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Reconciling employment and elderly care within the "adult worker model": typical arrangements of caring sons

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ABSTRACT

Reconciling work and family life is one of the main issues of welfare state policies in the fields of childcare and long-term care. On that account, policy and research are focused almost exclusively on women – often on the reconciliation of work and childbearing – and social policy at the state level. In our study, we concentrate on men who reconcile gainful employment with elderly care, and we include the company level – a level of analysis often neglected in traditional theoretical approaches and typologies of comparative welfare state research.

In Germany, during the last decade, the share of men who are responsible for taking care of their elderly relatives has remarkably increased. In our qualitative research, we carried out comparative case studies in eleven German companies. We conducted around 60 interviews with male employees caring for an elderly relative, as well as with members of the works councils and human resources departments in different kinds of companies. We analysed which familial, social, professional, legal as well as occupational resources are central for these men, how they cope with reconciling work and care, and which gaps in the welfare system they identify.

Interestingly, the overwhelming majority of the sons claim not to have problems in reconciling work and care, although they spend significant time on caring. In this paper we try to explain this pattern by looking at their typical care arrangements. We found that while women tend to organise employment around care, men rather seem to organise care around their employment. Given the feminist critique of the "adult worker model" this is an interesting result and needs theoretical reflection. Do men have the solution to the care-blindness of the "adult worker model" without falling into the "cold modern model of care"? Which resources are mainly used in "adult worker care arrangements"? Where are the limits of the approach?

INHALT

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1. INTRODUCTION

Mr. Moll[1] works full-time and cares for his parents. While his wife takes care of them during the day, Mr. Moll looks after them in the morning, in the evening, at night and on the weekend. During the week and in addition to his job he thereby invests 20-25 hours into care.[2] – Like Mr. Moll, more and more men are assuming care-related tasks: in Germany, the percentage of male primary caregivers has increased from 20% to 28% between 1998 and 2010, while the percentage of caring sons has doubled from 5% to 10% (TNS Infratest Sozialforschung 2011: 27). If all relatives who assume at least one hour of care-related tasks per day are considered, it becomes apparent that the percentage of caring men actually amounts to 35% (in the year 2010; Rothgang et. al. 2012: 82 ff.). Overall, an increase of male informal caregivers of all age groups can be observed in all of Europe, in particular in the medium and high age groups (OECD 2011: 89).

German elderly care research also points to a second trend: more and more home caregivers, even the primary caregivers, are gainfully employed. The percentage of gainfully employed primary caregivers increased from 37% to 59% between 1998 and 2010, while the percentage of those who are employed full-time increased from 16% to 28% (TNS Infratest Sozialforschung 2011: 31). Considering these trends – more men/sons and more (full-time) employees who care for relatives – it seems particularly interesting to take a closer look at those care arrangements in which gainfully employed men and gainfully employed

1 Mr. Moll (name changed) is one of the caring sons interviewed in "Männer zwischen Erwerbstätigkeit und Pflege" (Men between gainful employment and care, see fn 3).

2 This study is based on a broad understanding of care, which, based on Keck (2012: 84) encompasses the sectors of medical care, help with activities of daily living, supporting social participation, care prevention, care organisation as well as concern for the care-dependent person.

sons in particular are involved in caring for and supporting relatives. This is also due to the fact that the EU-wide development towards the "adult worker model" (Lewis 2001) poses the analytical (and practical) question of how caring for relatives can be reconciled with simultaneous full-time employment of the caring relatives. The typical reconciliation model of a temporary career interruption, as in childcare, does not seem to work to the same extent for taking care of relatives due to the long average duration. Additionally, the amount of necessary care usually increases with the duration of the care dependency, meaning that the burden increases – and does not, as in childcare, tend do decrease with age. Thereby, the responsibility for care-dependent relatives can realistically only be shouldered if a support network consisting of formal and informal help is available.

The German "conservative" or "familial" welfare state (Esping-Andersen 1999) traditionally counts on relatives attending to care-dependent persons at home, as well as on a low degree of professional care and support services. The provision of family care requires that time resources are allocated within familial structures. At the outset of a care situation, these are usually manageable because they are restricted to occasional support or help with certain activities. With an increasing need for care, however, more and more time resources become necessary, the spectrum of required assistance increases, help intervals become shorter and, in extreme cases, result in round-the-clock support. The average duration of domestic care ranges from six to eight years between the initial emergence of the care dependency and the move into a nursing home or the death of the care-dependent person (Schneekloth 2005; Runde et al. 2009). While the family model of the male-breadwinner-marriage secured the care of care-dependent relatives – as well as the supervision and upbringing of children and the fulfilment of all household tasks – through the non-employment of wives into the 1970s, the increase in female employment, the current labour market and socio-political orientation towards the "adult worker model" led to a shortage of time resources which are or can be allocated for informal care within families. The German care model in particular is coming under pressure because of these developments, since the expansion of ambulatory care for persons in need of care is lagging behind growing demands. In comparison to other European countries, Germany ranges behind Northern European and other countries in terms of ambulatory supply rate (OECD 2011: 40).

In the following, the results of the study "Männer zwischen Erwerbstätigkeit und Pflege" (Men between gainful employment and care, short "MÄNNEP")[3] are presented. The study intends to answer the question which familial and social networks, professional care services as well as labour law related and occupational resources are utilised by gainfully employed sons who also care for a relative.

3 We are grateful to our colaborators, Daniela Brüker and Marina Vukoman, for their very valuable contributions to the project. See also the homepage of the project: maennep.web.fh-koeln.de.

