Caregivers' retirement congruency: A case for caregiver support

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Abstract

Using the concept of *retirement congruency (RC)*, which takes into account greater variation in retirement decisions (low, moderate, or high RC) than a dichotomous conceptualization (forced versus chosen), multinomial logistic regression was conducted on a sample of caregivers from the 2002 Canadian General Social Survey who were retired from employment ($n = 700$). Different variables increased the risk of having low and moderate RC, when both were compared to high RC. Factors predicting low RC (versus moderate RC), were similar but not identical to those predicting low RC (versus high RC). Retiring for health reasons and job problems were significant in all three comparisons. Retiring to give care only increased the probability of having moderate RC, compared to high RC, indicating that many employed caregivers who voluntarily retired because of caregiving responsibilities still expressed a desire to have remained in the labor force. Results raise questions about which policy domain—income security or labor—is most appropriate within this context.

key words: caregiving, family-work issues, multinomial logistic regression, policy, retirement

Caregivers' Retirement Congruency:
A Case for Caregiver Support

Involuntary retirement typically results in lower levels of well-being (Reitzes & Mutran, 2004; Schellenberg, Turcotte, & Ram, 2005), and the specific conditions under which this retirement occurs may further influence individuals' well-being in different ways. Few reasons other than poor health, job loss, or spousal employment have been explored (Szinovacz, 2003; Szinovacz & Davey, 2005). Researchers are, however, recognizing the need to study specific retirement contexts for their impact on individuals' health and well-being.

The experience of caregiving is a relevant context. Individuals drawn into caregiving roles during their retirement years can experience their retirement in a different way than originally imagined, potentially experiencing caregiver burden, isolation, and lack of leisure. Early experiences of retirement can influence individuals' interpretations of their retirement decisions (Mein & Ellison, 2006). For example, not enjoying retirement may cause caregivers to rethink being out of the paid labor force, reflecting on the social and identity benefits of their previous employment. Moreover, caregivers who prematurely exited their employment *because* of their caregiving responsibilities may be particularly vulnerable as they were not yet prepared to leave their jobs. These individuals are at a higher risk of beginning retirement with fewer financial resources than needed compared to those who have more control over the timing of their retirement (McDonald, Donahue, & Moore, 1998; Schellenberg, 2004). "As the timing of retirement 'frequently defines pension and social security benefits for the remainder of an individual's—or a couple's—life'" (Dentinger & Clarkberg, 2002, p. 860), this point is of particular concern. Nevertheless, the association between retirement and caregiving has seldom been studied (Dentinger & Clarkberg, 2002).

This study fills that gap by exploring the relationship between retirement and caregiving

more closely. Using a modified version of Szinovacz and Davey's (2005) model of "predictors of

forced retirement perceptions" as our framework, we study a sample of middle-aged retired

individuals caring for older persons. Additionally, moving beyond the conceptualization of the

retirement choice as a dichotomous decision (forced or not forced), we use the concept of

retirement congruency (Schellenberg & Silver, 2004) as our dependent variable. This concept

takes into account the fact that there may be varying levels of agency and preferences with regard

to people's retirement decisions and experiences (Flippen & Tienda, 2000; Schellenberg & Silver,

2004; Svinovacz & Davey, 2005). Perceptions of choice in the retirement decision transition are

related to well-being in retirement (i.e., not feeling that one had a choice results in poor adaptation,

and visa versa) (Shultz, Morton, & Weckerle, 1998). A greater understanding of how retirement

choice is perceived and the factors related to certain perceptions are key in developing effective

policies affecting employees and potential caregivers.

We ask two questions in this study. First, what type of retirement congruency do

caregivers experience? Second, what factors are associated with caregivers' retirement

congruency? Retiring due to caregiving responsibilities is an independent variable of key interest.

Review of the Literature

Retirement Congruency

Despite Beehr's (1986) argument that, conceptually, retirement voluntariness lies along a

continuum, studies typically examine perceptions of retirement choice with a narrow wanted

versus forced dichotomization (McDonald, Donahue, & Marshall, 2000). Such views, however,

fail to capture a group of individuals that would have continued employment under different

circumstances (Schellenberg & Silver, 2004), and some researchers are recognizing this. For

example, in their study of various factors influencing perceptions of forced retirement, Szinovacz

and Davey (2005) recognized that individuals who identified that their retirement was partially

chosen or partially forced differed from those who felt their retirement was fully forced or fully chosen. However, low numbers of individuals in the partially chosen/partially forced category due in part to the wording of the question resulted in them excluding this group from their multivariate analyses. In the late 1990s, Shultz et al. (1998), too, had data on this third group but removed the category from their analysis. This may have been due to small numbers as well. The part wanted/part forced group comprised only 9% of their valid responses; however, they provided no reason for the removal of this data.

