral disorder.
- ✎ 27% (of total) have had employment terminated because of work disruptions due to care responsibilities.
- ✎ 48% (of total) have quit work to care for child with serious emotional or behavioral disorder.

# Finding a Way to Work through: Workplace Culture and Support

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- **Workplace culture** defined as shared assumptions, beliefs, and values regarding the extent to which an organization supports and values the integration of employees' work and family lives (Thompson, Beauvais, & Lyness, 1999).
- **Workplace support** incorporates flexibility in work arrangements, supervisor support, supportive workplace culture, positive coworker relations, respect in the workplace, and equal opportunity for workers of all backgrounds (Bond, Galinsky, & Swanberg, 1998)

# Flexible Work Arrangements

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- Employee-driven workplace flexibility permits family members to have a degree of autonomy to control work location, timing, and/or process (Kossek, Lautsch, & Eaton, 2005).
- Workplace flexibility can be either formal or informal (Eaton, 2003):
  - Formal flexibility is approved by HR professionals and written into organizational policy.
  - Informal flexibility is not documented as policy, but available to some employees based on supervisory discretion.

# Flexibility: The Business Case

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- ✎ Flexibility has positive effects on productivity, job and work schedule satisfaction, and absenteeism (Baltes, Briggs, Huff, Wright, & Neuman, 1999)
- ✎ Flexibility is linked to engagement, retention, job satisfaction, and employee well-being (Families and Work Institute, 2003)
- ✎ Availability and utilization of flexibility is associated with increased productivity and commitment (Eaton, 2003)

# Research Questions

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- ✎ What are the factors that influence human resource (HR) professionals' granting of employees' requests for flexible work arrangements (FWA)?
- ✎ What is the relationship between (a) the presence of formal FWA policies, workplace culture, belief in the business case for flexibility, HR knowledge of human development and disabilities, and (b) the likelihood that FWA is granted for health care treatment, substance abuse or mental health treatment, and school or childcare difficulties?

# Methods: Design and Procedure

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- ✎ *Work-life Flexibility and Dependent Care Survey, web-based, cross-sectional study* conducted in August of 2005.
- ✎ Created collaboratively with WorldatWork a non-profit, international HR professional association with 25,000 members including its subsidiary, the Alliance for Work-Life Progress (AWLP).
- ✎ Invitation to participate emailed to a random sample of 4,645 members.
- ✎ 20 survey sections, including three open-ended questions
- ✎ Items include some measures created by or adapted from Families and Work Institute, most developed solely for the survey.

# Participant Characteristics

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## ☞ **Sample size = 550**

- 88.5% respondents from the United States
- 11.5% respondents from Canada

## ☞ **Gender: 76.8% Female**

## ☞ **Education level**

- 11% some college
- 34.6% Bachelor's degree
- 14.4% some college beyond Bachelor's degree
- 15.5% Masters degree

## ☞ **Years in HR field**

- 45.1% respondents had between 5 and 10 years experience
- 32.4% respondents had more than 15 years experience

## ☞ Respondents from a wide range of industries (e.g., finance and insurance, manufacturing, professional, scientific, technical).

# Measurement: Formal Policy

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## ☞ Existence of a Formal Policy on FWA

- Question: “Based on the definition above, does your organization have a policy on flexible scheduling, an informal occurrence of flexible scheduling based on supervisor discretion, or neither?”
- Dichotomized response set:
  - Formal policy
  - No formal policy

# Measurement: Workplace Culture

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## Positive Workplace Culture

- 4-item *Work-Family Culture Scale* created by Families & Work Institute.
- 4-point Likert scale from *strongly disagree* to *strongly agree*.

### Sample item

- “*There is an unwritten rule at my place of employment that you can’t take care of family needs on company time.*”

## Health Promotive Workplace Culture

- 5 items developed for the survey.
- 4-point Likert scale from *strongly disagree* to *strongly agree*.

### Sample item

- “*In this organization employees are reluctant to ask for flexible work arrangements.*”

# Measurement: The Business Case

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The business case for flexible work arrangements was measured by 14 items developed for the survey.

- 5-point Likert-type ratings from *very strong* to *very weak*.
- had high internal consistency (Cronbach's  $\alpha = .95$ ).