They thereby practise the "adult worker model", which is actually only geared towards gainful employment, as an "earner-carer model". The project was funded by the Hans-Böckler-Foundation and conducted at the University of Applied Sciences Düsseldorf, the University of Applied Sciences Cologne and the University of Giessen between June 2013 and January 2015.

The project was methodologically realised on the basis of eleven company case studies.[4] The approach encompassed 25 guideline-supported, semi-standardised expert interviews with members of the personnel board or the works council in the chosen companies as well as with leading people from company management or human resources department. This intends to capture the occupational-structural level of the reconciliation of working an caring. Moreover, 44 guideline-based, problem-centred interviews (based on Witzel 2000) with gainfully employed caring men in the chosen companies were conducted in order to assess the subjective situation of the reconciliation problem. 37 of these men were caring sons or (in one case) nephews and are included in the following analysis.[5] All interviews were transcribed and, subsequently, based on the method of thematic coding (Schmidt and Hopf 1993; cf. Kuckartz 2010: 84-92; Schmidt 2012) evaluated with the aid of software (MAXQDA) and a coding guideline.

In a first step, this article provides an overview on the current state of research on gainfully employed caring men (chapter 2) and subsequently describes the core findings of the MÄNNEP study (chapter 3) in regards to the extent of the commitment of gainfully employed sons in parents or parents-in-law care, the possible reconciliation problems and reported burdens of the men interviewed. In chapter 4, the reconciliation resources of gainfully employed caring sons are analysed and typical support arrangements are identified. The article concludes with theses about how the reconciliation strategies of caring sons can be evaluated against the background of the adult worker model and its "care-blindness".

4 See Auth et al. 2015 (final report) for the description of the company sample as well as the companies measures and strategies for the reconcilability of care and work.

5 It can be assumed that the intergenerational care relationship between sons and parents fundamentally differs from other care relationships (between fathers and children or between men and their partners). It is subject to different motivations since the relationship is not entered into voluntarily. Generally, the moral obligation towards parental care is less pronounced.

2. GAINFULLY EMPLOYED CARING MEN: A BLIND SPOT IN RECONCILIATION RESEARCH

Analogous to the social relevance which is increasingly attributed to the topic, the reconciliation of care and work is more and more moving into the focus of research. Since the 1990s, several studies on the reconciliation problem have been published. However, these rarely and never continuously treat gender aspects of the reconciliation question (a. o. BMFSFJ 1997; Franke & Reichert n.d.; Kohler & Döhner n.d.; Kümmerling & Bäcker n.d.; Schneider et al. 2006; Keck & Saraceno 2009; Keck 2012; Bold & Deußen 2013).

In light of the chosen research question, it is initially of interest to determine under which circumstances employees decide to *assume care responsibility*. Given the current state of research, it is undisputed that, in a care situation, women (have to) withdraw from gainful employment more often than men by either switching to working part time or by withdrawing completely[6] – along with all the consequences this entails for one's own security in terms of finances and legal issues pertaining to social insurance (Schneider et al. 2001; Lüdecke et al. 2006; Keck 2012). However, there is a tendency for women to be less willing to withdraw from work in favour of assuming the role of the caregiver (Zulehner 2009: 14). Furthermore, according to Keck (2013: 173), it can already be surmised that women who are highly inclined to work, who work full-time and who do not have children do not tend to reduce their hours or give up working, but instead to charge professional service providers with family care.

Therefore, gender itself cannot be identified as the only or the decisive factor for the assumption of care responsibility by gainfully employed relatives. A demonstrably higher explanatory power rather results from an already existing part-time employment situation, a rather low income as well as a lower professional status and a higher "care preference" (this describes the value that is attributed to "being there for others"). This finding can, at the very least, be demonstrated for the assumption of intensive care activity and substantiates the so-called opportunity cost hypothesis (Keck 2012; cf. Blinkert/Klie 2000). Klott (2010: 109) also indirectly confirms this: for men, an already existing professional "step backwards", for instance in the form of early retirement or part-time work, constitutes an encouraging factor for the assumption of care. The men interviewed in the context of the MÄNNEP study predominantly do not correspond to the image of people who take a professional step backwards for care-related reasons, as the description of the sample in chapter 3 shows.

The kind and the extent of care activities which gainfully employed men (and women) assume have so far not been extensively researched. In general, the empirical finding that men tend to take on organisational and structuring tasks, while women assume emotional and body-related care activities in the narrow sense, can still be demonstrated (cf. for example Schneider et al. 2006: 7; Keck & Saraceno 2009: 46; Keck 2012: 168-172). This is also a field in which a change is becoming apparent, and men (by now) certainly demonstrate the readiness to assume body care – as in the sample of the MÄNNEP study (Cahill 2000; Klott 2010; Auth & Dierkes 2015). In this context it is also paramount to always include the perspective of those who are in need of care. This is because the likelihood of caring men and women to provide body care is often strongly determined by specific taboos in mixed-gender care relationships, provided that it is not conducted within the frame of a (marital) partnership (cf. Fisher 1994: 674-676; Arber & Ginn 1995; Klott 2010: 127; Keck 2012: 174).

The assumption of different tasks in the field of intergenerational care, however, can, in the opinion of some authors, be traced back to different approaches to caring as well as to an understanding of what constitutes "good care". On the basis of interviews which were evaluated in 2002, Matthews (2005) reports that (due to socialisation) men as sons and women as daughters exhibit different attitudes: sons are more likely to orient themselves on the model of maintaining parents' autonomy while daughters develop an attitude to care that is geared towards parents' dependency. Additionally, men and women situate themselves within the familial context to differing degrees: while daughters, provided that there are siblings, understand themselves more strongly as part of the family network in relation to the care-dependent parents, caring sons tend to be more available as individually approachable persons in cases of tangible needs. Klott (2010: 226) also confirms these findings in her study. However, the described behaviour of sons does not necessarily allow for inferences as regards to the emotional quality of the care provided: recent studies, the MÄNNEP study included, show that men are in fact emotionally committed (Archer & MacLean 1994; Campbell 2010; Auth & Dierkes 2015).