One study (Schellenberg & Silver, 2004) provided some descriptive information about the partially chosen/partially forced group identified or alluded to but unanalyzed by others. These researchers looked at a subsample of recently retired individuals from the 2002 General Social Survey (GSS) on *Aging and Social Support*, a Canadian study of individuals aged 45 and older. They identified different levels of *retirement congruency* (see Figure 1).

[Insert Figure 1 about here]

High retirement congruency (RC) (38% of the sample) refers to those who retired voluntarily and would not have kept working under any circumstances. *Moderate RC* (36%) occurs when people said their retirement was voluntary but then indicated that they might have continued working under different conditions such as working fewer days a week without losing their pension or finding alternative caregiving arrangements for an aging family member. *Low RC* involved those whose retirement was involuntary. There were two types of low-congruence retirees. Some individuals would not have continued working (3%) whereas others might have considered working under different circumstances (24%). No research to date has performed a multivariate analysis examining what factors are associated with the moderate RC level.

Moreover, how retirement and employment preferences are experienced specifically by caregivers rather than a sample of retirees containing *some* caregivers is unknown. As suggested

earlier, dissatisfaction with retirement—a potential result of caregiving demands—may influence caregivers to think about former social, identity, and financial benefits of employment. This, in turn, may result in a reinterpretation of factors that could have assisted them to stay in the labor force longer than they did. Such a rethinking of the past may occur regardless of whether or not their decision to leave work was involuntary or related to their current caregiving role.

Many individuals do become caregivers while still employed, and the caregiving role influences their employment experiences in various ways. Some researchers describe it as a juggling act, as caregivers strive for balance between their personal and work lives (Guberman & Maheu, 1999). Others argue for a more complex view of the way in which the boundaries of the two interconnected realms coincide with each other (e.g., Phillips & Martin-Matthews, 2008). Little is known about caregivers' coping strategies (Chappell & Dujela, 2009), but one tactic they use to reduce strain is to leave the paid labor force. In the 2002 GSS, 2% of caregivers aged 45 to 64 quit their jobs under such circumstances (Cranswick, 2002). Many caregivers also retire earlier than planned even if they prefer to remain employed, but how often this occurs or how this decision is viewed (i.e., retirement congruency) remains to be more fully explored.

Factors Associated with Perceptions of Voluntariness in the Retirement Decision

A number of factors influence the retirement decision process of all individuals, not just caregivers, and these have been conceptualized in various ways. For example, *push* and *pull* factors affect retirement outcomes in different ways (Barnes-Farrell, 2003; Shultz et al., 1998; Taylor & Shore, 1995). Push factors, such as societal expectations around the normative time to retire, result in individuals feeling that they must retire. Pull factors, such as seeing retirement as a rewarding stage of life, positively influence a person's desire for retirement. Push factors are typically seen as negative influences, whereas pull factors are viewed as positive (Shultz et al., 1998). Interestingly, family-work responsibilities are seen as both a pull factor (e.g., Barnes-

Farrell, 2003) and a push factor (Szinovacz, 2003). Not surprisingly, some have noted the difficulty in defining push and pull factors and the importance of taking into consideration different contexts (e.g., Shultz et al., 1998). Moreover, in some situations, the same factor may have both positive and negative outcomes (Mein & Ellison, 2006). Importantly, push and pull factors also appear to play different roles depending on whether a person views their retirement as chosen or not (Shultz et al., 1998).

Szinovacz and Davey (2005) theorized the various forces influencing whether or not a person views their retirement as forced. They distinguished between motivational and choice factors, while taking into account various background factors. Our version of their model, which is modified to reflect retirement congruency, is presented in Figure 2. Because both preretirement factors and postretirement factors influence perceptions of retirement voluntariness, aspects related to individuals' current circumstances are included along with preretirement factors in this model. Negative postretirement factors appear to discriminate more strongly between involuntary and voluntary retirees than all other preretirement and postretirement factors (Shultz et al., 1998).

