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Organizational Dependent Care Support

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Abstract and Keywords

This chapter reviews, synthesizes, and builds on organizational dependent care support (ODCS) research, resulting in the development of a need-based model of ODCS use. Important unanswered questions remain, including, among others, the meaning to employees of having dependents; determinants of ODCS use and of need for ODCS; differences in need for nurturance, coordination, and financial caregivers in different combinations and profiles; differences in formal and informal ODCS; the mechanisms in play when organizations offer availability, but block, ODCS use; family and community moderators of ODCS use; and explicit consideration of different stakeholders. In the United States, dependent care is generally privatized to families and employing organizations; therefore how families and organizations handle dependent care becomes how U.S. society treats its dependents, making research on this topic vital to helping individuals, families, and organizations manage dependent care with efficiency and compassion.

Keywords: dependent care policies, work–family, dependency, support, caregiving

> A nation's greatness is measured by how it treats its weakest members.
>
> *Unknown (often attributed to Mahatma Ghandi)*

One litmus test for the quality of any country or society is how it collectively treats those without strong voice or power in its systems, who are dependent on others for all or part of their well-being. Although organizational science researchers recommend that work–family issues be addressed at four levels––society, organization, family, and individual employee (Kossek, Baltes, & Matthews, 2011), in the United States most of the provision and quality of dependent care is in the hands of individuals, families, their employing organizations, and private service providers, making organizational dependent care support (ODCS) by employers a key factor in how dependents are cared for in the United States for some socioeconomic classes. In other countries, society plays a much larger role through the government [see Chapters 17 (Den Dulk) and 18 (Collier-Malaterre)]. Perhaps because of the privatization of this issue in the United States, much research on ODCS has been done in the United States, and this chapter focuses primarily on that research.

For purposes of this chapter, I define dependents as people who must rely on others for physical, emotional, developmental, or financial care. As a dependent is a person who must rely on others for care, so the ones being relied on are caregivers. There are at least three types of caregiving. Nurturance is the most interpersonal form of care, involving the physical, emotional, and developmental care of dependents. This type of care requires direct interaction time of the caregiver with dependents, as in the term "care work." A second type of care involves the organization of dependents' lives, including activities such as planning and arranging nurturance care, school, professional or medical appointments, or social activities, which also takes time but is not necessarily interpersonal with dependents. The third type of care comprises providing economically for dependents, which requires little or no interaction time In sum, the "flip side" of dependency is nurturance, coordination, and financial provision in

different combinations. Generally, in the organizational sciences when we are studying ODCS, we are studying its impact on employees and the organization. We have explored the impact of ODCS on those who are nurturance, coordination, and financial providers—although we too rarely make these vital distinctions, and on those who do not have dependents. Thus, in the organizational sciences, we are interested in workers or employees who are almost by definition not dependents, and who may or may not have dependents.

The purpose of this chapter is to review organizational science research on the impact of ODCS in order to summarize what we know and suggest directions for further research. The primary theses of this chapter are that we will be better able to contribute useful knowledge if we more clearly (1) focus on those who need ODCS separately from those who have no need, and for those with need, (2) explore differences for caregivers who have differing levels of need as well as by the categories of care they provide, and (3) study the differences between those who use and do not use ODCS. A vehicle developed for this research is the Need-Based Model of the Impact of ODCS Use. This model incorporates and builds on extant research. Highlights of the model include an exploration of the construct of need for ODCS; integration of the findings of negative career consequences for users of ODCS, perhaps especially mothers; and clearly separating ODCS availability and use. The chapter also suggests some reframing of ODCS and explorations of underused theoretical foundations.

Types of ODCS

Organizational policies and practices that support and facilitate dependent care are generally categorized into two primary types: flexibility and direct ODCS. Flexibility policies and practices can be used by employees to facilitate the management of both work and nonwork issues. For example, flexibility may impact how an employee manages collaborative versus independent work tasks, organizes work tasks each week in a way that is most efficient given individual differences and preferences, schedules exercise and household management tasks, manages professional appointments, manages volunteering, or manages the care of dependents. ODCS, in contrast, is used only to facilitate employees' care of dependents. For a fuller picture of organizational policies and practices that can support and facilitate dependent care, this chapter should be read in conjunction with Chapter 19 (Kossek and Thompson).

In a recent meta-analysis of ODCS and its impact on employee attitudes, Butts, Casper, and Yang (2013, p. 2) synthesize definitions of ODCS policies as those that "provide tangible support in the way of time, services, or financial benefits that ease the burden of dependent care." ODCS that relates primarily to time includes leaves for dependent care (paid and unpaid maternity, paternity, family, adoption, sickness, family emergency, or parental leaves of many types, and job security after maternity leave); on-site child care (including sick child care); contracted child care centers (including sick, emergency, after school, and holiday care); and reduced work hours for dependent care. ODCS resources/services include dependent care resource and referral services (for child care, elder care, and other types of dependent care); training, education, and counseling related to child care, parenting, financial management, premarital or marriage and family enrichment, individual counseling, and single parenting (including written materials, classes, seminars, and support groups); and less frequently, spouse employment services and family crises management. ODCS that relates primarily to financial assistance includes direct subsidy of care expenses, family health insurance, financial assistance for adoption, pretax spending accounts for care, and other types of family financial benefits such as tuition assistance and domestic partner benefits. These categories of ODCS roughly track the types of caregiving explicated earlier—help with nurturance, help with coordinating dependents' care and lives, and help with financial provision.