Especially in cases which exhibit a broad range of care activities as well as a large time commitment, the question of the individual burden plays a special role. In this regard, specific burden constellations could be identified in the MÄNNEP study. With regards to the *burden on caring relatives*[7] in general, Dallinger and Schmitt (2001: 45f.) found that caregivers who are gainfully employed describe themselves as less burdened than caregivers who are not gainfully employed. In general, the finding holds that, even under an objectively equal burden, women exhibit a higher subjectively perceived burden than men, as, for example, Zank and Schacke (2007) have shown in their longitudinal

6 60% of all female carers are not gainfully employed at all, while 27% quit their gainful employment in favour of care (Stiegler & Engelmann 2011).

7 This result primarily concerns caring women, who constitute the largest part of the group examined by Dallinger and Schmitt (2001).

sections study on caring relatives of dementia patients or in the frame of the EUROFAMCARE study (Lüdecke et al. 2006). However, it needs to be considered that, according to Fromme et al. (2005: 1173), men do not necessarily report their burdens on their own accord due to socialisation, yet may still be strongly burdened. The EUROFAMCARE study highlights that the subjectively perceived burden increases if care is accompanied by a negative impact on work (Lüdecke et al. 2006: 97). In this respect, reconciliation problems or their absence are possibly of significant importance.

It is relatively undisputed that flexible working hours, the possibility of a (temporary) reduction in working hours and a certain flexibility on the part of the company in particular constitute requirements and powerful instruments for the *reconciliation of work and care*: both men and women need these solutions which enable them to assume care responsibility (Kohler & Döhner n.d.; Kümmerling & Bäcker n.d.; Schneider et al. 2006; Keck & Saraceno 2009; Dosch 2012; Reuyß et al. 2012). In contrast, job requirements such as mobility and temporal availability, which are often found in typically male professional sectors, are problematic. However, Arksey (2002: 159) has found indications that, with regards to the inner-company treatment of questions of reconciliation, female employees are more likely to be able to count on accommodation and recognition than male colleagues. In this regard, the attitude of superiors plays an important role when dealing with the degree and extent to which a company's care sensitivity is actually realised, as has been shown several times (for example Schneider et al. 2006:12; Kümmerling & Bäcker n.d.: 46; Reuyß et al. 2012).

In regards to *availability and utilisation of networks and (in-)formal help* in connection with family care, the current state of data considered under aspects of gender is contradictory: in this context, studies which assert that men utilise ambulatory help to a larger extent than women and make use of informal help more often need to be referenced (Lüdecke et al. 2006; Dosch 2012; tentatively in Reuyß et al. 2012; cf. the overview on the partially contradictory state of research in Klott 2010). Here, the family relationship to the care-dependent person seems to play an important role as well: Lüdecke and Mnich (2009: 15) have found that the utilisation of professional services for parent care is roughly equal for both genders, while, according to their calculations, informal help is more often utilised by caring sons. On the other hand, Klott (2010: 224) comes to the conclusion that the utilisation of informal help and professional services is something highly individual and thereby does not necessarily connect directly to the gender of the caregiver. Dosch (2012) illuminates the subject from a network-theoretical perspective: according to her, men who are gainfully employed and caring especially utilise professional services and company resources to a large extent (on this reading: components of the network). This is also confirmed by the MÄNNEP study, the results of which are presented in the following.

3. SONS BETWEEN GAINFUL EMPLOYMENT AND CARE

Of the 37 caring sons in the sample, 31 are at least 50 years old. Most of them are married (25) or live in a partnership similar to marriage (4). Only two of the caring sons have an migrant background. For the majority of the caring sons, a secondary school qualification (*Abitur*) (17) or a vocational diploma (*Fachabitur*) (3) is the highest level of education achieved. Another nine have a general certificate of secondary education (*Mittlere Reife*). The net household income is strongly scattered (8 caring sons did not provide a response). However, it is noteworthy that 11 households have more than 4,000€ available per month. Only five people in the sample live in a city, and only seven do not live in the same place of residence as the care-dependent person (see table 1).

The caring sons who were interviewed assume tasks relating to accommodation, assistance and care to a remarkable extent:

- 24 caring sons are the primary carers, meaning that they regularly provide support and are, more than other informal helpers of the particular care arrangement, tasked with help and care for their relative. 13 are secondary carers, i. e. are not active as primary informal helpers.

- 15 caring sons provide at least 14 hours of care, accommodation and assistance per week.

- The same number of sons simultaneously or successively cares for more than one relative.

- The range of caring activities includes body care (13) as well as dementia care (16), household care (25), administrative tasks and dealing with public authorities (30), medical care[8] (31) and personal assistance (34).

- The need for care[9] in the individual care arrangements was rated high (factor 3) in 20 cases, me-dium (factor 2) in 8 cases and low (factor 1) in 9 cases. The care share of the caring sons was estimated as a percentage of the total need for care within a domestic care arrangement. This care share of the caring sons was multiplied with the applicable factor of the need for care in

8 For example visits to the doctor, administering of pills, catheter change.

9 In addition to care levels, assessing the need for care was based on the qualitative case descriptions, which covered the temporal extent of the care. A high need for care was attested in all cases of relatives suffering from dementia as well where two relatives were cared for simultaneously.

the corresponding care arrangement.[10] This results in an index value for the total care burden of the individual men. This is assessed low for 24, medium for 10 and high for 3 caring sons.