[Insert Figure 2 about here]

Szinovacz and Davey (2005) posited that one part of the retirement decision involves a consideration of costs and benefits, which they call motivation, or the inclination to retire. Simply put, people will be highly motivated to retire if they perceive a higher ratio of benefits to costs. These factors are represented in the box called *retirement contexts*, which consists of factors that "impinge on workers' motivation to leave their jobs or the labor force and thus define the cost-benefit ratio of retirement" (Szinovacz & Davey, 2005, p. 38). In our revised model, the retirement context consists of the age at which a person retires, employment benefits, and financial readiness.

The timing of retirement can make a difference. Individuals who retire early enjoy retirement more than later-life retirees (Turcotte & Schellenberg, 2007), yet this may only hold if

people wanted to retire earlier, which may not be the case with caregivers. In Szinovacz and Davey's (2005) research, age rather than having a mismatch between the timing of retirement and expectations regarding the timing predicted perceptions of forced retirement.

Pension eligibility is positively related to constructive attitudes during retirement (Reitzes & Mutran, 2004) and retirement voluntariness (Schellenberg & Silver, 2004; Szinovacz & Davey, 2005). Schellenberg and Silver's bivariate analyses found that more than half of high-congruence and moderate-congruence retirees received a pension from their former employer, whereas only 37% of low-congruence retirees received a pension. Receipt of a pension predicted men's but not women's views of forced retirement (Szinovacz & Davey, 2005). Additionally, not viewing oneself as having enough income in retirement was a distinguishing factor (Schellenberg & Silver, 2004; Shultz et al., 1998). When asked to compare their current financial situation to what it was like the year prior to retirement, half of low-congruence retirees said their financial situation was worse, whereas only 22% of high-congruence retirees and 33% of moderate-congruence retirees indicated the same situation (Schellenberg & Silver, 2004). High- and moderate-congruence retirees were also more likely to be financially ready for retirement compared to low-congruence retirees (Schellenberg & Silver, 2004).

The motivation or propensity to retire, however, is only relevant within a context in which choice (represented on the left side of Figure 2) exists (Quinn & Burkhauser, 1990; Szinovacz & Davey, 2005). Control over the retirement decision is associated with post-retirement well-being (Reitzes & Mutran, 2004; Schellenberg et al., 2005). Yet "involuntary actions are not subject to cost-benefit considerations. . . . It is only when choice exists that cost-benefit considerations enter retirement decisions" (Szinovacz, 2003, p. 21). Thus, choice represents the second factor inherent in the decision-making process. Choice represents various circumstances or labor-market situations resulting in individuals feeling that they have no other choice but to retire. Poor health

and job loss are the most typical factors associated with lack of choice. These factors are termed *no choice* in the model.

Being in good health when one retires is positively associated with being satisfied with retirement (Schellenberg & Silver, 2004; Szinovacz, 2003; Turcotte & Schellenberg, 2007). Poor health both at retirement and after it distinguished between those who perceived their retirement as voluntary or involuntary (Shultz et al., 1998). Low-congruence retirees were also more likely to report poor health at the time of retirement compared to other RC categories (Schellenberg & Silver, 2004). Multivariate analyses showed that leaving employment as a result of poor health significantly predicted individuals' perceptions of forced retirement (Szinovacz & Davey, 2005). Unemployment is an additional pathway to retirement (Schellenberg, 1994). The evidence for job loss, which may occur through a number of routes such as layoffs, downsizing, mandatory retirement, and lack of employment opportunities, is also strong in terms of how it influences perceptions of lack of choice in the retirement decision (e.g., Shultz et al., 1998; Szinovacz & Davey, 2005).

