

**A SENSEMAKING EXPLORATION OF WORK-ELDERCARE CRISIS AND
THE CO-CONSTRUCTION OF INFORMAL WORK-ELDERCARE POLICIES**

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DEDICATION

I would like to dedicate this study to the 11 individuals I interviewed. I am grateful for their openness, honesty and willingness to share their stories with me. Their dedication and courage in the face of struggle will forever inspire me.

ABSTRACT

This study will contribute to existing work–family research by bringing a rich emic understanding of caregivers’ experience with work-eldercare crisis. I adopted Weick’s theory of organizational sensemaking (1995) as method and methodology for this research. I collected data via open-ended, semi-structured interviews with employees who balance full-time employment with caregiving for an elderly person; then I subjected the transcribed texts to a detailed thematic analysis. This analysis helped me identify three main themes that reflect the processes participants use to ‘make sense’ of their experiences. The results of this study suggest that caregivers enact the work environment to attempt creating balance—and to enlist support and assistance—by strategically engaging in interpersonal interactions with others at work about their eldercare activities. They combine past experience with the knowledge obtained from these interactions to develop heuristic scripts, and then use them to enable understanding and guide future behaviour and actions.

This study demonstrates that sensemaking is a useful analytical framework through which to examine employees’ experience of the work-family interface. The findings of this research offer insight into the processes involved in the social construction of informal organizational policies; the implications provide a foundation to develop better models of organizational response towards employees’ work-eldercare needs.

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TABLE OF CONTENTS

Chapter 1: Introduction	1
Significance and Intent of the Study	2
Researcher's Voice	5
Thesis Structure	7
Chapter 2: Review of the Literature.....	9
The Work-Family Interface	9
Work-Family Conflict.....	11
Antecedents and Outcomes.....	14
Work-Family Support Policies and Programs	16
Employee Work-Family Support Policy and Program Utilization Decisions	18
Work-Family Policies and Eldercare	21
Eldercare	22
Eldercare Tasks.....	22
Formal vs. Informal Eldercare	24
Consequences for Eldercare Providers	25
Work-related Outcomes:.....	25
Health-related Outcome	25
Sensemaking Theory.....	26
Sensemaking as Methodology and Method	29
The Seven Elements that Inform the Sensemaking Process	30
Grounded in Identity Construction	30
Retrospective.....	31
Enactive of Sensible Environments	32
Social.....	33
Ongoing.....	33
Focused on and by Extracted Cues	34
Driven by Plausibility Rather than Accuracy	34
Chapter 3: Research Questions	36
Chapter 4: Research methodology	37
Theoretical Orientation	37

Sample Frame	40
Conceptual Considerations	40
Elder	41
Eldercare	42
Eldercare Provider	42
Eldercare Crisis	46
Demographic Considerations.....	47
Sampling Strategy	48
Data Gathering.....	49
Evaluation Framework.....	51
Assessment of Qualitative Research	52
Credibility	52
Transferability	53
Dependability	54
Confirmability	54
Fairness authenticity	55
Ontological authenticity.....	56
Educative authenticity.....	56
Catalytic authenticity	57
Tactical authenticity.....	57
Ethical Guidelines	58
Chapter 5: Data analysis	59
Pre-Analysis.....	59
Data Analysis	59
Chapter 6: Findings.....	62
Participants.....	62
Organizational Sensemaking	63
‘Colin’: An example of Sensemaking as an Integrated Process	64
Grounded in Identity Construction	65
Retrospective.....	66
Enactive of Sensible Environments	67

Social.....	68
Ongoing.....	68
Focused on and by Extracted Cues	69
Driven by Plausibility Rather Than Accuracy	70
Elements of Sensemaking Within Participants' Accounts.....	71
Grounded in Identity Construction	71
Retrospective.....	74
Enactive of Sensible Environments	77
Social.....	80
Ongoing.....	83
Focused on and by Extracted Cues	86
Driven by Plausibility Rather than Accuracy	88
Key Themes Within the Data.....	91
Chaos-Control Assessment of Work–Eldercare Crisis	91
Interpersonal Interactions with Work Domain Members	98
Notification	99
Discussion	102
Moral Support.....	104
Mentorship	105
Co-Constructed Informal Work-Eldercare Policy Scripts	107
Chapter 7: Discussion	112
Placing The Study's Emergent Themes in Context	113
Chaos-Control Assessment of Work-Eldercare Crisis.....	113
Interpersonal Interactions with Work Domain Members	118
Notification	122
Discussion	123
Moral support.....	123
Mentoring.....	124
Co-constructed Informal Work-Eldercare Policy Scripts	126
Chapter 8: Conclusion.....	139
Research Limitations	139

Future Research	140
Research Summary	144
Theoretical Implications	145
Implications for Sensemaking Research.....	145
Implications for Work–Family Research.....	146
Practical Implications.....	148
References.....	152
Appendix A: Letter of Consent.....	164
Appendix B: Interview Commencement Script.....	166
Appendix C: Interview Blueprint.....	168

LIST OF TABLES

Table 1: Noelker and Bass (1994) Nine Task Groups of Eldercare.....	23
Table 2: Gottlieb et al. (1994) Three Task Groups of Eldercare	23
Table 3: Participants' Demographic Information	62

LIST OF FIGURES

Figure 1: Data Analysis: Sensemaking to Themes	61
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CHAPTER 1: INTRODUCTION

For over five decades, researchers have been fascinated with the relationship between work and family (Friedman & Greenhaus, 2000a; Frone, 2003; Lambert, 1990). These studies have contributed valuable insight into the complex, dynamic relationship between work and family (Parasuraman & Greenhaus, 2002). Work–family researchers have provided a deeper conceptual understanding of the work–family intersection (e.g., Carlson, Grzywacz, & Zivnuska, 2009; Eby, Casper, Lockwood, Bordeaux, & Brinley, 2005; Edwards & Rothbard, 2000; Friedman & Greenhaus, 2000b; Frone, 2003; Frone, Russell, & Cooper, 1992; Frone, Yardley, & Markel, 1997; Rothbard, 2001; van Steenbergen, Ellemers, & Mooijaart, 2007; P. Voydanoff, 2002) and of the interrole conflict that can ensue when employees must balance their work and non-work activities (e.g., Allen, Herst, Bruck, & Sutton, 2000; Aryee, Srinivas, & Tan, 2005; Barling, MacEwen, Kelloway, & Higginbottom, 1994; Barrah, Shultz, Baltes, & Stolz, 2004; Beutell & Wittig-Berman, 2008; Byron, 2005; Eby, et al., 2005; Friedman & Greenhaus, 2000b; Frone, et al., 1992; Jeffrey H. Greenhaus & Beutell, 1985; Jeffrey H. Greenhaus & Powell, 2003; Kossek & Ozeki, 1998; G. N. Powell & J. H. Greenhaus, 2006; Steinmetz, Frese, & Schmidt, 2008).

Scholarly inquiry into work-family has brought an emergence of novel perspectives, innovative research methodologies and complex theoretical models (Jeffrey H. Greenhaus, 2008). Yet despite substantial growth and advancement, several reviews, highlighting concern over the current direction of work-family research, have called for future research to address limitations and significant gaps noted in exiting literature (Allen, et al., 2000; Byron, 2005; Casper, Eby, Bordeaux, Lockwood, & Lambert, 2007;

Eby, 2010; Eby, et al., 2005; Jeffrey H. Greenhaus, 2008; Lero & Joseph, 2007; J. S. Michel & Hargis, 2008; J. S. Michel, Mitchelson, Kotrba, LeBreton, & Baltes, 2009; Parasuraman & Greenhaus, 2002; Rothausen, 1999; Tennstedt & Gonyea, 1994).

Several researchers have specifically argued that the vast majority of work-family studies are *child-centric* (Eby, et al., 2005; Medjuck, Keefe, & Fancey, 1998; Parasuraman & Greenhaus, 2002; Smith, 2004). Child-centric studies, under the guise of an all-encompassing caregiving perspective, often fail to query caregivers about any other possible caregiving demands (Breugh & Frye, 2007; Shockley & Allen, 2009; Yanchus, Eby, Lance, & Drollinger, 2009). Research has called for future work-family studies to examine family roles and caregiving situations beyond those associated with child caregiving (Byron, 2005; Casper, et al., 2007; Eby, et al., 2005; Witt & Carlson, 2006).

Significance and Intent of the Study

Within Canada, the issue of eldercare is becoming increasingly important due to two emergent, significant demographic trends. First, Canada's population is aging. In 2006, 13.7% of Canada's population was 65 years of age or older (Canada, 2009a). Seniors make up 14.8% of the population (Canada, 2012). Statistics Canada argues this number is only expected to rise — and rapidly. By the year 2031, over 23% of Canada's population will be 65 years old (Canada, 2009b, 2012). Second, Canada has experienced a noticeable shift from institutional care to informal health care over the past two decades, which relies heavily on families to care for their elderly relatives (Canada, 1999). In 2008, over 75% of all eldercare in Canada was provided by family members aged 45 to 64 years of age (S. Canada, 2008). According to Stobert and Cranswick

(2004), in 2002, 16% of Canadians between the ages of 45 and 64, 70% of whom were employed, provided informal care to almost 2.3 million seniors living with either a long-term disability or physical limitation.

These demographic factors carry significant implications for Canadian employees and employers since eldercare providers often participate simultaneously in caregiving and work activities. This difficult balancing act often results in role overload and places employees at risk for personal costs, work costs, work–family conflict, and stress (Gottlieb, Kelloway, & Fraboni, 1994). It also places employers at risk for substantial out-of-pocket, employment-related costs (Fast, Williamson, & Keating, 1999). Yet despite the significance of Canada’s aging population for employees and employers, eldercare remains relatively overlooked and largely understudied within academic work-family research (Duxbury & Lyons, 2009; McGowan, 2002; Runte & Mills, 2006).

Empirical research has provided evidence that suggests eldercare differs from childcare, and as such, warrants further investigation. For instance, elder-caregivers are at risk of experiencing problems and burdens that child-caregivers do not (Beauregard, Mustafa, & Myrtle, 2009). As articulated by Smith: “eldercare has a life cycle that conflicts with the cycle involved in most child care situations” (2004, p. 365). In general, as children grow in age, their independence increases and their caregiving needs decreases (Braithwaite, 1992). With eldercare, it is just the opposite. When the elderly age, their independence decreases and caregiving needs increase as their health and physical ability continues to decline. According to Braithwaite (1992), the demands and responsibilities associated with eldercare are a potential threat to elder-caregivers’ basic needs on a psychological and emotional level due to the following five specific needs that

sharply contrast with experiences normally encountered with child-caregiving: awareness of degeneration, unpredictability, time constraints, the caregiver-receiver relationship, and (d) lack of choice when it comes to taking on care for an elderly individual (pp. 15–18).

Eldercare also differs from childcare in that it is episodic in nature (Barling, et al., 1994). Caregivers report episodic crises are common in the provision of care to elderly individuals (Sims-Gould, Martin-Matthews, & Gignac, 2008). Sims-Gould et al. (2008) conducted a secondary analysis of data that were provided from 250 questionnaire surveys. They found crisis episodes last an average of 8 days; and range in length from a few hours to ongoing. Further, Sims-Gould et al, suggest episodic work-eldercare crises can be categorized on two dimensions: chronic or acute, predictable or unpredictable (2008, p. 136). For instance, dementia would be categorized as a chronic, unpredictable crisis; and cataracts surgery would be categorized as an acute, predictable crisis. According to Sims-Gould et al. (2008), episodic work–eldercare crisis negatively impacts caregivers’ participation in work and non-work activities: caregivers frequently rearrange their work and non-work lives when their eldercare responsibilities conflict with their work responsibilities.

Unfortunately, very little is known about the actual experience of work-eldercare crisis from the perspective of caregivers who maintain full-time employment. Likewise, very little is known about the *lived* implications of work–eldercare crisis for employees and their employers. Hence, I designed my study with this in mind.

In my study, I aim to address this significant gap in existing literature by bringing a richer, emic understanding of the experience of eldercare, and in particular of work–

eldercare crisis. Specifically, I intend to qualitatively explore how caregivers make sense of work-eldercare crises. My goal is to provide insight into the meaning caregivers ascribe to their eldercare experiences and to explore the implications of work–eldercare crisis for employees and employers.

In this study I adopt Karl Weick’s theory of organizational sensemaking (1995) as method and methodology to guide the research process. Sensemaking is a qualitative social narrative process (Brown, Stacey, & Nandhakumar, 2008). It provides the capability to interpret past experience and gain insight the social construction of reality, and its impact on past, present, and future situations, and on others’ within the environment (Allard-Poesi, 2005; Cox & Hassard, 2007).

Applying a sensemaking lens, my study takes into consideration the processes by which caregivers retrospectively construct plausible rationalizations to understand and explain experienced moments of work–eldercare crisis (Weick, 1988, 1995; Weick, Sutcliffe, & Obstfeld, 2005). Hence, the primary objective of this study is to explore caregivers’ retrospective sensemaking processes as they attempt to understand and explain their work–eldercare crisis experiences. The second objective of this study is to gain an understanding of the implications of caregivers’ sensemaking attempts for the meaning they ascribe to their past experiences and for the work domain environment.

Researcher’s Voice

The voice of the qualitative research, my voice, is explicitly present in this research study. I wish to introduce myself, so that those reading this study are aware of any

potential biases and my personal perspectives that may exist within the research as a result of my presence and values.

I came to this research topic as a graduate student in a Master of Science in Management degree program. When I started this journey, I was in my early 30s, newly married, and a mother of a 6-year old boy. At the time, if asked, I would have said, “No, I do not have eldercare responsibilities”. Nor did I expect that I would for some time as both my parents and my husband’s parents were of good health.

Initially, I intended to explore work-family (childcare) to gain a better understanding of the challenges that I had gone through. As a mother and a full-time student in a research-intensive graduate program, I had often faced the challenges of balancing my work and family roles. It was not until a planning meeting with my supervisor that I first considered studying work-family (eldercare). During this meeting I discovered how under-represented eldercare is within work-family research and how pressing the need is to add to this body of literature. Reflecting on my experience providing care to my son I felt I was well qualified and justified in my honest pursuit of digging deeper into the experience of work–eldercare. At the time, I (naively) believed childcare and eldercare were similar.

A lot has transpired since that time. This journey has changed my thinking, my beliefs and values. I am still married, but I am a mother of a 9-year-old and a 2-year-old boy. My husband and I have been more involved in providing support and assistance to his elderly grandmothers. We have continuously faced the aging of our own parents and the realization that within the next decade, we will also face the responsibility of providing support and assistance to them on top of providing care to our own children. I

know now that, “Yes, in fact, I do have eldercare responsibilities”; and “No, eldercare is not like childcare — the experience of eldercare is vastly different from the experience of childcare. It is this understanding I wish to share with others in the hope it will provide them with insight into their own lived experiences.

Thesis Structure

I present this study in eight chapters including the introduction. The content of these chapters is as follows:

Chapter One — Introduction: In this chapter, I provided an introduction to my study. This chapter has detailed the significance and intent of my study.

Chapter Two — Review of Literature: In this chapter I provide an overview of the literature and conceptualize relevant key terms. Specifically, I introduce and discuss the work–family interface; work-family conflict theory, including work-family antecedents and outcomes, work–family support policies and programs; eldercare, including eldercare tasks, formal vs. informal eldercare and the consequences for eldercare providers; and sensemaking theory.

Chapter Three — Research Questions: In chapter 3, I present the two overarching research questions that this study is frame around.

Chapter Four — Research Methodology: I describe the design and research methodology of my study in chapter 4. Specifically, I discuss the theoretical orientation of my study and sample frame considerations (including conceptual and demographic considerations). In addition, I provide a conceptualization of key terms (elder, eldercare, eldercare provider, eldercare crisis); and discuss the assessment of qualitative research

wherein I disclose the various approaches I took to warrant and validate my research claims.

Chapter Five — Data Analysis: In chapter 5, I discuss the approach, and the steps, that I took during the pre-analysis and data-analysis stages of my research.

Chapter 6 — Findings: Within chapter 6, I present my research findings. First, I outline the demographic information of the eleven participants who agreed to be interviewed for this study. Second, I show how sensemaking emerged from the data that were collected and led to the discovery of three main themes: the chaos-control dichotomous assessment of work-eldercare crisis; interpersonal interactions with work domain members (which consists of four sub themes – notification, discussion, moral support, and mentorship); and the emergence of co-constructed informal work-eldercare policy scripts.

Chapter 7 — Discussion: This chapter discusses the findings presented in chapter 6. Specifically, I review and discuss the three main themes and four sub-themes in the context of existing theory and literature.

Chapter 8 — Conclusion: In chapter 8, I summarize my research; discuss the limitations of my study and areas for future research; and present several implications of this study for theory and practice.

CHAPTER 2: REVIEW OF THE LITERATURE

The Work-Family Interface

Researchers most frequently define the work–family interface by the inter-relationships that form between the work and the family domains (Edwards & Rothbard, 2000; Frone, et al., 1992; Frone, et al., 1997). Within academic work–family research, *work* is commonly used to refer to paid employment that occurs outside of the family domain, for the purpose of providing and acquiring goods and/or services deemed to be essential to sustain life (Edwards & Rothbard, 2000). Whereas *family* is commonly used to refer to a group of individuals formed by social or biological ties, wherein individual effort is exerted to enhance the well-being of all members (Edwards & Rothbard, 2000).

Dual, simultaneous role participation serves to intertwine the work and family roles. As such, the work-family interface is most commonly represented by “the variety of experiences, constraints, supports, and opportunities that individuals and groups experience in the unique culture that make up their workplace — and their specific role in it” (Whitehead, Korabik, & Lero, 2008).

Research has acknowledged the positive and negative aspects of the work–family interface, defined respectively as work-family enrichment and work-family conflict (Carlson, et al., 2009; Friedman & Greenhaus, 2000b; Rothbard, 2001; van Steenbergen, et al., 2007; Patricia Voydanoff, 2002; Whitehead, et al., 2008). Work–family enrichment is based on role accumulation (Sieber, 1974) and multiple role (Marks, 1977) hypotheses; whereas, work–family conflict is based on scarcity (Goode, 1960) and interrole conflict (Greenhaus & Beutell, 1985) hypotheses.

Researchers have presented various other work–family models; however these, to date, have not been directly applied to the work–eldercare interface. Existing models of work–family balance have considered balance as: the absence of conflict (Greenhaus & Beutell, 1985); a state wherein individuals experience little conflict between home and family roles with participation in one role serving to enrich participation in the other role (Frone, 2003); and a state that is reached when the resources from one role serve to meet the demands of the other role (Voydanoff, 2005).

There is also a model of work-family spillover theory. Spillover theory is based on the notion that interdependencies between work and family can be positive or negative in nature such that work (family) role demands and responsibilities can positively and/or negatively impact family (work) role demands and responsibilities (Edwards & Rothbard, 2000; Powell & Greenhaus, 2006).

Lastly, there is a model of work-family boundary theory. Boundary theory is based on the view that work and family exist simultaneously as separate but often overlapping domains with each being demarcated by a surrounding boundary. This model is concerned with the ways individuals construct, maintain, negotiate, and transition across domain boundaries as they attempt to attain balance and predict conflict (Ashforth, Kreiner, & Fugate, 2000; Nippert-Eng, 1996).

However, despite the existence of the above listed models, Runte (2009) argues that caregivers most often experience the work–family interface as negative because of work’s “temporal, spatial and affective occupation of the family domain,” (p. 19). She suggests that future research return to a conflict model. For this reason, I drew on existing

work-family conflict literature to inform my research and guide my initial understanding of work–eldercare crisis.

Work-Family Conflict

Work–family conflict is rooted in a theoretical framework based on scarcity and interrole conflict arguments. Scarcity theory contends that the personal resources afforded to any one individual are finite. Individuals, simultaneously faced with role demands from multiple domains, will inevitably face role overload and strain (Goode, 1960). Interrole conflict theory proposes that demands arising from different role domains are mutually incompatible, and thus simultaneous role participation in multiple domains makes participation in the work (family) role more difficult due to participation in the family (work) (Greenhaus &Beutell, 1985).

As defined by Greenhaus and Beutell (1985), work-family conflict is:

a form of interrole conflict in which the role pressures from the work and family domains are mutually incompatible in some respect. That is participation in the work (family) role is made more difficult by virtue of participation in the family (work) role (p. 77).

They suggest, “any role characteristic that affects a person’s time involvement, strain, or behaviour within a role can produce conflict between that role and another role” (p. 77).

Therefore, work–family conflict can surface in the form of: time-based conflict, strain-based conflict, or behaviour-based conflict.

Work–family conflict is bi-directional. It can occur in two directions: work interference with family (WIF) and family interference with work (FIW) (Barrah, et al., 2004; Frone, et al., 1992; Frone, et al., 1997; Gutek, Searle, & Klepa, 1991; Netemeyer, Boles, & McMurrian, 1996). The direction of interference that an individual experiences,

whether FIW or WIF, is determined by assessing that individual's experienced levels of role pressure, role salience, and perceived role support (Greenhaus & Powell, 2003), and by looking at the various activities that they participate in (Powell & Greenhaus, 2006). However, this relationship is not symmetrical in nature. Research points out that, although WIF and FIW are bound together by a reciprocal relationship (due to the bi-directionality of work-family-conflict) the relationship between work and family — and the relationship between family and work — is not experienced equally since one direction may be more or less problematic (e.g., Bruck, Allen, & Spector, 2002; Kossek & Ozeki, 1998).

Viewing work–family conflict as a “mismatch” between work and family domain roles, Moen, Kelly, and Huang (2008) propose a work-family “fit” model. They suggest an individual's subjective evaluation of “fit” at the work–family interface is dynamic — it changes over time, and is influenced by objective characteristics within the work and family domains. Further, an individual's perception of fit varies over time as they age. Moen, et al. (2008) carried out a case analysis of a sample of 753 white-collar employees at a large electronic retailer in the United States. They contend, upon analysis, that there is no single all-defining, shared concept of “fit” amongst their sample; however they discovered that they could group employee subjective “fit” evaluations into 3 categories. (1) *Moderate fit*: this category includes subjective evaluations of moderate fit with some work–to–family conflict; moderate fit with positive work–to–family spillover; or moderate fit with an absence of family–to–work conflict. (2) *Low fit*: this category includes subjective evaluations of low fit with high work–to–family conflict or low fit with high family–to–work conflict. (3) *Optimal fit*: this category includes subjective

evaluations of high positive work-to-family and family-to-work spillover; low negative work-to-family and family-to-work spillover; low work-to-family and family-to-work conflict; or with high time adequacy, income adequacy, job security, and work schedule fit. In general, Moen et al. suggest “fit profiles” vary over an individual’s life course and they vary considerable around an individual’s family stage, work tenure, and number of hours worked per week.

Moen, et al. (2008) report that within the optimal fit category, 86.4% had no children, whereas in the low fit, high work-to-family conflict category, 41.4% identified as being a parent; in the low fit, high family-to-work conflict category, 52.1% identified as being a parent with 23% of these individuals providing care to an elderly individual or dependent adult relative as well. Moreover, regarding work tenure, only 7.4% within the optimal fit category were supervisors with 65.4% of all participants reporting that they work 45 hours or less per week; whereas, in the low fit, high work-family conflict category, 59.8% are supervisors, 59.6% of the sample work more than 45 hours per week; in the low fit high family-to-work conflict category, 72.9% are supervisors with 59.6% of the sample working 45 hours or more per week. This suggests that higher caregiving responsibilities, higher role responsibilities in the work domain (i.e., fulfillment of supervisor role), and working more hours results in negative spillover and more conflict, resulting in the subjective evaluation of mis-“fit” between domains at the work-family interface. Drawing on this discussion, I contend work-family conflict is a dynamic subjective evaluative measure.

Antecedents and Outcomes

A substantial amount of research and several meta-analytic reviews have investigated the various antecedents and outcomes of work–family conflict (i.e., Allen, et al., 2000; Aryee, et al., 2005; Barling, et al., 1994; Barrah, et al., 2004; Beutell & Wittig-Berman, 2008; Byron, 2005; Eby, et al., 2005; Frone, et al., 1992; Kossek & Ozeki, 1998; Steinmetz, et al., 2008). Research most commonly groups work–family antecedents into 3 categories: (1) work domain variables (i.e., job involvement, hours spent at work, work support, schedule flexibility, and job stress); (2) family–domain variables (i.e., family/non-work involvement, hours spent in non-work domain, family support, family stress, family conflict, number of children, age of youngest child, spousal employment, and marital stress); and (3) demographic variables (i.e., sex, income, coping style, and skill) (Byron, 2005).

Not all antecedents affect work–family conflict in the same way (Frone, et al., 1992). For instance, research suggests work domain variables relate most strongly with reported levels of FIW; demographic/individual variables relate, albeit weakly, with reported levels of both WIF and FIW (Byron, 2005). Furthermore, research suggests such antecedents as job stress, family stress and family conflict relate strongly with individuals' reported levels of WIF and FIW, and simultaneously affect both the work and family domains (Byron, 2005).

Michel, Kotrba, Mitchelson, Clark, and Baltes (2011), extending Byron (2005), conducted a meta-analytic review investigating the antecedents of work–family conflict. They suggest work role stressors, work role involvement, work social support, and work characteristics are predictors of work–to–family conflict; and family role stressors, family

social support, and family characteristics are predictors of family-to-work conflict. They highlight the influence of disposition variables on individual's subjective perceptions of work-family conflict and suggest a significant portion of the variance in work-family conflict is a result of an individual's disposition — with internal locus of control and negative affect/neuroticism showing a significant and direct relationship with work-family conflict, wherein negative affect/neuroticism is a direct predictor of work-to-family conflict and family-to-work conflict. Furthermore, Michel et al. suggest demographic variables moderate the relationship between work and work-to-family conflict and between family and family-to-work conflict.

Allen, et al. (2012) conducted a meta-analytic review to further investigate the hypothesized link between dispositional variables and work-family conflict. They discovered a relationship indeed exists between dispositional variables and both work-to-family conflict and family-to-work conflict. Negative disposition variables, such as negative affect/neuroticism, share a direct relationship with work-to-family conflict and family-to-work conflict; and positive disposition variables, such as positive affect and self-efficacy, share an inverse relationship with work-to-family conflict and family-to-work conflict. However, in contrast to Michel et al. (2011), Allen, et al. (2012) did not find evidence to suggest a moderator effect between sex, parental status, marital status and work-family conflict. Specifically, Allen and colleagues report demographic variables do not appear to moderate the relationship between disposition and both work-to-family conflict and family-to-work conflict.

Within existing literature, outcomes of work-family conflict are commonly grouped into the following 3 categories: (1) *Work related outcomes*, consisting of

variables closely associated to the work domain; (2) *Non-work related outcomes*, consisting of variables closely associated with the non-work (or family) domain; and (3) *Stress-related outcomes*, consisting of overall physical and psychological stress and general health variables (Allen, et al., 2000).

Existing work–family research, although limited and *child–centric* in nature, provides insight into the professional toil caregivers may experience because of their caretaking responsibilities. For instance, research reports that for caregivers of elderly individuals, work–family conflict results in absenteeism, interruptions at work (Shoptaugh, Phelps, & Visio, 2004), tardiness (Tennstedt & Gonyea, 1994), a higher likelihood of taking unpaid leave, a reduction in work hours, rearrangement of work schedules, and possible departure from the workforce (Stone & Farley Short, 1990). Further, employed caregivers with high levels of reported work–family conflict experience less job satisfaction than their peers (Bruck, et al., 2002; Frye & Breagh, 2004; Grandey, Cordeiro, & Crouter, 2005; Kinnunen, Geurts, & Mauno, 2004; Kossek & Ozeki, 1998). Job satisfaction is negatively correlated with a variety of variables such as: attitude about life; family and self; overall physical and mental health; on-the-job behaviours such as job avoidance, tardiness, absenteeism, turnover, and grievances (Locke, 1976).