Table 1: Sample of gainfully employed caring sons, n = 37

Age	
Under 50	6
50 and older	31
Marital status	
Married/marriage-like partnership	25/4
Divorced/living in separation	2
Single	6
Migration background	2
Level of education*	
Abitur/Fachabitur (secondary school qualification/vocational diploma)	17/3
Mittlere Reife (genrel certificate of secondary education)	9
Hauptschulabschluss (secondary general school certificate)	6
Volksschulabschluss (combinde primary/lower secondary education)	1
Net household income in €**	
1.000/2.000	3
2.000/3.000	10
3.000/4.000	5
Over 4.000	11
Place of residence	
City	5
Town	19
Village	13
Vicinity to care-dependent person	
Shared household	7
In the neighbourhood	17
Same place of residence	6
Further away	7

Source: own research
Remarks: * n = 36, ** n = 29

10 The product of care share and need for care yields the index value for the total care burden. This value can be between 0,1 and 3. Example for minimum value: son assumes 10% of the care within a care arrangement with a low need for care (factor 1): 0,1x1=0,1; example for maximum value: son assumes 100% of the care within a care arrangement with a high need for care (factor 3): 1x3=3: values between 0,1 and 1 indicate a low total care burden; values between 1,1 and 2 indicate a medium and values between 2,1 and 3 indicate a high total care burden.

At the same time, the caring men exhibit a strong orientation towards gainful employment. The predominant number of caring sons continues to work full-time despite caring (in 30 of 37 cases). There are also 13 caring sons with leadership responsibility in the sample. This begs the question of how care responsibility is perceived despite extensive professional activity. The following variants of employment-related reconciliation strategies could be identified:

- Working time reductions are rare (working hours were contractually reduced in only six cases).

- Changes in the working time arrangement were found in only two cases.

- The family caregiver leave (*Familienpflegezeit*) was only claimed in one case, while the caregiver leave (*Pflegezeit*) was not claimed at all.

- Semi-retirement (block model) was claimed by one man because of the care situation.

- One interviewee changed his job profile in order to be able to better reconcile job and care.

- In most cases, informal agreements or flexible working time models were used to reconcile em-ployment and care.

On the whole, a specific pattern of reconciliation strategies of gainfully employed sons emerges: while women organise employment around the need for care (Schneider et al. 2001), *men tend to organise care around their (full-time) employment* and utilise weekends, vacation days as well as morning, evening and night hours for care. This often happens to the detriment of relaxation time. Interestingly, the MÄNNEP study arrives at the finding that the majority of caring sons in this situation state that they in no way suffer from problems of reconciling employment and caring – an astonishing result in need of closer analysis.

3.1 CARING SONS WITH RECONCILABILITY PROBLEMS

In total, only eleven of 37 caring sons state that they have reconciliation problems (cf. table 2). Since the care arrangements in their helper network do not essentially differ from other arrangements without reconciliation problems, it can be surmised that reconciliation problems predominantly stem from their work life. Most of these men utilise the possibilities of flexible working times in one way or another; nevertheless, the reconciliation of care and work is not always easy.

On the one hand, there are structural obstacles which are inherent to the type of professional activity and which are problematic for the reconciliation of work and care: M 12 wants to be able to telecommute, an option which is not offered by the company. For M 15, the job entails certain flexibility requirements such as on-call duty or evening and weekend appointments, which cannot always be planned ahead of time. M 26 lacks work time flexibility due to his leading position. M 27 is also in a leading position and additionally works in the field, making his workday relatively inflexible.

On the other hand, difficulties with colleagues and with superiors in particular are reported:

- M 6 is under the impression that his working time reduction (to 80% part-time) is viewed negative-ly and that he has lost his role within the team and is no longer included in tasks.

- M 9 reports severe pressure at the workplace; committee activities and travel in particular are difficult to reconcile with his care tasks. He would like to receive more support by his superior.

- M 16 would also have wanted more sympathy and a stronger initiative by his superior. Despite an agreement which clearly allows for communication between employee and direct superior, he supposedly hid behind hierarchical structures and put in little effort to come to an agreement with M 16.

- M 19 mentions conflicts with his superior. He supposedly met with a lack of understanding for the care situation, and she had put up obstacles by, for instance, insisting on telephone availability or substitute regulations.

Ultimately, the reconciliation problem is simply ignored in the cases of three men (M 37, M 38 and M 39), who all work in the same company: M 37 wants to reduce his working hours for a certain period of time, but is unable to bring this about and is rather "advised" not to pursue his request. M 38 requests leave for terminal care, which is denied by his superior. At times, this makes the private situation so strenuous that the professional activity is called into question and the thought of "packing it in" arises. However, the mother in need of care dies relatively quickly, so that it does not come to an escalation of the reconciliation situation. M 39 wants to reduce his working hours, which is denied by his superior due to the existing workload in his small department. M 39 does not purse his request any further in light of restructuring measures within the company and a looming job loss. This confirms what other studies have also found: the existence of different company instruments, such as part-time regulations, is not the only significant factor for the company‘s actual openness to (elderly) care. Rather, these instruments only function as helpful support for caregiving employees if they are internalised and applied by management personnel. Therefore, sensitising management personnel is of high importance (cf. Schneider et al. 2006: 12; Kümmerling & Bäcker n.d.: 46; Reuyß et al. 2012). On the whole, the existence of a corporate culture in which the subject of care is not taboo is of high importance. If, in general, company-related, often economically motivated matters are prioritised over needs which stem from the employees’ personal environment, as it is the case in the examples outlined above, the necessary conditions of a successful reconciliation are not given.