Some research studies explore one policy or practice, whereas others explore multiple types in the same study. The compilation of the types of ODCS by Butts et al. (2013) suggests that important differences may exist within and between time-based, resource/service-based, and financial-based ODCS; however, because studies have not explicitly addressed this issue, no conclusions can yet be drawn about which types are more or less impactful and for whom. In addition, most types of ODCS studied are formal; however, some research suggests that informal and emotional support could be more important (Wayne, Randel, & Stevens, 2006).

Primary Research Findings: Review and Critique

Because this recent meta-analysis (i.e., Butts et al., 2013) so effectively reviewed and synthesized ODCS

research, I summarize it in this section before building from it. Across 61 separate samples, the authors found that ODCS positively related to employee attitudes. One important contribution of this study is that it separated the impact of ODCS *availability* from ODCS *use*, which is an important distinction that had been inconsistently treated in research (Hammer, Neal, Newsom, Brockwood, & Colton, 2005). Sample sizes ranged from 2,253 observations for the relationship between ODCS use and intention to stay, to 21,883 observations for the relationship between ODCS availability and job satisfaction. In reporting their findings below, I include values of final standardized coefficients for each relationship. Based on their findings, we can be confident that ODCS *availability* is related to work attitudes in five ways: directly (0.11), through its direct relationship to Family Supportive Organization Perceptions (FSOP; which the authors define as "the extent to which employees view their organization as supportive of family life" based on Allen, 2001) (0.19), and in turn FSOP to work-to-family conflict (WFC) (−0.40) and work attitudes (0.46), and through the impact on ODCS *use* (0.48). ODCS *use* is related to work attitudes in three ways: directly (0.07), through WFC (−0.14), and in turn through WFC to work attitudes (−0.07).

From this meta-analysis, it seems clear that we have answered in the affirmative the question of whether there is an overall impact of ODCS on the organization through worker attitudes toward the job and organization, although patterns in the results also present important puzzles for future research. Now that we have accumulated evidence of this positive relationship, we can work on more precisely understanding what is going on by "unpacking" this effect. For example, it is most interesting to note that ODCS use itself has a small impact overall, although the relationship is significant and in the expected direction.

It could be concluded from this that the window dressing is more important than the merchandise when it comes to ODCS. FSOP may be caused by other phenomenon, such as a general perceived organizational support (Casper & Buffardi, 2003), which gets generalized to family, and not caused by ODCS use. However, in samples in which a greater proportion of employees have dependents (and thus presumably potentially need ODCS), the relationship between ODCS availability and use is stronger, as are the relationships between ODCS use and WFC, job satisfaction, and commitment; and there are weaker relationships between ODCS availability with FSOP, job satisfaction, and commitment.

There has been much less research on ODCS use than on ODCS availability (Butts et al., 2013; Hammer et al., 2005); therefore a key research opportunity is to focus on the impact of *use* of ODCS, as was done in much of the earliest organizational research on ODCS (e.g., Grover, 1991; Grover & Crooker, 1995; Kossek & Nichol, 1992; Rothausen, Gonzalez, Clarke, & O'Dell, 1998) and in some more recent research (e.g., Hammer et al., 2005).

Use and Nonuse: A Core Underexplored Issue
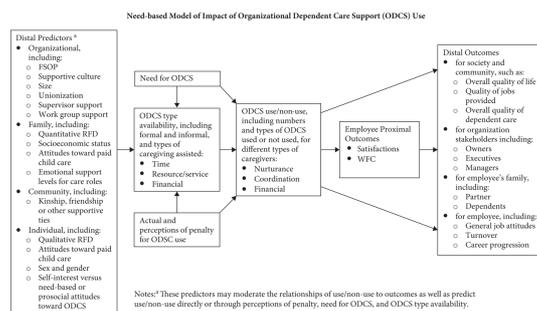
Click to view larger

Figure 1. Need-based model of impact of organizational dependent care support (ODCS) use.

What is the decision-making process that leads from availability to use for those with need for ODCS? What moderates this relationship? What moderates the relationship between use and outcomes, other than WFC? What mechanisms impact nonusers' perceptions of ODCS? Incorporating the research reviewed above, I suggest a research-based set of factors that may impact and predict ODCS use and nonuse, which is depicted in Figure 1.

Use of ODCS: High and Low Levels of Need

ODCS use has been much less frequently studied than ODCS availability. Therefore, we understand relatively little

about factors related to ODCS use (Butler, Gasser, & Smart, 2004; Hammer et al., 2005). If a user has a high need for ODCS, use results in positive experiences, and if there are many types of support, the impact of use is likely to be positive. However, met expectations theories suggest that if employees expect support for dependent care based on perceived ODCS availability, and then find that they are prevented from using ODCS or that the true costs of using ODCS are high, it could lead to lower work attitudes than result from the absence of ODCS. Some evidence suggests that expecting positive outcomes from use does predict whether an employee will use ODCS, especially for women (Butler et al., 2004).

Level of need may significantly impact the dynamics of these relationships. Butts et al. (2013) found that in samples in which there were more women, more people who were married or cohabitating, and where the percentage of those with dependents was higher, employees were more likely to use available policies. These conditions imply higher level of need, but clear measurement of need has not been pursued; this idea is developed below. More research is needed to explore the processes involved in deciding to use ODCS, including the impact of the level of need and the relationship with types of ODCS used.