Work-Family Support Policies and Programs

Work–family support policies are designed to assist employees with their work and family role responsibilities. Outside of formal policies mandated by governmental law (e.g., maternity and paternity leave in Canada; *Family and Medical Leave Act* in the

United States), there is no single accepted definition that represents what organizational work–family support policies encompass (Poelmans & Beham, 2008). That being so, Poelmans and Beham (2008) suggest:

it is possible to organize [work–family policies] into five basic groups: flexibility policies (e.g., flextime, telework); leave arrangements (e.g., parental leave); child and elder care provisions (e.g., on-site child care centre); supportive arrangements (e.g., work-family management trainings; employee counseling/assistance programs); and conventional compensations and benefits (e.g., health insurance for all family members, relocations services, laundry services) (pp. 393–394).

Research reports that work-family policies aid employees with the integration and maintenance of their work and family roles; and reduce the negative consequences associated with work–family conflict (Anderson, Coffey, & Byerly, 2002; Frye & Breaugh, 2004; Kossek & Ozeki, 1998; Swody & Powell, 2007). However, not all organizations have formally adopted work-family support programs and initiatives.

The organizational decision to adopt and implement — or alternatively not to adopt and implement — work–family support policies is often based on a variety of different factors, subjective measures and managerial perceptions. For instance, Milliken, Martins, and Morgan (1998), employing a survey study method, investigated the organizational responsiveness to work–family issues of 174 companies within the United States. They contend institutional factors, resource dependencies, and issue interpretations affect organizational responsiveness levels to employee work–family issues. Further, according to Poelmans and Beham (2008), the actual adoption, development, and implementation of work–family support programs rests largely on managers' discretionary decisions.

It is important to note that it is not enough to simply adopt and implement work-family support policies and programs. Research suggests employees achieve the full benefit of such initiatives only when organizations are responsive to employee work–

family issues, and ensure employees have access to, and can take advantage of, work-family policies (Poelmans & Beham, 2008).

Still, the availability of work–family support policies does not ensure employee utilization (Swody & Powell, 2007; Thompson, Beauvais, & Lyness, 1999). Research has identified a plethora of barriers that have the potential to impede utilization and threaten the potential success of formal work–family support policies. These barriers include such factors as: gender role assumptions of employees, perceived unsupportive work–family organizational culture, assessments of program adequacy to address caregiving needs, lack of awareness of available programs, perceptions of effect on career advancement, working with uncooperative co-workers, absence of influential and powerful supervisors, ambiguity in managerial communication of work-family support policy information, and managerial ignorance of employee caregiving needs (Anderson, et al., 2002; Blair-Loy & Wharton, 2002; Swody & Powell, 2007; Thompson, et al., 1999). Overall, research has discovered that having perceptions of a supportive organizational work-family culture and reporting to a supportive supervisor are a vital determinant of employee usage of work-family programs (Blair-Loy & Wharton, 2002; Thompson, et al., 1999).

Employee Work-Family Support Policy and Program Utilization Decisions

Powell and Greenhaus (2006) investigated the decision-making processes involved in incidents of work–family conflict. They suggest several factors influence employees' decisions, to chose either a work or a family activity, during moments of work–family conflict. Namely, perceptions of support play a significant role.

For those who participated in their research:

the decision to mobilize support was associated with the importance of both activities (internal cue) and the impossibility of holding the activities without the individual (role activity cue). For those individuals who attempted to mobilize support, the decision to seek support from one role rather than the other role depended on the supportiveness of a role sender (role sender cue) as well as the possibility that an activity could be held at a different time (role activity cue). The decision to participate solely in one or the other activity was associated with the salience of a role and the importance of the work and family activities (internal cues), pressure and support within each role (role sender cues), and the impossibility of holding an activity without the individual (role activity cue) (pp. 1203–1204).

In summary, they discovered that individuals do not seek support and attempt to reschedule an activity unless they believe they have a good reason — employees approach a role sender (i.e., their manager) only when their request holds personal significance and they perceive their request is highly important. For instance, a single parent that needs time off to care for a sick child. Hence, when a manager denies an employee's request, especially if that request is perceived by the employee to be significant and important, negative outcomes will likely follow.

Powell and Greenhaus found that the majority of employees chose to mobilize work resources before family resources. They suggest employees believe they have a greater ability to reschedule work activities rather than family activities (Powell & Greenhaus, 2006). However, despite approaching the work domain first, employees' "initial attempts to reschedule the work activity were less successful ... than were initial attempts to reschedule the family activity (2006, p. 1205).

Irregardless of availability, work–family programs may be out of reach for some employees (Medjuck, et al., 1998). According to Poelmans and Beham (2008) and (Powell & Mainiero, 1999), managerial allowance decisions are a substantial barrier to the utilization of work-family support policies and programs. Research suggest managers act as *gatekeepers* (Poelmans & Beham, 2008; Thompson, et al., 1999) of organizational

work-family policies, and deny employee utilization requests for a variety of reasons including their own personal beliefs and past work-family experiences (Powell & Mainiero, 1999).

Veiga, Baldrige, and Eddleston (2004) argue, “although the law assures the right to receive help, employees are faced with a dual-edged sword” (pp. 347-348). According to Veiga, et al. (2004), employees are reluctant to participate in work-family support initiatives for the following reasons: (1) *organizational-based situational characteristics*, such as an organization’s rationale for providing the program, extent to which program assistance is a burden to the organization, and the work-family culture at the organization; (2) *employee’s personal assessments*, such as perceived usefulness of the assistance provide, perceived anticipated image cost associated with receiving assistance, perceived fairness of receiving assistance, and perceived likelihood of receiving assistance; and (3) *employee’s normative assessments*, such as perceived appropriateness of program assistance and perceived personal obligation.

In general, employees frequently believe work-family support policies result in negative and harmful consequences (Shockley & Allen, 2007). Research suggests these perceptions may in fact be substantiated. According to Wayne and Cordeiro (2003), managers devalue those employees who take advantage of leave benefits for family-related reasons. Grover (1991) contends co-workers exhibit negative attitude towards individuals who use leave benefits. Kirby and Krone (2002) state “a system of peer pressure” (p. 67) exists within organizations. Individuals who do not use work-family allowances often hold resentment towards individuals that do. Hence, employees are often encouraged by co-workers to not utilize work-family programs and policies.

Work-Family Policies and Eldercare

Research exploring eldercare work-family policies and practices is emerging. The majority of published empirical studies investigating work-family policies and practices are *child-centric* (Medjuck, et al., 1998; Smith, 2004). Even though child-centric work-family policies offer a useful starting point for handling eldercare responsibilities, these initiatives often fall short when it comes to addressing the unique needs of employees who provide care to elderly individuals (Smith, 2004). Moreover, discussions on work-family policies and practices are also absent within organizations. Research suggests managers coach their employees to be up front and voice their elder caregiving needs, yet, in practice, managers silence their own eldercare activities (McGowan, 2002).

Managers send a very strong message when they silence their own caregiving responsibilities: they signal to employees that eldercare is not allowed within the work domain and should be kept out (or hidden). By silencing their own caregiving activities, managers demonstrate that they do not support the use of organizational work–family initiatives for eldercare. This undermines the intent of work–family support policies and programs, which is to foster a family supportive culture. It also has the potential to increase employee levels of work–family conflict, harm the effectiveness of existing work–family initiatives, and threaten efforts of work–family program expansion in the future.

Overall, relatively little attention has been devoted by organizations to their employees' specific elder-caregiving needs. Using data from the 2002 Canada Workplace and Employee Survey (WES), which examined over 6000 companies and over 23000 employees, Tremblay, Najem, and Paquet (2007) investigated the phenomenon of work–

family issues in Canada. They discovered that only one-tenth of Canadian employers offer some sort of eldercare service assistance to their employees.

Dembe, Patridge, Dugan, and Piktialis (2011) conducted a study exploring employee satisfaction with work–eldercare programs. They collected the surveys of 447 employees across the United States who reported having used organization-sponsored work–eldercare programs. Analysis showed that employees' had access to the following work–eldercare programs: Employee Assistance Program (EAP) eldercare counseling, eldercare resource and referral services, eldercare management services, dependent care flexible spending accounts, dependent care reimbursement programs long-term care insurance for elderly dependent, flexible work scheduling and leave programs, emergency short-term eldercare, on-site adult day care facilities.

According to Dembe et al., employees report they are generally satisfied with the eldercare-work programs at their disposal. Specifically, 84.4% of employees found the programs useful; 74% attributed use of eldercare-work programs for helping them retain productivity; 65.5% said the programs helped them to avoid absences at work; 58% reported use of the programs allowed them to stay employed; and 72.1% claimed being able to use the programs made it possible for them to maintain a good life at home. Only one-third of employees reported being unsatisfied with the information provided

Eldercare

Eldercare Tasks

Eldercare is conceptualized in terms of the types of tasks caregivers perform for elderly individuals (Gottlieb, et al., 1994; Noelker & Bass, 1994). These tasks vary in

scope and in intensity; and are dependent on such factors as the elder's level of physical disability, degree of mental impairment, and financial situation. Noelker and Bass (1994) suggest there are nine distinct eldercare task areas (see Table 1).

Table 1: Noelker and Bass (1994) Nine Task Groups of Eldercare¹

Eldercare task group	Example of associated tasks
Socio-emotional Support	counseling, problem solving, information/advice, emotional support, temporary relief/respite, socializing
Care Management	getting service information and/or referral; planning, locating, coordinating, and/or monitoring services
Personal Care	bathing, grooming, toileting, dressing, feeding, transferring bed or chair, ambulation in house
Health Care	blood pressure monitoring, giving injections, catheter care, colostomy care, tube feeding, cleaning or dressing wounds, monitoring medications, checking pulse/respiration, instruction about care, special exercise/therapy
Checking and Monitoring	continuous supervision, regular checking, telephone monitoring
Household	washing dishes, laundry, light cleaning, preparing meals, heavy housework
Finances	paying bills, banking
Outside Household	shopping/errands, yard maintenance, home maintenance
Transport and Escort	driving to/from appointments, accompanying on trips to provide support/assistance

Academic work-eldercare literature commonly collapses several of these nine task groups together (see Table 2).

Table 2: Gottlieb et al. (1994) Three Task Groups of Eldercare²

Eldercare task group	Example of associated tasks
Activities of Daily Living (ADLs)	dressing, toileting, washing/grooming, eating/feeding, medication
Instrumental Activities of Daily Living (IADLs)	household chores, meal preparation, home maintenance/yard work, shopping, laundry
Eldercare Management	managing money, completing forms, arranging assistance, dealing with memory problems and mood swings, financial assistance

¹ Table adapted from Noelker and Bass (1994, pp. 372-373)

² Table adapted from Gottlieb, Kelloway and Fraboni (1994, p. 818)

Formal vs. Informal Eldercare

There are two forms of eldercare: formal eldercare and informal eldercare.

Eldercare is defined as *formal eldercare* when the source of support and/or assistance provided is publicly funded and/or institutionally based (e.g., the Canada Pension Plan; Old Age Security) or when caregivers who receive financial compensation for the services provide it they perform (e.g., long-term care facility staff, geriatric nurses, home health care aids). In contrast, eldercare is defined as *informal eldercare* when caregivers provide support and/or assistance — on a volunteer basis — to elderly individuals, with whom they share a social and/or biological tie.

Canada has experienced a gradual reduction of formal eldercare due to public-sector social program and healthcare expenditure cutbacks (Harlton, Keating, & Fast, 1998; Martin-Matthews, 1999). This has caused a shift from institutional to informal care. Informal care systems rely on families to care for elderly persons (Canada, 1999). According to Higgins and Duxbury (2002), the average informal eldercare provider in Canada is in his or her mid-40s, has responsibility for more than one dependent, and spends more than five hours per week providing care. A report by the Government of Canada reports caregivers of elderly individuals spend an average of 5.4 years providing care (Canada, 2008). Statistics Canada revealed that in 2007, 2.7 million caregivers over the age of 45 (an increase of 670,000 caregivers from 2002) — 57% of whom were employed — provided informal eldercare to a family member or friend (2008).

Consequences for Eldercare Providers

Caregivers of elderly individuals often participate simultaneously in work and eldercare domain activities. This places eldercare providers at risk for negative work and health related consequences. Existing work–family research focuses primarily on the negative outcomes that result. To my knowledge, no Organizational research studies exist that examine the positive consequences or implications.

Work-related Outcomes:

Tennstedt and Gonyea (1994) report the negative work-related consequences of work–eldercare conflict include: absences from work, changes in work schedule, reduction of hours worked, change in job type, missed opportunities for professional development and advancement, more frequent stress in their job, job performance interference due to excessive fatigue, and the use of vacation time to provide care. Intensity of outcomes is related to involvement levels. For instance, research has shown caregivers in poorer health and/or caregivers who provide care to elders with greater needs are particularly more vulnerable, and due to their caregiving demands and responsibilities, they are more likely to withdraw from the workplace (Stone & Farley Short, 1990).

Health-related Outcome

Duxbury, Higgins, and Smart (2011) report work–eldercare conflict places employed eldercare providers at risk for several negative health-related consequences. Specifically, they suggest that caregiver strain, associated with eldercare role demands and responsibilities, predicts depressed mood, stress, reduced life satisfaction, and reduced physical health in the eldercare provider. They state this relationship is

moderated by several factors, including location of care, gender of caregiver, and family type.

According to Duxbury, et al. (2011), caregivers report higher levels of physical and emotional strain the closer in proximity they live to the eldercare recipient: women experienced higher physical and emotional strain than men, and employees with eldercare only responsibilities reported higher physical and emotional strain than employees with eldercare and childcare responsibilities. Michel, et al. (2001) propose employees with eldercare and childcare responsibilities experience less strain than those employees with eldercare only because of a buffer effect resulting from multiple family domain role demands. They suggest childcare responsibilities are protective because childcare diverts available resources from eldercare responsibilities and therefore prevents the eldercare domain from encroaching on the totality of one's home domain. Lastly, research reports that participation in the eldercare domain is a predictor of eldercare–work conflict, with eldercare–work conflict being a predictor of psychological strain (i.e., depressive symptoms and cognitive difficulties), which is a predictor of marital interaction (i.e., anger and withdrawal) (Barling, et al., 1994, p. 394).

Sensemaking Theory

Sensemaking is an ongoing, attentional process (Maitlis & Sonenshein, 2010) that is situated in, and activated by, language and social interactions (Weick, 1995).

Sensemaking theory provides insight into how individuals make sense of, and give meaning to, their experiences. Organizational research most commonly draws upon Karl Weick's theoretical model of organizational sensemaking (1995).

Weick (1995) contends sensemaking is a core organizational activity. Sensemaking takes place within a context of organizational routines and formalized structures — grounded in past experience and culture — rooted in a rich history of tradition, stories and beliefs. Weick maintains sensemaking is the very process by which organizations structure and come to be structured (p. 64). Employees enact their environments to make sense of their experiences and then project this sense back into the environment (Weick, et al., 2005). The sense that is derived plays a significant role in the development of a shared organizational understanding of events and situations, and results in organized individual and organizational level action (Weick, 1995; Weick, et al., 2005).

Organizational sensemaking incorporates numerous theories from a wide variety of academic disciplines (see Weick, 1995, pp. 65-69). As a theoretical framework, organizational sensemaking has made a significant impact on a worldwide scale within the organizational research community (Anderson, 2006). To date, several streams of theoretical and empirical organizational sensemaking research studies exist. These studies have incorporated different forms, and different levels, of perspective and have explored a variety of situations within various social and organizational contexts. Within the field of management, the two most common applications of sensemaking theory have been in the areas of organizational crisis and organizational change (Maitlis & Sonenshein, 2010).

Weick and colleagues are well recognized for their research investigations into the interrelated sensemaking processes that take place under crisis situations within tightly coupled systems. To date, they have studied the sensemaking processes of groups of forest fighting crews (Weick, 1993), flight deck teams (Weick & Roberts, 1993),

pediatric surgical teams (Weick & Sutcliffe, 2003), and control room employees at a nuclear power plant (Weick, 1988, 2010).

Gioia and Chittipeddi (1991) investigated the sensemaking processes involved in strategic change. They incorporated and introduced different levels of sensemaking in an ethnographic study of organizational leaders and top management at a public university undergoing a period of strategic change. The results of their study led them to develop the concept of *sensegiving*, which they defined as a “process of attempting to influence the sensemaking and meaning construction of others toward a preferred redefinition of organizational reality” (1991, p. 442). They determined that individuals’ strategies of sensemaking and sensegiving vary depending on the context and characteristics of the situation and of the environment. Gioia and Chittipeddi (1991) suggest that sensemaking and sensegiving during strategic change are sequential processes that move through 4 phases: envisioning, signaling, re-visioning, and energizing.

Gioia and Chittipeddi (1991) set the stage for future research on organizational identity during periods of organizational change. Sensegiving was developed as a framing process by Gioia, Thomas, Clark, and Chittipeddi (1994) in a study investigating the use of symbols and metaphors, to influence and effect, the sensemaking efforts and coordinated action of organization members. This concept was then expanded on by Gioia and Thomas (1996) and Corley and Gioia (2004) in a stream of research that investigated the use of cognitive frames and framing to manage organizational identity ambiguity under conditions of organizational change. Lastly, Gioia, Schultz, and Corley (2000) developed a model that represents how organization members come to make sense of organizational identity.

Maitlis (2005) and Maitlis and Lawrence (2007) presented sensemaking as a social, interpersonal process. Their research highlighted the dimensionality of sensemaking and clarified the relationship between sensegiving and sensemaking. Maitlis (2005) conducted a longitudinal study of three British symphony orchestras over a period of two years that explored employees' ongoing social processes of sensemaking and sensegiving efforts — at the organizational level — under *normal conditions* and over extended periods of time. She discovered the existence and interplay of two dimensions of sensemaking, which she labeled *control* and *animation*, and four distinct forms of sensemaking, which she labeled *guided*, *fragmented*, *restricted*, and *minimal*. According to Maitlis (2005), each form is associated with distinct sensemaking outcomes. She claims these forms and their resulting outcomes speak to the different ways interaction takes place as well as varies within organizational groups. Expanding on this research, Maitlis and Lawrence (2007) later identified a number of *triggers* and *enablers* of sensegiving which they suggest speak to the conditions under which sensegiving is thought to take place.

Sensemaking as Methodology and Method

Organizational sensemaking theory is a *theory of theories* designed to investigate how individuals make sense of their environment. Sensemaking can be adopted as a research methodology and as a method of analysis. As a methodology, sensemaking guides and informs the research process. As a method, sensemaking describes the processes, procedures, and activities for collecting and analyzing data.

Weick presents sensemaking as an integrated theoretical framework that is made up of the following seven distinct foundational elements: (1) grounded in identity construction, (2) retrospective, (3) enactive sensible environments, (4) social, (5) ongoing, (6) focused on and extracted cues, (7) driven by plausibility rather than accuracy (Weick, 1995). According to Weick (1995), “ [the] seven characteristics serve as a rough guideline for inquiry into sensemaking in the sense that they suggest what sensemaking is, how it works, and where it can fail “ (p. 17). Each element contributes independently to our understanding of the sensemaking process.

The Seven Elements that Inform the Sensemaking Process

Grounded in Identity Construction

Sensemaking is *grounded in identity construction* (Weick, 1995). Individuals rely on schema-based knowledge, derived from social interactions (Harris, 1994), to form their sense of self-identity (Weick, 1995). A schema, according to Gioia and Poole (1984), is “ [a] generalized cognitive framework that an individual uses to impose structure upon, and impart meaning to, social information or social situations in order to facilitate understanding” (pp. 449-450).

Schemas are a key component of the sensemaking process. They guide and govern interpretations, and expectations of past, present, and future events (Weick, 1979) and guide social interactions (Harris, 1994). Individual’s use, and rely on, cognitive schemas to inform their sense of self.

Individuals construct a concept of self when they interact with others in their environment (Harris, 1994; Weick, 1995). Weick, et al. (2005) explains:

who we think we are (identity) as organizational actors shapes what we enact and how we interpret, which affects what we enact and how we interpret, which affects what outsiders think we are (image) and how they treat us, which stabilizes or destabilizes our identity (p.416)

Individuals project a concept of who they believe they are — or whom they want others to believe they are — out into the environment. Then, holding expectations about how others will react to them as well as how they will be perceived by others, they look to others' actions and behaviours for cues that either affirm or disaffirm their sense of self. Affirming cues reinforce the individual's sense of self. Disaffirming cues trigger the sensemaking process.

According to Weick (1995), individuals respond to the disaffirming cues that they encounter by re-defining and re-enacting their sense of self, their sense of the environment, and their sense of the situation. The sensemaking process continues until individuals attend to affirming cues that represent synchronicity between the observed reactions of others and their own personal expectations of others' behaviours in response to their projected sense of self. By and by, individuals engage in sensemaking in an attempt to establish, maintain, and restore a consistent and positive concept of self (p. 23).

Retrospective

Sensemaking is an attentional, retrospective process (Weick, 1995). According to Weick (1995), sensemaking occurs in a *retrospective* fashion because “people can know what they are doing only after they have done it” (p. 24). Individuals bracket, label, and categorize past experiences into a series of distinct experiences. They interpret and assign

meaning to any experience that they believe is ambiguous and inconsistent with their perception of how things ought to be or should be.

This process is subjected to hindsight bias. Namely, the sense individuals derive from past experience is informed and influenced by subsequent knowledge and meaning, and by present experiences (Weick, 1995). For this reason, upon retrospective reflection, past experiences may take on multiple meanings depending on the situational context surrounding an individual's sensemaking efforts.

Enactive of Sensible Environments

Weick (1995) insists, “action is crucial for sensemaking” (p. 32). As discussed, sensemaking is a retrospective process — individuals make sense of past, lived experience. A core premise of sensemaking theory is the notion that action always precedes cognition, and cognition always precedes understanding (Weick, 1988, 1995).

According to Weick (1995), individuals actively construct what they interpret and understand. They enact their experiences into being and chose how to act and how not to act in response to those experiences (Harris, 1994). In acting, individuals create the set of opportunities and constraints that they face within that environment (Weick, 1995). The sense individuals make and the meaning they assign to their experiences — and to the environment — impacts how they (re)act; and influences future sensemaking attempts. Hence, sensemaking is considered to be enactive of sensible environments (Weick, 1995).

Social

Sensemaking is situated in *social* activity. It is a process of social construction aimed at making sense of and assigning meaning to, past experiences. According to Weick, et al. (2005), individuals derive cues from the environment in the process of interacting with socially relevant others. These interactions take place by way of direct — or mentally contrived — dialogues with themselves or with contextually relevant (past or present, real or imagined) others (Harris, 1994, p. 312). Social interactions provide a foundation for shared meanings to emerge (Weick, 1995; Weick, et al., 2005). The outcome of social interactions affects the knowledge available for present and future sensemaking efforts. Hence, an individual's thoughts and actions are always contingent on the actions and behaviours of others in the environment (Weick, 1995).

Ongoing

Sensemaking never stops nor does it ever start (Weick, 1995). According to Weick (1995), sensemaking is an *ongoing* activity. As individuals go about their daily activities, occasions arise that interrupt their routines and threaten their ability to continue an ongoing flow of activity. Interruptions introduce an element of ambiguity and equivocality; they provide occasions for sensemaking (Weick, 1995).

Being uncertain about the present activity and/or the consequences of such for the future, individuals stop, take notice, and attend to cues from the environment and from socially relevant others within the environment. Individuals draw on schemas, stored in memory and derived from previous sensemaking efforts of similar and dissimilar experiences, to inform the sensemaking process (Gioia & Poole, 1984). Their

sensemaking efforts are directed at restoring order so that an ongoing stream of activity can resume (Weick, 1995).

Focused on and by Extracted Cues

Weick (1995) considers sensemaking to be about *focused on and by extract cues*. Individuals attend to and reflect on events, activities, situations, and others that they encounter in their environment (Weick, 1995). In the process they focus on, and extract, cues from the environment to inform their understanding. Past experience, rules, procedures and expectations influence what cues individuals focus on to make sense of a situation; environmental and situation context influences how a cue is perceived (Weick, 1995). Weick suggests individuals will attend to cues that signal the current state of affairs is incongruent with their perceptions of how things should be. In general, individuals tend to focus on, extract, and interpret cues in ways that support their personal beliefs and earlier interpretations.

Driven by Plausibility Rather than Accuracy

Weick (1995) states sensemaking is about plausibility, pragmatics, coherence, reasonableness, creation, invention, and instrumentality (p. 57). Sensemaking is a highly subjective, socially situated, interpretive endeavor. When individuals make sense they rely on plausible interpretations of cues that rationalize their experiences. According to Weick (1995), questioning the accuracy and validity of sensemaking outcomes is not only inconsequential but may even be harmful to sensemaking efforts. Individuals do not rely on the accuracy of their perceptions to make sense; therefore, questions of accuracy

are unimportant — *reality* is constituted from what an individual believes and perceives to be accurate.

Weick (1995) provides eight reasons as to why sensemaking is about plausibility and not accuracy. One, individuals cannot possibly process all that they encounter. Only a fraction of any experience or situation is stored in schema-based knowledge; sensemaking is informed by partial, filtered information. Two, cue extraction and interpretation is impacted and influenced by past experience and knowledge, and by several contextual factors. Cue extraction and interpretation is subjective, therefore, it is impossible to determine the accuracy of a situation. Three, there is no time to establish an objective, all encompassing *truth* because sensemaking occurs rapidly. Four, an individual's knowledge and sensemaking capacity is constantly changing because the environment is in constant change. It is therefore impossible for individuals to retrospectively contrive an accurate account³ of past experience. Five, an individual's sense of self is under constant change. How they perceive and interpret past experience is also subject to change. Hence, the materials for sensemaking are dynamic. Six, as established, action precedes cognition and understanding. If individuals attempt to ensure the establishment of objective, accurate knowledge, before they assign meaning to a situation, they may never act. Seven, the label and meaning, assigned to any particular situation, is subject to change because the environment, and one's knowledge, is under constant change. Plausibility promotes forward moment; accuracy promotes stagnation. Finally, when individuals make sense of their experiences there is no way to tell if the interpretations that are being made are accurate or not.

³ An account is a story, or narrative, of an event or a series of events that is recited by an individual from their perspective.

CHAPTER 3: RESEARCH QUESTIONS

The over-arching research questions posed for this study were as follows:

- RQ1:** What retrospective sense do employees providing informal eldercare to an elderly individual make of their past experienced moments of work-eldercare crisis?
- RQ2:** What outcomes result from the sensemaking efforts of employees providing informal eldercare to an elderly individual as they attempt to retrospectively make sense of their past experienced moments of work-eldercare crisis?

CHAPTER 4: RESEARCH METHODOLOGY

Theoretical Orientation

In this study, I took an interpretivist approach to research (Lindlof & Taylor, 2002).

Interpretivist research takes the stance:

the social world is the world interpreted and experience by its members, from the ‘inside’” and therefore research efforts largely focus on investigating “the meanings and interpretations, the motives and intentions, that people use in their everyday lives and that direct their behaviour” (Blaikie, 2000, p. 115).

This study is grounded in a social constructivist theoretical orientation (Lindlof & Taylor, 2002). As stated in chapter 1, the objective of this study is to gain insight into the sensemaking processes of employees providing informal eldercare to an elderly individual and the consequences of such for the sense they derive from — and the meaning they assign to — past experienced moments of work-eldercare crisis. Therefore, in keeping with the basic tenets of interpretive research, this study is particularly interested in accessing the interpretations eldercare providers make of that which they experienced.

Guba and Lincoln (Guba & Lincoln, 1989) remind us that:

Constructions are, quite literally, *created realities*. They do not exist outside of the persons who create and hold them; they are not part of some “objective” world that exists apart from their constructors. ... Constructions come about through the interaction of a constructor with information, contexts, settings, situations, and other constructors (not all of whom may agree), using a process that is rooted in the previous experience, belief systems, values, fears, prejudices, hopes, disappointments, and achievement of the constructor. ... Malfunctions are possible. For example, constructions may be incomplete, simplistic, uninformed, internally inconsistent, or derived (p. 143).

