

# Employee Survey Summary Report

## *Balancing Caregiving and Work Responsibilities*

Prepared by the Massachusetts Lifespan Respite Coalition

### **Part I: Introduction and Findings**

**Introduction:** EMC partnered with the Massachusetts Lifespan Respite Coalition (MLRC) in the fall of 2015 to develop an employee caregiver survey in an effort to determine how it might support their employees in balancing their caregiving and work responsibilities. The survey was distributed by EMC's HR department the week prior to Thanksgiving using the online survey tool, Survey Monkey. More than 25,000 EMC employees across the U.S. received the survey in an email that also contained other company-related information. The survey ended on December 8<sup>th</sup>.

**Demographic Profile:** 305 individuals responded to the survey, however, the percentages used throughout indicate the percentage of those responding to the specific question. While this is too small a response rate to generalize about the needs of EMC employees' writ large, it is useful in looking specifically at Massachusetts employees' needs and EMC's potential for responding with locally-specific information and programmatic responses using Massachusetts community resources since the greatest responses were received from this area. Massachusetts respondent profiles are discussed below.

Overall, male and female respondents are nearly equally represented, 47% and 52% respectively<sup>i</sup>. 38% of respondents are 45 to 55 years old; 29% are 31 and 44 years old. Another quarter (26%) are 55 and over. 70% are married; 17% are single. 9% are divorced or separated. The vast majority are English-speaking (95%). Other languages spoken at home include Chinese (1.36%) and Spanish (.91%). A small percentage speak other languages at home including Portuguese, Vietnamese, and Marathi. 22% classify their job as engineering and 24% are in services. 10% preferred not to identify their job classification and 16% specified another classification other than those provided in the list. Important for this analysis is the fact that more than half (122) of these two hundred plus respondents work in Massachusetts sites and another 13% work in California.

**Caregiving Employees:** 277 (91%) respondents are currently or have been a caregiver. This reflects a selection bias that is expected. Caregivers are more apt than others to take the time to respond to this type of survey given their personal investment in accessing resources. Of these caregivers, nearly 80% are regularly assisting and/or are concerned about an individual who is chronically ill, aged, frail or living with a disability. Importantly, 94% of all respondents said they expected to be a caregiver in the future.

**Experienced and New Caregivers:** There are two important groups of caregivers, those more experienced caregivers and those new to the role. 82% have been caregivers for more than a year. Of these, 27% have been in the caregiver role for 1 to 3 years. More than half (55%) have been a caregiver for more than 3 years. Approximately 18% have been in this role less than one year, with 12% of these in this position less than 6 months. These caregivers may require more information and education and might benefit from the support of the experienced caregivers,

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potentially. These more experienced caregivers could provide peer support for the newer caregivers below. They have much experience – information and education – to impart. However, they may be more tired and worn out, depending on whether they've learned to manage their work-life balance.

***Level and Types of Caregiving Responsibility:*** 65% of the 217 respondents for this question care for one person; 28% care for two people. Only 7% care for 3 or more. Responses indicate that EMC workers are caregiving across the lifespan -- respondents are caring for children as well as older adults. 67% are caring for older persons 60 and older; 28% are caring for children under 18 years old. 14% are caring for individuals 18 to 59 years old.

Nearly half (49%) of caregivers are living with their care recipients. 31% of care recipients live in their own residences; another 10% live in a care facility. 4% noted that they have living other arrangements including: living overseas – for example, India, and one lives next door. 4% live with another family member. One respondent indicated that they are caring for three individuals at one time: one lives in a skilled care facility, one lives in assisted living, and the third lives alone.

In a typical week, nearly a third (32%) of respondents provide more than 22 hours of care; another 30% spend less than 7 hours. A quarter of respondents provide 8 to 14 hours of care each week. Transportation, meal preparation, and household chores are three responsibilities caregivers perform with 81% providing transportation. More than half of them are also managing finances and medication. 46% are managing behavior and nearly one-third are helping with bathing and dressing. 50 additional “other” responses include providing: companionship, advocacy, accompaniment to medical appointments, laundry, medical/legal/financial decision-making, financial support, shopping, translation/interpretation, coordination of care, social activities, homework support, and enrichment activities.

***Respite:*** In terms of receiving respite, defined here as adequate support providing a meaningful break from care giving responsibilities, 30% said they have never received it. Just over half (52%) received respite within the last 6 months.

***General Supports:*** In declining order, respondents said they would consider the following work supports to fulfill their caregiving responsibilities: flexible hours (80%), personal time (78%), work from home (75%), vacation time (66%) and family leave (47%). More than a quarter (27%) said they would consider time off without pay. Other suggestions from 17 respondents included considering: increased flexibility in terms of part-time and flexible hours, help in finding financial services, using the FSA to pay for parent's care in a facility, financial help, and more encouragement and support to use the FMLA.