Nonuse of ODCS: With and Without Need

The impact of nonuse on nonusers likely depends on whether the nonuse comes from lack of need, or whether there is need but also a fear of negative consequences. That is, some of the elements that may predict use or nonuse may also moderate the relationships between use/nonuse and outcomes, as noted in Figure 1. Negative consequences are covered below; however, if nonuse is caused by such fear, it may negatively relate to nonusers' attitudes in the presence of high levels of need for ODCS. If nonuse is caused by lack of need, it is likely that some aspects of the dynamics uncovered by Butts et al. (2013) exist, such that ODCS availability signals an organization that cares, resulting in positive attitudes. However, understanding the mechanisms through which this works is important. Based on the meta-analysis of Butts et al. (2013), it seems clear that although the effect sizes are relatively large between ODCS availability and use and between FSOP and work attitudes, they are significantly weaker between ODCS availability and FSOP. This somewhat counterintuitive finding may be caused by missing moderators for which there were not enough data for modeling in the meta-analysis.

Several moderators are suggested by other work–family research. For example, justice norms held by an individual may moderate the relationship between ODCS use/nonuse and outcomes. Some early studies of ODCS using justice frameworks suggested that individuals have certain values or norms regarding how employee rewards should be allocated, which will impact their responses to ODCS (Grover, 1991; Grover & Crooker, 1995; Kossek & Nichol, 1992; Rothausen et al., 1998). Work by Leventhal (1976), Lerner (1977), and Greenberg (1987) suggests that when the goal of reward allocation is productivity, equity-based allocation principles are used (reward allocation based on inputs such as effort or performance; Leventhal, 1976); when team-building and good social relationships are the goal, equality-based allocation principles are used (all receive rewards of equal value; Lerner, 1977); and when there is a sense of social responsibility, need-based allocation is viewed as just (rewards are allocated according to need; Greenberg, 1987).

The impact of ODCS on nonusers with no need for ODCS may depend on whether they see dependent care as a legitimate arena in which the organization should operate (Trevino, den Nieuwenboer, Kreiner, & Bishop, 2014). Violations from equity-based and equality-based allocation values are often viewed as unjust in business in the United States. Some results of perceived violations of justice in organizations are dissatisfaction, lower commitment, and withdrawal for workers who do not receive the rewards, according to both theory and empirical research on organizational justice (Grover & Crooker, 1995; Lerner, 1977; Leventhal, 1976). People are more likely to view policies they benefit from as fair, so less resentment is likely, whereas those who do not benefit are more likely to view them as unfair and may demonstrate resentment, possibly moderated by their demographic or other similarity or dissimilarity to the focal individual (Avery, 2011; Bhave, Kramer, & Glomb, 2010; Grover, 1991; Grover & Crooker, 1995).

According to the logic of both equity-based and equality-based norms, benefits offered only to workers with dependents, or only to some workers with dependents, should violate these norms and result in "work–family backlash." However, this issue has not been well researched and existing evidence is mixed. Some studies suggest there is little evidence for ODCS backlash (Rothausen et al., 1998); however, as one member of The Childfree Network (see Burkett, 2000) stated, ODCS can be seen as an icon representing "… all the money that

companies spend on employees with children… a constant reminder of all the benefit dollars that aren't spent on us" (Harris, 1997, p. 30), indicating the potential for such backlash. Alternatively, workers without dependents may have needs-based norms if they view the needs as legitimate (Trevino et al., 2014). Prosocial motivations for organizational phenomenon may also apply to OSDC (Grant, Dutton, & Rosso, 2008). More research is needed before making conclusions about the prevalence and impact of ODCS backlash.

Need for ODCS

It is striking that although ODCS is ostensibly designed to help employees who need it, need for ODCS has rarely been researched. Employees' need for ODCS is likely proportional to their level of responsibility for dependents (RFD; see Rothausen, 1999). Within the group with need for ODCS, need is likely to vary both by the numbers and types of dependents the employee has (quantitative RFD) and also by the caregiving roles played, such as nurturance providers, organizers of dependents' lives and activities, and financial providers, or some combination (qualitative RFD). In addition, need may be mitigated by other resources available to individuals such as family and community networks of support and higher resources related to socioeconomic status. This set of considerations is represented on the left in Figure 1.

Quantitative RFD: Numbers and Types of Dependents

In U.S. tax codes, dependents are defined as people for whom others provide more than half their financial support. This definition has impacted the data available on dependency, and its assumptions have impacted how we measure dependency, as well as on how we frame it in research and in organizations. It is noteworthy that this definition recognizes financial but not nurturance or coordination caregiving. Notwithstanding this U.S.-based, legal definition of a dependent, above I defined dependents as people who rely on others for primary physical, emotional, and developmental care, or for financial provision.

The level of RFD may be a family-level variable and a function of the numbers and types of dependents in an employee's family, whereas qualitative RFD may be a individual-level variable. Most often RFD is measured by the proxy of "having" and "not having" dependents. For example, in Butts et al.'s (2013, p. 8) meta-analysis, the variable that is called "responsibility for dependents" is actually an indicator of the percentage of the sample "with dependents." Nonetheless, this dichotomous variable moderated several effects such that ODCS use appears to be more important in samples with more dependents.

