

## **FINAL REPORT**

# **Retirement Processes and Outcomes of Individuals Who Retire to Give Care**

**Áine M. Humble, PhD**



**ATLANTIC  
RESEARCH  
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*for Family-Work Issues*

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## Executive Summary

Caregiving responsibilities can lead to early, often involuntary, retirement, but the connection between the two events is seldom studied. This mixed method study, using both quantitative and qualitative methods, used the concept of “retirement congruency”, which takes into account greater variation in retirement decisions (low, moderate, or high retirement congruency), to explore retired caregivers’ experiences.

In the first stage of the study, descriptive analyses and multinomial logistic regression were carried out on a sample of retired caregivers ( $n = 569$ ) from the 2002 General Social Survey. Women were more likely to retire for caregiving reasons than men and that male caregivers were more likely than female caregivers to report low retirement congruency. Moderate retirement congruency was the most common type of retirement congruency for caregivers who retired because of their caregiving role. Five variables predicted low retirement congruency, compared to moderate retirement congruency, and seven variables predicted low retirement congruency, compared to high retirement congruency. Three variables distinguished between moderate and high retirement congruency. Health and job problems were significant in all comparisons. Consistent with the descriptive results, retiring to give care predicted moderate retirement congruency compared to high retirement congruency, indicating that many employed caregivers say they chose to retire early because of their caregiving role yet still indicated a desire/need to have remained employed.

In stage two, 44 Nova Scotian caregivers (30 women and 14 men who retired to give care to an adult in the previous six years) were interviewed. Caregiving and retirement intersected in different ways. There were four pathways to becoming a retired caregiver: sudden, coincidental, gradual, and breaking. Different types of “tipping points” were more present in certain groups versus others. Moderate retirement congruency, again, was common, yet retirement congruency did not seem related to any of the four pathways to retirement. Individuals were negotiating their identities, both as caregivers and as retirees, regardless of their pathways or length of time retired. Very few individuals indicated being satisfied with their retirement experiences.

Analyses from the qualitative interviews demonstrate the complexity of caregivers’ retirement decisions and also point to limitations of survey research. Implications for caregiver policy and retirement policy are discussed, distinguishing between policies for employed caregivers and policies for caregivers who have to leave the paid labour force.

## Background

Involuntary retirement typically results in lower levels of well-being (Schellenberg, Turcotte, & Ram, 2005), and the specific contexts in which forced retirement occurs may further affect individuals' health and well-being in a number of ways. Poor health, job loss, and spousal loss are usually studied as reasons to the exclusion of other reasons (Szinovacz, 2003; Szinovacz & Davey, 2005).

Caregiving is a relevant retirement context, and it will likely increase given that twice as many seniors will require assistance by 2031 compared to 2001 (Keefe, Légaré, & Carrière, 2007). Caregivers may leave the paid labour force earlier than desired as a result of their caregiving responsibilities. Such a forced exit can have important implications for their retirement experiences, such as missing the benefits of being employed, and experiencing both isolation and caregiver burden. Having inadequate financial resources (Schellenberg, 2004) is also a significant concern, with implications for individuals' well-being later in life. Lack of financial preparation also means an increased reliance on the first tier of Canada's national pension plan—government transfers.

Employees' early retirement from the labour force further reduces labour force shortages already occurring as a result of population aging. Government policy makers and business leaders are concerned about Canada's capacity to manage employment shortages that will be caused by a massive outflow of baby boomer from the labour force, and a labour force shortage is predicted to begin in 2010 (Policy Research Initiative [PRI], 2005). The potential for early retirement by employees taking care of aging parents and other family members will intensify this shortage. Yet, the relationship between caregiving and retirement is rarely studied (Dentinger & Clarkberg, 2002).

This mixed method study (Teddle & Tashakkori, 2003) fills that gap by exploring the relationship between retirement and caregiving more closely. Moving beyond retirement decision making as a dichotomy (i.e., the decision is either chosen or not chosen), we use the concept of *retirement congruency* (Schellenberg & Silver, 2004) to frame our analysis. This concept recognizes that different levels of agency and varying preferences will be present in individuals' retirement decisions and experiences (Flippen & Tienda, 2000; Schellenberg & Silver; Szinovacz & Davey, 2005).

# Retirement Congruency

Individuals want a happy and healthy retirement (PRI, 2005), thus researchers are interested in whether or not retirement is chosen. For many people, though, the situation is more complex than simply asking whether or not their retirement was chosen. Studies usually use a limited dichotomization of “wanted” versus “forced” retirement (McDonald, Donahue, & Marshall., 2000). Yet, such an approach does not account for individuals who feel their retirement was both wanted *and* forced (Schellenberg & Silver, 2004). One study (Schellenberg & Silver, 2004) has provided some descriptive information about this “partially chosen/partially forced” group, using data from the 2002 General Social Survey (GSS) on *Aging and Social Support*, a national study of individuals aged 45 and older. Recently retired individuals were asked if their retirement was voluntary. About 25% of them said that their retirement was involuntary. However, they wer also asked nine questions about whether they would have kept working if their situations could have been different, such as if they could have found alternative caregiving arrangements or worked fewer hours a day without affecting their pension. Approximately 60% of respondents said yes to at least one of these questions. Based on responses to the nine questions as well as the question about voluntary retirement, Schellenberg and Silver identified different levels of **retirement congruency** (see Figure 1).