***EMC Supports:*** When asked specifically how EMC could be most helpful with regard to work schedules and accommodating a caregiver's responsibilities, the most favored help identified is

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flexibility with start/end times with three-fourths of respondents selecting this as the most favorable. Second favorable was the allowance of short notice of time off. More than one-third (34%) chose more leave of absence offerings. Other most favorable responses include: private areas for phone calls (28%), ability to turn down work-related travel (23%), and the ability to turn down promotion/relocation (17%).

***Community Resources:*** At home services were by far the choice chosen by the most respondents (66%) when asked what types of community resources they would consider using. Others included: elder care management (44%), counseling (34%), educational seminars (31%), support groups (29%), and in-home behavioral supports (25%). School-based supports/IEP was chosen by 22% and housing options was selected by 23%. In-depth assessment was also chosen by 14%.

***Employer Resources:*** When asked what resources they would like their employer to offer, the options receiving the highest selections included: at-home services, elder care management, respite, counseling, support groups, educational seminars, adult day care -- with more than half wanting home services and elder care management offered through their employer. A third or more selected respite, counseling, educational seminars, support groups, and adult day care as the resources they would like to see offered. 25 respondents provided additional suggestions. These included: legal assistance regarding Medicare and Medicaid, transportation, dependent elder care insurance coverage, better training for management regarding work/life balance, greater schedule flexibility, FSA flexibility to contribute to elder care, and, most interestingly, increased access to scholarly journals and academic research.

***Mode of Delivery:*** Three fourths of respondents identified email as the best way to receive information through their employer; 10% said lunch learning session were best and 5% said presentations and InsideEMC were best.

***Specific Programs Sought:*** When asked if they would like to see more programs for either their physical or mental health, or both, 66% said they wanted programs for both. More than one quarter wanted programs for their mental health (27%) with only 7% wanting for physical health alone.

***Specific Information:*** Information on Alzheimer's disease and other dementia were the topics receiving the most responses, 43% and 52% respectively. Nearly one quarter would like to know more about psychiatric disabilities/mental illness. 15% seek information on intellectual disabilities. 13% seeks information on Parkinson's and 13% on brain injury. 50 respondents provided other topics they would like to receive information about. Topic include: cancer – the topic receiving the most responses in this “other” category, blindness, heart issues, auto immune such as arthritis, aging, addiction, depression, fibromyalgia and other “silent” disabilities, Chron's Disease, spinal injury. Some suggestions were quite specific such as peripheral neuropathy, ankylosing Spondylitis, and post-polio.

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***Trusting Supervisors for Support:*** While 69% of respondents said they would feel comfortable discussing their situation and needs, such as work schedule adjustments, with their supervisor, nearly a third (31%) said they would not. Of those not comfortable speaking with their supervisor, 45% said they would consider approaching HR-Benefits. Another 36% would consider approaching a third party organization. 20% suggested others they would consider approaching including: trusted coach or advisor, other colleagues, a manager from a different department, senior management, and a counselor.

***Gender Differences:*** There are some differences between the male and female respondents which may be considered in developing responses to survey findings. A greater percentage of women than men said they would consider approaching HR-benefits to get support with caregiving responsibilities, while men seemed to equally prefer contacting a third party and HR-benefits. Twice the percentage of women than men would use a support group (65% and 33% respectively). The other area of major gender differences is job classification which may be important in terms of type of outreach. For example, twice the percentage of respondents in engineering were male (65%) compared to female (35%). The same is the case for manufacturing while G&A is predominately female 83%.

***EMC Massachusetts:*** Of the 122 MA respondents, 90 regularly assist and/or are concerned about an individual who is chronically ill, aged, frail or living with a disability. Of these 90, 49 have been in their role as caregiver for more than 3 years. Seventy percent of these respondents provide care for less than 15 hours a week. Over 80% provide care either in their home or in the home of the person they care for. Nearly 60% have received respite services in the last six months while another 30% have never received respite. A little over 77% felt comfortable talking to their supervisor about their situation and of those that did not the majority said they would be comfortable approaching the HR benefits office.

Massachusetts respondents rated flexibility with start/end times and allowance of short notice time off as the two most helpful ways EMC can accommodate a caregivers responsibilities. 74% of respondents said they would use flexible hours to fulfill their caregiving responsibilities, 78% said they would use personal time, 71% said they would consider working from home and 62% said they would consider using vacation time.

A majority of these respondents were interested in programs aimed at both mental and physical health of the caregiver. The top four resources respondents would like to see offered through EMC are: at home services (54%), eldercare management (53%), support groups (33%) and counseling (31%).