One way to unpack and understand this is to begin to differentiate levels of "having dependents" by looking at numbers and types of dependents. There is some evidence that the best forms of ODCS may differ by type of dependent (e.g., Kossek, Colquitt, & Noe, 2001). Assuming equal numbers of dependents, there are differences between, for example, being the primary caregiver for five healthy children between the ages of 5 and 15 years and being the primary caregiver for two children under the age of 3 years, an infirm elder, and two severely disabled adults, and the impact may be multiplicative in cases in which these categories combine for one caregiver. Yet in research these scenarios are treated equally. This may relate to the availability of data in some cases, but it also relates to our conceptualizations of dependency, as discussed below.

Qualitative RFD: Roles and Gender

Having other human beings dependent on you for physical or emotional care and development is qualitatively different from having them dependent on you for economic resources. The term *provider*, unaccompanied by the descriptor "care," usually refers to the person relied on for financial support, whereas *caregiver* often refers to more interpersonal forms of support—physical, emotional, and developmental care, as in the term "care work." These roles roughly reflect the gendered family roles of nurturer and social coordinator (mother, sisters, grandmothers) and economic provider (father, brothers, grandfathers). To signify these primary roles, in this review I have used the terms *nurturance, coordination*, and *financial provider*. Although these roles are gendered in most families, sometimes men become nurturance providers (Cooper, 2000) and women are also financial providers, especially in some cultures, subcultures, and socioeconomic levels.

In addition to the distinction between nurturance, coordination, and financial providers, another important

distinction is between primary and secondary caregivers. A primary caregiver is held responsible by a social system for the welfare of a dependent or set of dependents and therefore faces more pressure to perform the role very well (Glass, 2004; Ladge, Clair, & Greenberg, 2012). Generally in the United States and other societies, women in a family are seen as having this primary care responsibility for dependents, that is, it is coupled with nurturance and coordination provision. Men are often seen as primarily responsible for financial provision for dependents, not a primary caregiver role (Cooper, 2000). Secondary care has many subcategories, from the "other" person in a couple (i.e., the one who is not the "primary caregiver") to paid care workers, and everything in between including other family members, health care professionals, teachers, after-school program workers, and elder care workers.

In line with this, Butts et al. (2013) found that the relationships between ODCS availability and job satisfaction and between ODCS use and WFC were stronger in samples with more women. They suggest that because women have more caregiving responsibilities than do men, the policies available to and used by men meet their needs due to the fact that they have lower care demands (p. 12). However, as the authors of another meta-analysis in work–family (Ford, Heinen, & Langkamer, 2007) conclude, other findings suggest decreasing differentials between men and women in terms of work and family responsibilities. This is another area ripe for more research. If we use the sex of the respondent as our proxy for role, we risk attenuating relationships found in research. To fully understand this we must separate role from sex, and explicitly study the differential impact on employees of having nurturance, coordination, and financial provider roles; we must also explore the interactions of sex with these roles, as well as with individual differences on salient values and personality types within women and men, and similarly explore this for primary and secondary caregiving roles (Powell & Greenhaus, 2010).

Other Predictors of Need for ODCS

In addition to quantitative and qualitative RFD, other factors may contribute to higher need for ODCS, such as a lack of kinship or friendship ties in the community, lower socioeconomic status, the attitude toward paid care for dependents held by the employee, her or his partner/spouse, and her or his other key family members or friends, and levels of emotional support at home and at work (Orthner & Pittman, 1986; Thompson, Beauvais, & Lyness, 1999; Wayne et al., 2006). Doing dependent care is a dissimilar experience in different social classes, at different income levels, and with different configurations of family and community supports (see other chapters of this volume for more on these topics). Finally, as a field, we should take care to include both legal and functional families, as both produce dependents.

Availability (and Use) of What? Types and Levels of ODCS

ODCS availability must precede use, and it is therefore included as one of three major predictors of use or nonuse in Figure 1. Availability is a complex concept in that "availability" may be of one policy or a plethora of policies (and this is also true for ODCS use). Where multiple types of ODCS availability exist, we know very little about why each is used or about whether the impact differs for different types of policies that are available. Alternatively, it may be the "level" of availability that is important, from one policy being available or only one category of policies being available to multiple policies being available from multiple categories. More research is needed in order to understand the impact of availability and use in terms of different policies, policy categories, or levels of availability or use, as well as the impact of the use of different policies or categories of policies.

Some research has explored one specific type of policy or practice, whereas other studies have explored multiple types in the same study. Butts et al. (2013) explored differences in effects for single policies versus policy bundles. However, this exploration was limited by the research studies that comprised their meta-analysis, as it was unclear whether, in "single policy" studies, there in fact was only one policy offered by an organization, or whether it was just the only policy explored in the study. Nonetheless, they found that more policies increased the direct effects of ODCS availability and ODCS use on work attitudes (although not FSOP or WFC). The impact of single versus multiple ODCS availability is important to explore further, and researchers interested in exploring this can consider the theoretical perspectives and meta-analytic findings in strategic human resource (HR) management, which may provide frameworks for understanding the mechanisms through which HR policies impact individuals and organizations (e.g., Jiang, Lepak, Hu, & Baer, 2012). However, before embarking on research on this issue, it may be important to consider differences within and between time-based, resource/service-based, and financial-based

ODCS, and between formal and informal versions of each, and to be intentional about research designs with these distinctions in mind.