Blaikie stresses that there is no one objective experience that is representative of all; multiple *realities* exist (Blaikie, 2000). Interpretation is an ongoing activity that results in an ongoing, retrospective (re)development of meaning (Guba & Lincoln, 1989;

Weick, et al., 2005). Hence, I feel it is important to state that it is not my intent to capture an all-encompassing, singular reality. Nor is it my goal to hone in on any particular truth representative of the experience of all employees tasked with providing informal eldercare to an elderly individual.

Ontologically, I adopted an abductive strategy to approach the collection and analysis of data for this study. This strategy uses an iterative process that involves 4 broad steps: (1) describing activities and meanings provided by the participants', (2) deriving categories and concepts from participants' accounts, (3) forming understanding or explanation of the phenomenon described, and (4) constructing theory that can then be evaluated by deductive strategies or justified by inductive strategies (Blaikie, 2000; Eriksson & Kovalainen, 2008).

Researchers suggest the use of an abductive strategy when the aim of research is to not only understand the life of a study's participant and the explanations a study's participant provides for their life experiences, but to gain insight into the sense participants' make of their experiences (Blaikie, 2000; Eriksson & Kovalainen, 2008). Hence, the abductive strategy is social constructivist in nature in that it takes the epistemological orientation that knowledge is "derived from everyday concepts and meanings, from socially constructed mutual knowledge" accessed when "the social researcher enters the everyday social world in order to grasp these socially constructed meanings" (Blaikie, 2000, p. 116).

Furthermore, an abductive strategy allows access to study participants' taken-for-granted experiences of negotiating the work-family interface. It also allows for an understanding of the meaning that participants associate with their experiences. Access to

this understanding is made possible by way of the sensemaking process (Weick, et al., 2005) since according to (Blaikie, 2000), the process of inquiry ultimately stimulates reflection as well as triggers participants to search for interpretation and meaning.

I also approached this study from a position that believes meaning is the constructed product of the ongoing sensemaking processes of social actors (Weick, et al., 2005). I believe *reality* — and the meaning that is assigned to *reality* — is intersubjective and embedded within language (Blaikie, 2000). Therefore, concurring with Blaikie (2000), I firmly believe that there is no way to know *a priori* the data or the theory. In agreement with Lincoln and Guba (1985), I acknowledge that the “human instrument” (p. 224) will construct and produce reality and thus the data or theory during the research process.

Lincoln and Guba (1985) argue that qualitative methodologies are capable of maintaining an ongoing flow of data generation being that they provide access to a deep understanding of the phenomena being investigated. They claim that researchers should use qualitative methodologies when they aim to build theory, when no *a priori* knowledge exists that readily alludes to the research questions under investigation.

As mentioned in chapter 1, I aim in this study to capture the constructed reality of those who participated in my research. My approach is heavily informed by Lincoln and Guba, who take the firmly held perspective that *reality* is but “a set of mental constructions ... those constructions are made by humans; their constructions are in their minds, and they are, in the main, accessible to the humans who make them” (Lincoln & Guba, 1985, p. 295). During the research process, what was important was that the participants believed their reiterated accounts to be a true and accurate representation of

their past experiences (Guba & Lincoln, 1989). Agreeing strongly with Lincoln and Guba, I believe *the truth* can only be obtained by way of participants' personalized accounts of their world. Therefore, throughout the research process, I concentrated my own sensemaking efforts on participants' behaviour responses and ongoing sensemaking processes underlying the meaning they ascribed to the true account of their socially constructed reality.

Sample Frame

The sample for this study was identified based upon several conceptual and demographic considerations. The considerations that I made were based on knowledge that I had obtained from literature, and by my own lived experiences and prior held knowledge of the phenomena under study.

Conceptual Considerations

Researchers, arguing for clearer definitions of eldercare have highlighted the extreme conceptual variability of existing empirical eldercare literature (i.e., Barr, Johnson, & Warshaw, 1992; Braithwaite, 1992; Lechner & Neal, 1999; Lee, 1999; Shoptaugh, et al., 2004; Stone & Farley Short, 1990; Tennstedt & Gonyea, 1994). Tennstedt and Gonyea (1994) argue conceptual definitions of eldercare vary based on the nature of the caregiving relationship, elder's age, and the intensity or level of care involvement. Lechner and Neal (1999) argue that variability in data collection methods affects the ability to draw conclusions on the state and status of elder caregiving and employment. For instance, research has pointed to the difficulty of attempting to

determine actual prevalence rates without sound conceptual definitions and specific measurement criteria (e.g., Barr, et al., 1992; Lechner & Neal, 1999) of such concepts as *elder*, *eldercare provider*, and *eldercare*.

In order to be able to draw sound, authentic and trustworthy conclusions from a research study, conceptual clarity must first exist (Guba & Lincoln, 1989; Lincoln & Guba, 1985). Hence outlined below are the construct definitions that I formed for the purposes of this study, and in particular for the purposes of participant sampling.

Elder

The government is a particularly powerful force in the care relationship, in that the government promotes informal care and influences the provision of care incentives, formal care services, economic policies, and social policies (Walker, 1991). In the context of informal caregiving (Fast, et al., 1999), the Government of Canada (2008; 1999) defines a senior as any individual 65 years of age or older with a long-term health problem, living either in their own home or at a care facility. Since my focus in this study was directed at accessing the experiences of employees tasked with informal eldercare to an elderly individual, I contend that Government of Canada's definition of senior is particularly applicable my conceptualization of *elder*.

At the same time, the Government of Canada's definition of senior may also be problematic for the proposed study's conceptualization of elder for several reasons. First, the definition excludes elders with acute health issues in the absence of diagnosed long-term health problems. Second, the definition excludes care provided for non-health issues such as the provision of: comfort, companionship, transportation, and money

management. Third, the definition excludes elders who reside with their caregiver. As a result, in adopting the Government of Canada's definition, I also expand on it.

Within this study, *elder* is conceptualized as:

any individual, 65 years of age or older, living either in their own home, a caregivers home or at a care facility, receiving support and or assistance from another individual.

Eldercare

Consensus amongst the various stakeholders in the eldercare relationship is that eldercare consists of the provision of tasks and services for elderly individuals for the purposes of maintaining and enhancing the elders' independence (Harlton, et al., 1998). As discussed earlier in this chapter within the Literature Review section, the vast majority of tasks and services that are provided for elderly individuals can be represented by the following 3 task groups: (1) Activities of Daily Living (ADLs); (2) Instrumental Activities of Daily Living (IADLs); and (3) Eldercare Management (Gottlieb, et al., 1994).

Within this study *eldercare* is conceptualized as:

the provision of ADLs, IADLs, and/or Eldercare Management for elderly individuals with the aim of maintaining and enhancing the elderly individual's independence.

Eldercare Provider

Research has shown that the nature of the care relationship often forms the foundation of the conceptualization of the care provider (Tennstedt & Gonyea, 1994). Yet, research to date has continued to restrict the care provider-care receiver relationship, and has been characterized by a general lack of conceptual consensus. For instance, *eldercare provider* has been largely restricted within work-eldercare research to

conceptualizations that define an eldercare provider as an employed individual: aged 51 to 61 who provides care to a parent or step-parent, 60 years of age or older (i.e., Lee, 1999); over the age of 35 who provides care to a relative, 65 years of age or older (i.e., Sims-Gould, Martin-Matthews, & Gignac, 2008); under the age of 65 who provides care to an elderly non-spouse, age not specific (i.e., Stone & Farley Short, 1990); and relatives and unpaid non-relatives, 65 years of age or older (i.e., Wolff & Kasper, 2006).

According to the Government of Canada (2008), an eldercare provider is any individual 45 years of age or older who provides unpaid assistance care to a senior with a long-term health condition (Canada, 2008). Specifically, assistance provided by the caregiver may be for family, friends, neighbors, co-workers or unpaid help provided on behalf of an organization, excluding all forms of paid assistance to clients or patients (S. Canada, 2008, p. 55).

These definitions are particularly problematic in that the age restriction for *eldercare provider* appears to be arbitrarily assigned. Furthermore, one criticism of much of the literature on work–eldercare is that work–eldercare research tends to concentrate on middle-age caregivers and thus excludes younger providers Canada, 2008; S. Canada, 2008; Lee, 1999; Sims-Gould, Martine-Matthews, & Gignac, 2008; Stone & Short 1990; Wolff & Kasper, 2006). Levine, et al. (2005) suggests that the definition of eldercare provider be expanded to include younger care providers. They suggest up to 15% of all care providers in their sample were between the ages of 18 and 25. Bengtson (2001) posits the emergence of younger care providers to elderly individuals is a result of significant changes in the structure and function of families and the increasing prevalence and importance of multigenerational bonds (p. 14).

I believe age is linked to the provision of eldercare insofar as it is linked to the life cycle. Over the life course, a variety of internal and external factors will exert influence upon an individual's life that will result in unique, diverse experiences (Baltes, 1987) by initiating transitions into, through, and out of relatively long-term socially defined institutional roles called trajectories (Macmillan & Eliason, 2006, p. 531). An individual's total life course will be made up of interdependent age-related trajectories and embedded transitions (Elder, 1994). Examples of such age-graded trajectories are school, work, and family, wherein transitions between these trajectories may consist of graduating from school, entering the workforce, getting married, and having children. Each individual, based on his or her own experiences will proceed along a unique life path. For instance, whereas one individual may become an eldercare provider at the age of 45, another individual, due to their own unique life path, may become an eldercare provider at the age of 18. Thus, although previous research has restricted the definition of eldercare provider on the basis of age, I have chosen to place no such restrictions in my study.

Another criticism of work–eldercare research is that it has tended to focus almost solely on the primary caregiver (Sims-Gould, Martin-Matthews, & Rosenthal, 2008). However, according to Sims-Gould, Martin-Matthews, and Rosenthal (2008), eldercare relationships are characterized by “a web or matrix of contributions” (p. 80). Caregiving relationships have been discovered to exacerbate as well as diminish caregiver burden and stress for all those involved (Kahana & Young, 1990). For instance, the burden experienced by a primary caregiver may diminish when a secondary caregiver is available to assist with the provision of eldercare. Alternatively, burden may increase if

the members of the care network are in conflict. Moreover, when faced with balancing the role demands of work and caregiving, both primary and secondary caregivers may experience work–family conflict and crisis. In addition, the members of a caregiving network will take cues from each other (Harris, 1994) during social interactions, which will influence how the members (re)act with one another as well as inform individual members’ sensemaking processes (Weick, 1995). Hence, I firmly believe it is important to extend the focus of caregiving beyond a sole focus on primary caregiver to include all members of a caregiving network, regardless of the caregiving position a particular individual may hold.

Outside of the above eldercare provider characteristics, empirical literature has also noted other characteristics that have been shown to exert influence upon and impact the experience of eldercare. Such characteristics include: gender (Barrah, et al., 2004; Kramer & Kipnis, 1995; Lero & Joseph, 2007; Tennstedt & Gonyea, 1994), racial or ethnic background, sexual orientation, and rural or urban location (Lechner, 1999). Although I acknowledge the merit in considering the very real and significant impact of these demographic attributes, I purposefully did not incorporate them in my conceptualized definition of eldercare provider. This was done in order to allow for maximum data exposure and greater depth and richness of data collected.

Within this study, *eldercare provider* is conceptualized as:

any individual who provides eldercare⁴ to an elder⁵.

⁴ Eldercare as conceptualized for the purposes of the proposed study. See pp: 42

⁵ Elder as conceptualized for the purposes of the proposed study. See pp: 41–42

Eldercare Crisis

Crisis is thought to be an “inflection point in the course of events” (crisis, 2001) and has been defined as “a crucial stage or turning point in the course of something” (crisis, 2000). In terms of crisis during conflict, crisis has been defined as a “state of most tense opposition; critical moment or turning point in a conflict or chain of events and therefore inherently unstable” (crisis, 2000). Within a business setting, crisis has been defined as “a serious economic situation where decisions have to be taken rapidly” (crisis, 2006). Rovenpor (2008) suggests an organizational crisis is any significant turning point in an organization’s history that is brought on by a chain of events originating from the organization’s internal and/or external environment (p. 109).

The problem I see with these definitions is that they all imply crisis is a negative, big, drastic, unstable, swift event. However, within the context of eldercare, Sims-Gould, Martin-Matthews, and Gignac (2008) discovered that crisis is a highly subjective experience that along with being a big, drastic, unstable or swift event can also be an ongoing occurrence of a predictable, positive and/or mundane event (p. 135). Moreover, Barling, et al. (1994) suggests crisis in eldercare is unique from crisis in other forms of caregiving (i.e., childcare) because it is more episodic in nature. It is for these reasons that crisis in eldercare is deemed to be episodic. Thus, taking from existing research as well as from my own personal experience, I believe crisis can be experienced and therefore defined only through the subjective perceptions of the individual experiencing the crisis.

Demographic Considerations

Support and assistance, available and provided to elders and their respective care providers, varies based on demographic and contextual factors. For instance, government, labour union, workplace, and community supports for employees with eldercare responsibilities differ significantly based on country and regional jurisdictions (Lechner & Neal, 1999). Similarly, work–family supports, policy, and program accessibility has been shown to be dependent on industry, class differences (Baltes, Briggs, Huff, Wright, & Heuman, 1999; Lero & Joseph, 2007; Starrels, 1992), organizational size, occupational level, and employment terms (Lero & Joseph, 2007).

Contextual factors arising from the work environment have been discovered to also influence accessibility to eldercare support and assistance. In particular, organizations employing higher percentages of professional employees tend to have more extensive supports and policies and a far wider range of programs (Konrad & Mangel, 2000; Lechner & Neal, 1999) available for eldercare providers to use. In addition, research has shown that *white-collar* workers — knowledge workers and those working in professional careers — generally have not only greater access to work-family supports, policies and programs, they also have more autonomy in managing their work schedules to accommodate their non-work responsibilities (Lero & Joseph, 2007). In terms of deciding what course of action to pursue when faced with a work-family crisis, more autonomy equates into more choice and greater options and thus greater ambiguity. As per Weick (1995), greater ambiguity provides ample opportunity for sensemaking processes to occur. Thus white-collar workers, being that they have more autonomy in

arranging their work schedule and duties, will likely be faced with ample sensemaking opportunities over the course of the workday.

Hence, I restricted the sampling frame for this study to:

Individuals currently employed, or who had been previously employed, in a full-time capacity as subordinate-level employees within either the private or public sector in Alberta, Canada at organizations employing primarily white-collar professional workers.

Sampling Strategy

I used purposive and snowball sampling techniques to generate a single-stage non-probability sample (Lincoln & Guba, 1985, p. 295) for my study. Decisions regarding sample size emerged and evolved over the course of the study (Blaikie, 2000; Miles & Huberman, 1994) and were based on: category saturation (Blaikie, 2000; McCracken, 1988), meaning, and qualitative clarity (Glaser & Strauss, 1967).

Luborsky (1995) contends that basing sampling size on such characteristics is an appropriate strategy to employ when the aim of research is to gain “insights about the contexts and insiders’ perspective on aging and the elderly” (p. 90). Whereas McCracken (1988) provides more explicit direction being that his recommendation is to restrict sample size to a minimum of eight participants when the entities of research interest are categories, assumptions, and theories. Based on these recommendations, I conducted 11 interviews for this study.

My decision to interview 11 participants evolved from the research process itself and was based upon my theoretical and experiential informed perceptions. Specifically, through the course of this study, I determined the 11 interviews that I conducted

adequately allowed for category saturation, participant attrition, and the development of my own interview skill set (McCracken, 1988).

Data Gathering

I conducted in-person and telephone in-depth semi-structured interviews (Blaikie, 2000) in order to gather primary data for this study. Interviews lasted between 60 and 90 minutes and followed McCracken (1988)'s long interview approach (1988). This approach allowed participants to tell their own personal account of past moments of work-eldercare crisis. It also provided me with the opportunity to access participants' personal views, perspectives, lived experiences and demographic information, while at the same time provided the ability for me to explore key emerging themes (McCracken, 1988).

The interviews focused specifically on participants' experienced social episodes (McCracken, 1988). In other words, during interviews, I encouraged participants to report and discuss: their beliefs, values, norms, actions and motives revolving around their experiences and social interactions with actions; the meaning of their actions and the actions of others; and the meaning, of past experiences and interactions, that is taken into account when making decisions about their actions (Blaikie, 2000). In addition, in accordance with the nature of the sensemaking framework, I asked participants to provide an account of their past experiences and social interactions (Blaikie, 2000).

To achieve consistency across interviews I developed an interview blueprint (see appendix C) that was broken down by research objective (i.e., eldercare; crisis; sensemaking: self-referential identity construction, retrospective, enactive, social,

ongoing, cues extracted and focused on, plausibility driven; consequence of sensemaking; demographic information; organization; and future contact); and contained the actual questions that were asked during participant interviews along with sample probing prompts. The interview blueprint was used to guide participant interviews and ensure all participants were asked the same set of key interview questions. At the same time, the interview blueprint allowed me to probe participants for clarification or further explanation on the answers they provided (Blaikie, 2000).

I used a digital voice recorder to record participants' interviews in order to guarantee accuracy and breadth of data. All transcripts were sent to a professional transcriptionist and were meticulously transcribed. I also kept and maintained a log of all research activities in a detailed research diary throughout the duration of this study.

Several steps were taken to ensure participants' confidentiality and anonymity. Each participant was assigned a unique identifying pseudonym. A code sheet was kept to record and match participants' real names with pseudonyms. A hard copy of the code sheet was stored in a locked cabinet; and, an electronic, password protected copy of the code sheet was stored on my laptop. Participants' names were replaced with pseudonyms within the interview transcripts. Further, pseudonyms, as opposed to real names, were used on all written documentation. Lastly, any identifying information (i.e., participant's organization, residential location, names of spouse and/or children, etc.) were all modified and/or stripped from the transcripts and all written documentation.

. Pseudonyms, as opposed to participants' real names, were used on the

Qualitative interviews used in scholarly research generally occur in-person (Weick, 1995). Eriksson and Kovalainen (2008) argue that in-person interviews are more

effective, aid in the building of mutual respect, and can provide insight into the participant's life and work setting. Furthermore, in-person interviews make it possible to observe non-verbal communication, such as body language and facial expressions.

Seidman (2006) proposes that in-person communication with participants increases levels of trustworthiness and reduces the likelihood of communication breakdown. Furthermore, according to Lincoln and Guba (1985), non-verbal communication is as important as verbal communication. For instance, non-verbal communication that conflicts with verbal communication may indicate an insincere, untruthful, and/or incomplete responses to questions asked (Eriksson & Kovalainen, 2008). Therefore, whenever possible, interviews were conducted in-person. Only 1 out of 11 interviews, for this study, was conducted over the phone. Moreover, all interviews were conducted in private-setting locations and were scheduled at a time and date that was mutually agreed upon between the participants and me.

EVALUATION FRAMEWORK

Management research has traditionally embraced a positivist scientific paradigm (NCEHR, 2009) that sees quantitative research prevail as the research method of choice (Eriksson & Kovalainen, 2008; Guba & Lincoln, 1989). Under this paradigm, knowledge obtained is considered as fact, akin to law. Researcher focus is on the accumulation of knowledge to test theory, make predictions, and arrive at the generalization of research findings; therefore, researchers' attention is concentrated on the prediction, manipulation, and control of phenomena under study (Casper, et al., 2007). For this reason, the

evaluation of emergent research findings within management research is most commonly subjected to quantitative assessments of reliability and validity (Guba & Lincoln, 2003).

Assessment of Qualitative Research

A quantitative evaluation framework is not an appropriate form of quality assessment to apply to qualitative research (Eriksson & Kovalainen, 2008; Guba & Lincoln, 1989; Pratt, 2008). Rather, qualitative research is best served by assessments of *trustworthiness* and *authenticity* (Eriksson & Kovalainen, 2008; Guba & Lincoln, 1989; Lincoln & Guba, 1985; Pratt, 2008). Applying the assessment criteria of trustworthiness and authenticity to the evaluation of qualitative research runs parallel to applying the assessment criteria of *reliability* and *validity* to the evaluation of quantitative research (Guba & Lincoln, 2003; Lincoln & Guba, 1985). According to Guba and Lincoln (2003), questions of reliability can be addressed by the trustworthiness criteria of *credibility*, *transferability*, *dependability*, and *confirmability*; questions of validity can be addressed by the authenticity criteria of *fairness*, *ontological authenticity*, *educative authenticity*, *catalytic authenticity*, and tactical authenticity.

Credibility

Credibility refers to a researcher's ability to achieve similarity between a participant's account and the reconstruction of that account (Guba & Lincoln, 1989, 2003; Lincoln & Guba, 1985). According to Guba and Lincoln (1989), assessments of credibility are concerned with such questions as: researcher familiarity with the topic, the collection of sufficient data to warrant research claims, the researcher's ability to

establish strong logical links between their observations and the research categories under study, and, whether or not others are able to collaborate the researcher's findings given the same research materials (p. 237).

Several steps were taken to ensure the credibility of this research study. One, debriefing sessions were held with members of my thesis committee. Two, a research diary was used to log research activities through the duration of this study. Items tracked in the research diary included my *a priori* assumptions, field notes, developing conceptual and theoretical constructions, and reflective thoughts. Three, hindsight revision and refinement of the proposed research questions were performed.

Transferability

Transferability refers to the degree of similarity between sending and receiving research contexts (Eriksson & Kovalainen, 2008, p. 294). According to Guba and Lincoln (1989), transferability assessments, which are highly relative in nature, are concerned with such issues as the degree of similarity between the researcher's research and other research, as well as, the ability of others to draw connections between the researcher's research and other research (p. 241).

Steps were taken to ensure the transferability of this research study. Namely, extensive descriptions of the research process detailing time, place, context, and culture were tracked through the duration of the study in a research diary. In addition, as will be discussed in chapter 8, the findings of this study have potential implications and usefulness for other related contexts.

Dependability

Dependability refers to the extent that individuals, external to the research team can explore the research process undertaken by the researcher(s), judge the decisions made by the researcher, and understand what salient factors led the researcher to the decisions and the interpretations that were made (Eriksson & Kovalainen, 2008, p. 294). According to Guba and Lincoln (1989), dependability is achieved if the research process is deemed to be logical, traceable and therefore well documented (p. 242).

Steps were taken to enhance the dependability of this study. One, throughout the study, I strove to maintain reflexivity. This was accomplished by discussing my thoughts and approach to research with members of my thesis committee with the intent of gathering their input and feedback. I strove to maintain reflexivity. This was accomplished by discussing my thoughts and approach to research with members of my thesis committee with the intent of gathering their input and feedback. Two, I subjected the data that I collected for this study to thematic analysis. Namely, I recorded, transcribed and then analyzed participant interviews in an iterative fashion to allow for the revision of research questions and the discovery of emergent themes.

Confirmability

Confirmability refers to the ability of others to confirm or corroborate a research study's findings. It is concerned with determining the extent that the data gathered, interpretations made, and research conclusions drawn were rooted in the data rather than research bias or distortion (Eriksson & Kovalainen, 2008). According to Guba and Lincoln (1989), assessments of study confirmability can be reached when research

findings and interpretations are linked in an easily understood manner and it is clear to others that the data gathered, interpretations made, and conclusions drawn were not just merely figments of the researcher's imagination. (p. 243).

I took several steps to ensure the confirmability of my study. One, I logged all research activities in a research diary. Two, I subjected the transcribed interview excerpts to a review, by my thesis committee members. Three, I strictly followed the sampling frame criteria to ensure the data that I obtained were only from individuals who met the strict conceptual and demographic considerations that I set out in chapter 4.

Fairness authenticity

Fairness authenticity refers to how the researcher solicited and then preserved the original intent and meaning of participants' accounts along with their inherent value structures throughout the entire data analysis process (Eriksson & Kovalainen, 2008, p. 294). In other words, fairness authenticity is about ensuring fair due process. I took several steps to ensure the fairness of authenticity of my study. One, I logged all research activities, as well as any issues and/or conflicts that arose during the research process, in a research diary. I maintained this diary throughout my study. Two, I obtained participants' full consent prior to conducting interviews. Three, I informed participants of their right to withdraw from the. Four, I provided participants with information that detailed how they may obtain a copy of the research findings.

Ontological authenticity

Ontological authenticity is concerned about the extent to which participants' awareness or consciousness of their personal accounts were improved, matured, expanded on, and elaborated upon as a result of their participation in the research process (Guba & Lincoln, 1989, p. 246). I took steps to increase the probability that ontological authenticity was reached. One, whenever necessary and/or whenever appropriate circumstances prevailed, I disclosed to study participants my personal interests in the research being conducted as well as my personal experiences with the phenomena under investigation. Two, I recorded all such instances of disclosure in my research diary, and captured them on tape during the recording of the interview.

Educative authenticity

Educative authenticity refers to the extent an individual participant's awareness or consciousness of the accounts of others, outside of their own stakeholder group, have been improved, matured, expanded on, and elaborated upon as a result of their participation in the research process (Guba & Lincoln, 1989, p. 248).

The qualitative evaluation criterion of educative authenticity was not readily applicable for this study since interviews were centered around and focused on individual participants' personal experience(s). With that being said, the research findings have the potential to bring awareness to individuals in other contexts. As I will discuss in chapter 8, the findings of this research may have implications for individuals outside of the context being studied (i.e., those who do not meet the sampling frame criteria used for this study). Namely, conclusions drawn from the study have the potential to bring

awareness to both eldercare- and non-eldercare providers about the experience of work-eldercare crisis and the consequences of such for those who are tasked simultaneously with work domain demands and eldercare domain demands.

Catalytic authenticity

Catalytic authenticity refers to the extent that any actions taken and/or decisions made throughout the course of the study were impacted and influenced by the research process itself, as well as by any conclusions that were derived (Guba & Lincoln, 1989, p. 248). The qualitative criterion of catalytic authenticity cannot be guaranteed for this study. However, as I will discuss in chapter 8, this study has the potential to stimulate action on the part of eldercare providers and organizational decisions makers.

Tactical authenticity

Tactical authenticity refers to the ability of the study to empower study participants and any relevant stakeholders to take action as a result of the research process. (Guba & Lincoln, 1989, p. 249). The qualitative criterion of tactical authenticity cannot be guaranteed for this study. Nonetheless, conclusions arising from this study have the potential to stimulate empowerment and encourage action vis-à-vis any organizational initiative that provides opportunity for relevant stakeholders to give input on, and provide assessments of, employed eldercare providers' past experienced moments of work-eldercare crisis.

Ethical Guidelines

My research study was conducted in accordance with the University of Lethbridge's ethical guidelines and also with the policies and guidelines of the Master of Science in Management program. An application for ethical review of human subject research was submitted to, and approved by, the University of Lethbridge's Human Subject Research Committee before I commenced my research. The Human Subject Research Committee follows the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (NCEHR, 2009)

CHAPTER 5: DATA ANALYSIS

I analyzed the data that I collected for my study in a multi-step, iterative fashion using thematic analysis techniques (Grbich, 2007). I used HyperRESEARCH, a Qualitative Data Analysis software program, to identify and code in an open-ended fashion (Lincoln & Guba, 1985) any ongoing key patterns, underlying themes, and emergent categories within a single account as well as across all accounts (Blaikie, 2000).

Pre-Analysis

As mentioned in chapter 4, all interviews were digitally recorded and transcribed verbatim by a professional transcriptionist. During pre-analysis, I reviewed each transcript along with its digitally recorded interview. To protect participant anonymity and confidentiality, I changed all identifying details in the transcribed data. I noted, and then recorded, any identified initial themes and/or passages that I deemed interesting in the context of the proposed research questions, in a research diary. Then in preparation for the next stage of data analysis, I imported the transcribed interview into HyperRESEARCH.

Data Analysis

I used organizational sensemaking (Weick, 1995) as an analytical framework to guide the data analysis phase of my research. Sensemaking research revolves around a focus on participants' narrative accounts of their past social interactions with others. Inquiries into sensemaking attune to the different elements of the sensemaking process that are contained within narrated accounts of past-lived experience.

According to (Weick, 1995), each element “is a self-contained set of research questions that relates to the other six; each incorporates action and context, which are key aspects of sensemaking; and all seven can be represented crudely as a sequence” (p.17). Utilizing organizational sensemaking as an analytical framework involves identifying and reflecting on each sensemaking element within an account in order to study the context each element emerges from, and the ways the elements come together to inform meaning making.

