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To cite this article: Zachary M. White & Jeremiah B. Wills (2016) Communicating About Chronic Caregiving in the Workplace: Employees' Disclosure Preferences, Intentions, and Behaviors, Communication Research Reports, 33:1, 32-39, DOI: [10.1080/08824096.2015.1117439](https://doi.org/10.1080/08824096.2015.1117439)

To link to this article: <http://dx.doi.org/10.1080/08824096.2015.1117439>



Published online: 12 Jan 2016.



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Communicating About Chronic Caregiving in the Workplace: Employees' Disclosure Preferences, Intentions, and Behaviors

Zachary M. White & Jeremiah B. Wills

A growing number of Americans are living with chronic health conditions that require informal, ongoing care from family members who are also in the paid labor force. In this exploratory study, communication privacy management is used to make sense of chronic caregiving (N = 48–64) and noncaregiving (N = 174–178) employees' disclosure preferences, intentions, and behaviors in the workplace. We find that workers in general anticipate that they would disclose to many individuals at work about their caregiving, but employees actually disclose much less information to far fewer people at work when they occupy the chronic caregiver role. For chronic caregivers, positive perceptions about coworker supportiveness predict increased disclosure behaviors. Finally, future research directions as employers, workers, and policy makers prepare for the complex challenges associated with negotiating paid work and unpaid chronic caregiving are provided.

Keywords: Chronic Caregiver Disclosure; Communication Privacy Management (CPM); Workers' Disclosure Intentions and Behaviors

By 2020, the number of Americans living with a chronic illness is projected to be approximately 157 million (Freudenberg & Olden, 2011). One of many corollaries to this demographic shift will be a growing number of informal caregivers who will take care of a family member living with a chronic health condition. Although there are

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established research literatures on the challenges of being in a caregiving role (Willyard, Miller, Shoemaker, & Addison, 2008) and on employees' disclosure of personal health information in the workplace (Wittenberg-Lyles & Villagran, 2006), no extant studies address the disclosure preferences, intentions, and behaviors of workers who find themselves in the longstanding, or chronic, caregiver role. Therefore, this study seeks to better understand how chronic caregiver privacy management is negotiated at work.

Privacy Management in the Workplace

Work and family demands often conflict for contemporary adults (Kelly, Moen, & Tranby, 2011). Researchers have come to understand that the study of work-family stressors and sensemaking should consider the mutually influencing spheres of work and life (Golden, 2009) and the enactment strategies used to accommodate the interplay between work and family (Cowan & Hoffman, 2007). The focus here is on exploring how employees manage information when family demands spill into the workplace (Krouse & Afifi, 2007). Although workers solicit social support from coworkers and supervisors, managing familial information in the workplace is often negotiated amidst an organizational rule that "work/life balance is a private matter" (Hoffman & Cowan, 2010, p. 219). Even when organizations have work-life policies, employees may not want to utilize such policies, let alone disclose familial challenges that may affect work, because doing so may engender "feelings (and discourse) of resentment" (Kirby & Krone, 2002, p. 59). Whereas the relationship between stigma and (un)willingness to disclose chronic illness diagnoses has been studied in the family context (Greene, 2000), workplace disclosure about chronic caregiving responsibilities warrants attention to better understand how privacy management choices are negotiated.

Communication privacy management (CPM) is an applied, theoretical lens used to illuminate how and why people make disclosure decisions given the inherent dialectical tensions between concealment and revelation. CPM addresses the communicative processes of disclosure that transform audience(s) into co-owners of information by exploring how privacy rules are developed, the manner in which information coordination affects confidant/recipient responsibilities, and ongoing relational management (Petronio, 2002; Petronio & Durham, 2008).