Strategic human resource management research has explored different HR-related policy bundles, which have a differential impact on organization-level outcomes, in part through different impacts on individual employees (Jiang et al., 2012). Important questions about this for ODCS policies are whether family-specific policies are needed to impact FSOP, or whether any policies that help workers generally have this impact. Other questions related to this include which care policies are most desired by which employees, and which have the greatest impact on desired outcomes such as employee well-being, job satisfaction, engagement, retention, and performance. As we study different configurations of ODCS policies and practices, we can identify the most successful ones in terms of multiple outcomes. One related concern to time-based ODCS is a lack of availability of quality part-time work generally (Williams, 2000). It would be informative if research explored the barriers to full choice in number of hours worked, which is now largely constrained to employer-determined "packages" of either 0 or 40+ hours. The impact of the numbers, types, and levels of ODCS policies and practices and the predictors of their use are areas in which research is needed.

Penalty and Perception of Penalty for ODCS Use

It is somewhat surprising that research on the impact of ODCS has not generally incorporated the important research finding that in addition to its positive impact ODCS use often results in negative work and career consequences (Glass, 2004; Leslie, Manchester, Park, & Mehng, 2012; Williams, 2000). However, this may be due to the aforementioned lack of sharp focus on ODCS use separate from ODCS generally and ODCS availability. It seems likely that negative consequences are a consideration in the decision to use or not use ODCS through employees' perception of this penalty in their work environments. Therefore, it is the third major predictor of ODCS use incorporated into the model represented in Figure 1.

In reviewing the literature on the use of family-related benefits in general, Glass (2004, pp. 367–368) notes the following:

> Although these work innovations may make caregiving of family members easier, a substantial literature documents the dearth of employees who actually use these policies when offered because of the fear they will be punished with lower raises or blocked mobility. Mothers frequently report that they or their colleagues who have taken advantage of such polices have suffered as a result or that supervisors have made it clear such policies are only for employees who are not serious about career advancement.

Glass's (2004) own study, which used a representative sample of workers followed across time, confirmed the negative effects of ODCS use on wage growth after controlling for productivity-related considerations, especially for professional and managerial employees who use time-related benefits. Similar results are found in other research on ODCS and flexibility (e.g., Leslie et al., 2012), and the impact of ODCS use may be especially unhelpful or even harmful for mothers (Glass, 2004; Hammer et al., 2005; Williams, 2000). Understanding this issue, and not assuming it is captured by employee FSOP generally, is vital to understanding how ODCS use impacts potential and actual ODCS users.

Penalties for ODCS use are likely related to FSOP as well as to the general diversity climate. However, it may be more precisely captured by a specific measure of support for ODCS use, the diversity climate with respect to caregiving, or simply a direct measure of "perceptions of penalty" for ODCS use. These concepts are important in exploring the facilitation or blocking of ODCS use by organizations.

Other Distal Predictors of ODCS Use

In addition to the predictors of ODCS use suggested above, others suggested in work–family research include organization size and unionization (Glass & Fujimoto, 1995), a supportive and "life friendly" organizational culture (Wayne et al., 2006) or general perceived organizational support (Casper & Buffardi, 2003), general or family-specific perceived supervisor support [the importance of this is covered in Chapter 21 (Major & Litano) and see Wayne et al., 2006], and general or perceived work group support (Bhave et al., 2010).

In addition, family and community predictors and moderators of ODCS use have been suggested including partner supportiveness and partner and other family member attitudes toward dependent care [see Chapters 10 (Shockley & Shen) and 11 (Westman) and see Wayne et al., 2006], level of resources in terms of community and family networks and socioeconomic status [see Chapters 16 (Minnotte) and 28 (Agars & French)], and workers' attitudes toward non-primary-caregiver-dependent care and work and family role identities (Aryee & Luk, 1996; Ladge et al., 2012; Wayne et al., 2006).

Proximal and Distal Outcomes: A Brief Stakeholders Analysis

Who do we care about when looking at ODCS? Who are our stakeholders for ODCS research? Above, I argue that the impact of ODCS on employees with significant need for ODCS is understudied. Understanding this impact is critical. For users, some research suggests that it may be important to differentiate the impact on proximal and distal outcomes because the proximal outcomes can moderate relationships between ODCS and the distal outcomes (Rothausen et al., 1998).

In terms of proximal outcomes, one of the most commonly explored is WFC. Some evidence suggests that one overlooked, important facet of job satisfaction is satisfaction with the impact of the job on family (England & Whitely, 1990; Rothausen, Henderson, Arnold, & Malshe, in press). Additional proximal outcomes that could be important include satisfaction with dependent care (Aryee & Luk, 1996), satisfaction with ODCS (Rothausen et al., 1998), satisfaction with benefits (Rothausen et al., 1998), and WFC and work family enrichment (Wayne et al., 2006), among others. More distal outcomes for employee users of ODCS may include general job attitudes, career satisfaction and progression, and turnover.

Another important stakeholder for organizational science researchers is "the organization," which is actually made up of a number of substakeholders, including users and nonusers, but also including organization executives, managers, and owners. These stakeholders may have an interest in the overall outcome on employee attitudes and behaviors, as well as the ability to recruit and retain employees, and in signaling to employees, customers, and community members that the organization cares.

Employees without dependents (who by definition are also in nonuse groups) may have distinctive subcategories that are important in understanding the impact of ODCS on them, as reviewed above. In addition, outcomes related to the attraction and recruiting process include users and nonusers (Casper & Buffardi, 2003). Important organization-level outcomes that have not been explored as extensively in research include the reputation of the company, which may in turn relate to the quality of jobs the company provides and the overall well-being of its workers, which are outcomes of increasing interest to social policy makers (Oishi, 2012; Rothkopf, 2011).