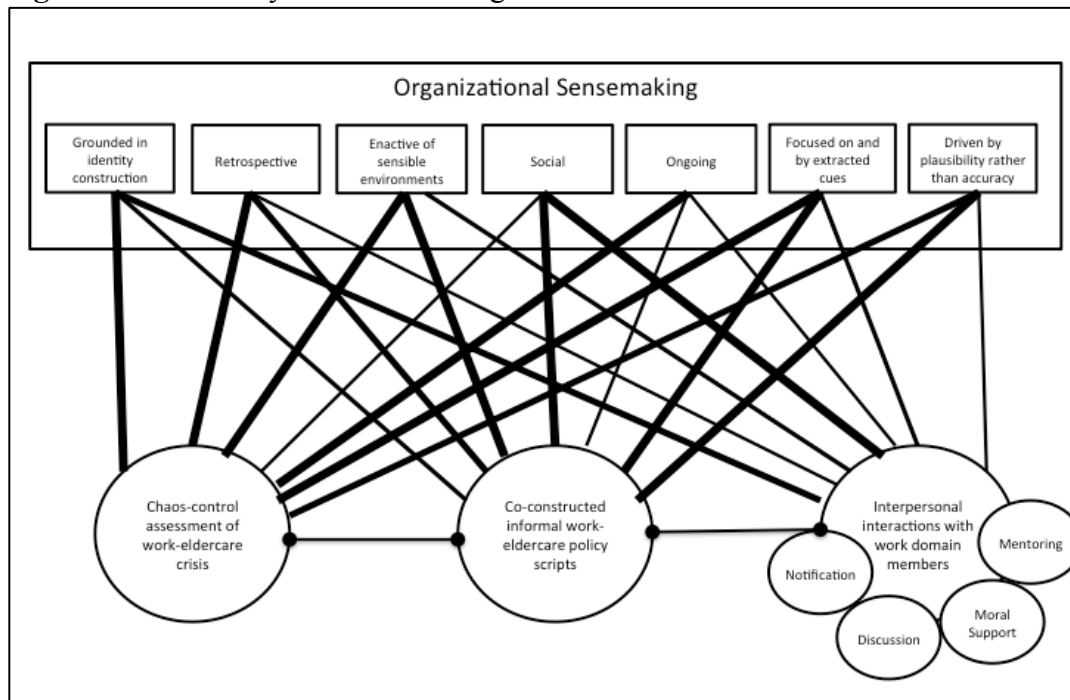
Taking the above into consideration, I proceeded in an iterative fashion to read and re-read the interview transcripts. At the same time, I marked all instances of text reflecting each of the seven elements of organizational sensemaking (Weick, 1995). I repeated this process until I was confident that the transcribed data was adequately marked to reflect the representation of each of the seven elements. Specifically, I began by reflecting on the marked text on an element-by-element basis. Then, I reflected on the marked text as a whole by paying close attention to how the seven elements of sensemaking fit together — as an integrated framework — to inform the sensemaking process in the context of participants’ experienced moments of work-eldercare crisis.

After several thorough readings of the data, and numerous iterations of the above cycle, a pattern began to emerge. For example, concentrating on all data segments marked as ‘grounded in identity construction’, I paid close attention to participants’ construction and maintenance of identity in the context of experienced moments of work-eldercare crisis. Then I reflected on how the sensemaking element *grounded in identity construction* worked in conjunction with the other six elements and contributed to the themes I began to see emerge from the data.

The steps carried out in the data analysis phase lead me to the discovery of three over-arching, structural themes: *the chaos-control dichotomous assessment of work-eldercare crisis*, *interpersonal interactions with work domain members*, and *the emergence of co-constructed informal work-eldercare policy scripts*. The theme of *interpersonal interactions with work domain members* consists of the following four sub-themes: *notification*, *discussion*, *moral support*, and *mentorship*. These themes identify and describe the cognitive behaviour processes taken by participants during moments of work-eldercare crisis, as they attempted to make sense of, and assign meaning to, their experiences.

Each theme contains an element of the sensemaking process. However, the elements' presence within the themes varies to different degrees. This is illustrated in Figure 1 with the use of different line weights.

Figure 1: Data Analysis: Sensemaking to Themes



CHAPTER 6: FINDINGS

Participants

The following table details the demographic information of the participants in this study.

Table 3: Participants' Demographic Information

Participant	Male or Female	Age	Marital status	Industry	Position level	Elder	Primary caregiver?	Other dependents
Colin	M	40 - 44	Common-law	Education	Executive Level Management	Mother	Yes	No
Fiona	F	45 -49	Single	Education	Administrative Assistant	Mother	Yes	No
Colleen	F	55-59	Married	Education	Administrative Assistant	Mother	Yes	Husband. Three adult children. Mother-in-law.
Shawn	M	65 - 69	Married	Education	Post-Secondary Educator	Mother. Father	No	Wife
Gina	F	65 - 69	Married	Education	Post-Secondary Educator	Mother. Father	No	Husband. Two adult children. Grandchildren
Kathy	F	55 - 59	Divorced	Education	Executive Level Management	Mother	Yes	No
Allison	F	40 - 44	Married	Professional Services	Senior Management	Mother-in-law	Yes	Two school-aged children
Laura	F	60 - 64	Single	Education	Administrative Assistant	Mother	No	No
Elaine	F	55 – 59	Single	Education	Coordinator	Father	Yes	No
Bonnie	F	60 - 64	Married	Education	Education Assistant	Mother	Yes	Three adult children.
Karen	F	50 - 54	Married	Education	Post-Secondary Educator	Mother. Father	No	No.

Nine women and two men agreed to be interviewed for this study. All eleven of the participants worked full-time as ‘white-collar’ employees at organizations within Alberta, Canada, at the time of their reported prior experienced moment of work-eldercare crisis. The majority of the individuals worked in the same industry. Ten of the participants worked in the education industry and one worked in the professional services industry. All eleven of the participants provided eldercare to an elderly parent (i.e., mother, father, mother-in-law). Seven participants reported that they were primary caregivers. Five participants reported that they provided care to one or more dependents besides the elder.

At the time of the interview, ten participants were still employed full-time and one participant recently retired. Out of the eleven participants, three were single, six were married, one was in a common-law relationship, and one was divorced. Two of the eleven participants no longer provided care for the elder at the center of their reported work-eldercare crisis (one participant's mother passed away 7 months prior and the other participant's father passed away 7 years prior).

Organizational Sensemaking

I applied Weick (1995)'s conceptualization of sensemaking as an analytical model to analyze the data that was collected for this study. As previously mentioned, organizational sensemaking is informed by the following seven key foundational elements: grounded in identity construction, retrospective, enactive of sensible environments, social, outgoing, focused on and by extracted cues, and driven by plausibility rather than accuracy (Weick, 1995). Although conceptually distinct, in action these elements work together in an integrated fashion. When individuals attempt to make sense of their experiences, they do so by simultaneously drawing upon one or more of the 7 elements. Hence, these elements may come to light in any order, as well as in several different combinations, throughout the sensemaking process (Weick, 1995).

In the following section, I present sensemaking as an integrated process. Specifically, I identify the presence of the seven elements of sensemaking within a single participant's account so that I can show how each of the elements makes a significant and distinct contribution, as well as how they simultaneously work together as an integrated whole to inform the sensemaking process.

‘Colin’: An example of Sensemaking as an Integrated Process

The account below is composed of several passages taken from Colin’s transcript. Although these passages taken together represent a distinct unit of sensemaking, it is important to disclose that they are not presented in their original meaning.

Specifically, I purposefully chose select passages from Colin’s transcript for content and formatted them for the purpose of discussions. First, the passages presented are in the same order that they appear in Colin’s transcript, but prior to including them in this report I stripped out all interviewer questions and prompts. This was done solely to place emphasis on the passages as forming one comprehensive narrative account. However, during data analysis, I took the influence of interviewer questions and prompts, on the data collected, into consideration. Second, to protect *Colin’s* anonymity and confidentiality, I stripped and/or modified all identifying details from the interview passages. Third, the passages, when combined, form a rather large and lengthy quote. Therefore, I added line numbers so that specific portions of the text could readily be identified and easily referenced in the discussion that follows. Fourth, I identify and discuss only the strongest and clearest examples of each element within the Colin’s account.

Colin describes a time, in the past, when he experienced a work–eldercare crisis:

Colin

- (01) Situations actually, **she went in the hospital**, uh, last [‘month’] and **it was**
(02) **quite serious so I had to, you know, leave and go up right away to help**
(03) **with her on that**. And, uh, and that I guess brings up and maybe I’m
(04) getting ahead of myself here, but that brings up issues with — I mean, **it was**
(05) **the beginning of [‘month’] when we’re incredibly busy** here and **there**
(06) **was an issue that went on in the office here that I had to deal with in the**

(07) parking lot of the hospital while — so my mom’s incredibly sick and
 (08) at that time it was touch and go really, and then I’m dealing with a huge
 (09) issue here in the office at the same time. And I’m not trying to cry a river,
 (10) but that’s I think one — that’s the difficulty sometimes with working and
 (11) eldercare is things don’t always happen like — I’m saying that I plan these
 (12) visits, plan these phone calls. Well sometimes this stuff’s not planned,
 (13) right? It just happens, you got to go. ...

(14) Uh, but basically what happened was, uh, my mom went into the hospital
 (15) with extremely high blood pressure and could not be regulated, and so
 (16) the concern was at some point in time she would have a massive stroke
 (17) because her blood pressure was so enormously high and the fluctuations
 (18) were so great. So, I got a phone call, uh, I’m not sure, it was mid-week I
 (19) believe, that this had happened and my mom had actually collapsed in a
 (20) parking lot and taken to the hospital by ambulance and that sort of stuff.
 (21) So, it was the busiest times, or one of the busiest times for this office in
 (22) [‘month’]. ...

(23) And so I had to leave and go up there. Well, of course you’ve got 50-
 (24) million things scheduled: you’ve got meetings scheduled, you’ve got
 (24) people that need assistance from you to get their job done and to help. I
 (25) mean, being such a busy time you’re part of the picture, and so when you
 (26) leave it means that other people have to pick up what you’re not doing.
 (27) ...

(28) So, anyways, I’m trying to deal with the problems while I’m in [‘city’]
 (29) with my mom over the phone, which is a difficult thing to do when
 (30) you’re not face-to-face, you know, plus obviously I can’t do anything to
 (31) help people to alleviate this problem. And again, as a problem solver I
 (32) can’t solve my mom’s problem because it’s a medical problem that I
 (33) can’t solve, and I can’t solve this problem cause I’m really — the
 (34) problem is me not being here. Uh, and then I guess no knowledge as to
 (35) how long this will go on for cause you can’t tell people if you just deal with
 (36) it again for a day or two I’ll be back and everything will be fine. You have
 (37) no idea.

Grounded in Identity Construction

In lines (02) to (03) Colin states he had to “leave and go up right away” and that he
 “had to” help with his mother. Then in lines (05) to (06), he mentions it was an
 “incredibly busy” time at work, therefore he “had to deal” with a work “issue” at the
 same time. Furthermore, in lines (11) to (13) Colin conveys that he scheduled time for

eldercare when he says, “I’m saying that I plan these visits, plan these phone calls.” In this manner, Colin attempts to maintain, establish and project an image of self that represents someone who meets the fulfillment of his domain role duties, responsibilities and obligations (Weick, 1995).

When work–eldercare presents without warning, (see lines (18) to (27)), the situation threatens Colin’s ability to maintain and establish such an identity (Weick, 1995). Under these conditions, he is unable to fully meet his domain role obligations and responsibilities (see lines (23) to (37)).

In line (31), Colin identifies with being “a problem solver”; however in lines (32) to (37), he falls victim to the influence of situational factors and can no longer maintain this identity. Perceiving a negative threat to his identity, Colin reframes and redefines the situation so that it reflects favorably on him (Weick, 1995). This is shown in lines (28) to (34) wherein Colin reframes and redefines the situation as being ‘unable to solve the work problem because he is currently not there’ and perceives himself as ‘unable to solve his mother’s problem because it is a medical problem.’ He holds the belief that he is a “problem solver”, but the situation suggests something else. Rather than redefining his identity as someone who is not a problem solver, he redefines and reframes the situation.

Retrospective

In lines (01) to (37), Colin describes a time when he experienced work-eldercare crisis. The account provided is classified as retrospective because Colin describes a situation that occurred in the past. The meaning Colin assigned to his experience at the

time it occurred is different from the meaning Colin assigned to the experience at the time of his interview (Weick, 1995).

Lines (07) to (18) provide insight into the meaning Colin likely attributed to this experience at the time it occurred. For instance, in line (08), Colin describes the situation as “touch and go”, and in line (16), he states he was concerned that his mom was going to have a “massive stroke”. Whereas lines (09) to (13) provide insight into the meaning Colin attributed to his experience in hindsight. For instance, in lines (10) to (13), Colin explains that it is difficult to attend to both work and eldercare because eldercare is unpredictable.

Enactive of Sensible Environments

Colin’s attempt at sensemaking is considered to be enactive of sensible environments because his account provides evidence that suggests he played an active role in creating the opportunities and the constraints that he then came to face (Weick, 1995). In lines (02) to (03), and line (23), Colin mentions that he left immediately to be with his mother. In leaving, it then becomes possible for Colin to attend to the eldercare-domain, yet, at the same time it becomes more difficult for him to attend to the work domain.

Lines (05) to (09) provide evidence suggesting that Colin actively interacted, and simultaneously attended to work and eldercare role activities; however he unable to do so in an effective and efficient manner. In lines (11) to (12), Colin reveals that he plans and schedules eldercare into his routine. Taking this action provides Colin with a sense of security and control. The way he acted in response to the situation presented

opportunities (i.e., he can maintain control over his experience); and constraints (i.e., increases the likelihood that an unexpected work-eldercare event will be perceived as a crisis) (Weick, 1995).

Social

Colin's interaction with others, whether physically present or not, impacts his sensemaking efforts and influences his behaviour and actions (Weick, 1995). Namely, Colin feels obligated to attend to his work duties despite the seriousness of his mother's condition. His conduct is likely guided and informed by organizational rules, routines, symbols, and language (Weick, 1995). For instance, in lines (06) to (09), Colin speaks to a co-worker about an on-going work issue while he also engages in a mentally contrived dialogue with his mother. In lines (23) to (27), he engages in another mentally contrived dialogue, formed around the imagined and implied presence of individuals from the work domain. Then, in lines (28) to (37), Colin actively attempts to "deal with the problems", which were occurring at work in his absence, by engaging in interaction with his co-workers.

Ongoing

Colin's account demonstrates the ongoing, sequential nature of sensemaking. Throughout the quote, Colin is constantly attempting to make sense of what is happening around him in the environment. He focuses on the surprising and shocking sequence of events that interrupts his ongoing activities and routine (Weick, 1995). This is shown in line (18) when he states he received a call in the middle of the week informing him that

his mother was ill; and in lines (11) to (13) and (23) to (26), when he implies that the crisis interrupted his planned work routine and scheduled meetings. Further, it is also shown in lines (06), (21), and (25) when Colin explains that the crisis happened at a busy time of the year for him. The repetition of the phrase ‘busy time of the year’ all contribute to the construction of how and/or why the situation is perceived by Colin to be a work-eldercare crisis.

Focused on and by Extracted Cues

Colin focused on and extracted several cues (Weick, 1995) in order to support his interpretation of what was occurring around him. These cues informed and influenced his sensemaking efforts. For example, first, in line (01) to (02), Colin states that his mother “went in the hospital” for a condition, that was “quite serious”. Second, in lines (04) to (07), he points out that his mother’s medical emergency occurred at the “beginning of [‘month’] during a time that was “incredibly busy”; and he “had to deal with” an “issue that went on in the office” while “in the parking lot of the hospital”. Third, in lines (14) to (15), he mentions his “mom went into the hospital with extremely high blood pressure” and that it “could not be regulated”. Fourth, in lines (18) to (20), he notes that he received a call “mid-week” informing him that his mom “had actually collapsed in a parking lot and was taken to the hospital by ambulance”. Fifth, in line (21), he once again points out that it was “the busiest time, or one of the busiest times for [the] office”. Sixth, in lines (28) to (30) and (33) to (34), he attributes the problem at work to being unable to interact “face-to-face” with individuals at work; and in lines (31) to (33), he attributes his “mom’s problem” to being a “medical problem”.

Driven by Plausibility Rather Than Accuracy

Colin's attempt at sensemaking is driven by plausibility rather than accuracy (Weick, 1995). In lines (02) to (03), Colin explains that '[he] had to, you know, leave and go up right away to help her on that'. This suggests Colin felt obligated to leave immediately. However, there were likely several alternative decisions that he could have made. For instance, Colin could have chose to stay, or he could have waited until the morning before he left.

Concerned for his mother, Colin is not able to process everything that was occurring around him (Weick, 1995). He relies on cues and knowledge obtained from past experiences to make sense of the situation. Thus, Colin's perception of the situation is distorted; his account is plausible rather than accurate (Weick, 1995). For example, the meaning Colin assigns to his experience is influenced by cues, based on his past experiences, that he focused on and extracted from the environment (see lines (01) to (02) and (05) to (07)). Further, Colin's sensemaking is influenced by subsequent experiences and additional knowledge that he had acquired since the time of the crisis (Weick, 1995). This is shown in lines (24) to (26), when Colin maintains that he is "part of the picture" because it is "such a busy time"; and therefore when he is away, "other people have to pick up what [he is] not doing". It is shown for a second time, in lines (30) to (34) when Colin claims that he "can't do anything to help people to alleviate [the work] problem" because "the problem is [him] not being [there]".

Elements of Sensemaking Within Participants' Accounts

In this section, I divide out, and individually address, each element that informs the sensemaking framework. This is done to allow for greater depth in discussion as well as to show the way each element contributes to the sensemaking process independent of the other elements.

Grounded in Identity Construction

During the interview process, I asked participants a series of theoretically grounded, open-ended interviews questions that included, but were not limited to, the following: “What is the importance of work/home/eldercare to your sense of self?” “How would you describe yourself?” “What is the image others have of you in light of your behaviour and actions during the experienced eldercare crisis?” and, “How does it feel when others do/don’t see you as you see yourself?”

My questions were directed at gaining insight into: the role of work and family in the identity construction of participants; the self-embodied identity participants’ project onto others; participants’ observed identity that is derived from others; and what feelings are aroused within the participants from any incongruence between observed and projected identity. Subsequently, data analysis involved the segmentation and coding of data gathered for this study to identify elements of ‘grounded in identity construction’ within participants’ accounts.

The following interview excerpts illustrate the existence of the sensemaking element *grounded in identity construction* within the data that I gathered for my study.

Example 1 (Colleen)

Now, if somebody came along and said something, you know, like thanked me for something I did I would probably shrug it off, you know? **I don't like to be out in the forefront. I'm a good planner and doer in behind but I don't want to be out there being recognized for it** I guess. I had a really difficult – just last year **I received an [Award] ... I was very taken back by it because I am just – I'm a doer, I'm a giver and I don't expect to receive anything like that for it.** ... So it meant a lot that somebody would do that to recommend that I get that award. So, **it was something that I didn't expect.** ...

I think people, like family, friends, or that you grow up with and they maybe don't because they've seen you grow up through it all. But somebody that, like I say, looking from the outside in, uh, to view me as some of the things my mom did, uh, I'm proud of that. Like, **I'm proud that I can be what my mom was.** Uh, and **it's nice to know that people can see that in me,** you know, cause **I really think my mom was a good person and worked hard and did a lot for, you know, a lot not wanting the not needing the recognition,** you know. And I think sometimes I'm like that at work. Like, **I like to do and be able to do or listen for others or help others and don't need to see the recognition for it.**

Colleen strives to align her sense of self with the image she holds of her mother.

She is constructing an identity as a *giver* and a *doer*, which aligns with a notion of caregiving for others. She looks up to her mother and holds the image she has of her mother as an idealized identity (Weick, 1995). Colleen orients her behaviour and actions at work to align with this idealized identity in an attempt to match and embody the attributes that she perceives her mother to have embodied. In doing so, she projects this image of self to those around her and then looks to her co-workers' behaviour in response to this projected sense of self for cues that either affirm or disaffirm the image she holds of herself (Weick, 1995). Hence, Colleen's co-workers influence the social construction of her identity because her co-workers act as a *mirror* to Colleen's sense of self.

For instance, being nominated for and then subsequently winning an award at work serves as a power signal for Colleen that her projected and observed identity are in

alignment. First, the award affirms that the image others hold of her is in alignment with her projected image of self. Second, the award affirms that she embodies the attributes that she perceives her mother to have embodied thus strengthening her concept of self. Specifically, Colleen states that when people at work acknowledge the work that she does, she would “shrug it off”, so when she received the award, she was “very taken back”. Observation of her own emotion and surprise served as a cue to her identity because they affirmed that, like her mother, she does not seek out recognition.

Example 2 (Colin)

I don't think [how I handled the crisis] changed how people felt about [me and my situation]. **I think they understand better what I need to deal with**, I guess, so **it helps them understand that visiting my mom is not visiting my mom. It's looking after my mom.** Uh, but aside from that, no, I don't think it changed how people see me.

It is important to Colin that his co-workers view him in a particular way. Specifically, Colin wants to be recognized as a dedicated, hardworking individual. This desire leads him to imagine what others think and believe about him, in light of the situation (Weick, 1995). Colin's bases his evaluation on a mentally contrived assessment of others' perceptions of him during the crisis event (Weick, 1995). Although not explicitly shown in the quote above, his assessment is also based on subtle cues observed by way of prior social interactions with others from work (Weick, 1995). Moreover, Colin's use of such words as “think” and “guess” indicate that he is still searching for cues that inform his sense of self.

Example 3 (Laura)

So, how would I describe myself? Well, that's kind of difficult. Uh, I like to think I'm caring, and normally patient. I'm not so much now ... they probably see me crabby now. ... I have been lately. I know I have been, and I've been saying to myself ...it might be my own perception except people say hang in there all the time to me, you know? So I think they see some of what's happening as well. So, don't quit, don't quit you know, kind of thing ... but I also think they're noticing work wise what's contributing to my stress at work. So, that's yeah, they see it too, ... [and it makes me feel] better, cause then I think I'm not imagining it and it's not just me being sensitive.

Laura views herself to be a caring and patient person. She holds a core, sense of self as a caregiver — in and outside of the eldercare domain. Laura searches for cues that affirm or disaffirm her sense of self (Weick, 1995). In other words, she looks to the work domain for cues that signal others see her as a caring and patient person too. She takes these cues from others' behaviours and actions towards her. These cues lead her to question her sense of self. Specifically, Laura perceives herself as “crabby now”; and worrying that others view her the same she searches, retrospectively, for disaffirming cues that signal she is not “crabby” and affirming cues that signal she is “caring” and “patient” (Weick, 1995). In response she (re)defines her thoughts, actions and behaviours. Hence, Laura's sense of ‘who she is’ is contingent on her interactions with others at work.

Retrospective

During the interview process, I asked participants to reflect on a particular time in the past when they experienced a personal work–eldercare crisis. At the time of the interview, I did not offer a definition of crisis, nor did I give participants an example of work-eldercare crisis. If, however, a participant became particularly stumped by the term,

I provided them a definition of work-eldercare crisis that was based on Sims-Gould, Martin-Matthews, and Gignac's conceptualization of eldercare crisis (2008). After being provided with a few moments to reflect, I asked participants to provide a very brief outlined account of their experience. I instructed them to focus the remainder of their discussions around this experience. This made it possible for me to gain access to their personalized accounts of past experienced moments of work-eldercare crisis.

Whenever possible, I focused and directed interview discussions on participants' *past* experiences, rather than on current work-eldercare crisis situations. This was done because, as per Weick (1995), "people can know what they are doing only after they have done it" (p. 24). This allowed me to gain access to the meaning participants assigned to their experiences. As a result of the retrospective element of sensemaking, the account provided by participants is constructed, influenced by all subsequent experience and knowledge gained from the time of the crisis to the time of the interview.

The following interview excerpts illustrate the sensemaking element *retrospective* within the data that I gathered for my study.

Example 1 (Gina)

I remember at one time I was actually going ['overseas'] to be the external examiner on somebody's PhD, and I wanted to re-read this PhD before the flight and make some comments on it, and I got involved in taking my mother shopping and we got in the Safeway and my father needs he doesn't just need orange juice, he needs extra pulp orange juice. And it really took a long time to find it. And I'm just thinking, you know what, I've got this whole I've got this PhD to read, I have to go across the ocean, you know, and I was very irritated. But I think my mother, well both of them, they're sort of at a state where for different reasons they don't really respect my work. You know, I mean they do in theory, but they sort of don't in practice.

Gina's reiteration of the situation suggests that her work role responsibilities are intrinsically important to her, and more pressing than her eldercare responsibilities. Gina (retrospectively) labels the situation as a work–eldercare crisis because she feels her eldercare responsibilities (i.e., taking her parents shopping) prevented her from fully attending to her work responsibilities (i.e., reading the dissertation in preparation for the defense).

The meaning she assigned to this experience has the potential to affect her future sensemaking efforts (Weick, 1995). For instance, Gina came to the conclusion that her parents do not respect her work. Her evaluation of the situation is negative. This particular experience will impact and inform her future sensemaking efforts. As a result, it is likely that future similar situations will be experienced as conflictual and negative (Weick, 1995).

Example 2 (Allison)

It was actually a Friday night. ... **So it was a Friday night, bizarre, but she didn't realize she had the heart attack until it wasn't until Tuesday morning, yeah. She thought she was sick. There were no other symptoms other than she threw up viciously and then she kind of felt really weak and she thought she had the flu.** So it went on for the weekend. ...

I didn't want to say it to her but when I looked at her face she said, oh, I got really sick yesterday, I threw up last night. ... I thought, okay, you know, whatever, maybe she caught something, right? And she looked really pale and she said she goes no, I just feel like I have the flu. I just feel kind of under the weather. And I said oh, and then I looked at her face and I thought to myself, you know, that's really odd because she looks really weak and pale. Like, I wonder if she's had a because she said she viciously threw up. So I thought, hmm. Anyway, so I thought in my mind for this inkling of a second I thought, you know, I wonder if it was a heart attack. Like, I didn't want to alarm her but I wanted her to go to the doctor, and she didn't go to the doctor. She kept saying oh no, I'll recover, I'll recover. **So Friday night she has the heart attack. It wasn't until Tuesday morning she did go to the doctor Monday, they did an ECG. ...**

Monday when she wasn't better I said you know what, this is not normal. So he took her to the doctor, they did an ECG, they sent their report in an urgency back to the clinic, but somebody at the clinic didn't see the report until Tuesday morning. So Tuesday morning we go off to work, my husband and I. Well, she gets a call from the doctor saying get yourself to a hospital, you've had a heart attack. Of course she calls my husband, my husband calls me at work, we both leave work right away. ...

Allison describes a time in the past when her mother-in-law had a heart attack. She labeled this experience as a work–eldercare crisis. Specifically, Allison initially was unaware that her mother-in-law had a heart attack; she thought her mother-in-law was just suffering from the flu. Upon retrospective reflection, Allison was able to more clearly see cues that indicated a more serious situation (Weick, 1995). Namely, Allison was able to determine the start of the crisis, the details of the crisis, and the consequences of the crisis only after the work–eldercare crisis had subsided (Weick, 1995).

Enactive of Sensible Environments

During the interview, I asked participants to reflect on a particular time in the past when they experienced a work-eldercare crisis. After being provided with a few minutes to reflect, I asked participants to share their thoughts (e.g., opinions considered, decisions and/or choices that were made, constraints that they faced, and any assumptions that they made). My objective was to discover the role participants played in producing the crisis that they then experienced.

Weick (1995) asserts that individuals “act in such a way that their assumptions of realism become warranted” (p. 36). In other words, how an individual reacts to an event in part constructs the reality of that particular event as well as influences the sense that is derived from the experience of the event. Therefore, by focusing on the enacted nature of

lived-experience, I was able to gain not only a deeper understanding of participants' perceptions and interpretations, but also of the consequences of such for constructing the environment from which the crisis emerged. It also allowed me to gain insight into how participants experienced, and then reacted, in response to their experienced moments of work-eldercare crisis.