Health-related privacy management is an important area of inquiry because health disclosures likely follow patterns that are different from the sharing of other forms of information (Venetis et al., 2012). Research has only begun to examine the complex disclosure choices involved in the management of health information in the workplace. By comparing actual and anticipatory caregiving behaviors, this study seeks to investigate workplace privacy management choices associated with negotiating paid work and unpaid chronic caregiving. This study, therefore, addresses two research questions:

RQ1: How do chronic caregiving workers' disclosure intentions about chronic caregiving compare to the actual workplace disclosure behaviors of employed chronic caregivers?

Once in the chronic caregiving role, workers are likely to experience ambiguity because of the perceived absence of chronic caregiver disclosure privacy rules in the workplace. Therefore, chronic caregivers should disclose less information at work than nonchronic caregivers believe they would if in the situation. Further, chronic caregivers should disclose less to those in formal positions of authority (e.g., supervisors) or to organizational peer participants with lower levels of perceived closeness (Myers & Johnson, 2004; Wittenberg-Lyles & Villagran, 2006). Additionally, it was anticipated that chronic caregivers would be less likely to use face-to-face disclosure methods in these situations because such management of information might be perceived as riskier because it requires greater communication complexity and sensitivity.

RQ2: What variables predict the amount of information employees disclose (or would disclose) at work about chronic caregiving?

Given the exploratory nature of this study and the absence of extant research specific to our focus, variables from the work-family literature were identified that might predict chronic caregiving disclosure choices. It was also expected disclosure would be higher when workers have been recent targets of disclosure by another coworker, as time spent in chronic caregiving increases, and when the person being cared for lives in the household of the employee and is a parent.

Method

Data were drawn from a larger project investigating work-family issues experienced by employed adults within a large metropolitan area in the Southeast. Elements of convenience-based and snowball sampling techniques were employed. A group of 12 organizations participating in a work-life initiative in the community agreed to distribute an online survey. Employees then shared the survey link with others in their peer networks. Prior to fielding the study, a pilot survey administered was defined to refine the measures.

For this project, two analytic samples of adults were used who were currently or had been employed within the past three months. The first analytic sample, referred to as the Nonchronic Caregivers Sample, consists of employed adults who provided data on their preferences and intentions for disclosing information about chronic caregiving *if they soon found themselves in a chronic caregiving situation* ($n = 174\text{--}178$, depending on the analysis). The second analytic sample, referred to as the Chronic Caregivers Sample, consists of employed adults who self-identified as current chronic caregivers ($n = 48\text{--}64$, depending on the analysis).¹

To address RQ1, nonchronic caregivers' and chronic caregivers' disclosure preferences were compared with different groups at work. Using a 4-point response system from 1 (*would/did disclose nothing*) to 4 (*would/did disclose fully*), workers were asked how much they would or did disclose about chronic caregiving to their (a) friends at work, (b) coworkers in general, (c) supervisor or boss, and (d) human resources. In addition, participants were asked how they would prefer to disclose, or how they did

disclose, information to members of these groups. Given the overwhelming favoring of face-to-face disclosure, preferences for this method were compared across the different workplace groups.

To examine RQ2, participants' responses to the four items about disclosure amount preferences across workplace groups (listed previously) were summated to create a Disclosure at Work Intentions Scale ($\alpha = .820$) for the nonchronic caregivers sample and a Disclosure at Work Behaviors Scale ($\alpha = .809$) for the chronic caregivers sample. These scales were used as outcomes in multivariate ordinary least squares (OLS) regression models. Two scales were created to use as predictor variables—a Sharing Orientation Scale to capture participants' attitudes about sharing information with others at work with items informed by Derlega, Winstead, Mathews, and Braitman (2008) and Witters (2011), and a global chronic caregiving confidence measure. Additionally, a four-item Coworker Support Scale ($\alpha = .839$) was used (see Caplan, Cobb, French, Van Harrison, & Pinneau, 1980) and a three-item Job Satisfaction Scale ($\alpha = .896$) (see Camman, Fichman, Jenkins, & Klesh, 1979). Participants were asked the following questions: (a) if their organization offers flexible work hours (1 = yes), (b) the number of employees at their place of employment, and (c) whether a coworker had disclosed to them in the last three months about being in a chronic caregiving situation (1 = yes). For chronic caregivers, a continuous variable was used to measure the number of hours per day spent providing care and dummy variables indicating whether the person cared for is one of the participant's parents and whether s/he resides in the same household as the participant. Finally, a continuous variable for age and dummy variables for female, White, married, full-time worker, and college graduate were used as control variables.²