Although it is often assumed that the organization stakeholder group is a monolith, it could be fruitful to explore owners, executives, and managers separately. A perusal of the popular press coverage of ODCS, as well as research, suggests that owners may be interested in the positive impact of ODCS, whereas managers may quash ODCS use because it makes their jobs more difficult (Glass, 2004).

Other stakeholders are less visible or may be indirect. For example, research is needed to directly explore the impact of ODCS on Wall Street, customers, or community members. Families are also stakeholders, and it may be that different types of ODCS support single-earner two-adult, two-earner, or single-earner one-adult family structures. Another stakeholder is society; as mentioned earlier, in the United States how caregivers do their work reflects how the next generation of U.S. society is raised. These issues are represented to the right in Figure 1.

Which outcomes we want to focus on, and for whom, are influenced by who we envision as our primary stakeholders. Policy implications require special attention to this central question in each study we perform. In the model developed here, I primarily focus on employees with need for ODCS, which seems an appropriate focus for organizational science researchers, while also recognizing the interrelated systems of which they are only one part.

Why Haven't We Been Focusing on Need and Use? Framing Dependency

When we are studying ODCS in the organizational sciences, we are studying its impact on employees. That is, we

generally do not focus on the impact on dependents or care workers. In the organizational sciences, we are interested in those who are almost by definition not dependents, but who may "have dependents." However, our focus on the overall impact of ODCS on all workers suggests that our primary stakeholder focus is the organizational. As argued above, although the central issue facilitated by ODCS is to support caregivers, researchers have generally ignored or imprecisely estimated issues concerning the need and use of support. We therefore have little understanding about what the meaning of "having dependents" and "not having dependents" actually is for employees, other than its impact on WFC. Therefore a fertile area for qualitative research may be to explore whether early assumptions led to missing important elements in this research literature. Before we conceptualize the need for ODCS, we may have to be clearer about dependency itself.

Conceptualizations and Prevalence of Dependency for Employees

As stated above, for the purposes of this review I defined a dependent as a person who must rely on another person for physical, emotional, developmental, or financial support. Dependency is not a choice but a fact of existence for many people, and in different stages of life for every human being. At the beginning of this decade, 64% of mothers with children under the age of 18 years were employed, 44% of children lived in single-parent homes, and 42% of employees had provided elder care within the past 5 years (statistics compiled by Butts et al., 2013). Given the aging population, elder care concerns are likely to increase [see Chapter 13 (Lero)]. Thirty percent of business professionals may be highly involved in both work and family at the same time (Friedman & Greenhaus, 2000), with 80–90% likely to be heavily involved in both work and family simultaneously at some point in their lives (Sutton & Noe, 2005).

Dependency is most often due to age (i.e., the person is a child or is experiencing declines in independence associated with old age, which can also relate to health), health or ability status (the person is unable to self-care due to physical or mental illness or disability that limits one or more primary life functions), or social or economic systems (the person is unable to secure housing or employment, or is unable to find employment at or above the subsistence level). Thus, in a very real way, dependency is a continuum, and being a caregiver, and especially a direct nurturance provider, is likely to be a very different kind of experience depending on where dependents fall on the continuum.

For a more complete framing of this issue it is also important to recognize that we are all dependent on others in the sense that human beings are wired for connection, as evidenced by social connection needs showing up in every theory of core human needs, motivations, and identity from Maslow's hierarchy, to self-determination theory, to theories of psychological well-being and identity formation motivations (Maslow, 1987; Ryan & Deci, 2000; Vignoles, Ragalia, Manzi, Golledge, & Scabini, 2006).

Thus, independence may be more myth than reality, as we are all interdependent along some continuum. Interdependency may not involve physical care, but may include emotional and developmental care and nurturing. Although interdependency is not the focus of this chapter, there are important potential future research implications in exploring the continuum of dependency more closely. For example, in addition to being the primary nurturance providers for dependents, many women also provide nurturing and coordination care for others who would not be defined as dependents, and it is important to understand how this additional "care work" impacts their ability to also do paid work and be nurturance providers for dependents (Reeves, 1994).

Burden or Joy? Finding What We Look For

As stated above, an accepted definition of ODCS from research is policies that "provide tangible support in the way of time, services, or financial benefits that ease the burden of dependent care" (Butts et al., 2013, p. 2). This framing begs the question, "What about opening up access for more employees to experience the joys of dependent care?" An underlying assumption in much organizational research involving having primary responsibilities in both the work and the family domains of life is that the two are in conflict, and much research supports the notion that in many ways they are (MacDermid, 2005). More recently there has been growth from earlier seeds planted on work–family enrichment and other expansionist models (e.g., Kirchmeyer, 1992; Wayne et al., 2006). Nonetheless, the extant accepted definition of ODCS suggests that this same framing issue may impact our research on ODCS.

What are the benefits of doing care work? Students and colleagues have told me that they learned many supervisory skills from parenting, for example. In addition, a benefit of care work may come from recognizing and being comfortable with human needs and vulnerability, which can lead to stronger, more humane managers (Brown, 2012), and in the aggregate perhaps in more compassionate management (George, 2014).