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### **Part II: Recommendations**

***Massachusetts Readiness:*** Given the high percentage of responses generated from Massachusetts, EMC will want to consider focusing more intensive support strategies in these worksites. This response may indicate a greater readiness among employees who have heavy caregiver burden - as well as the EMC workplace culture there - to engage in caregiving support resources.

***Focus Group Follow-up:*** Focus groups would explore further both employee need and the best methods EMC can use to respond with resources. Piloting one to two caregiver focus groups in Massachusetts would provide more in-depth information and a foundation for expanding them to other sites – perhaps California, given the number of respondents from that state.

#### ***Programming:***

***Emails, Lunch, Groups:*** Overall, emails were clearly the most popular way respondents prefer to receive information although lunch learning sessions were also popular. Women, more than men, appear open to support groups. A mixed approach for messaging about supports is recommended to respond to these different preferences and perhaps, learners. While emails can reach everyone if strategically placed, lunch sessions, support groups, and counseling on-site would respond to those employees seeking more interactive methods of learning.

***Confidential Spaces:*** Nearly one third of respondents would not feel comfortable speaking with their supervisors so programming that offers confidentiality and a space apart from their senior management is important.

***Third-Party Counseling/Facilitators:*** Many feel distrust in sharing with supervisors, and yet are open to HR-Benefits and third party organizations. Developing on-site outreach sessions coordinated by HR, that bring in outside facilitators may provide an ideal structure for reaching working caregivers. Emails from HR highlighting outside community resources, as well as lunch series sponsored by HR with presenters from these community resources, would be important to pilot. Relationships and trust would be developed between the community resources and workers. Employees might feel safe participating without their supervisors being present. These sessions would also ideally be confidential so that employees feel free to discuss their specific situations. Possible Scenario: Lunch presentation with community resource. Employee participates and makes an appointment for follow-up meeting either in their community or on-site at EMC with this community resource -- ideally, the latter, to increase access and provide greatest flexibility.

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**Information Focus:** Information through email and lunch sessions should focus on the priorities respondents identified – Alzheimer’s and other dementia, psychiatric disabilities/mental illness, intellectual disabilities, Parkinson’s, brain injury, and cancer. Focus groups at specific sites would help further identify the specific information needs of employees at that workplace and responses could be tailored to those findings. Partnering with disease- and disability-related associations would be another way of connecting employees to their local community resources such as support groups. Holding some of these groups on EMC campuses would be ideal so workers could access them easily.

Financial and medication management are being performed by more than half of the respondents. These topics can also be priority for emails sharing resources and for lunch panels.

**Mental Health:** Resources and programming emphasizing both mental and physical health together will be more effective than those focused solely on physical health. Emails and lunch sessions can include material on topics respondents suggested such as addiction and depression.

**Tuition-Credit:** EMC could encourage caregivers participation in specific disease-related workshops, trainings, and conferences held in the community, providing reimbursement for registration and flex-time to allow employees full participation. Specific skills such as financial and medication management can be attained through such workshops.

### ***EMC In-House Supports:***

**Management Training:** Respondents are requesting greater work flexibility and indicate concern about speaking with their supervisors. Management training regarding supporting working caregivers is critical. Managers could benefit from and be supported through training that helps them consider how to create greater flexibility in work schedules including how best to develop project management approaches that build in flex-time, reduced physical travel, more telecommuting, alternate work locations, and private call spaces for workers needing to make caregiving-related calls.

**Peer Counseling:** Given the large percentage of experienced caregivers responding to the survey – those caregiving for more than one year – EMC has a free internal resource that could be leveraged by the organization. Lunch session presentations could be given by panels of “expert” caregivers who have experience in the key topic areas identified in the survey such as dementia, cancer, mental health, etc. Confidential peer counseling could also be provided throughout the workday, as needed. For example, HR could maintain a register of “peer counselors” on certain caregiving topics and employees could

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get their contact information and be granted a certain amount of time weekly to meet with this person. This would also be part of the management training so that time spent in this process either as counselor or counseled, is supported.

***Respite Support:*** Nearly one third of respondents have never received respite. EMC could partner with the Massachusetts Lifespan Respite Coalition to provide employees with education around respite options and access to respite providers in their communities – respite suitable for caregivers across the lifespan, those caring for children living with disabilities and adults living with disabilities, chronic illness and disease. Lunch sessions, Coalition membership, Coalition website and EMC HR and Caregiver Circles’ emails would be resources for disseminating education and information on respite. EMC could also partner with respite providers matching employees with community resources, making respite vouchers available to employees.

***Increase Future Survey Response Rate:*** An EMC staff reported that the online survey was difficult to find since it was sent out at the very end of an email containing multiple additional messages. Had he not already known to look for the survey, he would have missed it. Resending this or other similar surveys in their own emails, apart from holiday time, is recommended.

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