FIGURE 1  
Retirement Congruency

		Retirement was voluntary	
		Yes	No
Would have kept working	No	high	low
	Yes	moderate	low

Using this classification, 27% of retired individuals in the GSS were classified as low-congruency retirees, 36% as moderate-congruency retirees, and 38% as high-congruency retirees (Schellenberg & Silver, 2004). No gender differences were found in the three categories. Additionally, women and men did not differ on any of the nine factors leading to the desire for continued employment, including whether or not they would have retired if they could have found alternative caregiving arrangements for a care recipient aged 65 years and older (7% men, 6% women). Such similar responses for men and women were notable given that caregiving is a gendered activity (Armstrong & Armstrong, 2001; Connidis, 2001). However, all retirees were included in this analysis rather than looking at specific groups of retirees, such as retired caregivers.

## Method

A mixed method approach (Teddle & Tashakkori, 2003) with a multimethod design was used. A multimethod design involves two separate quantitative and qualitative studies whose results are integrated for a comprehensive picture of a phenomena (Morse, 2003).

In the first stage, quantitative secondary data analysis of the 2002 GSS was conducted. This nationally representative survey of Canadians aged 45 and over ( $N = 24,870$ ) explored caregivers and care receivers' experiences, also asking questions about retirement. Our sample was retired caregivers aged 45 to 64 giving assistance with outside-home duties, inside-home duties, transportation, personal care, or emotional care to someone 65 years or older as a result of that older person having a long-term health condition ( $N = 569$ , representing 336,395 Canadians).

Analyses examined the prevalence of retirement congruency in retired caregivers, factors that might have helped them remain employed, and whether there were gender differences on any of these items. A *multinomial logistic regression*, which “predicts the probability that a case is (or is not) in a particular category” (Tabachnick & Fidell, 2007, p. 465), was conducted ( $n = 556$ ) to determine what predicts retirement congruency for caregivers. This regression was run twice. In the first regression, two equations measured the probability of having low and moderate retirement congruency compared to high retirement congruency. In the second regression, moderate retirement congruency was compared to high retirement congruency. Results are presented in *relative risk ratios*, which shows how much the presence of a factor increases the odds of being in one category (e.g., low retirement congruency) versus another (e.g., high



retirement congruency). Independent variables entered into the equations were: (a) age at the time of retirement, (b) education, (c) gender, (d) marital status, (e) spouse's retirement status, (f) whether the person retired to give care, (g) retiring for health reasons, (h) retiring because of job problems (job loss), (i) retiring because financially ready, (j) financial preparation for retirement, (k) receipt of a workplace pension, and (l) current enjoyment of life compared to the year prior to retirement.

For the second part of the study, in-depth qualitative interviews were conducted over seven months in 2007 with 44 Nova Scotia caregivers who had retired to give care to an adult (not just someone 65 years or older, which was the case in the 2002 GSS) in the previous five years. Promotion occurred through posters and brochures sent to various caregiving/health associations and support groups (e.g., Caregivers Nova Scotia, Alzheimer's Association) and ads in various municipal and provincial and newspapers. Interviews took place in whatever location was most convenient for each participant, lasting between one hour to almost four hours long. Each caregiver received \$80 for participating, an estimated amount to cover four hours of respite care if needed. Two-thirds of the interviews were conducted by the first author; the other third were carried out by a trained graduate assistant.

Interview questions focused on (a) employment histories, (b) what it was like to "balance" being employed with being a caregiver, (c) retirement decisions, and (d) retirement planning. To build on the GSS analysis, similar questions regarding reasons for retirement and factors that could have facilitated caregivers' continued employment were asked. All interviews were taped and transcribed. Analysis was conducted with the assistance of MAXQDA 2007, a code and retrieve software program (Kuckartz, 2007). *Topic*, *analytical*, and *descriptive coding* (Richards & Morse, 2007) were used, with a *constant comparative process* (Strauss & Corbin, 1990) guiding the topic and analytical coding. While transcripts were being coded, a summary of each caregivers' experience was entered into a *memo* (Richards and Morse), and this information then summarized in a matrix for all caregivers. These memos and matrixes were examined for patterns in the relationship between caregiving and retirement.