Szinovacz and Davey (2005) differentiated between typical no choice factors and *constrained choice* or *restricted choice* factors. A restricted choice occurs in a situation in which individuals feel they only have one alternative or if they have to choose the best of the worst options available to them. In such cases, the question can be asked whether or not more than one alternative actually exists. Szinovacz (2003) provides an excellent example of such a context:

> A life-threatening illness of one's spouse does not necessitate labor force withdrawal. However, professional home care service opportunities in the community may be such that the only viable alternatives for the couple are home care by the spouse or institutionalization. Some couples may not consider institutionalization as a true alternative, that is, the value placed on keeping the ill spouse at home will override all

other considerations. (p. 22)

Accordingly, caregiving is identified as a restricted choice (Szinovacz & Davey, 2005) on the left side of Figure 2. In their multivariate analysis, Szinovacz and Davey found that eldercare obligations predicted perceptions of forced retirement. In Schellenberg and Silver's (2004) work, similar percentages of individuals in the three RC categories reported caring for an aging individual as a reason for retirement: 7% of high-congruence retirees, 9% of moderate-congruence retirees, and 8% of low-congruence retirees. However, the percentage of individuals in each of the three RC categories who retired to care was unknown. However, whether caregivers who retire for caregiving reasons were more represented in certain RC categories over others was unknown. Additionally, how retiring to give care was related to retirement congruency when controlling for other factors was unknown. We expected that caregivers who retired specifically to give care would be more likely to be classified as moderate-congruence retirees because of the restricted aspect of their decision.

Finally, the top of the model in Figure 2 shows a number of background factors representing *demographic factors* and *human capital*, with the addition of life satisfaction. These, essentially, are control variables in the model, and are briefly reviewed here. Because our study focuses on caregivers and previous research has demonstrated the gendered nature of caregiving (e.g., Armstrong & Armstrong, 2001), however, we provide more detail about gender than the other background variables.

Similar percentages of retired women and men were found in Schellenberg and Silver's (2004) three categories. This was notable given that employment appears to be more central to men's identities than to women's (Barnes-Farrell, 2003) and retirement is a gendered experience (Berger & Denton, 2004; McDonald, 2006; McDonald et al., 2000; McDonald et al., 1998; Moen, 1996). However, all retirees were included in Schellenberg and Silver's (2004) analysis rather than

looking at specific groups of retirees such as those in caregiving roles.

Caregiving is also a gendered activity (Armstrong & Armstrong, 2001; Connidis, 2001; Hallman & Joseph, 1999), with its responsibilities intersecting differently with employment for women and men. Female caregivers incurred employment costs more often than men (Cranswick, 2002). They were more likely than male caregivers to quit a job (McDonald et al., 1998; Szinovacz & Davey, 2005) or retire to deal with their caregiving responsibilities (McDonald, 2006; McDonald et al., 1998, 2000). In fact, the occurrence of men leaving the paid labor force for caregiving purposes seemed uncommon (Dentinger & Clarkberg, 2002; Rosenthal, Hayward, Martin-Matthews, & Denton, 2004). Men responded to spousal caregiving by assuming more financial responsibility, thus staying in the paid labor force longer (Dentinger & Clarkberg, 2002). Conversely, female caregivers often retired as a result of caregiving responsibilities (Zimmerman, Mitchell, Wister, & Gutman, 2000). In Szinovacz and Davey's (2005) study, women's and men's perceptions of retirement voluntariness were influenced in different ways by care obligations. Caring for aging parents influenced men, but not women, to view their retirement as forced. Leaving a job for family-work responsibilities predicted women's perceptions of forced retirement, but this relationship could not be analyzed for men because only 8 of 572 men reported that they had done this. Such low numbers demonstrate again the pattern of men being less likely than women to leave work for caregiving responsibilities.

Turning to marital status, unmarried individuals were more likely than married individuals to experience low RC (Schellenberg & Silver, 2004). Multivariate analysis indicated that marital status predicted perceptions of forced retirement, but with different results (Szinovacz & Davey, 2005). Unmarried individuals as well as men who had remarried during their longitudinal study less often viewed their retirement as forced, compared to other groups. Research has shown that marital status is related to retirement timing and that gender influences this relationship

(Schellenberg, 1994). In particular, married women were more likely to exit the paid labor force in response to the presence of a spouse than married men. However, it may be the quality of intimate relationships both before *and* after retirement rather than marital status, per say, that may make a difference in retirement well-being (Kim & Moen, 2001) and ultimately perceptions of retirement congruency. There are varying views on the relationship between marital satisfaction and retirement satisfaction (Chalmers & Milan, 2005).

A partner's employment status may also make a difference, as this impacts household financial resources. A spouse just about to retire was a pull factor that distinguished between involuntary and voluntary retirees (Shultz et al., 1998). This factor also interacted with gender. For example, married women, but not married men, who had employed partners viewed their retirement decision as lacking in choice (Szinovacz & Davey, 2005). A spouse's employment status can also influence a person psychologically as well as financially. Having incongruent retirement/employment situations (e.g., a person retired before her or his spouse) resulted in marital dissatisfaction (Szinovacz, 1996, as cited in Chalmers & Milan, 2005).