The following interview excerpts illustrate the existence of the sensemaking element *enactive of sensible environments* within the data that I gathered for my study.

Example 1 (Fiona)

Uh, yeah. I, uh, I think my colleague ['co-worker'], who I work with, **I let her know that mom wasn't feeling well, and also the secretary upstairs, so my supervisor.** So, uh ... **they says, well, if you need to go home during the day that's fine. You know, we'll cover for you** if you need to go home early. **So a couple of times I think I did go home early.**

Fiona notified her co-workers that her mother was ill. Fiona's co-workers, in response to this action, offer her emotional support. Specifically, they communicate their understanding of her situation and offer their assistance to her (i.e., Fiona could leave during the day and they would take over for her in her absence). Fiona's actions create both opportunity and constraint for (Weick, 1995). Namely, she creates opportunity by getting prior approval for absences at work so that when the time comes, she can leave with minimal explanation and preparation. And, creates constraint because she will now have to put in extra hours and will likely be obligated to return the favor in order to make up for her absence(s).

Example 2 (Elaine)

But ['dad'] was finally in his new place and I was back at the office cause this summer I didn't take vacation. I didn't take time off for myself. **I spent all summer running after him** and spending so much time at the hospital that **I couldn't see how I could possibly take my vacation time after all the time that I'd been away**. ... We have [vacation time], you know. I think it's up to us to take it or not. But **I couldn't see how I could justify taking more time when I'd been away for so much**. ... He went into the hospital well, it was two months because two months from the time he went in to the time he was discharged and I moved him ['month'] was when he moved into the new place. That's two months. And I was here maybe a couple of hours a day if I was lucky, a half day, because I was at the hospital all the time or moving him or getting things for him or something. ... my work wasn't getting done. But you know, I was I couldn't do both, and my energy was running out

Elaine explains that she took time off from work to care for her ill father. She created both opportunity and constraint when she chose this particular course of action (Weick, 1995). Specifically, she was able to take care of her father because she took time off from work; however it also put her behind at work. In addition, Elaine perceives being behind at work as a threat to her identity. For example, later on in the interview Elaine exclaims: "I mean, they're always talking about budget shortfalls, and I'm you know, I never feel like my job is totally secure". She expresses that although her work is accommodating she is concerned about how others perceive her and therefore is careful to make sure she carries out all of her work duties: "no one has ever said anything specifically about my position, but it's just the message I guess, the underlying message, that comes with budget uncertainty. If they're going to cut people back who are they going to cut first?" This further constrains her behaviours and actions. Namely, Elaine holds that it is unacceptable for her to take vacation time because she recently was absent for an extended period and she is already behind at work.

Example 3 (Colin)

I mean, **I set up a laptop**, I stayed at my mom's place and so I took my laptop and worked when I wasn't visiting her. So it still allowed me to some degree, you know. But, part of the issue I guess was I needed to be here because a lot of the work that needed to be done at that time was students coming in needing help, and I could do some of that online, but it's not easy to do online.

Colin creates both opportunity and constraint for himself when he chooses to work from his mother's place while she was in the hospital. Later in the interview Colin states: "I can't solve my mom's problem because it's a medical problem that I can't solve". Colin's actions provide opportunity. Rationalizing that there is not much he can do about his mother's situation, Colin decides to attend to his work domain responsibilities. Taking this action initially reduces the impact of Colin's absence from work. However, through the act of working, Colin determines that he cannot effectively attend to his work domain duties. This realization leads him to retrospectively reframe the situation.

Social

During the interview process, I asked participants a series of questions that included, but were not limited to, the following: "Who was involved in the crisis"; "Whom did you discuss your eldercare experience with?" and "Whom did you really listen to?" These questions were directed at gaining insight into: the involvement, role, and influence of social others in the participants' past experienced moments of work-eldercare crisis.

Sensemaking, according to (Weick, 1995), is contingent on socially relevant other, whether physically present or mentally construed; and by organizational rules, routines, symbols and language (Weick, 1995). These influential entities provide individuals with

routines or scripts for understanding, and act as a guide for appropriate behavioural conduct (Gioia & Poole, 1984).

The following interview excerpts illustrate the existence of the sensemaking element *social* within the data that I gathered for my study.

Example 1 (Allison)

all I had to do was **tell my secretary** that day when I left. She knew and then I decided to leave, and then after that I, you know, **because I couldn't go into work, I had to call my boss the next day and just let her know** that I wouldn't be coming in. ... I told [my boss] I wasn't coming in. Mom's in the hospital, had a heart attack, I will not be coming in. I'll keep you guys posted.

Allison coordinates her actions in response to her mom's heart attack based on the presence and actions of others in her environment. The meaning she ascribes to the situation leads to her decision to leave work to be with her mom. Allison reports that she notified her secretary that she would be absent. She chose to notify her secretary first because her secretary would be most directly impacted by her absence. Further, the next day, upon learning the seriousness of the situation and coming to realize that she will likely be away from work for a period, Allison also notifies her boss of her absence.

Example 2 (Colin)

initially **it started out as, you know, this is my situation, so it was more of a work related discussion, but then it gets into, you know, other people's experiences with potentially with their parents or grandparents.** So it does go a little more casual, I guess, level of societal level as well.

Colin's conduct is contingent on the content and context of his interaction with his co-workers. Colin's strategy to handle his work-eldercare situation involved engaging in

“a work related discussion” with his co-workers. He initiated this interaction to inform others that he is away from the office because his mom was in the hospital and he had left town to be with her. Furthermore, he approached only those individuals he perceived would be impacted by his absence. In response to this news, his co-workers disclosed their own experience(s) with eldercare. This impacted the tone of the conversation as well as served to form a connection between Colin and his co-workers that was based on their common shared experience.

Example 3 (Kathy)

the people are very supportive and so **I enjoy being at work, just kind of to keep my mind off all these mini-crises, and also got some support from them because I talked about it freely,** the eldercare and the impending move of my mom and all that. So yeah, I wanted to be at work. ... I feel very supported, and **I know that when I go back to work they'll be supportive again ... It's like a little family.**

Kathy's state of well-being is, in part, influenced by the actions of those around her. In her interview, Kathy states several times that she freely shares information about her eldercare situation with her co-workers. Later in her interview, it is disclosed that these are individuals that she has worked with for several years — they share a bond that goes beyond a standard, formal work-based relationship. Thus, upon learning of her most recent situation, her co-workers provided her with moral support (see chapter 6 and chapter 7 for discussion on the sub-theme *moral support*). Feeling the support of her co-workers influences Kathy to form a deep, family-like attachment to her work and her co-workers.

Example 4 (Colleen)

I think a lot that were in that group were maybe behind me in where their parents were at. **Uh, being that my mother was quite a bit older, uh, and we were in the different stages at the time than just you know, my mom had left her home and a lot of them were just saying, how do you get them out of the home?** Like you just go in and pack up their things and say we got you a room over here, you know. ... **They'd ask me a lot, you know.**

The type of relationship that forms between Colleen and her co-workers is based on the connection between them, and it is influenced by the content of their discussions. Specifically, Colleen states that her mother “was quite a bit older” than others. Further, it is implied that because her mother is older, her stage of experienced eldercare was different from that of others. Or rather, her mother was in a more advanced stage of dependency because of her age. Therefore, Colleen was perceived to have had already passed through and experienced many of the situations that her co-workers were only just beginning to approach. As such, her co-workers sought her advice. A mentorship-like relationship formed between Colleen, *the mentor*, and her co-workers, *the mentees*.

Ongoing

During the interview process, I asked participants a series of questions that included, but were not limited to, the following: “What were you doing when the crisis first arose?” and “How did the interruption caused by the crisis make you feel?” These questions were directed at gaining insight into the emotion and the depth of that emotion that arose as a result of a particular experienced work-eldercare crisis.

According to Weick (1995), emotion affects how events are recalled in that individuals tend to recall events that have similar emotional tones — prior events influence the meaning of present events, which then influence subsequent events. Hence,

the sense that is derived from a particular crisis is in fact an ongoing evolution of meaning. Therefore, I focused my attention on explanations that suggested participants anticipated and/or expected the moments of work-eldercare crisis that they experienced.

The following interview excerpts illustrate the existence of the sensemaking element *ongoing* within the data that I gathered for my study.

Example 1 (Colleen)

Okay. Uh, the one time my mom had been very ill and, uh, I don't think we really knew to the degree that it was. Uh, I had been there in the morning and thought she was doing okay and **I was just coming back from lunch when I got a phone call from the lodge saying your mom's not doing very good, I think you better come now, which is kind of a shock to anybody's system**, right?

Colleen was in the midst of a highly routine, ongoing flow of activity — she was “***just*** coming back from lunch” (emphasis added) — prior to receiving a phone call notifying her that her mother's health had worsened. This interruption caused Colleen to stop and reflect upon the situation (Weick, 1995). Colleen retrospectively determined that when she had visited her mother before work, she did not notice anything alarming that signaled her mother was not doing well. This realization introduced feelings of confusion, since her current assessment of the situation was out of line with her earlier assessment of the situation (Weick, 1995). Colleen, as a result, attempted to make sense of the situation. Later in the interview, when referring to this situation, Colleen states:

and then you kind of get there and you think, okay, what am I really going to walk into? Okay, like you know, whereabouts is she going to be at because, like in a matter of, you know, four hours [everything has changed unexpectedly], ah, I think she'll be okay today to not being okay.

Example 2 (Fiona)

Well, it was just stressful cause I'd be at work all day and if she didn't answer the phone **she always had a routine**, but if she didn't answer the phone I'd wonder where she was, cause in the summertime she would forget to drink water and then she would faint because her blood pressure or something would go haywire. So she's had that happen a couple of times when I was there. So, of course, I had all these visions going through my mind so I'd be calling neighbors to have them go peek to see where she is. ... Yes, because all I had to do was call the front desk and ask them to go check on mom. A couple of times she didn't hang up her phone properly so it would ring and ring and I thought, okay, she's usually never out of her room that long. So [the care staff at the home] would just go in and look, and then I'd just ask have you seen my mom around? And they'd go, oh yeah, she was just here. I says, okay, good.

Fiona was in the midst of her daily routine, an ongoing flow of activity (Weick, 1995), when she was unable to reach her mom by telephone. Specifically, in her interview (not shown in the quote above), Fiona mentioned that she regularly, and frequently, called her mom during the day to check up on her. Fiona expected her mom to answer the phone when she called this time. However, when her mom did not answer, Fiona become worried. Therefore, she attempts to make sense of the situation (i.e., her mom did not answer the phone) in order to reduce this ambiguity and understand the situation. She is able to return to her routine after she is satisfied that she has made sense of the situation.

Example 3 (Elaine)

But **I was in the middle of ['assignment'] and the deadline was the Friday at 4:00 or something, and the police called me that he was in the ambulance on the way to the hospital.** ... I asked them if he was critical ... they said he was okay but had to be checked out so I knew it was okay then that I could leave him in the care of the medical folks and get there as quick as I could, and so that's what I did. I submitted the application because the deadline was really important. So I guess that tells me it would depend on the situation. If he was at death's door, I wouldn't stay.

Elaine was working on a time-sensitive work assignment when she was interrupted by a phone call informing her that her father was in a vehicle accident. This interruption threatened Elaine's ability to meet her deadline; and introduced an element of ambiguity to the situation (Weick, 1995), which lead her to seek out cues to inform her subsequent actions and behaviours. Specifically, Elaine asked the police officer if the situation was "critical". From this interaction Elaine discovered that her father was not in critical condition. Based on this information Elaine performed a risk assessment on the situation, and upon deciding that she could delay attending to her father, she chose to her work duties first and her eldercare duties second.

Focused on and by Extracted Cues

During the interview process I asked participants a series of questions that included, but were not limited to the following: "What was the organizational environment at the time of the crisis?" According to Weick (1995), the context of the crisis will speak to what is extracted as cues, how the cues are interpreted, and the meaning that is derived as a result of these cues. Hence, throughout the interview process, as well as during the data analysis stage, I paid particular attention to the cues participants extracted from their environments and subsequently focused on. Effort was concentrated on gaining insight into how participants notice, frame, and bracket their experience of work-eldercare crisis from the totality of their ongoing lived experience.

The following interview excerpts demonstrate the existence of the sensemaking element *focused on and by extracted cues* within the data gathered for this study.

Example 1 (Laura)

I used to love ['manager'], I did. I thought she was great. She never once phoned me when I was off. I came back being resentful to her ... I really thought that she was my friend. ... I thought she'd at least phone me once. She never, not once. And it really hurt me, right? So when I came back I kind of had this already kind of thing happening. And so, I mean I used to be able to say anything to her. ... And now I wouldn't dare, you know? And uh, yeah, she's different to me, and I'm different to her.

Laura left the office holding a certain perception of herself, her manager, and her relationship with her manager. Specifically, Laura states that she use to “love” her manager and use to think she was her “friend”. However, upon returning to the office, Laura retrospectively focused on and extracted disaffirming cues that made her question her earlier perceptions.

Laura states that her manager did not call her over the course of her absence from work. This suggests that Laura believed that her manager would and should have called her. Feeling that her manager should have called and noting that she did not call leads Laura to feel “hurt” and “resentful”. Further, Laura adjusted her behaviour towards her manager in response to these cues. Namely, whereas before she was able to “say anything” to her manager, now she “wouldn't dare”. She has (re)assessed her relationship with her manager and now recognizes that public/private, manager/subordinate nature of the relationship.

Example 2 (Allison)

Like, **it was clear that, you know, work has to take a back burner.** Yeah, like it was just not to say that I didn't care, but I just knew that, you know, in a situation where you have a family member who is sick and has had a heart attack it's clear that with work **there's other people who could pick it up and it can, you know, there's other people in the organization**

Allison explains her decision to put her eldercare responsibilities before her work responsibilities. In doing so, she points out several of the cues that she focused on and extracted from her experience. She explained that because she had “a family member who was sick” with a heart attack”, “it was clear” to her that “work has to take a back burner”. She also noted that at the time of the incident, there were “other people in the organization” who could “pick [her work] up”. Hence, Allison’s decision and thus the course of action she chose were impacted and influenced by her interpretation of the cues that she attended to from the environment. Namely, Allison frames the situation as critical because her mother-in-law is sick — with a heart attack — and therefore under these conditions feels it is justifiable to put work on the “back burner”.

Driven by Plausibility Rather than Accuracy

My analysis of the data was based on the assumption that participants’ accounts were filtered reconstructions that were compiled in hindsight (Weick, 1995). As such, each account gathered was understood to be about making plausible and reasonable sense rather than about relaying an accurate and objective account of participants’ past experienced, or their *real time* experienced moments of work-eldercare crisis.

During the interviews, as well as during the data analysis stage, I concentrated my efforts on identifying instances where participants provided arguments in support of accuracy and credibility of the responses they provided to my questions. Further, I also attended to instances where participants indicated that they held feelings of autonomy and control over the work-eldercare crisis situation that they experienced.

The following interview excerpts demonstrate the existence of the sensemaking element *driven by plausibility rather than accuracy* within the data gathered for this study.

Example 1 (Colin)

Well, a little bit of both I guess. Again, my mom being looked after, and it was a while before she was really in the clear but **I knew at least if she's got people there looking after her that's the best that I could expect, right?** She's in the hospital. And then coming back here, sitting down and talking with people here and kind of working things out, **cause often times all people need is an opportunity to talk, you know. A lot of times situations aren't as bad as you think they are if people just sit down and talk about it and try and help each other out. You know, and that's kind of what happened.** So probably the crisis period was really over after about those five days. And then after that it was, I mean, still a crisis to some degree but manageable I guess. You could actually problem solve, whereas I think the first five days you just felt like everything was out of your control and you were doing the best you can ...

The above quote, taken from Colin's interview, emphasizes how sensemaking accounts are filtered reconstructions of a prior experienced situation (Weick, 1995). Namely, it is only after taking a retrospective look at his experience of work–eldercare crisis that Colin comes to perceive the crisis as lasting five days. He concludes this after he notices a shift from a state of being out of control to a state of being in control. Attending to the cue that he could “actually problem solve” signaled to Colin that the crisis was over. However, later in the interview, Colin goes on to mention that his mom remained in the hospital for two months.

Colin's account also illustrates how action is taken on the perceived accuracy of an event as opposed to the objective accuracy of an event. Colin feels a responsibility and duty to ensure his mom's wellbeing. In order to be able to return to work, Colin needs to

know that he has done his part and that his mom will be ok in his absence. Seeing that there are others present who are able to look after his mom, and being that she is in the hospital (i.e., a facility that is conducive to her situation), Colin makes the plausible assertion that it is ok to leave and attend to his work domain responsibilities.

Furthermore, Colin speaks with a sense of accuracy and credibility when providing his assessment. He holds the conviction that all that was needed to rectify the situation at work was for him to be present so that he could work with the staff and so that the staff would feel they were provided with the opportunity to be heard.

Example 2 (Allison)

No, **I don't think there was anything that work that they could have done.** It was just what I feel. I mean, they were very supportive, **there wasn't anything that they could have said or done differently that would make me feel any different. Absolutely not.** It's just me, how I felt about the whole situation and in terms of balancing that work commitment and the home commitment.

Allison appears confident that work could not have done anything more than what they already did to assist her during her work-eldercare crisis. She rationalizes that she feels the way that she does because of her own behaviour rather than the behaviour of others at work. Without knowing all the options that may have been possible, she cannot claim to know what may have, or may not have, helped her at the time. Thus, Allison's account is considered to be a filtered assessment that was retrospectively constructed rather than an accurate reiteration of all that occurred and happened at the time of the crisis.

Example 3 (Fiona)

Uh, I probably did, but depending on the workload I can't quite remember what was going on at that time that I felt I couldn't just not go to work, because I know they were very flexible and it would have probably been fine. But **I think we were busy and I thought, well, my sisters can take a turn for once.**

Fiona provides a plausible account in response to being asked why, during the crisis, she chose work responsibilities over family responsibilities. According to Fiona, she placed her work domain role ahead of her eldercare domain role because she felt that her sisters could, and should, take care of her mother instead. However, the reason for this determination could have stemmed from something entirely different. For instance, Fiona suggests that her workload might have been a possible factor. Nonetheless, what is important is that Fiona, herself, felt that she had a plausible reason for taking the course of action that she did.

Key Themes Within the Data

Three over-arching themes were revealed: (1) *chaos-control assessment of work–eldercare crisis*; (2) *interpersonal interactions with work domain members*; and (2) *co-constructed informal work-eldercare policy scripts*. I discuss these findings in the section below.

Chaos-Control Assessment of Work–Eldercare Crisis

The theme *chaos-control assessment of work–eldercare crisis* expresses how participants come to perceive a particular situation as a work–eldercare crisis. Specifically, whether the lived experience of an event episode was classified to be a

work–eldercare crisis was shown to be dependent upon participants’ perceptions of the experience of that event as being either characterized by assessments of *chaos* or *control*.

Sims-Gould, Martin-Matthews, and Gignac (2008) report that eldercare “is often not stable, but consists of ups, downs, and plateau phases” (p. 136). Or, in other words, eldercare is characterized by experienced moments of eldercare crisis, which can be either predictable or unpredictable, health or non-health related situations that are chronic or acute in nature (Sims-Gould, Martin-Matthews, & Gignac, 2008). Their definition was reflected in the data collected for this study. That is to say, participants’ experience of eldercare consisted of a series of event situations arising from within the eldercare domain. These situations were predictable (i.e., scheduled day-surgery) or unpredictable (i.e., a heart attack), health (i.e., the flu) or non-health related (i.e., a 90th birthday tea celebration) that were chronic (i.e., dementia) or acute (i.e., bladder infection) in nature. Overall, this study revealed eldercare to be highly subjective and experiential. In other words, what is perceived to be a moment of crisis for one participant may be experienced as a non-crisis event episode for another participant (this is illustrated below).

I asked participants during my interview with them to reflect on a particular time in the past when they experienced a personal work-eldercare crisis. Colin spoke about a situation revolving around a potentially life-threatening medical emergency with his mother.

Mom went into the hospital with extremely high blood pressure and could not be regulated, and so, the concern was at some point in time she would have a massive stroke because her blood pressure was so enormously high and the fluctuations were so great.

Whereas, Gina spoke about a situation revolving around a time she felt obligated to attend a tea party for her mother's birthday: "There was this big event for my mother's [birthday]. They had a tea."

At first glance, it appeared to me that there was wide variance between Colin and Gina's perceptions of work-eldercare crisis. However, as I will reveal shortly, this is far from the case.

I discovered that participants' perceptions of work-eldercare crisis were influenced and impacted by factors in the environment around them (Weick, 1995). Specifically, participants', when looking back at their work-eldercare experience(s), were impacted by situational and contextual factors, which then directly influenced their assessments of the experience(s) as being characterized by crisis or non-crisis. For instance, when I asked Colleen to reflect on an experienced personal work-eldercare crisis, she spoke about a time when she received a call during the middle of the week from an employee at the care facility where her mother lives, notifying her that her mother fell suddenly ill:

Uh, the one time **my mom had been very ill** and, uh, I don't think we really knew to the degree it. ... within an hour and a half [from the time I arrived] she was sitting up on the side of the bed and drinking tea.

Colleen, in providing a frame of context for discussion involving the above-identified crisis, also spoke about a variety of other eldercare incidents (i.e., a time when her mother: moved into a seniors care facility, suffered a mini-stroke, fell down and fractured her hip, moved 5 times within a 4-month period, was rushed to the hospital with a urinary tract infection, and passed away). These, however, were not identified as work-eldercare crisis situations. With this in mind, I proceeded to undertake a further analysis of participants' accounts to investigate what leads a participant to perceive a particular work-eldercare event episode as a work-eldercare crisis.

I came to recognize a pattern of similarities in participants' accounts that suggested work-eldercare crisis is perceived by participants to be any situation arising from the eldercare domain, which impacts the work domain in such a way as to interrupt participants' ongoing work domain routine. This interruption to participants' ongoing flow of activity (Weick, 1995) then makes it difficult for them to maintain balance between the work and eldercare domains (Frone, 2003). In absence of work-family balance, participants then feel as if things are 'out of control' and as though they have little choice afforded to them in choosing a different course of action.

The following series of excerpts taken from Colin's account serve to illustrate the concept discussed above. Namely, to Colin, work-eldercare crisis is characterized by feelings of chaos and perceptions of having no choice. It is not until Colin sees the availability of alternative courses of action and feels that he has the situation under control that he ascribes the situation as no longer being one of crisis.

So, I got a phone call, uh, I'm not sure, it was mid-week I believe, that this had happened and my mom had actually collapsed in a parking lot and [was] taken to the hospital by ambulance and that sort of stuff. So, it was the busiest times, or one of the busiest times for this office. ...

And so I had to leave and go up there. **Well, of course you've got 50-million things scheduled: you've got meetings scheduled, you've got people that need assistance from you to get their job done and to help. I mean, being such a busy time you're part of the picture ... But you have no choice right?**

Colin describes how, he felt he had no choice but to leave during the middle of the week — despite being “one of the busiest times,” — to be with his mother. He did not expect nor did he anticipate receiving such a phone call. The phone call interrupted his routine. Faced with choosing between going to the hospital and continuing with his

scheduled work routine, Colin felt he had no other choice but to go to the hospital. At this point, Colin's eldercare situation has turned into a work-eldercare situation.

Colin struggles with fulfilling his domain role responsibilities. He is unable to maintain balance between the eldercare and work domains because of conflicting domain role obligations.

So, anyways, I'm trying to deal with the [work] problems while I'm [here] with my mom over the phone, which is a difficult thing to do when you're not face-to-face, you know, plus obviously I can't do anything to help people to alleviate this problem. And again, as a problem solver I can't solve my mom's problem because it's a medical problem that I can't solve, and I can't solve this [work] problem cause I'm really, the problem is me not being here. Uh, and so then you've got the emotions of your mother being ill, you've got the guilt feelings of leaving people in the office to basically do your job. Uh, and then I guess no knowledge as to how long this will go on for cause you can't tell people if you just deal with it again for a day or two I'll be back and everything will be find. You have no idea.

Drawing on prior knowledge and experience, Colin labels his mother's situation as a "medical problem." As a medical problem, Colin determines there is nothing more he can do by being there that the doctors cannot do. Subsequently, Colin also labels the work situation as being a problem of him not being at work. The quote above suggests Colin felt the environment around him was chaotic because the situation was largely outside of his control. The situation, at this point, is experienced as a work-eldercare crisis.

As he attempts to make sense of his experience, Colin (re)frames the situation so it reflects positively on his identity (Weick, 1995):

The biggest crisis was as the beginning cause that's when you're afraid for your mother, you're again, feeling guilty about what's not being accomplished here. Then after a while you're you think about it and, okay, my mom's people in the hospital are doing their best with my mom so I know she's at least being cared for. Uh, things kind of slowly worked themselves out

here so you feel somewhat, it's like any other, I think, crisis situation is when you're given a chance to reflect a little bit you can calm yourself down and it's not a big deal. But when it all happens at first, really, you don't have a lot of time to think about anything. ...

The crisis period was really over after about those five days. And then after that it was, I mean, still a crisis to some degree but manageable I guess. You could actually problem solve, whereas I think the first five days you just felt like everything was out of your control and you were doing the best you can ... you could plan things out. You could say, you know, I've got to this is what I've got to get done but then I can go visit mom on the weekend and maybe I'll take an extra day here because, you know, that works out okay. And then there's ways you could plan so that you could do the best you could with the situation, whereas prior that it was just **true crisis** and you were just **trying to put out a fire** kind of thing.

Reframing the situation in such a way allows Colin to maintain a positive self-identity and notice an alternative course of action (Weick, 1995). Specifically, Colin attended to cues that supported his assessment of the situation (i.e., the crisis is over) and his chosen course of action (i.e., to return to work), which allowed him to regain control of the situation.

The following quotes are excerpts from Karen's interview. I provide these quotes to further illustrate the distinction between crisis and non-crisis work-eldercare situations as a *chaos-control dichotomous assessment*. They detail two distinct and specific situations: a trip to the hospital for her mother's scheduled cataracts surgery and a trip to the emergency department at the hospital for pneumonia. Karen labeled the first situation, but not the second one, as a work-eldercare crisis.

[My mom] had to have surgery, just cataract surgery, minor day surgery. Uh, and we had I think she had had surgery before, or dad had the same thing, so **we had some sense of how long they'd be in there and that kind of thing**. Had talked to the nurses. And it was a day that I was teaching.

Karen viewed the surgery to be "minor", so she did not anticipate any challenges arising. Further, having had prior knowledge of, and experience with, taking a parent for

cataracts surgery, Karen felt confident of her ability to balance her work and eldercare responsibilities.

In the quote below, Karen describes how she scheduled taking her mother for surgery into her workday.

And I took them in before work and both my parents went. ... it was my mom that was having surgery so my dad was just waiting with her basically. **So I took them in before class, came back and taught, and should have the way we had it planned she wouldn't have gotten out until probably about an hour after I finished teaching, but just prior to going into my class I actually got a phone call from the hospital that she was out of surgery and was ready to be picked up.** ... I knew I couldn't go to the hospital and pick them up and come back and teach.

Karen planned to take her parents to the hospital, and then go to work to teach a class, and finally returning to the hospital to pick her parents up. Karen felt in control of the situation. This quickly changed when she received an unexpected phone call from a nurse at the hospital indicating that her mother was out of surgery well ahead of time. The phone call interrupts her routine. Taking cues from the environment, Karen determines she is unable to choose a course of action that would be favorable to both domains.

Uh, the nurse actually called from the hospital and said they were ready to be picked up. And **at that point I remember just, argh, you know, it was one of those moments where I had no idea of what even to say.** ... I remember thinking, **I don't know what to do about this.**

Karen has lost control of the situation. She can no longer schedule her mother's surgery into her work routine. Karen (re)frames the situation as a work–eldercare crisis due to this loss of control and lack of choice.