Table 2: Caring sons without reconcilability problems

	Total care burden of the sons*	Work-related reconcilability strategies	Primary strains caused by the care situation
M 1	Medium	Flexitime	Lack of regeneration/lack of free time
M 3	Low	Shift work	
M 4	Low		Concern for care-dependent person (dementia)
M 7	Low	Flexible working hours	Concern for care-dependent person
M 8	Medium	Flexitime and overtime reduction	Concern for care-dependent person
M 10	Low		Financial strain
M 11	Low	Working time account	Concern for other family members; financial strain

	Total care burden of the sons*	Work-related reconcilability strategies	Primary strains caused by the care situation
M 13	Low	Alterations to working time	Conflict with care-dependent person
M 14	Medium	Flexitime, working time reduction to 30 hours per week	
M 17	Low		
M 18	Low		
M 20	Low	Family care time	Lack of regeneration/lack of (free)time, conflicts with care-dependent person
M 21	Low		
M 22	Low	Overtime reduction	Lack of regeneration/lack of (free)time, bureaucracy, concern for care-dependent person
M 25	Low	Flexible working hours	Concern for care-dependent person (dementia)
M 28	Low	Alterations to working time and working time account	Impairment to one‘s own (mental) health, concern for care-dependent person, lack of regeneration/lack of (free) time
M 29	Low	Flexible working hours	Lack of regeneration/lack of (free)time
M 31	Low	Working time reduction to 30 hours per week	
M 33	Low	Flexible working hours	Lack of regeneration/lack of (free)time, impairment to one‘s own (mental) health
M 34	Low	Informal agreements	Conflicts with other family members, concern for the care-dependent person (dementia), lack of regeneration/lack of (free) time, impairment to one’s own (mental) health
M 35	Low	Flexitime and working time reduction to 33 hours per week	
M 36	High	Informal agreements	Concern for other family members, lack of regeneration/lack of (free)time
M 40	Medium	Flexitime, informal agreements	
M 41	Low		Conflicts with other family members
M 43	High		Conflicts with other family members
M 44	Medium	Working time reduction to 50% part time	

Source: own research
Remarks: * low need for care = 1, medium need for care = 2, high need for care = 3. The percentage values of the care share of the caring sons were multiplied with the applicable factor of the need for care. This can result in values between 1 and 300. Values between 1 and 100 in the table are classified as low, values between 101 and 200 as medium and values between 201 and 300 as high.

3.2 CARING SONS WITHOUT RECONCILABILITY PROBLEMS

26 of 37 caring sons state that they do not have reconciliation problems (cf. table 3). The total care burden of these men is low in 18 cases, medium in six cases and high in only two cases. Seven sons without reconciliation problems attend to their assistance and care tasks in a fashion which does not interfere with their gainful employment. 19 caring sons without reconciliation problems utilise work-related reconciliation strategies. In most cases, this comprises different forms of working time flexibility while continuing to work full-time. A working time reduction due to care tasks only happened in five cases. For M 35 and M 31, the total care burden is to be assessed as low, and the working time reduction results in a relatively relaxed situation:

- M 35 utilises the possibility of flexitime and has reduced his working hours to 33 hours per week. He takes care of his mother in the afternoon and in the evening on a daily basis, particularly in the form of personal assistance and shopping. Once a day, a medical service comes by; additionally, a cleaning aid and a home meal service are part of the care arrangement.

- M 31 reduced his working hours to 30 hours per week in order to be able to assist his father in the afternoon and to take care of household chores. Cleaning tasks are assumed by a cleaning aid.

In addition to the services mentioned, no further formal or informal helpers are involved in care and assistance in either case. The situation is similar, albeit with a medium total burden, in the case of M 14: he utilises the possibilities of flexitime and has reduced his working hours to thirty hours per week. Every day, he sees to the medical care of his mother, supplies body care, takes care of shopping as well as preparing breakfast and dinner and supplies a lot of personal assistance due to his mother's dementia. A care service and a home meal service come by on weekdays, while a cleaning service comes twice a week. Additionally, informal helpers are sporadically involved in the care. These are his brother, his partner and two female friends of the mother.

M 20 and M 44 have reduced their working hours the most and are correspondingly atypical for the entirety of our sample, since they distinctly prioritise care over work:

- M 20 supports his mother during the week in the morning and evening as well as three times a day on weekends (morning, noon, evening). The care tasks he assumes are assistance, shop-ping, housekeeping chores as well as taking care of tasks related to finance and public authori-ties. Additionally, he is the contact person for her physician. M 20 has claimed two years of family caregiver leave and reduced his working hours to 50%. Afterwards, however, he did not consider himself capable of resuming work full-time due to the persisting need for help and his own exhaustion. He now works 33 hours per week. In caring for his mother he is assisted by a female neighbour of his mother, who helps with household chores on a daily basis and also helps her dress. The mother refuses a professional care service. Despite the assessment of the mother's need for care as low, caring for his mother is a severe (emotional) strain on the son due to the conflict-laden relationship to his mother.

- M 44 cares for his godfather, with whom he is in a father-son-like relationship. Driving to his god-father takes 40 minutes each way and is covered by M 44 every day. Caring for his godfather is made possible by a working time reduction of 50% and is described by M 44 as a central and, in the sense of self-protection, helpful reconciliation strategy. He mainly takes care of organisational issues, the household and visits to the physician. The godfather is still capable of conducting body care himself; he refuses the involvement of a care service or other household-supporting services by "strangers". It is also his explicit desire not to go to a nursing home, which is made possible through the commitment of M 44. Occasionally, the brother of M 44 is involved in the care on weekends.