## Sample Descriptions

In the GSS sample, 55% of the sample of retired caregivers were women. A variety of education and income levels were represented, and the majority of individuals were married or common-law and lived in an urban area. Ages ranged from 45 to 64, with an average of 57. Over three-quarters were caring for a parent, and approximately 40% were involved in care duties more than four hours a week. Just over 16% of individuals ( $n = 100$ ) reported that care of a family member aged 65 or older was a reason why they

retired. A similar percentage of these individuals were married, compared to the larger sample. Over 80% of the caregivers who retired to give care were caring for a parent, and more than half of them reported four or more hours of caregiving a week. Not surprisingly, female caregivers (22%,  $n = 68$ ) were more likely to have retired for caregiving purposes than male caregivers (8%,  $n = 20$ ),  $p < .001$ .

A higher proportion of female ( $n = 30$ ) and rural respondents ( $n = 23$ ) were represented in the interview sample compared to the GSS subsample of caregivers who retired to give care. Additionally, only about half ( $n = 23$ ) were married or common-law at the time of their retirement, and a lower percentage married or common-law at the time of their interview ( $n = 18$ ). Ages ranged from 46 to 66, with an average age of 57. The average age at which respondents retired was just under 55 years. Respondents' length of retirement ranged from one month to just under six years. There was a range of education and income; some were well educated, but over half the respondents had current personal incomes of less than \$20,000. Almost 70% retired to care for a parent (half the sample cared for a mother), and almost one-third retired to give care to two care recipients. Many people described themselves as caring for a loved one "24/7", suggesting that they never perceived themselves as having a break from their caregiving responsibilities.

## Results

### Stage One: Quantitative Analysis

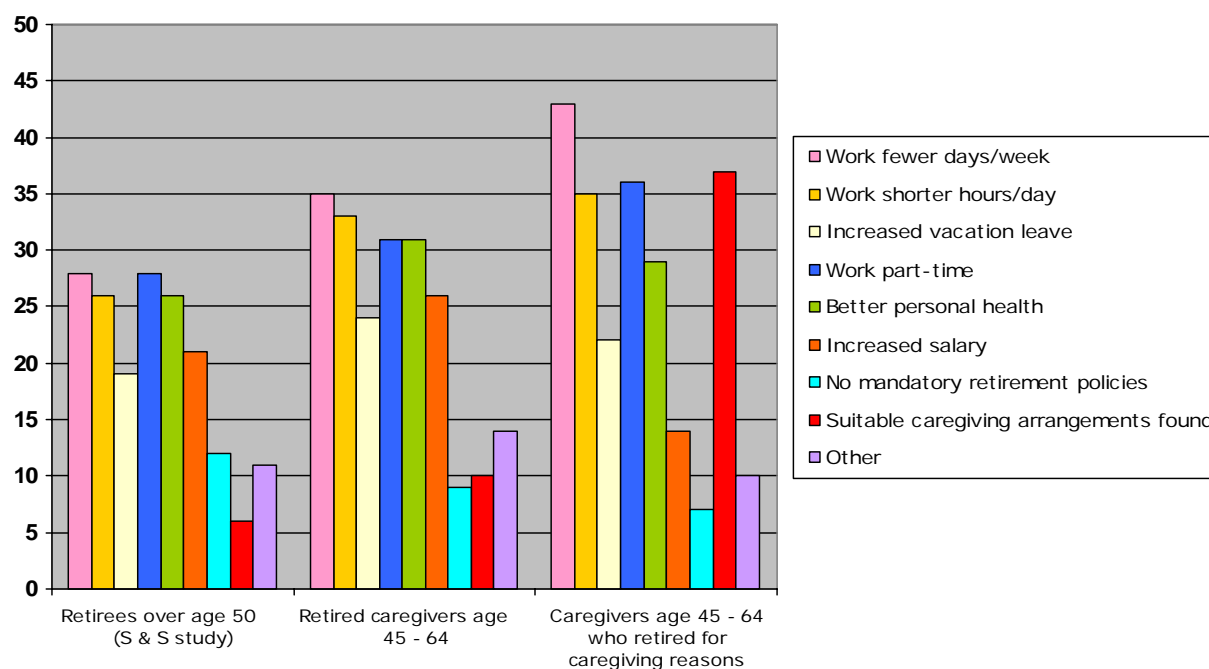
Although only 30% said their retirement was involuntary, 70% answered "yes" to at least one of the nine survey questions asking them about conditions under which they might have remained employed. Thus, many retired caregivers indicated a desire to keep working when given hypothetical situations to consider.

Figure 2 shows the percentages of individuals saying "yes" to whether they might have continued working, and is divided into three sections. The middle section shows data for our sample of retired caregivers ( $N = 569$ ), and the right section shows our subsample of individuals who retired specifically to give care ( $n = 100$ ). The left side shows data from Schellenberg and Silver's (2004) original study of retirees ( $N = 4500$ )—this data is included for information sake, as a statistical comparison with the other groups was not possible. When looking at all three groups, the overall pattern seems to suggest an increased desire to have stayed in the workplace, when comparing retirees with retired caregivers and then with retired caregivers who retired to give care. For example, the percentage of individuals answering yes to working fewer days

changes from 28% to 35% to 40% as one moves from left to right in the figure.