Work-eldercare events are not always experienced as crisis situations. This is illustrated in the following quotes:

Two years ago. She had pneumonia and was in the hospital in ['town'] and my dad actually thought she was going to die. **Uh, and we had planned to go up on a Friday to ... to see her and she wasn't doing very well so had sort of made tentative plans to have my class covered by another instructor.** ...

but that Thursday night then prior to us going to go up on Saturday she was taken by the ambulance to ['city']. ... **it was kind of nice we already had the tentative plans in place and then I just called and said, yeah, I'm taking you up on the offer, we're going to [the city].** So we went to [the city].

Karen learns unexpectedly that her mother is in a nearby hospital very ill with pneumonia. She makes the decision to take time off work to visit her in the hospital. In anticipation of the trip, she decides to arrange for another instructor to take her class. At this point, Karen feels in control of the situation because she can schedule her eldercare activities into a time generally reserved for work. This sense of control is threatened when her mother appears to take a turn for the worse. In response to the changing situation, Karen makes the decision to leave earlier than planned.

Karen explains that she had already made plans with someone to cover her Friday class and therefore she was able to arrange for them to cover her Thursday class as well. Her actions allowed her to remain in control of the situation and provided her with an alternative course of action.

This notion is supported by the quote illustrated below. When asked to explain the difference between a crisis and non-crisis situation, she exclaimed:

I wasn't able to schedule with ease within my own timetable right? I had to maneuver things to deal with them as opposed to just, you know, putting a little extra time or whatever in the evening. So, yeah, inability to schedule them properly.

Interpersonal Interactions with Work Domain Members

The theme *interpersonal interactions with work domain members* expresses how participants engage in different types of interpersonal interactions with work domain

members for the purpose of aiding transition between work and eldercare domain roles (Clark, 2002) in reference to anticipated or present moments of work-eldercare crisis. Although participants also engage in discussions about work at home, these discussions were outside the scope of this research study. Therefore, only those discussions revolving around moments of work-eldercare crisis that participants engaged in with other work domain members were considered for analysis.

Analysis of these social interactions revealed four additional sub-themes: (1) *notification*, (2) *discussion*, (3) *moral Support*, and (4) *mentorship*.

Notification

The sub-theme *notification* expresses how participants engaged in interactions that took place for the purpose of notifying others of their situation (or aspects of their situation) (Clark, 2002). The following two quotes serve to demonstrate the observation that participants' strategically choose first, whether or not to engage in communication for the purpose of notification, and second, whom they should engage in it with.

Allison explains:

all I had to do was tell my secretary that day when I left. She knew and then I decided to leave, and then after that I, you know, **because I couldn't go into work, I had to call my boss the next day and just let her know that I wouldn't be coming in.** ... I told [my boss] I wasn't coming in. Mom's in the hospital, had a heart attack, I will not be coming in. I'll keep you guys posted.

Allison states that all she had to do was notify her secretary. The phrase, "all I had to do," indicates that providing notification likely fulfills either a formal or informal organizational policy on leaving the office. Likewise, "tell my secretary that day when I left" indicates that she was not constrained with having to give advance notice and thus likely has control over her own schedule. Moreover, Allison's secretary was the first

person Allison notified. Allison likely notified her secretary first because her secretary would be the one most directly impacted by her absence from work. This was a very strategic decision that she made. Allison's secretary can pass the information of her absence on to others on a need-to-know basis, thus saving Allison time because she would no longer have to do it herself.

Allison then learns that her mother will be in the hospital for an extended duration, so she will not be able to return to work. The phrase "I had to call my boss" indicates that for extended-absences it is likely a policy that her boss is then made aware. Note that she does not ask for permission but rather tells her boss that she will not be coming in.

All things considered, Allison strategically decided who to notify (i.e., her secretary and her boss); when to notify them (i.e., her secretary first, just prior to leaving, and her boss second, once she learned the situation would require an extended absence from work); and what information each of them needed to know (i.e., her secretary needed to know she will be gone, her boss needed to know a reason for the absence as well as an indication of the duration of absence) in order to attain her preferred course of action (i.e., extended absence).

To provide another example, in the quote below, Shawn discusses how he notified work of his absence when he traveled overseas to be with his dying father:

Uh, so **the first thing obviously was to let him know, let [my boss] know, well look, this is coming.** We don't know for sure when it will be but it's coming.

Shawn notified his boss ahead of time that his father's health was failing. In doing so, he strategically primed his boss for the possibility that he will likely need to leave with little notice, should his father's health take a turn for the worse. This increased the

likelihood that his absence notification, as well as his time away from work, would not be contested and that it would be well received by his co-workers (as will be shown below).

Shawn explained that he later received a call from his sister informing him that his father is “on the brink of dying.” He mentioned that the call came in on a Saturday, and by Sunday, he was already on a plane headed overseas. Shawn’s ability to get on a plane so soon after receiving the call can be attributed to his prior strategic planning:

people had been asking about it and I had been saying, well you know, my dad’s going through a tough time. But it had never got, at that time it had never really got to, oh hey, this is it. This could be the last few hours even, you know **what I was able to do then, just by contacting them ... And I’m quite often coming in [to work] on a Saturday. Folks are there working, and, you know. So that was that. So, it was again, it was just part of this, okay, you’ve got to do this.**

Shawn was selective in what he said to his colleagues about his father. Rather than telling them his father’s true state, as in “oh hey, this is it”, Shawn instead chooses to say that his father was “going through a tough time”. This allowed him to keep a formal distance while simultaneously providing enough information should he find himself having to mobilize resources, which is exactly what happened.

During his absence, Shawn continued to notify his colleagues on the status of his absence:

I did keep them up to speed about [it] because, yeah, when I was leaving it was sort of to let them know then that, you know, we don’t know how long it will be but it’s going and so it was just a case of, okay, so the day he died I phoned there, say look, he’s dead. And then the funeral, yeah, it’s going to be on such and such a day.

It is generally understood that if one is away from work that they will (a) inform a manager or co-workers that they will be absent, (b) communicate the duration of the absence, and (c) provide updates should the duration or anything else involving the absence changes. Co-workers can harbor negative feelings if they feel they are been

burdened by the absent individual; these negative feelings can harm an individual's utilization of such benefits in the future (Kirby & Krone, 2002). Thus, Shawn, in providing his colleagues status updates concerning his absence, decreases the likelihood of his colleagues harboring any negative feelings or attitudes about covering his work for him in his absence. This also serves to preserve Shawn's ability utilize work-family benefits in the future.

Discussion

The sub theme *discussion* expresses how participants were found to engage in communication with work domain members with the intent of discussing elements of their work-eldercare domain experience(s). However, although participants talked about their eldercare situation, they remained relatively removed. Specifically, participants' interactions with others tended to be fairly formal in tone and remained centered on sharing information about important events, situations, and activities (Clark, 2002). Furthermore, participants entered into these discussions with a broad base of socially relevant individuals in the work domain — those with and without eldercare responsibilities — for the purpose of aiding their transition between the work and eldercare domain. Often, during the course of such discussions, in-group member relationships are discovered. For instance, in the quote below, Colin articulates how a discussion he had with his co-workers started out formal then progressed into a more open discussion once a shared connection based on personal experience with eldercare was established:

initially it started out as, you know, this is my situation, so it was more of a work related discussion, but then it gets into, you know, other people's

experiences with potentially with their parents or grandparents. So it does go a little more casual, I guess, level of social level as well.

Participants are afforded certain benefits from the establishment of such connections. For example, Elaine establishes a connection with her manager based on their shared experience of taking care of an elderly parent:

Yeah, well [my manager] talked about it a little bit, but and his situation was a little different. It was his mother and they moved her here for a while but then for some reason, didn't remain that way and they moved her somewhere else. And so, I don't know the details of that situation. **I just know that he sympathized** cause he, I think, still has an elder person to be responsible for.

Elaine expresses she feels that she knows a bit about her manager's situation. She learned this through and during talks with her manager. Moreover, she learned enough to distinguish his experience of eldercare from her own experience of eldercare. However, Elaine does not know the details of her manager's work-eldercare experiences beyond a surface-level understanding. Neither Elaine, nor her supervisor, fully discloses the details of their eldercare situation. The interaction between them takes place at a very superficial level. Despite the establishment of a common connection, discussion with her manager is situated at the public-private boundary. Eldercare is being discussed, yet silenced at the same time (McGowan, 2002).

At the same time, from her discussions with her manager, Elaine has formed the opinion that her manager is sympathetic to her situation. According to Breugh and Frye (2007), employees have greater access to work-family policies and report less family-work-conflict as well as greater levels of job satisfaction when they report to managers who are supportive of their family obligations. This was shown to be the case in Elaine's account. For example, when asked if she needed to ask permission from her manager before leaving work for eldercare purposes, Elaine replied, "I didn't need permission

cause it was something that I couldn't not do." She states that it is because he understands "... the dynamic of what it means. If you haven't ever gone through it it's, I think, very difficult to understand." Therefore, Elaine's decision to engage in discussion with her manager served a strategic purpose. Namely, in choosing to discuss her eldercare experience(s) with her manager, Elaine acquired access to valuable informal work-family support allowances.

Moral Support

Communication was shown to further transcend beyond discussing events, situations and activities to sharing feelings and thoughts as well. The sub-theme *moral support* expresses how participants' interpersonal interactions with work domain members were based on their perception that the other individual(s) were supportive and understood what they were going through. Participants confided in these *similar others* and reported feeling morally supported. For example, in the quote below, Kathy reports talking "freely" with her co-workers about her eldercare role:

the people are very supportive and so I enjoy being at work, just kind of to keep my mind off all these mini-crises, and also got some support from them because I talked about it freely, the eldercare and the impending move of my mom and all that. So yeah, I wanted to be at work. ... **I feel very supported, and I know that when I go back to work they'll be supportive again. ... It's like a little family.**

Kathy perceives her co-workers as being "supportive" and thus feels "very supported", leading her to akin her relationships at work with these individuals to "a little family". Moreover, due to this connection, she perceives her co-workers as more than just colleagues but rather like family members. Kathy also speaks about work as a place of

respite, a place she can keep her “mind off all these mini-crisis.” Work is seen as welcoming environment.

When participants confided in others at this level, they often formed work friendships that they then relied on for support. For instance, in the quote below, Colleen describes the long-lasting bond she formed with members of an eldercare support group at work:

There was a group that we had at work and it was basically coping with seniors and elderly, and it was just a lunch hour group where a bunch of us met. ...

a lot that were in that group we are still supportive of each other, you know. Most of us have probably lost our parents now, but it was good just to get and talk ... that was a good support for me even though it was, you know, a year and a half or almost two years ago that we had this group going.

Participants generally came to rely on the moral support gained from these interactions to facilitate the fulfillment of their eldercare role. As such, the choice to engage in this type of interaction results in favorable outcomes. In addition, it also serves a strategic purpose. For instance, participants were discovered to strategically choose to engage in interactions with work domain members for the purpose of gaining moral support. In demonstration of this assertion, in the quote below, Colleen expresses how membership in the eldercare support group brought her a sense of belonging and strength:

one of the girls was very, very open after losing her father and after the caregiving that she had done, and you know, looking after the estate and those kinds of things. Uh, she was very open to letting us all know what she had dealt with and gone through. **And, so it's like you're not alone; there are other people out there doing it,** and I think that is in anything you do, I think if you know you're not alone and there are other people in the same spot it gives you strength.

Mentorship

The sub-theme *mentorship* expresses how participants engage in mentor-mentee like interactions with work domain members who are in similar work–eldercare

situations. The interaction in these instances revolves around one of the individuals being in a situation more advanced than the other. The more advanced individual takes the role of *mentor* and gives advice on a particular aspect of eldercare they are intimately knowledgeable about. The individual who receives the advice of the mentor, therefore, is seen to take the role of *mentee*.

To illustrate this point, in the quote provided below, Fiona explains that during the time she lived with her mother, she gradually began to notice that her mother was “starting to forget to do things” and was showing “the beginnings of Alzheimer’s dementia:

there was another professor that also had a mother with Alzheimer’s, although hers was in a worse case as well, **so I thought, oh okay, this could happen. So maybe I had a little bit more fear put in me, but at least I knew sort of what was coming and what to look for.**

In this interactions, Fiona takes the role of mentee and her co-worker, “another professor”, takes the role of mentor. Fiona is receiving advice from her co-worker. From this interaction Fiona learns what “could happen” in the future, and therefore what she needs to prepare for. Fiona retains this information; it will inform her future sensemaking efforts and influence her future behaviour.

Kathy mentions that she factored in advice from a co-worker when she decided how to handle the situation. She stated, “some advice is very useful.” When moving her mother into a seniors care facility, she took the advice of “one of the girls at work, her parents she moved into a lodge and so she kind of knew what the story was” as well as the advice of another co-worker who recently moved her parents from her home into seniors housing in a nearby town. When I asked her if the advice involved matters

relating to handling work, she replied “uh, no, they didn’t help me with how to handle work. Just things related to the senior’s housing and how their parents handled it”.

Participants also reported giving advice as opposed to just receiving advice. For instance, Colleen mentioned that members of an eldercare support group she belonged to at work often sought her advice.

I think a lot that were in that group were maybe behind me in where their parents were at. Uh, being that **my mother was quite a bit older, uh, and we were in the different stages at the time** than just you know, my mom had left her home and a lot of them were just saying, how do you get them out of the home? Like you just go in and pack up their things and say we got you a room over here, you know. ... **They’d ask me a lot**, you know.

Co-Constructed Informal Work-Eldercare Policy Scripts

The theme of *co-constructed informal work-eldercare policy scripts* expresses how participants came to discover, access, construct and use informal work–family policies during moments of work-family crisis. These informal policies were negotiated and communicated amongst work domain members.

In the quote below, Bonnie’s experience is representative of this assertion:

I think that’s something that needs to be put in there. I really do in fact. ... **[My manager] will say, well why don’t you just put medical down and leave it at that, right? So, when mom was in the hospital last year that’s what I did** because that’s what he said, right, so then I got it covered. **But otherwise you’re not supposed to.**

So, I mean that was really nice, but I mean **technically you shouldn’t be doing that** I suppose, right?

Bonnie utilized an informal work–family benefit that was afforded to her by her manager. Specifically, Bonnie’s manager allows her to use a formal work–family policy for an unintended purpose. On her leave request, rather than be truthful and state it is for eldercare purposes, Bonnie was deceptive and “just put medical down” leading the

organization to believe that it was for her own rather than for eldercare purposes. Bonnie later admitted “you’re not supposed to” do this, suggesting she went against an organization rule or policy governing employee conduct. Although Bonnie is grateful that she ultimately was able to take the time off, she worries that she had to lie to do so.

As mentioned, informal work–family arrangements were commonly negotiated amongst co-workers. For instance, Fiona states, “informally, between my colleague and I, I do leave, did leave a bit earlier if I needed to, to go home.” According to Shawn, “it wasn’t policy in the kind of, here’s all the policy; it was just this is what you do.” He explains that amongst co-workers in his department, “it was always based on the notion that, well hey, you know, I might have to be there for him or her.” All in all, for participants, informal work-family arrangements are based on the underlying belief, as articulated by Laura, “we cover each other’s behinds.”

Taking the above into consideration, I went back to the raw data to further investigate the phenomenon of informal work–eldercare strategies. Focusing on moments of work–eldercare crisis, I sought to explore: what rules and guidelines make up an informal (eldercare) work-family policy and how informal (eldercare) work–family policies are learned and/or communicated amongst co-workers.

In short, based on my findings, I came to discover that informal work–eldercare policies are co-constructed amongst co-workers. They emerge during, and in response to, participants’ moments of experience work–eldercare crisis. Furthermore, these policies are learned by personal experience (i.e., individual acts in response to a crisis situation) and later retrospectively take into account personally held perceptions of their own

behaviour and thoughts as well as the behaviours and thoughts of others in their environment.

The experience, as well as the meaning ascribed to the experience, is then stored in memory. This knowledge later informs future behaviour and sensemaking efforts. It does this both implicitly (i.e., individual observes others' actions, then models the behaviour) and explicitly (i.e., individual is informed by media or directly from another person about an informal policy or rule governing behaviour). Furthermore, by way of analysis I came to discover that the rules and guidelines these informal work-eldercare policies are based on could be expressed using the following formula, which I developed for my study:

If "A" then "B". As long as "C, D, E, ...". This is known because of "1, 2, 3, ...".

Wherein, "A" is the eldercare situation being faced; "B" is the allowance outcome; "C, D, E ..." are the conditions that must be met as a pre-requisite for informal (eldercare) work-eldercare policy utilization. And, "1, 2, 3 ..." represents how this is known to be so &/or how the rule was learned.

For example:

If [my mom has a doctor appointment this Wednesday at 2:30 p.m.] then [I can leave work early] as long as [my position and status at work allows for flexibility, the appointment cannot be scheduled to take place outside of work hours, and my mom's wellbeing would be threatened if she did not go the appointment, and as long as I make up the time when I get back]. I know this because [this is what I did last time she had an appointment, and I've observed others doing it for similar reasons, plus my manager is always saying "family comes first", and besides, I have a good reputation at work and they know that I get my work done].

This can be seen playing out in the following quotes taken from an interview with Kathy:

Everybody has to follow the [formal work-family] policy, but they can be, like really flexible or less flexible.

If there's an emergency they give me time off, but there is an understanding that I would make the time up and that's for myself who's not in the union.

And so if I took some time off I definitely had to **make it up on that day or the day after** ... And the understanding is that **as long as I get my work done there is more flexibility.**

I just made sure to **tie up loose ends and pass things off** to people.

No, [no one said anything when I passed work off to them] because they all knew what the situation was. **I was up front** with that.

I mean, at work right now ... **when the other lady was moving her parents into the home there's lots of times she had to go and do extra, you know, come in late for a couple of hours or something. We would overlook that.** But if it's a little more than that, enough to interfere with work, ... I'd say yeah, think twice about it. It might not be the job for you

Kathy explains that in the case of “an emergency”, she will be given “time off” if she needs it to take care for her mother. However, she must also abide by the following:

(1) she must not be in violation of any formal work–family policy outlined by the organization; (2) any time that she takes off she must later make it up by working the same amount of hours; (3) she cannot be a member of the union; (4) any time that she has to make up must be worked either on the same day or the day after; (5) upon returning to work she must complete all of the work she was expected to do had it not been for the need to take time off; (6) in order to ward off potentially negative reactions, it is best to inform co-workers about the eldercare situation and be upfront with what it involves regarding work; (7) overall, her absence cannot be perceived as interfering with the work of others. Kathy feels confident in her assessment because when she was faced with a past eldercare emergency she needed to, and was allowed to, take time off from work.

Further, she's also confident because she has observed it play out when a co-worker needed time off from work to help her parents move into a senior's home.

CHAPTER 7: DISCUSSION

This chapter is dedicated to a discussion of the results presented in chapter 6. First, I begin by reviewing the objective of this study. Second, I proceed to discuss the findings of this study in the context of existing theory and literature.

My study aims to make a contribution to existing work–family research by exploring the lived experience of eldercare providers. As established in chapter 1, the majority of work–family research to date has focused almost exclusively on childcare arrangements (Eby, et al., 2005; Medjuck, et al., 1998; Parasuraman & Greenhaus, 2002; Smith, 2004). Researchers have provided very little attention to alternative forms of caregiving such as eldercare (Byron, 2005; Duxbury & Lyons, 2009; McGowan, 2002; Runte & Mills, 2006). Eldercare differs from childcare because of several specific needs that sharply contrast with experiences normally experienced with child-caregiving (Barling, et al., 1994). In addition, eldercare is characterized by a series of subjectively experienced episodic crises (Sims-Gould, Martin-Matthews, & Gignac, 2008) that are not seen in childcare. Hence, with this in mind, I choose to concentrate my investigation on eldercare providers' sensemaking processes of past experience moments of work–eldercare crisis.

Sensemaking can be adopted as a research methodology and as a method of analysis. As a methodology, sensemaking guides and informs the research process. As a method, sensemaking describes the processes, procedures, and activities for collecting and analyzing data.

For this study, I adopted Weick's organizational sensemaking framework (1995) as a research methodology and as a method of analysis. This led to the findings presented in

chapter 6. Namely, data analysis revealed three key themes: *chaos-control assessment of work-eldercare crisis*, (2) *interpersonal interactions with work domain members*, and (3) *co-constructed information work-family (eldercare) policy scripts*.

The second theme, *interpersonal interactions with work domain members*, consists of the following four subthemes: (1) *notification*, (2) *discussion*, (3) *moral support*, (4) *mentoring*. In the section that follows, I will take the results of sensemaking and re-integrate them into theory.

Placing The Study's Emergent Themes in Context

Chaos-Control Assessment of Work-Eldercare Crisis

Participants were found to experience eldercare as a series of discrete work–eldercare event episodes. Event episodes are single, specific occurrences of work–family conflict (Greenhaus & Beutell, 1985). They occur when the work (eldercare) domain role intersects with the eldercare (work) domain and the work (eldercare) domain role is found to be mutually incompatible on a time-, strain-, or behaviour-based dimension with the eldercare (work) domain role. They are also bi-directional in nature: work can interfere with eldercare and/or eldercare can interfere with work.

Rather than just simply adopt the term work–family conflict for this study, I introduce the concept of work–eldercare event episodes to point out the following two key distinguishing characteristics. One, work–eldercare event episodes are concerned solely with work and eldercare domain responsibilities and demands, whereas work–family conflict is seen to encompass all forms of family responsibilities and demands including childcare, eldercare, and personal pursuits. Two, work–family conflict is most

often experienced as negative (Byron, 2005); however, work–eldercare event episodes are only sometimes experienced as negative. As I will show below, participants, by way of the sensemaking process, come to classify only certain work–eldercare episodes as work–eldercare crisis episodes.

Work–eldercare event episodes are unpredictable. Participants report that it is difficult to anticipate the content of work–eldercare event episodes. However, past experience combined with acquired knowledge lends participants to report that what is known is that work-eldercare episodes *will* occur at some (unknown) future point.

Elaine, for example, articulated it best when she described how the situation with her father has improved somewhat since he moved to a new care facility:

It's a new situation now because the stress is not as great now in this new place where he is, so **it's a totally different dynamic.** ... **Until he goes into the next phase of decline, right? Who knows when that would be? Don't know if that'll be physical or mental.**

Overall, participants largely reported that the experience of work–eldercare is one of survival wherein focus is directed at just getting through each incident, episode–by–episode. Laura reports that when it comes to eldercare, “it just kind of was one thing after another after another after another.” Elaine had a similar experience. She was representative of others when she said:

I don't know, you get to a point where you're so tired, you know, what's next? **There's always something, there's always something. What's next?** And I don't know, I guess you just deal with whatever it is, you just deal with it.

Participants were found to draw upon a variety of measures to keep their eldercare demands and responsibilities from encroaching on the work domain. Amongst participants, the most common tactic was to schedule eldercare around and into their work schedule. For example, Allison articulates:

So **it's a balancing thing** for me, it becomes, where you know, at times it might be really important that I need to be at work, but at times when I need to take a day off and go do something for her, right?

When participants were unable to keep their eldercare domain role from negatively spilling over into their work role, they experienced the situation as an interruption to their work routine. Unable to continue an ongoing flow of routine activity, participants looked for cues in the environment in an attempt to make sense of the situation and to inform them on what course of action they should take in response to the interruption (Weick, 1995).

At this point, if participants perceived that they were able to readily regain control of the situation with minimal effort and without negative consequence for the work domain, the situation was experienced as a work–eldercare event episode. However, if participants perceived that they were not readily able to regain control and they perceived that they had little choice or ability afforded to them to do so, the situation was experienced as a work–eldercare crisis. For instance, Colin stated:

And I'm not trying to cry a river, but that's what I think one that's **the difficulty sometimes with working and eldercare is things don't always happen like I'm saying that I plan these visits, plan these phone calls. Well, sometimes this stuff's not planned, right?** It just happens, you got to go.

Work domain routines are informed by social organizational structures such as organizational rules (e.g., work hours, operating procedures), symbols (e.g., status of position within the organization) and common language (e.g., idealized worker discourse) (Weick, 1995). Participants' work domain routines are social constructs. Thus, when participants perceive themselves as being unable to continue with their behaviour at work, they are attending to cues that signal the inability to coordinate their actions in accordance with established organizational structures that govern action and behaviour

within the work domain (Weick, 1995). Thus, social cues are of particular importance in the theme *chaos-control assessment of work-eldercare crisis*.

On top of being unable to schedule, plan or continue with work domain routines during moments of crisis, work–eldercare crisis frequently meant that participants had no choice but to be absent from work. In choosing the eldercare domain over the work domain, participants constructed the constraints and opportunities that they then come to face (Weick, 1995); being absent presented the opportunity for participants to attend to their eldercare domain responsibilities and demands. At the same time, it also presented constraints. Namely, the majority of participants reported being concerned that they would be absent from work since it meant that others would have to take over their work duties. Colin explained: “you’re part of the picture, and so when you leave it means that other people have to pick up what you’re not doing.” Although not explicitly expressed, participants’ perceived their absence as a threat to their identity. Specifically, attending to cues that signaled others had to take over their duties, signaled that incongruence existed between their projected concept of self and their expectations of others’ perceptions of them (or others’ expressed actual observations and perceptions of them).

Furthermore, participants saw work–eldercare crisis as a situation arising from the eldercare domain that is mutually incompatible with the work domain. Gina is representative of others when she reflected: “there are two times that I experienced crises while working, but I don’t see the crises actually coming from the work. **The crises came from the people in the family it didn’t come from the work**” (emphasis added).

In fact, during moments of work–eldercare crisis, work was not seen to be in direct conflict with eldercare. Several participants even reported work to be a place of respite.

As explained by Laura:

I still love my job, and no matter if mom was sick even, I still like my job. **And it's always been when my mom was really ill it was my escape.** I have to go to work, you know? And I'm sorry mom, I can't, I have to go to work. What do you have to go to work for? I said, well, are you going to pay my rent if I don't? You know? So, yeah, no, it's been a yeah, **I don't know what I would have done.** **Well, for one thing I know I would have mom, and I would have either killed her or she'd have killed me by now.**

Sensemaking continued until participants eventually attended to cues in the environment that signaled the situation had stabilized to a point that they were finally able to restore order over their schedule and re-establish their routine. For Allison, this meant noticing and attending to cues that signaled her mother's condition had stabilized:

It took like I said, about seven or eight months. For me, the crisis, like in terms of yeah, the whole thing, **... it wasn't until mom was on her own trying to, you know, she was trying to cook her meals by herself, right, and kind of managing her own walks and things like that I felt that okay, you know what, ... I'm relieved of that responsibility now.** And so it was you know, we were comfortable that she'd recovered, she was healthy; she was actually able to go back to work. So that kind of was the point where it was clear to me that I think she's fine now.

It is important to point out that participants assigned meaning retrospectively.

Weick (1995) states, “people can know what they are doing only after they have done it” (p. 24). Any particular work–eldercare event episode cannot be labeled a work–eldercare crisis until participants have had the opportunity to step outside of the situation and retrospectively direct their attention to what had occurred (Weick, 1995, p. 25). During the situation, cognitive processing was focused on navigating through the experience rather than on trying to determine the consequences and meaning of the experience. Hence, the sense that participants derive from the experience and the meaning they

eventually assign to it has been influenced by all work–eldercare experiences that occurred prior and subsequent to the focal situation. It is because of this that participants' accounts are considered to be plausible rationalizations of what took place and not representative of an objective reality (Weick, 1995).

Interpersonal Interactions with Work Domain Members

Participants were found to be very hesitant to speak of their eldercare domain role at work. This is in line with existing research that suggests eldercare is often silenced in the workplace (McGowan, 2002). Colin is representative of others when he articulated:

I am private and that's a problem that I have sometimes is that I don't not because I don't want to tell people. I mean, just like here I don't mind sharing all my feelings. **It's more that I don't know. I don't want to burden people, I just want to look after it myself.**

Employee behaviour at work is shaped and governed by a multitude of formal and informal organizational rules, policies, and structures (Weick, 1995). Participants' knowledge and first-hand experience of these rules, policies and structures influenced them to be proactive in their efforts to manage the intersection of work and eldercare. Being proactive (i.e., scheduling appointments outside of standard work hours or during vacations and planned days off) allowed participants to keep eldercare from encroaching upon the work domain. As established, work–eldercare crisis occurs when eldercare negatively spills over into the work domain and participants' perceive themselves to be lacking in resources and ability, whether real or perceived, to regain order and balance. They feel like they no longer have a choice whether or not to keep silent about their eldercare responsibilities. This leads them to look for support and assistance being that organizational rules, policies and structures that govern work actions state that absences from work must be for a justifiable, endorsed reason and/or be approved by the

organization. Hence, knowledge of these organizational rules, policies, and structures forces participants to *make the private public*.