This brings issues of diversity into play. Twenty-five years ago, organization scientists knew little about the impact of employees' family lives on their paid work, and perhaps saw it as irrelevant. Paid work and family were largely viewed as "separate spheres" in the United States (Fletcher & Bailyn, 2005; MacDermid, 2005), and separation still exists in the segmentation of our research models (see Ladge et al., 2012; Rothausen et al., in press). This reflects a larger underlying tendency on the part of organizational science to treat a person as an amalgam of "parts," thus overlooking important patterns of the whole (Guion, 1992; Weiss & Rupp, 2011).

This tendency can result in misleading conclusions, which studies utilizing holistic profiles may remedy (see Law, Wong, & Mobley, 1998). For example, some work in psychology suggests that many human archetypes exist, which are all important in order for society to thrive, but that societies value differentially (Bolen, 1984, 1989). Archetypes that combine passions for work and nurturance exist, but are either invisible or are stigmatized in management (Glass, 2004), whereas other profiles or archetypes are privileged such that more rewards accrue to those who play these roles. In the United States, the rewarded types tend to be more narrowly focused on achievement in one dimension of life (Laloux, 2014), where people that fit these archetypes or profiles benefit from unasked for privilege (Avery, 2011). Qualitative research could reveal the underlying mechanisms that lead to assumptions that only a few profiles or archetypes, of many that exist, are entitled to more powerful jobs in organizations. Specific to the issue of ODCS, we could greatly increase our understanding of the underlying assumptions and mechanisms that reinforce the penalty for use of time-based ODCS by exploring this issue.

Calling a Spade a Spade: What Does Choice Have to Do with It?

I was relieved that the editors of this volume suggested a chapter title that names dependent care, rather than suggesting a chapter on "work–family support policies." The latter type of labeling tends to hide what we are actually talking about—dependency. As others have noted (e.g., Kossek et al., 2011), framing and language are powerful for work–family due to underlying inferences of positive or negative impact and "normal" or "accommodated" status. What we call the field and what it highlights or obscures are fundamental. Elsewhere, I contend that field name changes have masked core issues, or allowed others to frame the conversation such that vital issues—especially dependency, gender, and any duty organizations may have to provide "life friendly jobs" and a humane and compassionate culture—are relatively less visible and perhaps even politically incorrect to talk about in organizations (Rothausen, 2011).

At the same time, arguments for label changes from 1960s "women's issues" to 1980s "work–family" to "work–life" around 2000 are compelling, including avoiding stigma for women and acknowledging that child-free workers do not believe they should be second in line behind parent workers for benefits such as flextime and unpaid leave (Burkett, 2000). However, "working mother" is already a stigmatized identity or archetype (Glass, 2004; Ladge et al., 2012). These are important points and we should not avoid issues of equity, stigma, discrimination, and fairness. In a modest way, above I suggest that we explicitly incorporate justice concepts into research on issues related to ODCS. Overall, the solution may be to study these core issues explicitly, not to create euphemisms for core issues such as dependent care, jobs that contributed to and facilitate overall good in lives, and the systematic undervaluing of feminine tasks and values.

Dependent care is not "work–life balance," although they are likely interrelated. When you are the primary nurturance provider for dependents, other human beings rely on you, either for their very lives or for the quality of their lives, in ways such that few, if any, can replace you. It is therefore unlike other activities in which you may want to engage, and the distinct nature of this has implications at work. Until we explicitly explore the distinct nature and meaning of having dependents for employees, and how this is framed in organizations, we leave a very big gap in our field.

A similar problem is framing dependent care as a choice. Others (e.g., Gregory & Miller, 2009; Kittay, 1995) elucidate problems with framing dependents as a choice for individuals and couples on a par with life style choices such as volunteering or training for a marathon. Given that the majority of employees will experience some form of

significant RFD in their lives, or that they will become dependent on an employed individual, or both, this itself calls into question implicit choice frameworks for this issue. This is not to deny that some choices are involved; however, this deserves explicit labeling and study.

Theoretical Foundations

The reframing suggested above may be facilitated by the use of different theoretical perspectives to study ODCS. Theories that are commonly used to frame research on ODCS include WFC, signaling, and self-interest theories. However, some of the early and newer research brings in frameworks that may be helpful in fleshing out the aspects of ODCS highlighted in the model developed here, including justice, identity, stress and well-being, and diversity theories. Justice frameworks are discussed above in the section on nonusers, and the reader is referred there for a brief overview.

One especially compelling framework being increasingly used for exploring individual and organizational issues involves identity and well-being theories. Recently, Ladge et al. (2012) showed how cross-domain (i.e., work and family) identities can become intertwined and recursive. My colleagues and I also recently found this in a study on retention for a more general sample, and found that similar elements were also key factors in psychological well-being (Rothausen et al., in press). Similarly, Kreiner, Hollensbe, and Sheep (2009) uncovered "bridges" through which the "borders" of work and family are managed by employees. Because ODCS may be one bridge, this work may provide valuable insight for framing ODCS research. Not coincidentally, all these studies were qualitative interview-based studies using grounded theory. Theoretical work also suggests how identities interface at their boundaries (e.g., Kreiner, Hollensbe, & Sheep, 2006). Identity frameworks and qualitative research may be especially fruitful avenues for more deeply understanding work–family generally, and perhaps especially issues related to the processing of how decisions to use or not use ODCS are made for those with a high level of need and strong identity as primary caregivers or nurturance providers.