**FIGURE 2**

*Respondents Saying "Yes" to Questions Regarding Staying at Place of Employment (Percentages)*



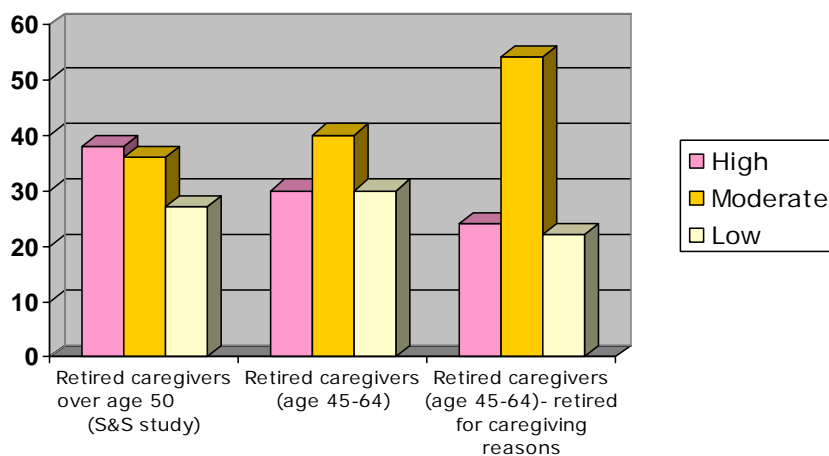
We explored whether there were any statistically significant differences on each of the nine questions between those who said they retired to caregive versus those who did not (the right-side section and the middle section in Figure 2). Three factors were significantly different. Those who retired for caregiving reasons (43%) were more likely than those who did not retire for this reason (33%) to say they would have continued working if they had could have worked fewer days a week without affecting their pension ( $p < .05$ ). Those who retired for caregiving reasons (14%) were less likely than those who did not retire for this reason (28%) to say they would have continued working if they had received a higher salary ( $p < .01$ ). Finally, those who retired to give care (37%) were much more likely than those who did not retire for caregiving reasons (5%) to state that they might have continued working if they could have found suitable caregiving arrangements ( $p < .001$ ).

We also tested to see if there were gender differences on these nine items in (a) retired caregivers, and (b) the group of individuals who retired for caregiving reasons. Two gender differences emerged for the full sample of retired caregivers. Male caregivers were more likely than female caregivers to say they might

have continued working with an increased salary (men: 30%, women: 23%,  $p < .05$ ) and if mandatory retirement policies had not existed (men: 13%, women: 6%,  $p < .01$ ). Just one gender difference emerged within the group of individuals who retired for caregiving reasons. Within this context, male caregivers (65%) were much more likely than female caregivers (28%) to state that they might have remained in the work force if they could have found suitable caregiving arrangements ( $p < .01$ ). Substantial differences also appeared on other individual items (e.g., work fewer days a week without losing pension: 60% of men, 38% of women) within this subsample of retired caregivers, but due to small cell sizes these differences were not statistically significant.

Comparing a person's response regarding whether their retirement was voluntary with their responses to the nine questions about staying at work resulted in the measure of retirement congruency. Thirty percent of individuals were low-congruency retirees, 40% were moderate-congruency retirees, and 30% were high-congruency retirees (see middle section of Figure 3).

**FIGURE 3**  
*Retirement Congruency (Percentages)*



Gender differences existed in retirement congruency ( $p < .01$ ). A higher percentage of men (35%), compared to women (26%), were categorized as having low retirement congruency, whereas the opposite pattern existed for high retirement congruency (men: 24%, women: 35%). Similar percentage of male and female caregivers had moderate retirement congruency (male: 42%, female: 39%). However, moderate retirement congruency was much higher in caregivers who identified that they retired for caregiving reasons than those who did not ( $p < .05$ ) (see right section of Figure 3). Over half of individuals who

retired to give care said that their retirement was voluntary but also indicated a preference to have kept working.

Multinomial logistic regressions explored what factors predicted the odds of being in one category versus another, when controlling for all factors. Three comparisons were made: (a) low versus high retirement congruency, (b) low versus moderate retirement congruency, and (c) moderate versus high congruency. Tables 1 to 3 list the significant factors for each comparison.