Research is mixed about whether or not education influences views of forced retirement. On one hand, retirees with lower levels of education more often said their retirement was involuntary than those with higher levels of education (Schellenberg, 1994, 2004). On the other hand, education was nonsignificant in multivariate analysis (see Szinovacz & Davey, 2005).

Financial planning for retirement (and thus presumably being financially prepared for retirement) should be positively related to viewing oneself as having choice in the retirement decision. Higher earnings and net assets were linked to seeing retirement as forced, but the relationship between higher earnings and forced retirement perceptions became nonsignificant when health and job loss were entered into the equation (Szinovacz & Davey, 2005). Engaging in retirement planning activities while still in the labor force was positively related to well-being

during the retirement years (Elder & Rudolph, 1999; Turcotte & Schellenberg, 2007). However, Schellenberg and Silver (2004) did not indicate whether individuals with different retirement congruencies differed in time spent on retirement planning.

One background variable added to the model is life satisfaction. Life satisfaction distinguishes between different types of retirement congruency or voluntariness (Schellenberg & Silver, 2004; Shultz et al., 1998). Low-congruence retirees reported life disatisfaction more often than moderate- and high-congruence retirees (Schellenberg & Silver, 2004). Interestingly, Szinovacz and Davey (2005) did not control for life satisfaction in their multivariate model. The inclusion of postretirement life satisfaction controls for how such feelings influence perceptions of the past, or more specifically, thoughts on whether or not one would have preferred to have kept working. In this context, life satisfaction could be viewed as retirement satisfaction, which is influenced at least partially by one's caregiving responsibilities.

In conclusion, some researchers have identified the need to look at retirement decisions in a more complex manner, but little research to date has moved beyond a dichotomization of retirement choice. This study fills in that gap and also extends Schellenberg and Silver's (2004) conceptualization and descriptive work by exploring retirement congruency in a sample of individuals who are both retired and caregivers. We look closely at the relationship between retiring specifically for caregiving reasons and retirement congruency while controlling for other theoretically relevant variables.

Method

We conducted a secondary data analysis of the 2002 GSS, the same data set used for Schellenberg and Silver's (2004) study. This data set is a nationally representative study of Canadians aged 45 and over ($n = 24, 870$). Among other topics, this survey explored in detail caregivers' experiences of giving paid or unpaid care to someone 65 years or older. Questions

were also asked about retirement planning and retirement experiences. Our sample focuses on individuals aged 45 to 64 who identified as recent caregivers and had retired at least once. We used this age range because individuals in this group retired before the mandatory age of 65, the policy in existence at the time of the data collection. Thus, they would have been more likely to experience early or earlier than planned retirement compared to someone age 65 or older.

For this study, individuals were identified as caregivers if they had said yes to giving unpaid assistance in the previous 12 months to someone 65 years or older as a result of that older person having a long-term health condition. Unpaid work consisted of outside-home duties, inside-home duties, transportation, and personal care. Statistics Canada combined two questions from the 2002 GSS to create a derived variable indicating how many caregivers in the sample were retired. If respondents said yes to whether they had ever retired (after the age of 29) or if they identified that being retired was their main activity during the previous 12 months, they were classified as retired. We further limited our sample to individuals who had valid responses to our derived variable of retirement congruency (explained later in this section). The use of this approach resulted in a subsample of 700, which weighted to the Canadian population would be 329,838 caregivers.

Dependent Variable

Retirement congruency. We followed Schellenberg and Silver's (2004) method to develop this variable. If respondents identified the month in which they had retired for the *first* time (only a small minority identified that they had retired more than once), they were asked a number of follow-up questions. The following 10 questions were part of these follow-up questions. First, individuals were asked if their retirement was voluntary. Then, these responses (yes or no) were cross-referenced with whether or not they answered yes to any of the following nine questions asking if they would have continued working under different circumstances: (a) could work fewer

days a week without affecting pension, (b) could work shorter days without affecting pension, (c) could obtain more vacation leave without affecting pension, (d) salary was increased, (e) mandatory retirement policies did not exist, (f) personal health had been better, (g) could have worked part-time, (h) could have found suitable caregiving arrangements, or (i) other reasons. This cross-referencing resulted in four categories: *high RC*, *moderate RC*, and two categories of *low RC*. The first type of low RC consisted of individuals whose retirement was involuntary and would have kept working if circumstances were different. The second type of low RC consisted of those whose retirement was involuntary yet would not have kept working. These two low RC categories were combined for the analyses.