One well-being theory with broad implications for ODCS is Conservation of Resources (COR) theory (Hobfoll, 1989). COR theory posits that much human behavior is explained as attempts to build, protect, gain, or prevent the loss of resources such as self-esteem, mastery, and intimacy, which are very relevant to both work and the care of dependents. When people experience a surplus of these resources, they experience positive well-being; when they experience an inability to gain these resources, they experience stress or a lack of well-being (Hobfoll, 1989, p. 517). These are similar to resources or motivators posited by self-determination theory, which suggests that autonomy, mastery, and relatedness have longer-term motivation impacts than external incentives (Ryan & Deci, 2000). Valcour, Ollier-Malaterre, Matz-Costa, Pitt-Catsouphes, and Brown (2011) used COR and found that a resources framework predicted factors related to perceptions that the organization was supportive of work–life integration.

Wayne et al. (2006) found that identities and informal support were stronger predictors of positive work–family outcomes than were structural elements such as ODCS. Specifically, identities and emotional support in both domains were important, and were stronger predictors of work–family enrichment than were formal organizational supports. It seems likely that identities may also impact attitudes toward dependent care and other outcomes directly. For example, there is likely a positive relationship between work identity and outcomes such as retention. Identity as a financial provider should be positively related to retention, all else being equal. However, identity as a nurturance provider could be negatively related to retention when work identity and financial provider identity are low, but not when all three identities are important (Ladge et al., 2012).

Identities relate to the archetypes and profiles discussed above. Those who strongly identify with both caregiving and work roles may be penalized, if not intentionally then through institutionalized biases in both domains (Avery, 2011; Ladge et al., 2012). One element explored in diversity research is the impact of having children, and one review concluded (Avery, 2011, p. 579) that "… having children is potentially adverse to anyone's promotion prospects… it is particularly harmful for women because it reduces perception of their competence (but not those of men)…" This suggests that it may be important to include diversity climate as a predictor or moderator in ODCS research. One particularly compelling avenue for further research in this area would be to explore the genesis of feelings on behalf of some identity groups, which also may have certain family structures, that they are entitled to organizational power and authority, a subconscious sense of privilege (Avery, 2011, p. 590).

Summary: A Need-Based Model of the Impact of ODCS Use

The purpose of this chapter was to review and synthesize organizational science research on ODCS in order to summarize what we know while focusing on important questions that are underexplored or yet to be explored in research. My primary thesis is that it is important to understand processes through which ODCS use decisions are made, and the impact on those with high levels of need for ODCS. The model developed above makes several contributions. One primary contribution is that it highlights the concept of need for ODCS, and posits that it is primarily caused by higher levels of quantitative and qualitative RFD. In turn, need for ODCS, availability of ODCS, and perception of penalty are conceptualized as predictors of ODCS use.

The second contribution is highlighting the centrality of use (or nonuse) of ODCS. Two reasons for nonuse are highlighted: low need and fear of negative consequences. If nonuse comes from lack of need, then the availability of ODCS may be viewed positively, as a signal that the organization cares about workers or about societal issues, or negatively, if self-interest and resentment are the driving salient constructs. If nonuse comes from fear of negative consequences, its theoretical availability may be seen as hypocritical, and the impact on workers may be negative.

Users may find that ODCS reduces WFC and thus improves overall attitudes toward work and the organization (Butts et al., 2013) or they may find that there are negative career consequences (Glass, 2004), or both. If both are present but these issues are not specified, it may result in weak findings between use and job attitudes, as suggested in the recent meta-analysis of OCSC (Butts et al., 2013). Thus, a third primary contribution of the use/nonuse model is that it integrates the knowledge that use of ODCS can result in negative career consequences for users, which has been less specified in studies that examine the impact of ODCS on general outcomes such as the work attitudes of all employees, regardless of their status as users or nonusers.

A fourth contribution of this model is that it differentiates between proximal outcomes (e.g., satisfaction with the overall impact of the job on my family) and distal outcomes (e.g., retention) for ODCS, where proximal outcomes may be moderators between ODCS use and distal outcomes. In other words, the model suggests several research-based potential moderators important for understanding the mechanisms of the impact of ODCS on general employee attitude and behavioral outcomes in organizations. Finally, a fifth contribution of the chapter is that it suggests consideration of reframing and underused theoretical approaches for studying ODCS, such as justice, identity, well-being, and diversity theories.

In addition to these general contributions, this review suggests other avenues to explore related to ODCS. This chapter highlights the need for more research on the meaning to employees of having dependents; determinants of use of ODCS and determinants of nonuse; determinants of need for ODCS; differences in needs between nurturance, coordination, and financial caregivers in different combinations of profiles or types; differences in the impact of time-based, service-based, and financial-based ODCS availability and use; differences between formal and informal ODCS availability and use; the mechanisms in play when organizations offer availability then block use of ODCS; family and community moderators of RFD and ODCS use; explicit consideration of different stakeholders; and the types of reward-distribution norms in play for those with and without dependents who are also employees.

Conclusions

Because in the United States, dependent care responsibilities are privatized to families and employing organizations in all but extreme cases (i.e., when a dependent becomes a ward of the state), how families and organizations handle dependent care becomes how society in the United States treats its dependents. In 1976, Hubert H. Humphrey (Humphrey School of Public Affairs) noted that

> … the moral test… is how [society]… treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life; the sick, the needy, and the handicapped.

Therefore, it is vital that we generate broader research on the need for ODCS and on the full impact of ODCS use for those who care for young, elderly, and disabled people, and which can help individuals, families, and organizations manage the mix of dependent care support with efficiency and compassion.

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