Health and job problems were significant factors in all three comparisons, and the strongest predictors in each comparison. Not surprisingly, these effects were the strongest when predicting the odds of having low retirement congruency, compared to high retirement congruency. Poor health as a reason for retirement increased the risk of having low retirement congruency by 17 times, and retiring because of job problems increased the risk by 14 times. All five factors that were significant in the low-moderate comparison were significant in the low-high comparison, although the effects were substantially weaker in the former comparison. For example, retiring because of poor health only tripled the risk of low retirement congruency, compared to moderate retirement congruency, but increased low retirement congruency's risk by 14 times when compared to high retirement congruency. Two unique factors were significant in the low-high comparison. Being male and not preparing financially for retirement increased the risk of having low retirement congruency, versus high retirement congruency. Only three variable were significant in the moderate-high comparison. The one unique factor for this comparison was that retiring to give care tripled the odds of having moderate retirement congruency, compared to high retirement congruency. Thus, the multivariate analysis confirmed the descriptive findings that suggested retiring to give care was related to moderate retirement congruency.

**TABLE 1**  
**Factors affecting the probability of having LOW retirement fit, compared to HIGH retirement fit**

increase (+)/decrease (-)	factor	relative risk ratio
+	retiring because of health	17.01
+	retiring because of job problems	14.25
+	no financial preparation for retirement	3.65
+	enjoying life less or about the same, compared to the year before retirement	2.89
+	being a male caregiver	2.84
-	spouse already being retired or retiring at the same time	.44
-	retiring because it was financially possible	.25

TABLE 2

Factors affecting the probability of having LOW retirement fit, compared to MODERATE retirement fit

increase (+)/decrease (-)	factor	relative risk ratio
+	retiring because of job problems	3.11
+	retiring because of health	2.40
+	enjoying life less or about the same, compared to the year before retirement	2.23
-	spouse already being retired or retiring at the same time	.53
-	retiring because it was financially possible	.27

TABLE 3

Factors affecting the probability of having MODERATE retirement fit, compared to HIGH retirement fit

increase (+)/decrease (-)	factor	relative risk ratio
+	retiring because of health	7.10
+	retiring because of job problems	4.58
+	retiring because of caregiving	3.24

## Stage Two: Qualitative Analysis

Sometimes a person's caregiving role occurred suddenly, and other times the caregiving role developed over time. The way in which retirement occurred was also experienced in various ways. Consequently, there was not just one way in which caregiving and retirement intersected with each other. We identified four pathways to becoming a retired caregiver: (a) sudden, (b) coincidental, (c) gradual, and (d) breaking. One feature that each pathway had in common, however, was that the decision to retire early to care for someone was typically driven by a sense of moral or filial obligation, and one's own needs were secondary—sacrifices had to be made.

*I can't walk away from my mom and I can't walk away from my husband, so you just make that choice whether you're financially or emotionally ready for it. You just weigh it out and you just say that's, the only thing you have control over is your job. You have no control over your mother, you have no control over your husband, but you do have control on your job and you can just say okay enough is enough and now is the time to make it. (Martha)<sup>1</sup>*

*When I gave up the insurance medical, it seemed like everything stopped then, right? Cause I would've stopped going to church for that year, yeah. I was in a women's group that met, oh, we would meet three times a month. We met for dinner, supper meetings, and then we would meet for our executive meeting once a month and then we would meet for a time of prayer another week, so I dropped all that a few years ago. (Krista)*

The *sudden pathway* ( $n = 9$ ) occurred when a person became both a caregiver and retired at the same

time. Typically a care recipient's health crisis precipitated this pathway. For example, Jim, whose stepfather became critically ill after an accident, said, "*My actual end date, last day in the office, was March 14<sup>th</sup>, and [my stepfather] had the accident on the 7<sup>th</sup>*". The kind of "tipping point" that was most common with this group had to do with the care receiver's needs, which were so great that the caregiver felt he or she had no choice but to retire earlier than planned.

*In October he was diagnosed with prostate cancer, in November he had the catheter put in for his dialysis. In less than a week he was put on dialysis. So that was too much and then he had his prostate removed. Like that was within one month. When he was diagnosed and I heard what was going to happen to him I retired right away, I just couldn't [continue working] because I was sick myself.*  
(Lucille)

The ***coincidental pathway*** ( $n = 6$ ) was a more specific type of sudden pathway that can be overlooked because of the nature in which the retirement occurs. Similar to the sudden pathway, a care receiver's needs became so much that a high amount of care was needed, and the caregiving role was taken on quickly and/or suddenly. However, for these individuals, retirement came not from retiring from a job but from transitioning from being *unemployed* (not working but looking for work) into being retired (no longer looking for work). Individuals in this category were temporarily unemployed at the time someone needed care, and this unemployment resulted in a decision that they were the most appropriate person to give care. This sentiment could be chosen by themselves and/or determined by others (e.g., family members). When asked to identify the tipping point in their decision, they most often mentioned being unemployed.