## Instructions

- *“From your perspective, how strong is the business case for offering flexible work arrangements?”*

## Sample item

- *“The business case for flexibility for improving employee job satisfaction.”*

# Measurement: Flexible Work Arrangements

## Likelihood of FWA Granted for Dependent Care

- 16 items developed for survey.
- 5-point Likert ratings from *Not Likely At All* to *Very Likely to Grant Request*.

**Instructions:** *“The following are some reasons employees give when requesting a flexible work arrangement. Please rate how likely approval would be granted in your organization for each reason.”*

- **Health Care** (e.g., short-term child illness, on-going chronic health condition of family member; Cronbach’s alpha=.93).
- **Drug Abuse/Mental Health Care** (e.g., drug or alcohol treatment for family member, mental health treatment for family member; Cronbach’s alpha=.91).
- **School or Child Care Difficulties** (e.g., short-term child care difficulties, child acting out at school; Cronbach’s alpha=.84).

# Analysis Plan

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- ✎ Split-half measure development procedure using EFA and CFA on survey items related to:
  - HR knowledge of human development
  - HR knowledge of disabilities
  - Positive workplace culture
  - Health promotive workplace culture
- ✎ Multiple regression analyses to test predictors of the likelihood of granting FWA for:
  - Health care reasons
  - Drug abuse/mental health care reasons
  - School/child care reasons

# Results: Establishing Two Workplace Culture Factors

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## EFA

### Positive Workplace Culture

- Cronbach's alpha =.85

### Health Promotive Workplace Culture

- Cronbach's alpha=.69

## CFA

$\chi^2$  (20, n=238)=114.32,  $p<.000$

Normed Fit=.959    Relative Fit=.927

CFI\*=.98

\*CFI=Comparative Fit Index

# Results: Prediction of Decisions on FWA

## Dependent Variables

Independent Variables	FWA Granted for Health Care Reasons $r^2=.27$	FWA Granted for Drug or Alcohol/Mental Health Reasons $r^2=.24$	FWA Granted for School or Child Care Reasons $r^2=.27$
Formal Policy	-.088 (.054)*	ns	ns
Business Reasons	.351(.003)***	.336 (.050)***	.302 (.003) ***
Knowledge of Human Development	ns	.099(.034)*	.123 (.032)*
Knowledge of Disabilities	ns	ns	ns
Positive Work Culture	.203 (.047)***	.152 (.058)*	.232 (.056)***
Health Promotive Culture	.093 (.075)*	.110 (.092) *	.093 (.088)*

Note. Standard errors appear in parentheses. \*  $p<.05$ , \*\* $p<.01$ , \*\*\* $p<.001$ .

# Conclusions

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- When a workplace culture positively supports work-life integration and promotes health, HR professionals are more likely to grant flexible work arrangements for a variety of reasons: health care treatment, substance abuse or mental health treatment, and childcare or school difficulties.
- HR professionals who reported higher levels of knowledge of human development were also more likely to be more generous in granting FWA. Low levels of knowledge regarding disabilities were common.
- Formal policies were present in a high proportion of organizations, but did not predict granting of FWA by HR respondents in two of the three conditions we investigated.
- Belief in the business case for flexibility predicted willingness to use FWA in all three conditions.

# Implications of Study Findings: Workplace Culture

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- ✎ Having formal policies regarding FWA is not enough!
- ✎ For organizations to be responsive to families' diverse and changing needs, the workplace culture must be responsive to work-life issues and actively promote the health of its employees and their families.
  - The mission and vision statements of organizations should include the promotion of healthy, integrated lives for employees (Wharton, 2007), and organizational leaders need to be clear about the importance of these statements.
  - HR professionals should have capacity-building training which strengthens their ability to promote a positive workplace culture, and emphasizes the business case for flexibility.

# Implications of Study Findings: HR Professionals' Knowledge

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- ✎ When HR professionals report greater knowledge of human development, they make decisions favoring flexibility which meet parents' needs.
  - Pre-professional training and continuing education should include information on the challenges parents face as their children cope with health and mental health issues at different stages of their development.
- ✎ In the US and Canada, HR staff may have little exposure to disability issues in their professional training.
  - HR professionals are in a strategic position to combat high levels of stigmatization regarding mental health disorders and other types of disabilities, and should routinely receive training on disability issues.



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Center for Mental Health Services,  
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