Participants engaged in various types of interpersonal interactions with work domain members to discuss their eldercare domain responsibilities or demands. They did this whenever they faced a work–eldercare crisis, as well as when they anticipated a work–eldercare crisis was about to occur. These interactions played out within the context of various organizational rules, policies and structures (Weick, 1995). They took place via physical interactions (i.e., participant talking face-to-face with a co-worker; participant talking with subordinate over the phone) as well as via imagined interactions (i.e., participant engages in a mental discussion and imagines what her manager might say in response to a request for time off).

For the most part, I discovered that participants enacted the work environment to aid transition between work and eldercare domain roles. Easing inter-domain role transitions facilitated their attempts to balance work and eldercare, which afforded them the opportunity to fulfill work and eldercare domain obligations (Ashforth, et al., 2000). Hence, these interactions are strategic in nature.

Clark (2002) states that individuals, as they attempt to balance work and family, take part in ‘across-the-border’ communication, which she defines as: “communication between border-crossers and their families regarding work, and communication between border-crossers and their work associates regarding family” (p. 25). Since the totality of an individual’s lived experience is a social construction, it is through interpersonal interactions with others that individuals come to establish and assign meaning to their

experiences and then communicate that meaning to others (Wrzesniewski, Dutton, & Debebe, 2003). Clark (2002) contends:

Given the relative invisibility of a border-crosser's other-domain activities, conversation may be a primary way that border-crossers can construct the idea that their other-domain activities have importance and meaning. Until border-crossers socially construct this foundation of meaning they may find little room to negotiate with others about how, when, and where they will carry out their other-domain responsibilities in order to create balance (p. 27)

Maintaining a state of equilibrium between work and eldercare is a social process heavily informed by the social sensemaking element and reliant on the involvement of others for successful execution. If individuals do not bring cross-domain awareness of their domain role responsibilities and demands, others may not come to learn the meaning of those roles to the individual. Without this understanding, individuals will lack support and will have a difficult time manipulating the work–eldercare interface to suit their preference for fit between the two domains.

Clark (2002) conducted a two-part study to investigate the ways in which individuals use communication to balance work and family. She conducted a qualitative pilot study wherein she interviewed 15 individuals employed 30 or more hours per week who were in family situations identified as being challenging to balance, as well as held a seven member focus group that met two times spaced one year apart. Results revealed three themes of across-the-border communication. 1) *Domain as obligation*: this theme expresses how individuals engaged in across-the-border communication, wherein the work-family domain was talked about as a compilation of obligations, responsibilities, and demands in need of scheduling and managing. Communication of this type was found to assist individuals with scheduling and managing work-family conflict but not with anything else. (2) *Domain as a center of activities*: this theme expresses how

individuals engaged in across-the-border communication to share information about events and activities of importance to them. Communication of this type was found to assist individuals with scheduling. Clark specified that work domain members were found to absorb only the information at face value in that they did not understand the importance of the family domain to the individual, nor did they understand the meaning behind the family domain for the individual. (3) *Domain as understood, meaningful experience*: this theme expresses how individuals shared understanding and insight about their domain activities. Clark reported that communication of this type resulted in work domain members acknowledging and understanding the individual's work-family situation, which ultimately led to individuals reporting feeling supported.

As a preliminary theoretical model, her study offers insight into the findings of my study. Namely, similar to Clark (2002), I discovered that participants strategically engaged in interpersonal actions with work domain members when they were faced with moments of work–eldercare crisis. This process of engagement was heavily informed by the social element of sensemaking as well as by the enactive of sensible environments element of sensemaking. Namely, participants engaged in different levels of social interaction with others in the work domain to attempt restoring equilibrium between the work and eldercare domains to attempt regaining a sense of regularity and return to their ongoing routines. These different types or levels of interpersonal interactions are as follows: notification, discussion, moral support, and mentoring.

Notification

Participants enacted their environment by engaging work domain members in across-the-border communication (Clark, 2002) about their eldercare situation for the purpose of notification. They chose to speak about eldercare at work whenever they perceived attending to eldercare meant that they would be absent from work. These conversations took the form of participants notifying others that they would be (or may be) absent from work because of their eldercare duties.

This is similar to Clark (2002)'s notion of *domain as obligation*. In this manner, eldercare was spoke about as an obligation wherein attending to the eldercare domain was a matter of fulfilling one's responsibilities and demands. Notifying work domain others served several purposes. One, it aided in the management of simultaneous role demands and responsibilities. Two, it allowed the participant to schedule and plan. Three, in notifying others, participants ensured they were in compliance with organizational rules, policies and structures that govern workplace attendance protocol.

Data analysis revealed that participants identified those individuals at work who would be most directly affected by their absence. Moreover, participants were found to release just enough information about the situation to warrant the absence being uncontested. These findings led me to conclude that participants use this form of interaction to gain a strategic advantage. Specifically, participants, in anticipation of future work-eldercare crisis and in consideration of the often inevitable decline of the eldercare recipient, were highly selective as far as whom they notified, when they notified them, and what they said when they notified them. I discovered that this

behaviour helped participants manage the intersection of their work and eldercare domains. It also helped them manage their relationships with others in the work domain.

Discussion

Data analysis revealed that participants engaged in across-the-border communication about their eldercare situation for the purpose of discussion. Similar to Clark's notion of domain as a center of activities (2002), participants engaged in communication to discuss important eldercare related events and situations; however individuals were very selective in what events they spoke about and the depth of information they provided. Discussions extended past discussion for notification purposes; yet at the same time, discussions remained businesslike and formal in tone.

Furthermore, by way of learned past experience, participants were discovered to use this form of communication for strategic means. Specifically, the selective sharing of information about one's eldercare events, situations, and activities resulted in the establishment of a personal connection between participants and work domain members. This resulted in participants being afforded certain work-family allowances that they otherwise might not have been granted.

Moral support

Participants engaged in across-the-border communication about their eldercare situation for the purpose of moral support. Similar to Clark's notion of domain as understood, meaningful experience (2002), participants engaged in communication that involved discussing eldercare as a meaningful experience. Namely, participants discussed

their feelings, emotions and insight with relevant others in the work domain. At the same time, participants were selective with whom they engaged in this level of interaction. Specifically, data analysis revealed that discussions were based on participants' perception that the other individuals are and/or will be supportive, and therefore understanding, because they too are in a similar situation. Furthermore, participants were also discovered to actively seek out such discussions. They did this for the purpose of gaining moral support. Participants reported feeling like they belonged and that they were not alone as a result of these moral support interactions. As a result, the sense of strength, support, and reassurance helped to facilitate their eldercare domain efforts.

Mentoring

Participants engaged in across-the-border communication about their eldercare situation with similar others at work in the context of a mentor-mentee relationship. Specifically, they engaged in discussions with individuals perceived to be in a situation more advanced than their own. In this manner, the other individual — acting as a mentor — offers advice, and the participant receives advice regarding a particular aspect of eldercare. Surprisingly, these discussions did not involve matters relating to how to handle work but rather concentrated on how to handle a particular aspect of eldercare.

According to Wrzesniewski, et al. (2003) “the meaning of work is significantly affected by the interpersonal episodes that employees have with others on the job” (p. 94). They present a model of interpersonal sensemaking relevant to the findings of this study. Specifically, they suggest individuals derive subtle and direct social cues from their interactions with others, then use these cues to inform attempts at making sense of

self, their job and their roles at work. Furthermore, individuals actively seek out sensemaking opportunities that are seen most likely to present ‘affirming interpersonal cues’ and least likely to present ‘disaffirming interpersonal cues’ (Wrzesniewski, et al., 2003). Wrzesniewski and colleagues argue that individuals seek out affirming cues to reinforce a positive image of self, their jobs and their roles at work. Hence, central to the theme *interpersonal interactions with work domain members* is the sensemaking element *grounded in identity construction* (Weick, 1995).

Furthermore, interpersonal sensemaking is a continuous process that revolves around the individual within the context of work (Wrzesniewski, et al., 2003). Efforts are directed at predicting the future behaviour of others. The output of previous sensemaking efforts is incorporated into future attempts at sensemaking to inform the sensemaking process and to direct future behaviour. In this manner, past experiences impact, inform, and guide future experiences and behaviour.

According to Wrzesniewski, et al. (2003): “the impact of interpersonal cues on the meaning employee makes of their jobs, roles, and selves can lead employees to change the context of what they do and who they are in the work context” (p. 113). Individuals adjust their behaviour, their surroundings, and their identity in response to the interpretation of cues they take from the behaviour of others, which they focused on and extracted over the course of interactions with others. This is representative of the *enactive of sensible environments* element of sensemaking (Weick, 1995). The actions and behaviours of others impacts and influences how an individual enacts with the environment as well as the meaning they assign to their experiences. Namely, individuals enact the environment to shape the content and context of interpersonal interactions in

such a way as to maintain a positive self-identity that is then projected out to others in the environment.

The degree to which the sensemaking process is influenced by interpersonal interactions is dependent upon the level of individual's attachment to work as well as to the role of work, for their sense of self, in relation to all other domains in their life. Furthermore, it also depends on the sense of self, job, and roles that an individual already holds and the relation of such to the meaning they hold of their non-work self, jobs, and roles. In essence, if work holds a central role in an individual's life, the influence of interpersonal interactions on the sensemaking process will likely be significant. However, if work holds a periphery role in an individual's life, then the influence of interpersonal interactions on the sensemaking process will likely be less significant if not insignificant.

Overall, data analysis revealed participants come to learn an 'outsiders view' regarding not only eldercare but regarding what is allowed and not allowed in terms of workplace interactions and behaviour (i.e., what is and is not appropriate to discuss; the utilization practices of formal and informal work-family practices, etc.).

Co-constructed Informal Work-Eldercare Policy Scripts

A common theme within all participant accounts was the notion that existing organizational work-family policies do not apply to eldercare situations. Bonnie insists that her workplace's orientation towards the work-family needs of its employees is "really good" and states that she feels supported by her colleagues. At the same time, she also stresses that formal work-family benefits at her organization do not cover all family situations, especially where eldercare is concerned:

there's time when I've had to do stuff with my mom and if it's to do with my children or my spouse it's all good but if I need to take time off for my mom when she had surgery and stuff they don't pay for that. ... **There's no elder anything.**

Bonnie perceives her organization is not responsive to her eldercare needs. It is her personal experience that organizational work–family policies apply to situations involving children or a spouse but not for eldercare. Her statement: “there's no elder anything” suggests that beyond there being no eldercare specific work–family policies, existing policies are not applicable to eldercare, nor are they available to be used for the purpose of providing eldercare.

Bonnie's experience is backed by research. Researchers have pointed out that the majority of work-family policies are child-centric (Medjuck, et al., 1998; Smith, 2004). According to Shockley and Allen (2009), work-family policies are not suitable for all individuals. In fact, the majority of employed eldercare providers report feeling dissatisfied with their eldercare arrangements (Shoptaugh, et al., 2004). Several factors influence employee perception and use of organizational work-family policies (Veiga, et al., 2004). In general, employed eldercare providers report the highest satisfaction with, and use of, work-family policies when the policies are designed to target the specific needs of eldercare providers (Dembe, et al., 2011).

According to Kathy, allowance decisions concerning formal work-family policies are “a moving target, put it that way.” What Kathy suggests is that although formal work-family policies exist, there is often wide variation in how they are applied. Kathy's experience is that this can range anywhere from “really flexible” to “less flexible.” For Colleen, this wide variation is department dependent wherein “it depends on the department you work in”. She states, “One [department] was very hesitant to give me

time to deal with the situation, the other one basically, like drop what you're doing and go and don't worry about things until you can come back."

Other participants felt so strongly that existing work–family policies do not apply to their situation that they went so far as to not even investigate what formal policies exist and are available to them at their workplace. Gina confesses: "I have never particularly looked into it ... I'm sure that formally there's quite a good policy, but I think in actual fact, you, know it would be quite difficult." Karen concurs: "there probably [are]" formal policies at her; however she has "no idea" what they may be. Colin admits, "I couldn't tell you", and, when asked if he has ever seen a workplace manual outlining what policies are available, he answers, "No". In Colin's case, this is particularly concerning since Colin holds an upper management position at his organization and is responsible for supervising four other individuals.

Data collected for this study suggests that during moments of work–eldercare crisis, the real or perceived existence or absence of formal work–family policies is of little consequence to the decisions made and actions taken on the part of participants. As previously established, during moments of work–eldercare crisis, participants perceive they have little choice but to attend to the eldercare domain. Their assertions are heavily informed by the sensemaking element 'driven by plausibility rather than accuracy' (Weick, 1995).

Participants rationalize that the situation requires urgent and immediate action. Colleen expresses this sense of urgency when she stated: "On the days that I had to, you know, up and run if I got a phone call, you know, you'd better come, your mom's not doing well, uh, I did drop everything." Allison described a state of panic:

Oh, **it was like panic. It was complete panic.** It was just like my it was just like I need to get home, right, because I know now that this happened ... and it was just sheer panic to go ... we need to get her to a hospital right away.

This placed both Colleen and Allison in a reactionary state, wherein their focus was on acting rather than on trying to make sense of the situation. Data analysis revealed that this generally meant attending to the eldercare domain at all costs and often with little initial regard for potential work domain consequences. Laura is representative of others when she described how she reacted to the news about her mother: “I said somebody needs to cover the desk. I’m leaving. I didn’t give [them] a choice.”

In acting, participants construct the occasion for sensemaking because their actions affect what cues they then extract from the environment (Weick, 1995). Hence, participants’ sensemaking processes were triggered not by the crisis itself but rather in response to their own (re)actions towards the crisis.

According to (Weick, 1995):

Once people begin to act (enactment), they generate tangible outcomes (cues) in some context (social), and this helps them discover (retrospect) what is occurring (ongoing), what needs to be explained (plausibility), and what should be done next (identity enhancement) (p.55).

This is shown to play out in an excerpt taken from Colin’s account:

I mean the first thing and the difficult thing is the first thing is you’re worried about your mom, right? So really you don’t think about anything else but that. So **work didn’t really enter my mind until maybe later on in the evening where you start to go, okay, now I’ve got to figure out how I’m going to keep things afloat at work while going to visit my mom, right?** The first couple of hours all you’re concerned about is how your mom is doing, right?

In acting Colin constructed the occasion for sensemaking. Specifically, having chosen to attend to the eldercare domain, Colin later finds himself having to figure how he is then going to also attend to work domain demands and responsibilities despite the situation he is in. For Colin, this meant figuring out how he was going to handle

“problems” at the office while he was absent. At the core of Colin’s dilemma, was the preoccupation with figuring out how he could address the work problem in a way that would produce a favorable outcome for the eldercare domain while still being able to establish and maintain a positive organizational image, thus allowing him to also maintain a consistent and positive concept of self.

Analysis of participants’ accounts suggests that this situation was not unique to Colin. I discovered that all participants came to face similar decisions at some point or another. This finding is verified by research that suggests individuals take their family situations into consideration when they make work decisions (Greenhaus & Powell, 2012). Greenhaus and Powell refer to this phenomenon as the ‘family-relatedness of work decisions (FRWD)’. They define FRWD as: “the extent to which an individual’s decision-making process and choice of a course of action in the work domain are influenced by a family situation in order to foster a positive outcome for the family” (p. 247). Wherein a family situation is considered to be: “a bundle of family-related pressures, demands, responsibilities, or needs that call for the attention of a focal individual and have potential implications for the well-being of the individual’s family” (p.248).

Greenhaus and Powell (2012) theoretical framework of FRWD is based on two underlying assumptions. First, border-crossers (Ashforth, et al., 2000) are believed to factor family considerations into their decision-making processes whenever they face a work-related decision that involves selecting a course of action from several potential alternatives. The course of action ultimately selected by the individual is thought to be one that the individual perceives as having a positive or favorable outcome for the family

domain. This is a personal and highly subjective assessment based on a variety of personal factors and perceptions. For instance one individual may choose to work overtime because the extra money received in pay will benefit the family whereas another individual may choose not to work overtime and instead spend the time with family because the bonding time is seen as more beneficial. According to this line of reasoning, participants' actions during moments of work–eldercare crisis were based on decisions informed by cues participants took from the environment that they perceived reinforced their view that a particular course of action would result in favorable outcomes.

Second, the degree that a family situation is seen to influence work-related decisions is thought to fall on a continuum from substantial to not at all. This is due to various situational factors and individual preferences. The extent that individual identifies with a particular domain will influence the impact of that domain in the decision-making process. Hence, participants' actions during moments of work-eldercare crisis were based on their own personal interpretation of the cues taken from the environment as well as based on their identification with the work and eldercare domain experiences. Weick (1995) states that an individual's concept of self shapes their behaviours and influences their actions, which then in turn influence other's perceptions of them. Thus, core to participant's decision-making processes was the establishment and maintenance of self-identity.

According to Greenhaus and Powell (2012), the existence of FRWD in the decision-making processes of individuals is made based on the strength of the relationship between the family situation under consideration and the work-related decision to be made. In short, the greater the potential impact of the decision, the stronger

the relationship will be, and, the stronger the relationship, the higher the degree of FRWD that will be seen to be present. Hence, participants' reactionary state during moments of experienced work-eldercare crisis reflects the existence of a strong relationship between the state of the eldercare domain and the work decision to be made and the perception that the decision will greatly impact the eldercare domain.

Powell and Greenhaus point out that the option selected will be one the individual perceives as being (the most) beneficial to the family domain. They point to several factors that were found to influence the decision-making processes. (1) Factors affecting whether the decision is framed as potentially impacting the family domain include: family role salience and identification, work and family role boundary permeability, and work and family cues. (2) Factors influencing if the individual recognizes and uses existing rules and protocols for handling the situation, or if they determine the situation is novel and necessitates the development of new rules and scripts, include: family and work identification, scripts, and change blindness. (3) Factors influencing which course of action, amongst all perceived possible courses of action, include: search for additional courses of action, if necessary, consistency of selected course of action with family and work identification and expected outcomes. (Powell & Greenhaus, 2012, p. 325)

Taking the above discussion into consideration, this study's findings (presented in chapter 6) provide evidence that suggests informal work-eldercare policies emerge by way of co-constructed script development. Specifically, participants, taking their family situations into account when they make work decisions (Greenhaus & Powell, 2012), search for established scripts to help guide their decision-making efforts in light of the

various situational factors that have been found to influence the decision-making process (Powell & Greenhaus, 2012).

Scripts, which are stored in memory, are cognitive frameworks that retain prior learned context-specific knowledge. Specifically, scripts retain information on how individuals are expected to behave in specific situations based on how they behaved in similar prior situations. They “enable *understanding* of situations,” and they “provide a guide to behaviour appropriate to those situations” (Gioia & Poole, 1984, p. 450); therefore they are core to the process of sensemaking (Weick, 1995) and to the processes involved in FRWD (Powell & Greenhaus, 2012).

Individuals draw upon scripts whenever they encounter a new or novel situation in the environment (Gioia & Manz, 1985; Gioia & Poole, 1984). The information stored in the scripts informs their actions and behaviours. If the situation they encounter is novel and new to them, and there is no pre-existing script to draw upon to inform their understanding and guide their behaviour, individuals engage in sensemaking to actively process the situation and their experience of it. In the process, a new script originates and is stored in memory for next time (Gioia & Manz, 1985; Gioia & Poole, 1984). As discussed, sensemaking is a socially situated activity. An individual’s social interactions with others — whether physically present or not — shape the results of their sensemaking, which influences their subsequent thoughts, actions, and behaviours (Weick, 1995). Likewise, an individual’s repertoire of script-based knowledge is contingent on socially relevant others in the environment.

Gioia and Manz (1985) suggest scripts develop in one of two ways. One, scripts develop from knowledge gained by way of prior personal hands-on experience (i.e., when

an individual performs a task they store in memory the sequence of steps that they took to carry out the task). Two, scripts develop from knowledge gained through the course of social interaction (i.e., when a co-worker tells an individual how to perform a task, that individual creates a script in memory to retain that information).

Hence, within organizations, as individuals carry out their work domain roles and others observe them doing so, shared common collective scripts begin to form. These collective scripts are a form of socially constructed organizational structures (Weick, 1995). Data analysis revealed that collective informal work–eldercare policy scripts emerged over the course of social interactions with others at work in the context of experienced moments of work-eldercare crisis.

As presented in chapter 6, the various rules and guidelines that these informal work-eldercare informal policies are based on can be expressed using the following formula:

If “A” then “B”. As long as “C, D, E, ...”. This is known because of “1, 2, 3, ...”.

Wherein, “A” is the eldercare situation being faced; “B” is the allowance outcome; “C, D, E ...” are the conditions that must be met as a pre-requisite for informal (eldercare) work-family policy utilization. And, “1, 2, 3 ...” represents how this is known to be so &/or how the rule was learned.

The remainder of this chapter is dedicated to demonstrating how the above formula emerged from the data collected for my study. It is also dedicated to illustrating how this formula played out in ‘real time’ for participants. To accomplish this goal, I draw upon the same series of quotes, taken from Kathy’s transcript, which I use in chapter 6. I chose to use the same quotes because they are already familiar, so they will provide context for understanding the following discussion. My overall aim is to highlight within the quotes

below the emergence of *co-constructed informal work-eldercare policy scripts* as an ongoing process of sensemaking as well as a product of the sensemaking process itself.

Kathy draws upon her repertoire of script-based knowledge to describe the conditions that needed to be met before she could take time off work in an emergency eldercare situation:

Everybody has to follow the [formal work-family] policy, but they can be, like really flexible or less flexible.

If there's an emergency they give me time off, but there is an understanding that I would make the time up and that's for myself who's not in the union.

And so if I took some time off I definitely had to **make it up on that day or the day after** ... And the understanding is that **as long as I get my work done there is more flexibility.**

I just made sure to **tie up loose ends and pass things off** to people.

No, [no one said anything when I passed work off to them] because they all knew what the situation was. **I was up front** with that.

I mean, at work right now ... **when the other lady was moving her parents into the home there's lots of times she had to go and do extra, you know, come in late for a couple of hours or something. We would overlook that.**

My assertion — the theme *the emergence of co-constructed informal work-family (eldercare) policy scripts* is an ongoing process of sensemaking — is based on the following:

One: Participants were found to enact the environment, and in doing so, they observed their own behaviour as well as the consequences of that behaviour. This is represented in the quotes above when Kathy mentions that she took time off from work when she was faced with an eldercare emergency situation. It is also represented when

she states that she made up the time that she took off from work either “on that day or the day after”.

Two: At the same time, participants were found to observe the reactions of work domain members to their behaviour. This is represented in the quotes above when Kathy provides evidence to suggest that she noticed her co-workers’ reactions to the time off that she took as well as to her making up the time that she took off at a later point.

Three: Participants interpret the cues that they observe and arrive at plausible explanations for the existence of those cues. For instance, Kathy mentions that she noticed that her co-workers did not say anything in reaction to her being away. Her account suggests that she attributes her co-workers response to having had previously told her co-workers about her eldercare situation. Her account also suggests she interpreted her co-workers’ silence as a cue that they were ok with her taking time off because she made the time up at a later point.

Four: Participants retained the newly acquired knowledge in a script and stored it in memory to be drawn upon during future sensemaking attempts in similar situations. Kathy stated, “if I took time off I definitely had to make it up on that day or the day after.” This information is informed by previously scripted and retained knowledge based on past personal experience.

Five: Participants also simultaneously decided whether to sustain their existing behaviour or adjust their behaviour in relation to the sense that they derived and the meaning that they assigned. Although this concept is not explicitly expressed in the quotes provided above, Kathy’s account does however provide evidence that suggests that she does not feel the need to adjust her behaviour in similar future situations; the

details provided in her account suggests that she has carried out this script several times in the past.

Six: At the same time, others in the work domain observed the participant's behaviours and in doing so, derived sense from and assigned meaning to that which they observed. For example, Kathy mentions that her co-workers were involved and were aware of her situation. She also mentions that her co-workers were aware of the actions that she took in addressing her eldercare situation. Her account also provides evidence for this when Kathy mentions her observation of "the other lady" at work who "was moving her parents into the home". Upon reflection, Kathy states: "we would overlook that", which suggests that work domain members observe and attempt to make sense of each other's actions in such situations.

Seven: Work domain members then take this newly acquired knowledge and retain it in a script that is stored in memory to be drawn upon by them during future sensemaking attempts of similar situations. This concept is reflected in the quotes above when Kathy states, "Everybody has to follow the [formal work-family] policy, but they can be, like really flexible or less flexible."

Eight: Eventually, all social actors within the work domain who are involved in sensemaking process described above will reach a shared understanding of the situation.

In conclusion, whenever a work domain member bases his or her actions and behaviours in a given situation on the interpretations made in prior similar situations, that individual's actions serve to reinforce the original interpretations made either by them or by others. Then if another work domain member observes that individual, and subsequently bases their own future actions and behaviours in similar situations on what

they observed, the interpretations made merge and start to become shared common knowledge. At this point, a state of inter-subjectivity is reached. As this process is repeated amongst various individuals within the work domain, the shared interpretations (i.e., retained knowledge of endorsed and not endorsed actions and behaviours at work in response to work-eldercare crisis situations) and therefore the shared co-constructed script (i.e., emergent informal work-eldercare policy) moves from a state of inter-subjectivity to a state of generic subjectivity (Weick, 1995) that permeates throughout the entire organization.

CHAPTER 8: CONCLUSION

This chapter is dedicated to a discussion on the limitations of this study, possible areas for future research, and implications for theory and practice. Chapter 8, and hence this thesis, concludes with a summary of my research.

Research Limitations

This study, like all studies, has limitations. First, the purpose of this study was to come to an in-depth, emic understanding of work–eldercare. I designed my study with this in mind. Specifically, I took a qualitative approach to research (Glaser & Strauss, 1967) and I adopted Weick’s organizational sensemaking framework (Weick, 1995; Weick, et al., 2005) to inform and guide my research efforts. Purposive and snowball sampling techniques were used to generate a single-stage, non-probability sample for this study (Lincoln & Guba, 1985). I conducted in-person and telephone in-depth, semi-structured, open-ended interviews (Blaikie, 2000) in order to gather primary data for my study. The data were analyzed using thematic analysis techniques (Blaikie, 2000). Moreover, the results of this study were based on interpretations that were influenced and based on my review of the literature as well as on my collection, analysis and interpretation of interview data. Therefore, participant claims, and the findings of my study, do not represent an objective *reality*, or a single, all-encompassing *truth*. Academics, management level employees, and administrative assistants (see Table 3) working within the education and professional services industries, have different demands than blue-collar workers.

Second, this study is limited to the opinions expressed by the 11 participants who were interviewed. Participant accounts were subjective, and their experiences were largely socially constructed. Nonetheless, in support of participants' claims, I feel it necessary to state that most were extremely open and highly frank when talking about their experiences. They shared their thoughts and recollections very freely and with great clarity.

Third, I did not employ a longitudinal design. Rather, I relied upon participants' retrospective accounts of past experiences. Therefore, this study is representative of participants' sensemaking efforts at one-point in time. A longitudinal design would provide a more enduring, comprehensive understanding of participants' sensemaking processes.

Forth, the results of this study are not generalizable to all eldercare providers. Caregivers' experiences are informed and based upon personal, situational, and contextual factors — rooted in past experience, and the broader social environment (Weick, 1995). It is unrealistic to assume that all eldercare providers share the same experience, hold the same perspectives, and employ the same strategies.