*It wasn't a decision, it just happened. Well I was off of work and all of a sudden she needed more care. It just happened, to retire to take care of my mother, it just happened. I just flowed into it.* (Jack)

The ***gradual pathway*** ( $n = 16$ ) occurred when a person gradually became a caregiver over a long period of time, and they also had been planning for their retirement, both financially and also psychologically (e.g., starting to think about being retired). Some of these individuals had employment situations in which they could retire only at a certain time of the year (e.g., high school teachers retiring in June), and so they had a planned date of retirement in mind. Nevertheless, their retirement may have happened sooner than they had planned. Individuals in this category tended not to identify a "tipping point". They were more likely to say that there had been a number of factors that had played into their decision to retire.

*[Work] was still getting to be more than I wanted to deal with at the time because I had my dad. This has been going on since 2000. Dad has been gone for five years, so since 2002 when my dad had his operations. I had to look after him, and then he died a year later and then it had been Mom and then it was my husband. So it just got to be overbearing that I didn't want all the hassle that I had to go through. If I could get a part-time job somewhere I would, but it is not doable at my age so, and I'm not going to town for minimum wage and that is about all you would get.* (Martha)

The *breaking pathway* ( $n = 13$ ) was a more specific type of gradual pathway to becoming a retired caregiver. The caregiving role was taken on gradually, but retirement was an identity or role taken on more rapidly. Individuals reached a breaking point in which they could no longer handle the demands of the caregiving role or the demands of combining caregiving and employment, and retired suddenly. They often mentioned their own health needs as a tipping factor in their decision.

*I was so tired and drugged out and I was starting to screw up at work, right? And [my manager] mentioned it and I said, "Well why didn't you tell me before, right?" Well, they were watching, yeah, they were watching me because what was going on, eh? So, I went home for a while, and then I went back within I think about two weeks. [The] doctor put me off, yeah, with [an] antidepressant pill. So, I went back [to work] and same situation at home, and I just said, "Well, I've had enough. I'm 60, I may as well retire, right?" (Lenny)*

These individuals may or may not have been planning for retirement, and they may not have felt they were financially prepared for retirement. They also may have thought they were leaving work temporarily, but the leave ended up being more permanent.

*In the beginning, it looked like it was only going to be a two-month leave of absence. That's what I told them. And I thought, well, [my husband] get straightened out and he'll be okay, and he'll be happy, let me go back to going to work and he'll just—he just needs to get stabilized a little bit. But no. It just—he just did not want me to go back to work in any way, shape, or form. So that was it. (Barb)*

The gradual pathway was the most common pathway to becoming a retired caregiver, followed by the breaking pathway, which shows that many individuals take on the caregiving role over time and struggle to manage both the demands of caregiving with the demands of their paid work. Additionally, female caregivers in our study seemed more likely to experience these two pathways than the other two pathways. Three quarters of them experienced these two gradual pathways, whereas only half of the men experienced these two pathways.

As mentioned in the methods section, similar questions to the GSS analysis were asked about factors that might have helped a person to remain employed (e.g., if you could have worked fewer days without affecting your pension). Not surprisingly, alternative caregiving arrangements was a common response ( $n = 37$ ), but answering affirmatively to this situation was tempered by a second comment for about one-third of the respondents that it really wasn't a choice.

*If it was an alternative care giving arrangement that I could trust. (Jane)*

*If I would have had a caregiver to come in here, how much money do you think I would have had to pay? I could not. We could have never afforded a care giver to come here. So it was cheaper for me to quit. To stop working, to retire. (Lucille)*



*Where I am the only child, I want to be involved with them for what time is left. No, I would say no. I want to, I can't see just hiring a nurse. (Sonya)*

*My mother got rather fearful and depressed there for a while. She's much better now, but it was clear that she was quite concerned about not having someone there to look after her, and she didn't—there was no question of stranger care. (Susan)*

Based on individuals' responses to the GSS-related questions, as well as an overall analysis of their narrative, we classified individuals from the interviews into the three retirement congruency categories. Similar to the quantitative results, about half ( $n = 21$ ; 16 women, 5 men) of our respondents were categorized as having moderate retirement congruency. Sixteen caregivers (10 women, 6 men) were categorized as having low retirement congruency, and 7 (4 women, 3 men) as having high retirement congruency. Financial issues distinguished between low congruency retirees and other retirees. Few individuals with low retirement congruency mentioned being financially secure, and all of them reported financial difficulties.

*There is nowhere near enough home support out there for people on low income, you know, we were foolish. Instead of keeping our money we built this house, you know, not knowing what [lay] ahead and not thinking because my husband had never been sick. You know, so you don't think when you're 40, you're not thinking of when you are in your 60s and planning for when you are in your 60s so we cashed in everything that we had in order to build this house. (Martha)*

Statements regarding financial security were quite common in individuals with moderate or high retirement congruency. Additionally, when asked about financial preparation for retirement, 6 of 7 high congruency retirees reported feeling financially ready when they retired, yet individuals with low retirement congruency were more likely to report that they had not been financially ready—Michelle said “*Oh absolutely not I was completely broke*”—or had not given it (or been able to give it) much thought when they retired.