Results

The results from independent samples *t*-tests for means comparisons and independent samples tests of proportions (*z*-scores) for percentages were as expected³: The statistically significant difference between nonchronic caregiving workers' disclosure intentions ($M = 10.37$) and chronic caregivers' disclosure behaviors ($M = 9.05$) suggests that employees anticipate they will disclose more information at work about their caregiving responsibilities than they actually do once they are in the chronic caregiving role. Disclosure amounts generally decreased as members of target groups' perceived organizational peer distance increased, and most of the differences between these samples were statistically significant: for example, $M = 2.92$ for nonchronic caregivers' disclosure intentions to a supervisor and $M = 2.563$ for chronic caregivers' actual disclosure behaviors to a supervisor ($t = 2.597, p < .05$).

The preferred method of disclosure at work across samples is face-to-face. Yet chronic caregivers ended up disclosing face-to-face less often than workers' intentions would suggest. For example, almost 92% of nonchronic caregivers stated they would prefer to disclose face-to-face to friends at work, but only 70% of chronic caregivers actually did—a statistically significant difference in proportions. The difference is even more pronounced with human resources personnel—60.92% compared to 21.88%.

Table 1 OLS Regression Analyses Predicting Disclosure Intentions and Behaviors

Predictors	Disclosure at Work Intentions Scale (nonchronic caregivers sample)	Disclosure at Work Behaviors Scale (chronic caregivers sample)	
		Model A	Model B
Sharing Orientation Scale	.492 (.077)*	.304 (.121)*	.234 (.124) †
Coworker disclosed recently	.877 (.428)*	.940 (.849)	1.571 (.959)
Coworker Support Scale	.057 (.086)	.325 (.131)*	.379 (.124)*
Job Satisfaction Scale	-.117 (.097)	.275 (.190)	.387 (.189)*
Confidence about chronic caregiving role	-.142 (.080) †	-.117 (.126)	-.144 (.119)
Organizational size	-.252 (.147) †	-.175 (.277)	-.364 (.268)
Flexible work hours	.353 (.587)	-2.032 (.937)*	-2.303 (.923)*
Female	.181 (.479)	-.032 (1.028)	.115 (1.043)
White	-1.742 (.564)*	-3.391 (1.025)*	-3.312 (.963)*
Married	.200 (.483)	1.180 (.713)	1.283 (.718) †
Age	.031 (.018) †	.064 (.038)	.041 (.039)
Fulltime	1.601 (.680)*	1.512 (.910)	1.695 (.860) †
College graduate	-.283 (.543)	-.405 (.785)	.141 (.766)
Chronic caregiving hours per day			.190 (.078)*
Person cared for lives in HH			.011 (.981)
Person cared for is a parent			.703 (1.134)
Intercept	4.464 (1.928)*	-.146 (4.138)	-2.021 (4.198)
Model F	5.880*	4.262*	4.497*
Adjusted R ²	.264	.474	.544
	<i>n</i> = 178	<i>n</i> = 48	<i>n</i> = 48

Table entries are unstandardized OLS coefficients (with standard errors in parentheses).

* $p < 0.05$; † $p < 0.10$.

To explore RQ2, separate OLS regression models for each analytic sample predicted the amount of information workers would or did disclose at work about chronic caregiving (see Table 1). A positive orientation toward sharing information at work and coworker disclosure positively affected disclosure intentions. As organizational size and confidence about the caregiving role increase, there was a moderately predicted decline in disclosure intention amounts (i.e., $p < .10$) for the nonchronic caregiving sample. Perceptions of coworker support, job satisfaction, and flexible work hours were not predictive of disclosure intentions.