Independent Variables

Care obligations. Individuals were asked "Did you retire to give care to a family member?" Responses were coded as *yes* or *no* (reference category).[1]

Health. Respondents were asked if they retired as a result of their health. Responses were coded as *yes* or *no* (reference category).

Job problems. Three variables that asked about employment-related reasons for retirement were combined into an overall measure of employment problems. Responses were coded as *yes* if respondents answered affirmatively to any of the following three items: "retired because job was downsized," "retired because could not find employment," and "retired because of business closure or layoff." If respondents answered no to any of the three indicators, the response was coded as *no* (reference category).

Retirement timing. Unfortunately, data regarding individuals' plans and preferences for the timing of their retirement were only asked of individuals who had not *yet* retired. Thus, we used age at time of first retirement. This was measured in years.

Benefits. Individuals were asked whether or not they received a pension or retirement

benefit from any of their former employers. Responses were *no* or *yes* (reference category).

Financial readiness. Respondents were asked if they retired as a result of being financially ready. Responses were *yes* or *no* (reference category).

Gender. Categories were *male* or *female* (reference category).

Marital status. Marital status was originally operationalized as married, common-law, widowed, divorced, separated, and single. This variable was recoded so that all those who were married or common-law were categorized as *yes* and all others as *no* (reference category).

Spouse's retirement status. Szinovacz and Davey's original model included whether or not the spouse was currently employed. Because this information was not available from the 2002 GSS, we used spouse's retirement status. Responses were (a) *never worked or not applicable*, (b) *already retired or retired at same time as respondent*, or (c) *not retired* (reference category).

Education. This variable was originally coded as five categories. We recoded it into three categories: (a) *no schooling/elementary/secondary*; (b) *high school diploma, some university or college, diploma or certificate*; or (c) *undergraduate university degree or higher* (reference category).

Financial assets. Szinovacz and Davey's (2005) original model included earnings and net assets as measures of human capital and finances. However, we were unable to include a measure of earnings. There were too many missing cases in the 2002 GSS for personal income (22% missing, a continuous variable) and household income (14% missing, a categorical variable). We could not impute for missing values personal income because analyses indicated that data for this variable were not missing at random.[2] Instead, we used retirement preparation as a rough indicator of how financially prepared an individual might be for retirement. Individuals were asked how long prior to retiring they actively started financially preparing for their retirement. Original responses were no preparation, 1 to 2 years, 3 to 5 years, 6 to 10 years, and more than 10 years.

These responses were recoded into three categories: (a) *did not prepare*, (b) *1 to 10 years*, and (c) *more than 10 years before retiring* (reference category).

Life satisfaction. To account for life satisfaction's potential influence on individuals' retirement congruency, we included a measure of life satisfaction in the model. Overall life satisfaction was assessed in the survey. However, due to low cell size counts, it could not be included in the model. Thus, we used a different measure in which individuals were asked to compare their current enjoyment of life to the year prior to when they retired. Original responses were worse, same, or better. Because of low cell sizes again, worse and same were recoded into one category. Responses were *worse/same* or *better* (reference category).

Analysis

Frequencies and chi-square analyses examined the prevalence of low, moderate, and high retirement congruency. To answer the question of how retiring to give care was associated with retirement congruency for caregivers when controlling for other factors, we conducted a multinomial logistic regression. Multinomial logistic regression allows for the prediction of more than one outcome (Tabachnick & Fidell, 2007). We used an unordered multinomial logistic regression in which "each equation [except the reference group] predicts the probability that a case is (or is not) in a particular category" (Tabachnick & Fidell, 2007, p. 465). This regression was run twice. The first time, the reference group was high RC, and the two equations measured the probability of having (a) low RC versus high RC, and (b) moderate RC versus high RC. In the second run, moderate RC was entered as the reference group, allowing for a comparison of low RC with moderate RC. Standardized weights were used for all frequencies and analyses. Because of the complex sampling design of the 2002 GSS, bootstrapping methods using mean bootstrap weights were conducted to produce valid standard error estimates.[3] Correlations and chi-square tests also explored relationships between all variables entered into the model.