Both atypical cases are characterised by the fact that no formal care services are utilised because this is refused by the persons in need of care. Care and assistance is almost entirely relegated to the two caring sons, whereby M 20 receives a little more support from the neighbour than M 44 does from his brother.

Two men in the sample stand out because they do not utilise any work-related reconciliation strategies despite a high total care burden:

- For several months, M 36 is only able to uphold the domestic care for his mother, who has dementia, with the help of a care service, until she is accommodated in a stationary institution. He mainly solves his reconciliation problems by means of informal agreements with his superior and his colleagues. A working time reduction is out of the question because, in his assessment, this would entail changing the work sector.

- M 43 cared for his father almost completely by himself for three months. Because the father is unwilling to let an ambulatory service conduct the body care, only a medical care service and a home meal service are utilised. Despite that, M 43 does not change his working time. When the care becomes irreconcilable with his work, he settles on stationary accommodation for his father.

Table 3: Caring sons with reconcilability problems

	Total care burden of the sons*	Work-related reconcilability strategy	Primary strains caused by the care situation
M 6	Low	Working time reduction to 80%, but: professional disadvantages	Lack of regeneration/lack of (free)time, concern for the care-dependent person, feelings of guilt/moral conflicts
M 9	Medium	Working time account, flexitime, but: committee and travel activity, low support by superior/s	Lack of regeneration/lack of (free)time, impairment of one's own health, isolation in the private sphere
M 12	Medium	Working time account, Flexitime, but: home office not possible	Impairments (difficulty concentrating at work), concern for the care-dependent person (dementia), lack of regeneration lack of (free)time

	Total care burden of the sons*	Work-related reconcilability strategy	Primary strains caused by the care situation
M 15	High	Working time account, Working time reduction to 35 hours per week, but: appointments during the evening and on the weekend, on-call duty	Concern for the care-dependent person (dementia), impairment of one's own health (constant tension, difficulty concentrating at work), lack of regeneration/ lack of (free)time
M 16	Medium	Flexitime, alterations to working time, followed by semi-retirement (block model)	Lack of regeneration/lack of (free)time
M 19	Low	Flexible working hours, but: conflicts at work (substitute regulations, telephonic availability)	Concern for the care-dependent person, feelings of guilt/moral conflicts (because of nursing home accommodation)
M 26	Low	Little working time flexibility	Impairment of one's own health (decrease in performance and difficulty concentrating at work), feelings of guilt/moral conflicts (towards employer)
M 27	Low	Lack of company support, leading position and field work enable little flexibility	Lack of regeneration/lack of (free)time, impairment of one's own health (especially mental)
M 37	Medium	Flexible working hours, but: working time reduction not granted	Lack of regeneration/lack of (free)time
M 38	Low	Working time reduction not granted	Care for care-dependent person(ALS), lack of regeneration/lack of (free)time
M 39	Low	Flexible working hours, but: working time reduction not granted	Concern for the care-dependent person

Source: own research
Remarks: * low need for care = 1, medium need for care = 2, high need for care = 3. The percentage values of the care share of the caring sons were multiplied with the applicable factor of the need for care. This can result in values between 1 and 300. Values between 1 and 100 in the table are classified as low, values between 101 and 200 as medium and values between 201 and 300 as high.

3.3 PERCEIVED BURDEN OF CARING SONS

Even though the majority of the caregiving sons of the MÄNNEP study do not suffer from reconciliation problems, a majority of the interviewees claim that they experience a lack of regeneration and (free) time as a burden on themselves that stems from the care situation. This burden is present in different shapes and forms, which naturally are interconnected. For example, some interviewees lament the time pressure which results from different demands in the professional and private spheres and which produces stress.

> "It was more like, let's say, this thought, that was it, if I thought about what's going on at home. Like I said, not until the afternoon. But then it started in the afternoon. What will I have to do today? Oh, I'll have to go to the doctor, pick up the prescription, pharmacy, the medicine. And I also want to cook something. And the hallway needs to be cleaned as well. So these things, they moved, let's say, as the end of my workday drew nearer, a little more into the foreground."
> (IR_M_01)

Others rather emphasise the lack of phases for their own regeneration (resulting from temporal restrictions). The key issue here is that the own need for regeneration and free time is or has to be massively deferred, as the following quote demonstrates:

> "Yes, sometimes I would like for things to be a little more balanced. So that I can just say: oh, I'd like to calm down a bit, just like that. Then if I, I don't know, quickly buy something somewhere and see people sitting around who are more or less bored and (unintelligible) You know, that's something I'd like to do again. Simply not right now/boredom is the wrong expression. Just tune out. Just tune out, to have no tasks, no responsibilities and to just unwind."
> (IA_M_01)

Another pressing issue is the strain resulting from worrying about the relative in need of care. Many interviewees report that they frequently think about the care-dependent person. In particular, these worries are triggered by the health condition of the person in question. In the case of diagnosed dementia in

particular, actions by the relative which are potentially harmful to self and others play an important role:

> "You were at work, but in your thoughts? Are they going to set the house on fire? Will they still all be there when you get home? What is happening?"
> (IR_M_04)

One's own way of handling dementia entails a big challenge for the caring relatives, who in this regard often report their perceived burden as significant. They describe the emotional stress which is triggered by the changes in behaviour of the relative who has fallen ill:

> "Sometimes it was the case that in the middle of the night you woke up and I thought: What is going on UP there? Then I ran upstairs and she sat at the kitchen table. She had low blood sugar and wanted to eat something, but was not capable of fixing herself a sandwich. So I did it for her. Then back to bed after an hour. And (sighs) when you talked to her about this on the next day, she said: That's not true. I was in bed the whole time. I don't know anything. That is an allegation along the lines of you just want me OUT of here. Those were the (harrumph) types of things where I'd say I was also very stressed mentally."
> (IP_M_02)

In some cases it can be assumed that the strain caused by the dementia of the relative in need of care led to significant mental health impairments for the caring sons as well. Here, the perceived helplessness of the parents who were ill plays a significant role, which subverts generational roles and positions that had been fostered over many years.