Future Research

This study is exploratory in nature, therefore, future research is needed to fully understand caregivers' experience with eldercare and work-eldercare crisis, and the processes involved in the social construction of informal organizational policies.

First, The results of this study are likely influenced by an industry, gender, and age effect (see Table 3). Future research needs to build upon Barrah, et al. (2004), Kramer

and Kipnis, (1995), Lero and Joseph (2007), and Tennstedt and Gonyea (1994) and tease out the impact of such factors as gender, age and industry for the work-eldercare interface.

Second, agreeing with Levine, et al. (2005) and Allen, et al. (2000), I contend future research should be approached from a life-stage or life course perspective that investigates the influence of life events and transition periods for the intersection of work and eldercare throughout the different life course stages. This research should build upon Moen and Wethington (1992) and Levine, et al. (2005).

Moen et al. (1992) suggest that the availability of various strategies and resources for coping with work-eldercare issues are dependent on the eldercare provider's life stage. For instance, middle-aged female caregivers likely have greater financial resources and workplace supports than do younger, or even older, eldercare providers. However, middle-aged female eldercare providers are often responsible for the provision of care to children as well as elders (Han & Moen, 1999; Keene & Prokos, 2007; Spillman & Pezzin, 2000). Younger, and older, female eldercare providers may not have dual caregiving responsibilities, but due to their life stage — with younger caregivers most likely working in entry level positions and older caregivers likely retiring and leaving the workforce — they are likely restricted in their capacity to provide eldercare due to a lack of financial resources.

Levine, et al. (2005) analyzed the data from two previously published studies of adult caregivers. The results of their study suggest that there is a substantial portion of young adults between the ages of 18 and 25 providing care to the elderly, many of who are young men. They expressed concern that existing eldercare supports, which to date

have targeted older female caregivers, may not be applicable for the new generation of young adult male caregivers. Employees with eldercare responsibilities may succumb to significant negative consequences if they do not have resources they can draw upon to assist them with their eldercare obligations. Young adult caregivers, in particular male caregivers, may perceive their organization is unsupportive of their eldercare needs.

Third, future research should investigate the positive and negative outcomes of work-eldercare policies for employees and employers. In line with Casper, et al. (2007), I recommend that specific attention be directed towards investigating the impact of dispositional, situational and contextual barriers on the development, allowance, utilization and usefulness of work-eldercare policies. Efforts should be made to study how the impact and outcome of work-eldercare policies varies based on different defining categories of employees (e.g., gender, age, disposition, family situation, job status, etc.); managers/supervisors (e.g., gender, management style, tenure, status, personal family situation, etc.); and lastly organizations (e.g., industry, size, years in business, region, etc.).

Fourth, I also recommend that researchers explore the vicarious impact of work-eldercare policies. These studies provides evidence that suggests that co-workers are involved in the co-construction of informal work-eldercare policies — and are affected by — their co-workers' use of such policies. For instance, participants report that when they left work, their co-workers took over in their absence; therefore it is likely that these policies indirectly impact those associated to the individual who uses them. Moreover, it is possible that they do so both positively (e.g., through a give-and-take relationship) and negatively (e.g., role overload and elevated levels of stress from increased workload).

Fifth, on the same note, research should build upon the findings of this study by investigating the emergence of informal workplace policies within organizations.

Although existing research has investigated the impact of informal work-family policies on work-family conflict (e.g., Anderson, Coffey, and Byerly, 2002), to my knowledge, no studies exist that explore informal work-eldercare policies.

Sixth, to my knowledge, no studies exist that investigate the processes involved in the emergence of informal work-family policies. I contend this is a very important and significant gap in the work-family literature that should be addressed. I recommend that research in this area adopts a sensemaking analytical framework (Weick, 1995), and draws upon Wrzesniewski et al.'s interpersonal sensemaking perspective (2003).

Interpersonal sensemaking takes into account "the micro-processes that create work meaning through interaction" (p. 127) and considers the individual impact of social others at work for the meaning that employees make of themselves, their job, and their role at work. Wrzeniewski et al. state their model has the capability of offering predictions about how individuals enact the social context at work and the capability to provide insight into the "dynamic unfolding of the shaping of interaction and task patterns on the job" (p. 128).

Lastly, future sensemaking research in the area of work-eldercare should explore not only the impact of social others at work but also all social contextually relevant stakeholders. Clark (2002) provides evidence to suggest that individuals enact not only their work environments and work domain members but also their family environments and family domain members in an attempt to mobilize resources aimed at balancing their work and family domain roles.

Research Summary

This qualitative study has served to extend the existing body of work-family research by exploring the experience of individuals who balance their work role activities with the provision of informal care for an individual 65 years of age or older. My intention was to gain an emic perspective of work-eldercare crisis by exploring the sensemaking processes of eldercare providers' as they attempt to derive sense from, and assign meaning to, their past experienced moments of work-eldercare crisis.

Organizational sensemaking (Weick, 1995) was utilized as an analytical framework to guide and inform the research process and as a tool for the collection and analysis of data for this study. This approach gave rise to the discovery of three key over-arching themes.

The first theme, *chaos-control assessment of work-eldercare crisis*, expresses how participants came to perceive and label a particular situation as a work-eldercare crisis. The second theme, *interpersonal interactions with work domain members*, expresses participants were found to engage in different types of interpersonal interactions with work domain members for the purpose of balancing their work and eldercare domain roles. Analysis of these social interactions led to the discovery of four sub-themes: *notification, discussion, moral support, and mentorship*. These sub-themes express how eldercare providers strategically engaged in different types of interpersonal interactions with various contextually relevant work domain members for the overall purpose of decreasing stress, aiding prediction, and for enlisting support and assistance from the work domain. The third theme, *co-constructed informal work-eldercare policy scripts*, expresses how participants relied on informal work-eldercare policies during their past

experienced moments of work-eldercare crisis. Analysis revealed that these policies were negotiated and communicated amongst work domain members.

Informal work-eldercare policies were found to emerge during, and in response to, participants' past experienced moments of work-eldercare crisis. Furthermore, I discovered that they are learned by way of personal first-hand experience as well as through the observation of others' behaviours and actions. In-depth analysis of this phenomenon revealed that the rules and guidelines that these policies are based on could be expressed by the following heuristic formula:

If "A" then "B". As long as "C, D, E, ...". This is known because of "1, 2, 3, ...".

Wherein, "A" is the eldercare situation being faced; "B" is the allowance outcome; "C, D, E ..." are the conditions that must be met as a pre-requisite for informal (eldercare) work-eldercare policy utilization. And, "1, 2, 3 ..." represents how this is known to be so &/or how the rule was learned.

These findings have implications for theory and practice.

Theoretical Implications

The findings of my study have several theoretical implications for sensemaking research and for work–family research.

Implications for Sensemaking Research

I approached my study from a sensemaking perspective (Weick, 1995; Wrzesniewski, et al., 2003). In doing so, I extended the existing body of sensemaking literature by introducing a new and fruitful stream of sensemaking research — the interrelated sensemaking processes involved at, and within, the work–family interface. To date, within the field of management, organizational sensemaking research has

focused on the areas of organizational crisis and organizational change (Maitlis & Sonenshein, 2010). My study suggests that sensemaking is a useful framework for understanding the behaviour and actions of caregivers at work, as well as a way to study how and why informal work–family/eldercare policies are developed and used. With a sensemaking lens work–family researchers will be able to explore the interplay of “micro-processes” (Wrzesniewski, et al., 2003; p. 127) involved in meaning making at work, including the co-constructed development of organizational structures, rules, policies and procedures (Weick, 1995).

Implications for Work–Family Research

Despite a plethora of existing work–family research, eldercare continues to be largely understudied and underrepresented (Duxbury & Lyons, 2009; McGowan, 2002; Runte & Mills, 2006). Previous research has concentrated almost exclusively on the needs and responsibilities associated with providing care to children (Eby, et al., 2005; Medjuck, et al., 1998; Parasuraman & Greenhaus, 2002; Smith, 2004). Likewise, empirical studies investigating work–family policies and practices have continued to be *child-centric* in nature (Medjuck, et al., 1998). This study has addressed this significant gap by extending the existing body of work–family literature by adding the voice of eldercare providers. In addition, my study extended Sims-Gould et al. (2008) by expanding the definition of work–eldercare crisis and providing rich insight into caregivers’ lived experience with work–eldercare crisis.

This study also extends the existing body of work–family policy research in two novel ways. One, my study focused exclusively on eldercare and thus it extends existing

research by including a discussion on work–eldercare policies. The use of work-family policies, reporting to a family-friendly supervisor (Anderson et al., 2002; Breugh & Frye, 2007; Frye & Breugh, 2004) and holding perceptions of a supportive family–friendly organizational culture (Thompson et al., 1999) have been shown to reduce caregivers’ reported levels of work–family conflict. Research reports that employees support organization sponsored work–eldercare programs (Shoptaugh, et al., 2004). Especially when these policies are targeted at employees’ specific caregiving needs (Dembe, et al., 2011).

My study also extends research done by Dembe et al. (2011). Dembe et al. carried out an internet-based survey of 447 employees within the United States whom reported using formal (employer-sponsored) work–eldercare program. The results of their study provide empirical evidence that suggests the majority of caregivers find that work–eldercare policies help them balance their work and eldercare demands and responsibilities. Specifically, employees report that the availability and use of work–eldercare policies allowed them to maintain work productivity (74%) and a good family life (72.1%), as well as helped them to avoid eldercare related job absences (65.5%) and workforce withdrawal (58.9%).

Although Dembe et al. have provided great insight into the self-reported usefulness of work–eldercare policies, their study is limited in that it does not explain how employees use these programs, or the meaning and implications of these of programs for caregivers, their jobs, and their role at work. My study, in providing a rich, in-depth emic perspective, highlights how, when, and why these programs are used, negotiated, and communicated at work.

Two, the findings of my study suggest, and highlight, the processes by which work–eldercare policies are constructed and communicated, amongst co-workers. In doing so, my study extends Clark’s research on across-the-border communication (2002). Clark investigated caregivers’ use of interpersonal communication to balance work and family. She revealed that caregivers’ use three forms of across-the-border communication with family when talking about work and with work when talking about family.

Similar to Clark (2002) I discovered that participants engaged in different forms of interpersonal interactions (see chapter 6 and 7) with others at work to aid transition between work and eldercare. My study, however, extends Clark (2002) by adding to her topology with the theme *mentoring*. I discovered that, in the context of work–eldercare, participants engaged in across-the-border communication — in the form of a mentor-mentee relationship — about their eldercare situation, with others at work. In addition, my study suggests that it is through these interactions with others that informal work–eldercare policies emerge. Clark states her research shows “how individuals attempt to integrate, separate, and ultimately balance work and family responsibilities by communicating with work associates and family members” (p. 45). My study suggests that caregivers attempt to balance work and eldercare through conversations with others at work, and by drawing on informal work–eldercare policies.

Practical Implications

This study has several practical implications for individuals and employers. First, it is important for managers to understand work–eldercare crisis is a social construction that is contingent on variables in a changing environment and is experienced from the

subjective viewpoint of the caregiver. As demonstrated in my study, caregivers' experience of eldercare is not fixed. Eldercare acquires meaning through the act of providing eldercare, and through the caregiver's interactions with others in the environment (Wrzesniewski, et al., 2003). Likewise, the experience of work–eldercare crisis varies depending on caregivers' past and current experiences, the broader social environment, and contextual factors (Weick, 1995). Further, caregivers' ascribe meaning to their experiences retrospectively. This meaning is highly subjective and experiential; and is shaped and informed by subsequent experiences and acquired knowledge (Weick, 1995). Thus, the meaning of experienced work–eldercare crisis is dynamic — it changes over time.

Therefore, it would be a mistake for managers to assume all caregivers' share the same experience and hold the same definitions of work–eldercare crisis. This view would lead to several misunderstandings of the severity or the importance of the situation to the caregiver themselves. If caregivers feel that others' actions and behaviours in response to their situation is not in line with their perceptions of the severity of the situation (Weick, 1995), they may feel unsupported and undervalued at work. This has the potential to result in such negative consequences as strained workplace relationships, increased stress, work–eldercare conflict, reduced job satisfaction, perceptions of an unsupportive work–eldercare organizational culture.

Second, Managers need to be aware that caregivers do not come to a full understanding of the situation until after the crisis has ended and they have had an opportunity to reflect back upon what they experienced (Weick, 1995). Caregivers' feelings about, and (re)actions toward, experienced moment of work–eldercare crisis

also varies and changes over time. In other words, upon retrospective reflection, past experiences may take on multiple meanings depending on the situational context surrounding a caregiver's sensemaking efforts (Weick, 1995). Therefore, how someone feels during a work–eldercare crisis is different from how they will feel 1 week after, 6 months after, 5 years after, etc.

In the moment, caregivers are in a reactionary state. Their attention is focused on navigating through the experience rather than on trying to determine the consequence and the meaning of the experience for their self, their job, and their role at work. Therefore, they may say things and do things they normally would not. Hence, the best time for managers to approach employees about their caregiving situation and needs is outside of work–eldercare crisis moments. This holds true for employees as well. Caregivers need to plan for and strategize how best to integrate or segment their work and eldercare activities outside of work–eldercare crisis moments.

Third, my study reveals how caregivers strategically engage in various types of interpersonal interactions with others for the purpose of maintaining balance between their work and eldercare activities, in anticipation of or in response to moments of work–eldercare crisis. In particular, participants were found to form intimate, personal relationships with socially relevant others (i.e., co-workers, supervisors, managers) that were based upon the shared common experience of providing care to an elderly individual. These relationships were frequently described as “friendships” and co-workers were referred to as “friends” and “family.” Relationships of this nature afforded participants several benefits (see chapters 6 and 7). For instance, participants reported that co-workers often “covered” for them when they were absent. This carries several

important implications for managers. Namely, these types of informal work-eldercare allowances may potentially place organizations at risk for serious, harmful consequences.

Informal work-eldercare policies are largely unsanctioned organizational behaviours. These allowances are negotiated amongst co-workers and they generally fall outside of formal organizational policies, rules and structures. Further, they are rarely applied fairly across the organization. Managers can be accused of favoritism if they grant informal work-eldercare allowance to one employee but not another. This has the potential to negatively impact such factors as organizational culture, job satisfaction and productivity at work.

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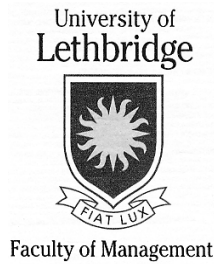
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APPENDIX A: LETTER OF CONSENT



4401 University Drive
Lethbridge, Alberta, Canada
T1K 3M4

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_____, 20__

Dear Participant:

My name is Kristal Frank and I am a Master of Science in Management graduate student in the Faculty of Management at the University of Lethbridge. A major degree requirement for the Master of Science in Management program is the completion of a research-based thesis. The purpose of my research is to explore the sensemaking processes of employed eldercare providers by focusing on moments of work-eldercare crisis experienced during the simultaneous fulfillment of work and eldercare roles. I would like to invite you to participate in my research study.

This research will require approximately 60 to 90 minutes of your time. During this time, an in-depth, semi-structured interview will be conducted whereby I will pose to you questions regarding your past experiences of simultaneously fulfilling work and eldercare responsibilities. The questions will focus specifically on prior experienced moments of work-eldercare crisis and the implications of the sense and meaning that you derived from such experiences for your commitment to the organization.

This research is being conducted in accordance with the Tri-Council Policy Statement and the University of Lethbridge policies for ethical research. There are no anticipated risks or discomforts related to this research. In fact, in sharing your experiences with a nonjudgmental interviewer you may even find the research to be an enjoyable and personally rewarding experience. Furthermore, by participating in this research you may also benefit others by helping a variety of individuals and organizational entities to better understand what it is like to simultaneously fulfill work and eldercare responsibilities. However, in the rare event that distress, discomfort or anxiety is experienced as a result of this research, I can provide to you the name and telephone number of some counseling and/or mental health services in your area, if you desire this information.

Your participation in this research is greatly desired and will be central to the success of my research study. However, your participation in this research study is completely voluntary. Furthermore, if you decide to participate in this research study you will have the right to refuse to respond to any question that you are asked as well as the right to withdraw with or without cause from the study at any point without consequence up until the final thesis document is completed and submitted.

If you decide to participate in the research study, you will be able to choose between an in-person interview and a telephone interview. If you choose an in-person interview, you will be given the opportunity to suggest a preferred private-setting location for this interview to take place. All

interviews will be tape-recorded. Furthermore, interviews will be scheduled and then conducted at a mutually agreed upon time and date.

The interview information obtained in this study will be held in the highest confidence and several steps will be taken to protect your anonymity and identity. Your name will not be used in the transcribed interviews or in any other research documentation. Instead, you will be assigned a pseudonym that will be used in place of your real name. All identifying information from the interview will be removed. An electronic copy of your recorded interview and transcribed interview will be password protected and stored on the researchers' computer as well as on a secured networked drive at the University of Lethbridge for backup purposes. A printed copy of your transcribed interview will be stored in a locked filing cabinet at the University of Lethbridge. Only myself along with the three faculty members of my thesis program committee will have access to the interview data. All kept information pertaining to your interview (i.e., digital and hard copies of the recorded and transcribed interview) will be destroyed after a period of five years.

Only information provided to me during your interview will be used in my research and research documentation. The research findings will be reported in a final thesis document and may be published in an academic and/or professional peer-reviewed journal or presented at an academic and/or professional conference so that others may gain a better understanding about the experience of work-eldercare moments of crisis and the impact of such on organizational commitment.

If you have any questions about the study or if you wish to obtain a copy of study results please contact me by email at kristal.frank@uleth.ca or telephone at (403) 393-7432. You may direct questions regarding this study to my thesis supervisor, Dr. Mary Runté, who may be reached by email at mary.runte@uleth.ca or telephone at (403) 329-2367. Questions regarding your rights as a research participant may be addressed to the Office of Research Services, University of Lethbridge by email at research.services@uleth.ca or by telephone at (403) 329-2747.

I wish to thank you and express my sincere gratitude for your time and consideration to participate in my research study.

Regards,

Kristal L. Frank
M.Sc (Mgt) Candidate
Faculty of Management
University of Lethbridge

I have read the above information and I hereby provide my consent to participate in the research study titled "Eldercare Providers' Sensemaking in Moments of Crisis: The Implications for Organizational Commitment" and to have my interview digitally recorded.

Signature

Name (Printed)

Date

APPENDIX B: INTERVIEW COMMENCEMENT SCRIPT

Good morning / afternoon / evening,

Thank you for taking the time to be interviewed today. Prior to starting I need to ask for your permission to record this interview. Do I have your permission to record this interview?

(Y)

Thank you.

I will have to ask you again once the recording has begun to have your consent on record.

[start recording]

Do I have your permission to record this interview?

(Y)

Thank you.

The purpose of this research is to explore the sensemaking processes of employed eldercare providers by focusing on moments of work-eldercare crisis experienced during the simultaneous fulfillment of work and eldercare roles. The research will require approximately 60 to 90 minutes of your time. This research will require approximately 60 to 90 minutes of your time. During this time, an in-depth, semi-structured interview will be conducted whereby I will pose to you questions regarding your past experiences of simultaneously fulfilling work and eldercare responsibilities. The questions will focus specifically on prior experienced moments of work-eldercare crisis and the implications of the sense and meaning that you derived from such experiences for your commitment to the organization.

This research is being conducted in accordance with the Tri-Council Policy Statement and the University of Lethbridge policies for ethical research. There are no anticipated risks or discomforts related to this research. In fact, in sharing your experiences with a nonjudgmental interviewer you may even find the research to be an enjoyable and personally rewarding experience. Furthermore, by participating in this research you may also benefit others by helping a variety of individuals and organizational entities to better understand what it is like to simultaneously fulfill work and eldercare responsibilities. However, in the rare event that distress, discomfort or anxiety is experienced as a result of this research, I can provide to you the name and telephone number of some counseling and/or mental health services in your area, if you desire this information.

Your participation in this research is completely voluntary. If you decide to participate in this research you will have the right to refuse to respond to any question that you are

asked as well as the right to withdraw with or without cause from the study at any point up during the research up until the final thesis document is completed and submitted without consequence.

The interview will be digitally tape-recorded and the recording will be professional transcribed. The interview information obtained in this research will be held in the highest confidence and several steps will be taken to protect your anonymity and identity. You will be assigned a pseudonym that will be used in place of your real name. A code sheet will be kept that will match your pseudonym with your real name; however, access to this code sheet as well as to your interview data will be strictly restricted to only myself and the three faculty members of my thesis program committee.

You will be asked to respond to the questions in an open, honest, and candid manner and in your own words as you see fit. I wish to assure you that your responses to the questions posed to you will not be judged. There are no 'right' or 'wrong' answers.

Only information provided to me during your interview will be used in my research and research documentation. The research findings will be reported in a final thesis document. The research findings may also be published in an academic and/or professional peer-reviewed journal or presented at an academic and/or professional conference so that others may gain a better understanding about the experience of work-eldercare moments of crisis and the impact of such on organizational commitment.

After the interview, should you have any questions regarding the study or should you wish to obtain a copy of the study results, please feel free to contact me by email at kristal.frank@uleth.ca or telephone at (403) 393-7432. You may direct questions regarding this study to my thesis supervisor, Dr. Mary Runté, who may be reached by email at mary.runte@uleth.ca or telephone at (403) 329-2367. Questions regarding your rights as a research participant may be addressed to the Office of Research Services, University of Lethbridge by email at research.services@uleth.ca or by telephone at (403) 329-2747.

Can I have your permission to begin the interview?

APPENDIX C: INTERVIEW BLUEPRINT

RESEARCH OBJECTIVE	RESEARCH QUESTION	PROBING QUESTIONS
ELDERCARE		
To obtain an overview of the eldercare experience.	Who do you provide eldercare for?	How many elders? What is their relation to you (parent, sibling, other relative, friend, etc)?
Level of responsibility for care giving.	Who provides care for <elder recipient>?	Are you the sole provider? Do you share the care giving responsibility with anyone else? If yes, who ? and what duties and types of care does that individual or individuals provide? What duties and types of care do you provide?
Gain an understating of the nature of eldercare provided .	Can you tell me a bit about the care that you provide?	What duties and types of care do you provide? How long have you provided care? How many hours per week do you provide? How did you arrive in this position? Over the duration that you have provided care, have your caregiving duties and types of care provided changed? Where does the elder reside?
Effect of eldercare duties and responsibilities for work duties and responsibilities?	Did the adoption of your eldercare duties and responsibilities effect your work duties and responsibilities?	Positive effects? Negative effects?
CRISIS		
To define crisis.	What is a typical daily routine for you?	
	What made this particular experience a crisis?	What where you feeling when it occurred? Was it a big event? Stressful?
SENSEMAKING: Self-referential Identity Construction		
Role of work and family in the identity construction of the participant	What is the importance of work to your sense of self? Of home? Of eldercare?	Is one more/less important than the other?
Self embodied identity (identity projected to others)	How would you describe yourself?	
Observed identity (identity obtained from others)	What is the image others had/have of you in light of your behaviour and actions during the experienced crisis?	Why do you say this?
Feelings arising from incongruence between observed and projected identity.	Is it important that others see you as you see your self? How does it make you feel?	How does it make you feel when they do/don't see you as you see yourself? When others get the wrong impression, what does it make you feel like doing? What have you done in the past? What do you wish you
SENSEMAKING: Retrospective		

Personal account of a time participant experienced a work-eldercare crisis.	For this study, I'd like you to reflect on a particular time in the past when you experienced a personal work-eldercare crisis. The majority of this interview will focus on this particular experience. Although we will be discussing this particular experience in depth shortly, at this time can you please provide a very brief outlined account of the crisis?	It may help to think of your experience as a book ... and provide me the chapters/outline of this book? Look for feelings of order, clarity, rationality, ordering & coupling of events and episodes that made up the experience. When did it occur? How long did it last? Challenges faced?
SENSEMAKING: Enactive		
Role participant played in producing the crisis that they faced.	I'd like you to reflect on the moment that the crisis arose. What were your thoughts?	Options considered? Decision(s)/choice(s) made? Constraints faced with? Look for assumptions made
SENSEMAKING: Social		
Involvement of others	Who was involved in the crisis?	Individuals at home? Individuals at work? Friends? Strangers?
Role of others	Who did you discuss your eldercare experience with?	Before the crisis? During the Crisis? After the Crisis? How did they react?
Influence of others	Who did you 'really' listen to?	Why? How did you feel about work after talking with these particular individuals? Who did you ignore? Why?
SENSEMAKING: Ongoing		
Gain understanding of the interruption	What were you doing when the crisis first arose?	Where you at work? At home? Elsewhere? What were the first actions taken upon being faced with the crisis? Continue what you were doing? Immediate stop?
Emotions involved	How did the interruption caused by the crisis make you feel?	What were your initial thoughts/feelings/actions? Did your thoughts/feelings & how you dealt with them change as the crisis played out?
SENSEMAKING: Cues Extracted and Focused on		
Context of the crisis	What was the organizational environment at the time of the crisis?	Slow/fast growth period? Financial health? Time constraints? Staffing? Co-worker relationship? Executive/Supervisor/subordinate relationship?
What cues did the participant focus on and extract from their crisis experience	<i>(Cues salient in the account provided in answers to the other questions)</i>	<i>(Look for indication that the cues were perceived to be novel, unusual, extreme, negative, goal relevant, particularly influential, figurative, etc)</i>
Self-fulfilling prophecy. Acting on assumptions and expectations.	<i>(Within the account provided in answers to the other questions)</i>	<i>(Look for explanation of the presentation of the cues ... whether the participant anticipated or expected them.)</i>
SENSEMAKING: Plausibility Driven		
	<i>(The crisis as presented is a filtered account complied in hindsight and therefore the account is about making plausible reason sense of the situation and involves ordering distinct events/episodes and creating clarity; as well as, creation, invention and instrumentality)</i>	<i>(Look for explanations, assumptions made and meaning derived. Narrated order of events. Arguments, provided by participant, in support of accuracy and credibility of their account. Feelings of autonomy and control over situation.)</i>
CONSEQUENCE OF SENSEMAKING		

Effect of the crisis & participants sensemaking processes on organizational commitment	Prior to the crisis, how would you describe your feelings and level of commitment to the organization? To your manager?	
	Immediately after the crisis, how would you describe your feelings and level of commitment to the organization? To your manager?	
	Upon currently reflecting on the crisis for the purposes of this study, how would you describe your feelings and level of commitment to the organization? To your manager?	
What was learned. Meaning of experience.	Say a co-worker of yours recently discovered that their elderly parents are going to require assistance. What advice would you provide them?	
DEMOGRAPHIC INFORMATION		
Age	Given the following age brackets, can you tell me which one you fall under: 45-49, 50-54, 55-59, 60-64?	
Marital Status	What is your current marital status?	Married? Common-Law? Divorced? Separated? Widowed? Single?
Ethnic origin	What is your ethnic origin?	
Education Level	What is the highest level of Education that you have obtained?	High school? Some college? College Diploma? Some University? Bachelors Degree? Masters Degree? PhD Degree?
Dependents	Other than <eldercare recipient> do you have any other dependents?	Children? Adult dependents? What are their ages? Do they reside with you?
Personal level of health	How would you describe your level of personal health?	Very poor, poor, fair, good, very good
Organization		
What is the organization's orientation (culture) towards work-family matters	Can you describe your organization's orientation towards the work-family needs and responsibilities of its employees?	Formal/information policies? Uniform throughout or depends on the individual with the needs and responsibilities?
Organizational title, duties and responsibilities	Can you briefly tell me a little bit about your job?	Current title? How long have you held this title? What are your responsibilities? How many individuals report to you? Who do you report to? Organizational title at time of crisis, if different than current title? Did the crisis experience play any role in your change of title (position, organization, etc)?
Organizational industry	What industry is your organization a part of?	Finance? Manufacturing? Education? Health Care? Etc ...
FUTURE CONTACT		
Interest in participating in future research	Would you be interested in participating in future research?	May I contact you by phone? Email?

Knowledge of potential interview participants	Do you know of anyone else in a similar situation that may be interested in participating in this research? If yes, would you mind passing on my information to this individual?	
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