For the chronic caregiving sample, having a recent coworker disclosure experience was not predictive of disclosure behaviors, nor was confidence about the caregiving role or organizational size. However, there was a significant positive effect for sharing information at work and negative effect for flexible work hours. In Model B, three

characteristics were added about workers' chronic caregiving situation. As chronic caregiving hours increased, disclosure amounts increased. There was no support, however, for whether the person being cared for is a parent and living in the caregiver's household.

Discussion

The findings from this study highlight the differences between what chronic caregivers workers do and what noncaregiving workers say they would do. Using CPM, three interrelated factors may help explain chronic caregivers' disclosure decisions in the workplace. First, the *privacy criterion* of organizational culture may inhibit the disclosure of caregiving roles in the workplace. The particular nature of chronic illness may create additional ambiguity for caregivers' communication decisions at work. Unlike first-person illness disclosures in the workplace (see Wittenberg-Lyles & Villagran, 2006), caring for a chronically ill loved one may not be organizationally perceived as warranting a significant event, since there may be no recognized beginning or ending markers typically associated with first-person illness trajectories. As a result, chronic caregivers may not be able to rely on clear benchmarks warranting initial and/or ongoing workplace revelation(s), hence their lower disclosure behaviors compared to nonchronic caregivers' intentions.

Second, although employees may want to allow others to co-own information about their chronic caregiving responsibilities, *ambiguity associated with the specific content and frequency of disclosure* may also inhibit disclosure. Even having a family-friendly policy in place (i.e., flexible work hours) *decreased* disclosure behaviors. The lack of recognizable communication scripts concomitant with chronic illness may complicate privacy rule criterion construction and communication. Moreover, employees may also feel unprepared to disclose because chronic caregiver disclosures require a series of disclosure decisions and workplace interactions without a foreseeable end. As a result, the likelihood of concealment may increase, given the ongoing uncertainty regarding message initiation and construction.

Third, chronic caregivers may discern *increased risks* in anticipation that their disclosures may be greeted by attributions of workload and scheduling inequities and added uncertainty regarding extent of organizational impact. Perceptions of risk may increase when communicating with informational peers beyond already established and ongoing organizational relationships. Specifically, uncertainty about anticipated responses from unfamiliar organizational actors may further restrict caregiver disclosure choices because of perceived relational *and* organizational variables. Consequently, phone and e-mail may be chronic caregivers' preferred channels of disclosure because each channel is believed to enhance complementary use of "successive" information management and audience reception particular to the ongoing nature of chronic caregiving responsibilities (Stephens, 2007, p. 497).

These findings must be considered along with the limitations of the study. Data were obtained from a nonrandom sample of workers from one geographical area. In

addition, the data are based on self-reports, not behavioral observations. Based on these initial findings, additional research should examine two interrelated areas. First, research should examine caregiver-specific factors that impact boundary coordination among all relevant parties, including chronically ill patients, caregivers-employees, and organizational actors. Second, to inform workplace policy and enhance caregiver/employee agency, research should seek to identify additional work-family variables that influence privacy management strategies chronic caregivers and fellow organizational actors co-construct in response to this growing challenge in American life.

Notes

- [1] Interested in respondents' self-identification, we intentionally defined chronic caregiving broadly as "caring for someone who has an ongoing need for care where the goal of care is to minimize symptoms and maximize quality of life for as long as possible."
- [2] Additional information about our scales and other measures used is available upon request.
- [3] These data are available from the first author at whitez@queens.edu.