Health impairments caused by the care situation can also be assumed to exist when the interviewees report constant tension and long term reduced performance and concentration ability. This can also be found in the sample. Additionally, there are physical impairments to health. Some of the interviewees report that they physically suffered from the double burden. Here, tension, a decrease in performance and poor concentration in particular are bemoaned, but also concrete bodily troubles and illnesses caused by the care situation.

In addition to one's own health impairments and the worry about the relative in need of care, the concern for other family members plays a role for some interviewees. This primarily applies to caring sons who are in a "sandwiched position", that is to say that they are responsible for children who are at an age where they have to be supervised, in addition to the care responsibility for their parents. Here, the fear arises that the children are negatively impacted by the care situation, as becomes clear in the following statement of a man in the "sandwiched position":

> "For me the problem was, I mean I noticed how my family suffered from it, especially the sons. And for me it was always, how should I put it? A sort of inner conflict on the one hand, my father should not go outside. On the other hand I noticed how the family suffered. And THAT was a very difficult time for me."
> (IP_M_02)

Additional worries concern other family members who are also involved in the care. It becomes apparent that sons often organise the care with the help of an extensive network of professional and non-professional helpers. Often, the (marital) partner is involved or even takes on the part of primary care person. This constellation can lead to worrying about these persons. These types of situations and the fact that the care situation demands a lot of time and energy also lead to moral conflicts, which some of the interviewed men report. On the one hand, these concern one's own family, which is (potentially) suffering from the care situation, and on the other hand one's employer and the care-dependent relative. A particularly striking example for a guilty conscience towards the employer can be found in the following interview passage:

> I: Okay, it sounds to me like you want to avoid being in the red.
> B: Yes, of course.
> I: Are you concerned that this could negatively affect ...
> B: No.
> I: ... your product/
> B: Also no. (grins) But I have a guilty conscience about it.
> (IA_M_01)

It is evident that the interviewee has difficulties using his working time account, even though he has a right to do so and does not seem to expect a negative effect on his work performance as a result. Here, the guilty conscience towards his employer evidently manifests itself in the feeling of not being a "full-fledged" worker. Sometimes, moral dilemmas concerning relatives in need of care are also described, which stem from the feeling of not being able to do them (as well as other areas of life) justice. Additionally, there are sometimes feelings of guilt in this relationship, which result from the interviewees thinking that they, for example, did not make the correct (medical) decisions in the interest of their relatives in need of care or because they eventually arranged for an accommodation in a nursing home.

Furthermore, the men interviewed frequently tell of conflicts in the family environment, which are however usually not named explicitly in regards to their potentially strenuous nature. Conflicts with the relatives in need of care only occur to a low degree; most of the interviewees (with few exceptions) state that their relationship to the person they care for is a good one. However, difficulties result from, as mentioned above, dementia-related behaviour. The interviewed men sometimes also report conflicts with other family members, especially with siblings. Often, these conflicts either result from unwanted involvement in the care situation or from an insufficient involvement in tasks related to care, from the perspective of the interviewee.

Financial losses, perceived isolation in the private sphere due to the large expenditure of time in the context of care as well as a bureaucratic effort that is deemed unreasonable and which the care situation necessitates are further burdens that are occasionally mentioned.

4. TYPICAL ARRANGEMENTS AND NETWORKS OF GAINFULLY EMPLOYED CARING SONS

In addition to work-related reconciliation strategies, the caring sons in the sample are also supported by informal and formal helpers in reconciling care and work (cf. table 4). The most frequent informal helpers (in 21 cases) are wives or partners of the caring sons, but in ten cases the sons' parents are also involved in caring for their partners; in 15 cases, the caring sons' siblings offer support. In formal help networks, care services are dominant, which are involved in 23 of the 37 care arrangements. A personal emergency response system is utilised in eight cases, a home care service in seven cases and a household help in six cases. In five cases each, a home meal service or partially stationary accommodation in a short-term care facility is utilised. In four cases, a full-time caregiver is enlisted. The possibility of short-term care is often (in 17 cases) utilised; however, this is of no significance for the daily care of the relatives in need of care, but rather serves as temporary relief (respite care) in order to make vacation possible for caring relatives, or when they temporarily cannot provide care due to other reasons such as illness.

Table 4: Informal and formal helpers within the care arrangements

Informal helpers		**Formal helpers**	
Wife/partner	21	Care service	23
Parent generation	14 Mother (5) Father (5) In-laws (2) Aunt (1) Uncle (1)	Short-term care	17
Sibling generation	19 Brother (10) Sister (5) Sister-in-law (2) Male cousin (1) Female cousin (1)	Personal emergency response system	8
Children	8*	Support service	7
Neighbours	5	Household aid	6
Friends	2	Home meal service	5
		Adult day care	5
		Fulltime carer	4

Source: own research
Remarks: * "Son" was named four times, "children" three times and "niece" one time

This shows that the sons we interviewed do not care by themselves. In most cases they are supported by informal as well as formal helpers. Considering the role of men in the individual care arrangements, it becomes apparent that the total care burden on the caring sons needs to be predominantly assessed as low and medium, even when the care-dependent person's need for care is medium or high. While the helper networks in the care arrangements with a low need for care on part of the care-dependent person comprise one or two informal helpers and one or two professional services on average, the helper network with a medium need for care usually expands to two informal helpers and three professional services. A high need for care increases the number of services within the care arrangement even further. The commitment of the caring sons, however, remains relatively stable.