Retirement congruency did not seem related to any of the four pathways to retirement. That is, different types of retirement congruencies were found in all of the four pathways (see Table 4).

**TABLE 4**  
**Retirement Congruency by Retired Caregiver Pathway**

		Retired Caregiver Pathway			
		Sudden	Coincidental	Gradual	Breaking Point
<b>Retirement Congruency</b>	Low	2	2	6	6
	Moderate	4	3	8	6
	High	3	1	2	1

Regardless of perceptions of choice, however, most individuals wished they could have continued working, and this was related to both want and need. Many individuals needed money. For example, Nadine, who retired to care for her father, said *“My pension is suppose to be \$45,000 a year. Because I left teaching 7 years early, I end up with \$20,000”*. Additionally, although individuals often mentioned that there were aspects of their jobs that they did not like, many of them also missed being employed, particularly those with moderate retirement congruency.

*I loved being self-employed. It gives me a sense of accomplishment. I love helping other people. I’ve helped a lot of children who were in my preschool and that gave me a great deal of satisfaction.* (Cathy)

*I really did enjoy my last job as customer service for a drugstore and I still miss it and I will always will.* (Lucille)

*One thing that I expressed to my children is if you are going to find an occupation it has to be something that you love to do everyday. It doesn’t matter what they are paying you, if you’re not doing what you want to be doing or you’re not enjoying your life. Life is too short; way too short and I loved my job. It was different every day. The challenges were different every day.* (Walter)

Individuals were negotiating their identities, both as caregivers and as retirees, regardless of their pathways or length of time retired, and very few respondents made comments indicating that they were satisfied or happy with their retirement experiences, particularly for those with low retirement congruency (only 1 of 16 made a positive statement about their retirement experience to date). Comments indicating an attempt to “reorient” to being both retired and a caregiver were the most common type of comments from individuals, regardless of how long they had been retired. In such cases, individuals were trying to gain a sense of balance or control over their situation. Jim said, *“I’m tempted to go back to school to, ah, I was going to take an accounting course just for fun”*.

The second most common type of comment was one suggesting a kind of “disenchantment” or unhappiness with one’s situation. Martha commented that her experience of retirement was very different from what she had expected or hoped it would be.

*[In retirement, I thought you would be] under no stress. You didn’t have a routine. You didn’t have to get up at a certain time. You didn’t have to eat at a certain time; you didn’t have to go to bed at a certain time. Well now with Henry I have to go to bed at a certain time and I have to be in bed before 11 o’clock, but I can’t go to sleep until he’s in bed so I’m putting stress on him to go to bed earlier because I have to get him organized in bed so it’s stress on him, because he is used to staying up later, but he also sees that if I don’t get my sleep what I’m like the next day.*

## Discussion

For Canadians between the ages of 45 to 59, plans for early retirement are positively related to expectations around future caregiving responsibilities (Schellenberg, 2004). However, one could question whether the decision to retire for caregiving purposes is a voluntary decision even when it is expected. Many voluntarily retired individuals may prefer to remain in the paid labour force (Schellenberg & Silver, 2004), and decisions around employment are often *restricted choices* (Szinovacz & Davey, 2005). This issue is of particular concern, particularly given the increasing number of elders requiring care in the future (Cranswick & Dosman, 2008; Keefe et al., 2007) and the importance that Canadians place on a happy, healthy retirement (PRI, 2005).

Research has seldom included the group of individuals whose retirement may be both chosen *and* forced. Moreover, specific contexts such as caregiving have not been studied for how they influence individuals' perceptions of choice and agency in the retirement decision. Extending Schellenberg and Silver's (2004) work on retirement congruency and Szinovacz and Davey's (2005) research on perceptions of involuntary retirement, several important findings emerge from this study of retirement congruency focusing specifically on retired caregivers.

First, female caregivers are more likely than male caregivers to indicate that they retired for caregiving reasons, indicating that the relationship between unpaid work taking place at home and paid work in the labour force continues to be gendered (Armstrong & Armstrong, 2001; Dentinger & Clarkberg, 2002; Zimmerman, Mitchell, Wister, & Gutman, 2000). Second, moderate retirement congruency is common for individuals who retire because of their caregiving role. Over half of caregivers who retire because of their caregiving role say they choose to retire yet also indicate that there could have been circumstances that might have influenced or assisted them to remain in the paid labour force. Thus, for these individuals, the decision to retire is not a simple "chosen" versus "forced" decision. The qualitative interviews support this, with a number of respondents' stories reflecting considerable complexity in their situations.