References

- Camman, C., Fichman, M., Jenkins, D., & Klesh, J. (1979). *The Michigan Organizational Assessment Questionnaire*. Ann Arbor, MI: University of Michigan.
- Caplan, R. D., Cobb, S., French, J. R., Van Harrison, R., & Pinneau, S. R. (1980). *Job demands and worker health*. Ann Arbor, MI: University of Michigan, Institute of Social Research.
- Cowan, R., & Hoffman, M. F. (2007). The flexible organization: How contemporary employees construct the work/life border. *Qualitative Research Reports in Communication*, 8, 37–44. doi:10.1080/17459430701617895
- Derlega, V. J., Winstead, B. A., Mathews, A., & Braitman, A. L. (2008). Why does someone reveal highly personal information? Attributions for and against self-disclosure in close relationships. *Communication Research Reports*, 25, 115–130. doi:10.1080/08824090802021756
- Freudenberg, N., & Olden, K. (2011). Getting serious about the prevention of chronic diseases. *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, 8. Retrieved from http://www.cdc.gov/pcd/issues/2011/jul/10_0243.htm
- Golden, A. G. (2009). Employee families and organizations as mutually enacted environments: A sensemaking approach to work-life interrelationships. *Management Communication Quarterly*, 22, 385–415. doi:10.1177/0893318908327160
- Greene, K. (2000). Disclosure of chronic illness varies by topic and target: The role of stigma and boundaries in willingness to disclose. In S. Petronio (Ed.), *Balancing the secrets of private disclosures* (pp. 123–135). Mahwah, NJ: Lawrence Erlbaum.
- Hoffman, M. F., & Cowan, R. L. (2010). Be careful what you ask for: Structuration theory and work/life accommodation. *Communication Studies*, 61, 205–223. doi:10.1080/10510971003604026
- Kelly, E. L., Moen, P., & Tranby, E. (2011). Changing workplaces to reduce work-family conflict: Schedule control in a white-collar organization. *American Sociological Review*, 76, 265–290. doi:10.1177/0003122411400056
- Kirby, E. L., & Krone, K. J. (2002). "The policy exists but you can't really use it": Communication and the structuration of work-family policies. *Journal of Applied Communication Research*, 30, 50–77. doi:10.1080/00909880216577
- Krouse, S. S., & Afifi, T. D. (2007). Family-to-work spillover stress: Coping communicatively in the workplace. *The Journal of Family Communication*, 7, 85–122. doi:10.1080/15267430701221537

- Myers, S. A., & Johnson, A. D. (2004). Perceived solidarity, self-disclosure, and trust in organizational peer relationships. *Communication Research Reports*, 21, 75–83. doi:10.1080/08824090409359969
- Petronio, S. (2002). *Boundaries of privacy: Dialectics of disclosure*. Albany, NY: State University of New York Press.
- Petronio, S., & Durham, W. T. (2008). Communication privacy management theory: Significance for interpersonal communication. In L. A. Baxter & D. O. Braithwaite (Eds.), *Engaging theories in interpersonal communication: Multiple perspectives* (pp. 309–322). Los Angeles, CA: Sage.
- Stephens, K. K. (2007). The successive use of information and communication technologies at work. *Communication Theory*, 17, 486–507. doi:10.1111/comt.2007.17.issue-4
- Venetis, M. K., Greene, K., Magsamen-Conrad, K., Banerjee, S. C., Checton, M. G., & Bagdasarov, Z. (2012). “You can’t tell anyone but ...”: Exploring the use of privacy rules and revealing behaviors. *Communication Monographs*, 79, 344–365. doi:10.1080/03637751.2012.697628
- Willyard, J., Miller, K., Shoemaker, M., & Addison, P. (2008). Making sense of sibling responsibility for family caregiving. *Qualitative Health Research*, 18, 1673–1686. doi:10.1177/1049732308327195
- Wittenberg-Lyles, E. M., & Villagran, M. M. (2006). Disclosure of a cancer diagnosis in organizational peer relationships. *Communication Research Reports*, 23, 251–257. doi:10.1080/08824090600962383
- Witters, D. (2011, July 27). Caregiving costs U.S. economy \$25.2 billion in lost productivity. *Gallup Well-Being*. Retrieved from <http://www.gallup.com/poll/148670/caregiving-costs-economy-billion-lost-productivity.aspx>