Table 5: Helper networks of care-dependent parents

	Need for care of the care-dependent person	**Total care burden of the caring sons**	**Informal helpers**	**Formal helpers**
M 3	Low	Low	Cousin (female)	Care service
M 6	Low	Low		
M 10	Low	Low	Brother	Care service, personal emergency response system
M 20	Low	Low	Neighbour, wife	Short term care
M 21	Low	Low	Mother, wife	Care service

	Need for care of the care-dependent person	Total care burden of the caring sons	Informal helpers	Formal helpers
M 26	Low	Low	Wife, neighbour	Care service, personal emergency response system
M 31	Low	Low	Wife, children	Household aid
M 35	Low	Low	Cousin (male)	Care service, home meal service, household aid, short term care
M 41	Low	Low	Father, wife	Household aid
M 7	Medium	Low	Brother, aunt	Care service, home meal service, personal emergency response system
M 13	Medium	Medium	Sister, niece, partner	Adult day care, short term care, personal emergency response system
M 14	Medium	Medium	Brother, partner, friends (female)	Care service, home meal service, household aid, support service, short term care
M 17	Medium	Low	Wife, brother, uncle, neighbours	Care service, personal emergency response system
M 29	Medium	Low	Wife, children	Care service, short term care, personal emergency response system
M 34	Medium	Low	Partner, In-laws	Care service, support service
M 40	Medium	Medium	Neighbour	Personal emergency response system
M 44	Medium	Medium	Brother	
M 1	High	Medium	Wife, son	Short term care
M 4	High	Low	Sister, mother, wife	Fulltime carer, care service, household aid, support service, adult day care
M 8	High	Medium	Wife, son	Support service, care service, short term care
M 9	High	Medium	Wife, son	Care service, short term care
M 11	High	Low	Wife, sisters-in-law, children	Care service, adult day care, short term care
M 12	High	Medium	Mother, partner, brother	Care service, short term care
M 15	High	High	Brother	
M 16	High	Medium	Wife, sister, friends (female)	Fulltime carer, short term care, support service
M 18	High	Low	Brother, father, neighbour	Household aid, support service, adult day care, short term care
M 19	High	Low	Mother, sister	Care service, support service, short term care
M 22	High	Low	Partner	Care service, adult day care, short term care
M 25	High	Low	Wife, son, in-laws	Care service, short term care
M 27	High	Low	Wife	Care service, home meal service, personal emergency response system, short term care
M 28	High	Low	Father, brothers	
M 33	High	Low		Care service, fulltime carer, short term care
M 36	High	High	Wife	Care service
M 37	High	Medium	Mother, sister	Care service
M 38	High	Low	Father	
M 39	High	Low	Partner of the mother, neighbours	Fulltime carer
M 43	High	High		Care service, home meal service

Source: own research

5. CONCLUSION

The results presented in this article concerning the reconciliation of care and work for caring sons have shown that the contribution of gainfully employed sons to the support of their relatives is greater than it is often perceived in public and academic discourse. At the same time, the fact that the majority of men state that they do not have reconciliation problems, even though the men are severely burdened due to the accompanying circumstances of the care situation, constitutes an interesting finding. Overall, the cases examined in this study indicate a pattern which can provide an explanation for the fact that the caring sons interviewed by us barely seem to be affected by reconciliation problems: the sons organise the care activity around their gainful employment. They assume care-related activities outside their working hours, i.e. in the early morning, in the afternoon and in the evening as well as on weekends and during holidays. Not in the least, this strategy is made possible because wives and partners in particular constitute an available familial support resource which, it can be assumed, caring daughters do not have the same degree of access to. Husbands or partners of caring women are not available to the same extent. In their evaluation of the German sample of the EUROFAMCARE study, Lüdecke and Mnich (2009: 17) even formulate the hypothesis that men especially take on care responsibility when the corresponding familial and social support can be considered to be secure. All in all, the men interviewed as part of the MÄNNEP study also have extensive helper networks consisting of formal and informal actors at their disposal. This result overlaps with the findings of studies that assert an overall higher degree of care and support provided by men in care situations in comparison to caring women (cf. for example the study overview of Klott 2010). According to these studies, sons usually have an extensive helper network, are more likely to delegate care activities to professional helpers and have less difficulty with utilising stationary accommodation for the person in need of care when the care can no longer be reconciled with one's own life situation. This finding also corresponds to the sons of the MÄNNEP study, in which relatively many transfers to nursing homes could be identified. The "earner-carer model" of the caring sons is therefore based on maintaining full-time employment while simultaneously involving other informal helpers and professional services as substantial components of the care arrangement. However, the price for following the "adult-worker model" often consists of a lack of free time and regeneration. In the long term, health impairments are almost inevitable. Hence, the reconciliation strategy of the caring strategy is to the detriment of the caregivers, in individual cases also to the detriment of the care-dependent: when care-dependent persons refuse the help of "strangers" while the working time of the relatives is too high to cover the need for care, this can result in an undersupply of care. Often, the solution to the reconciliation question of the men is then to the detriment of the (marital) partners, who support the care arrangement to a high degree. Alternatively, in this constellation of prioritising gainful employment, an early (earlier) transfer to a nursing home is conceivable, which would correspond to the "cold-modern model" of Hochschild (1995).

Therefore, maintaining full-time employment while caring for relatives cannot be recommended as the norm, neither for men nor for women. A preferable alternative would be an "earner-carer model" that is equipped with subsidised working hour reduction, incentives for an egalitarian distribution of relative care and supporting social services – entirely in the sense of a "warm modern model of care" (Hochschild 1995).

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