Third, different patterns of factors differentiate between each of the three retirement categories. Five factors are similar in the comparisons between low and high retirement congruency and between low and moderate retirement congruency, with the factors in the first comparison being of stronger value. An additional two factors distinguish between low and high retirement congruency. Fewer factors (three) predict moderate retirement congruency, when compared to high retirement congruency, and retiring to

give care is only significant in this model. Lack of financial planning was particularly relevant for individuals with low retirement congruency in the interviews. Overall, these findings corroborate Svinovacz and Davey's (2005) suggestion that individuals whose retirement is partially chosen/partially forced differ from those who claim their retirement was either fully forced or fully chosen.

What would assist caregivers to remain in the paid labour force? Not surprisingly, the quantitative results indicate that provision of alternate caregiving arrangements is important. Over one-third of caregivers who retired specifically because of their caregiving responsibilities report that they might have continued working if they could have found others to assist with caregiving. Additionally, male caregivers who retire for caregiving reasons are much more likely than female caregivers in the same situation to say they might continue working if they could get alternative caregiving arrangements. Even though men have taken on the caregiving role and left their employment because of it, they may have a more difficult time leaving employment and letting go of their (employed) worker identity. A number of workplace policies may also make a difference, but this may differ for male and female caregivers.

Push and pull factors (Barnes-Farrell, 2003; Shultz, Morton, & Weckerle, 1998; Svinovacz, 2003) in caregivers' retirement decisions are complex, thus both caregiving alternatives and workplace policies can make a difference. The qualitative interviews highlight the fact that a number of caregivers feel they have no other choice but to retire. For these individuals, workplace policies will not reduce their stress. They are also caring for family members or friends who do not feel comfortable having others care for them. Consequently, for these caregivers, macro-level policies may be particularly important to them.

Results from our study lead to questions about the most appropriate way to support caregivers. Although there are commonalities among caregivers, caregiving is not a uniform experience—four different pathways to becoming a retired caregiver were identified, and these did not seem systematically related to individuals' retirement congruency. Consequently, options designed to support caregivers should vary.

Policy makers need to recognize multiple approaches to supporting caregivers and not limit themselves solely to the labour market domain. Labour force policies of flexible work hours, paid or unpaid leaves, information and referral through employment assistance programs, are admirable in their recognition of the challenges experienced by employed caregivers but do not address many situations experienced by caregivers. Those who have left the labour force are ineligible for many social security benefits including pension, extended health insurance, workplace injury, and so on. Consequently, focusing solutions solely

within the labour policy domain reduces caregivers' access to the rights and benefits that are secured via labour market participation rather than through universal citizenship (Keefe, Glendinning, & Fancey, 2008). Thus, workplace policies need to be augmented by broader societal programs. Recognition of the need for a national policy for caregivers of whom some are employed, wish to remain employed, and *can* stay employed is a way to encompass their citizenship and social security rights.

In practice, multiple measures are needed to reduce the risks of poverty and social exclusion for caregivers and to balance their rights and interests with those of their older and/or dependent relatives who require assistance. Policies in many countries do include multiple measures—combinations of workplace-based rights, payments to caregivers and care receivers, pension protection, and formal services (Keefe et al., 2008). The challenge is to ensure the appropriate balance between these different measures, so that caregivers are not unduly disadvantaged in the pursuit of sustainable solutions to long-term care. Placing too much emphasis on labour policy will serve to exclude many caregivers. More options across multiple policy domains are needed. Rather than critique singular programmatic approaches, the complexity and diversity of the situations of caregivers need to be embraced and evaluation efforts need to be focused on the outcomes of such policies for the well-being of caregivers and the receivers of care.

## Final Words

Caregivers who retire for caregiving reasons may experience retirement congruency in ways that differ from the general population of retirees. Survey data show that a higher percentage of them, compared to all retirees, have moderate retirement congruency. Although these individuals “voluntarily” retire, over half of them either need or want to stay in the paid labour force, and this can have significant implications for their health and well-being. Furthermore, our interviews show that the pathway to being retired intersects with caregiving in different ways, and that these pathways do not seem related to retirement congruency—that is, individuals' perceptions of their sense of agency in the decision and their preferences for remaining employed. Clearly, a deeper understanding of caregivers' retirement congruency is in order.

The drive to find solutions to an aging population typically leads to a focus on nationally representative survey data, however, there is still “unpredictability, contradiction, and complexity” (Daly, 2007, p. xi) in people's lives that survey research simply can not accurately or insightfully capture. Additionally, if there is uncertainty about how people interpret survey questions such as those related to pensions, different

methods are needed that will result in an understanding of the meaning caregivers apply to their situations. Thus, researchers and policy makers will benefit from having supplementary and complementary qualitative data that does not “[destroy] complexity and context” (Richards & Morse, 2007, p. 30). Findings from multiple standpoints from which researchers can draw multiple inferences (Teddle & Tashakkori, 2003) will help us develop a richer and deeper understanding of caregivers’ needs, and help in developing policies to assist caregivers who want to remain in the workforce and those who have no other option but to leave it.

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## Notes

<sup>1</sup> All names are pseudonyms.

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