Results

Table 1 describes selected characteristics of the sample. Ages ranged from 45 to 64 (*SD* = 4.75), with an average of 57. Fifty-four percent of the caregivers were women. A variety of education levels were represented in the survey. The majority of individuals were married or common-law, had a spouse who was not yet retired, and lived in an urban area. Only 23% of the sample had spent more than 10 years financially preparing for retirement.

[Insert Table 1 about here]

Approximately 40% of the sample was involved in care duties more than 4 hours a week, although data were missing for 15% of the sample on this variable. Close to 70% of the caregivers indicated that in the previous 12 months they had provided care to a parent, and many others were caring for various relatives or non-relatives. Because the survey asked if they were caring for someone aged 65 or older, few reported caring for a spouse. Care involved any combination of house care, outside care, transportation, and personal care. Individuals had been retired, on average, just under 6 years (*SD*: 4.86 years). Almost 80% of the sample had been caregivers for 2 years or longer (information about giving care for longer than this was not provided). However, the dataset precluded knowing for certain whether or not respondents were also caring for the current care recipients at the time of their retirement.

Seventy-one percent of the caregivers were giving assistance with house care (e.g., cleaning), outside care (e.g., gardening), transportation, or personal care to one care recipient. Twenty-four percent gave this kind of care to two care recipients, and 5% were assisting three or more care recipients with at least one of these four tasks. Although not included in our operationalization of caregiving, giving emotional support was also very common. Approximately four in five caregivers were providing emotional support to up to five care recipients.

Fifteen percent of the sample (*n* = 104) reported that care of a family member was a reason

why they retired. Not surprisingly, female caregivers (21%, $n = 79$) were more likely to have said that they retired for caregiving purposes than male caregivers (8%, $n = 26$), $\chi^2 = 22.14$, $p < .001$ (Phi = -.18). Twelve other reasons were possible, such as retiring for health reasons, having enough money to retire, and no longer enjoying working. No individuals indicated that care responsibilities were the only reason that they retired.

Retirement Congruency

Thirty-two percent of the sample said their retirement was involuntary, and men (36%) differed significantly from women (29%) on this variable, $\chi^2 = 4.34$, $p < .05$ (Phi = -.08). However, 69% of all individuals answered "yes" to at least one of the nine questions asking them about conditions under which they might have remained employed. Thus, many caregivers indicated a desire to have kept working when given hypothetical situations to consider.

Cross-referencing whether or not a person said their retirement was voluntary with whether they had answered yes to any of the nine questions resulted in our measure of retirement congruency. With regard to the first research question, the percentages of caregivers in each category were: (a) 32% low RC, (b) 40% moderate RC, and (c) 28% high RC.

Factors Associated with Retirement Congruency

The second research question explored what variables were associated with the three RC categories. Before running the regression, a correlation table (not included) was analyzed to check for multicollinearity issues between any of the variables entered in the model. No multicollinearity concerns were evident. Examples of statistically significant correlations between retirement congruency and other variables were: (a) retiring for health reasons: .37, (b) retiring for job problems: .27; and (c) age at first retirement: .23. Retiring for caregiving reasons was not significantly related to retirement congruency ($r = .01$). Not surprisingly, however, marital status strongly correlated with spouse's retirement status ($r = .56$).

Chi-square analyses also examined bivariate relationships between each of the independent variables and retirement congruency. All independent variables were related to retirement congruency, and usually in ways that confirmed past research (for example, low-congruence retirees were more likely to retire for health reasons compared to high-congruence retirees). In the following two paragraphs we highlight findings regarding gender and retiring to give care.

Unlike Schellenberg and Silver (2004), who found no gender differences in retirement congruency, a chi-square analysis did indicate a gender difference, $\chi^2 = 8.58$, p < .05 (Cramer's V = .11). Male caregivers (36%) were more likely to be low-congruence retirees than female caregivers (29%), indicating a perception of forced retirement as well as a desire to remain employed. Female caregivers (33%) were more likely than male caregivers (23%) to be high-congruence retirees, reflecting a perspective of choice in the decision and a lack of desire to remain employed. There was little difference between women and men on moderate RC (41% of men, 39% of women), the category in which caregivers said their retirement was voluntary but indicated that they might have remained working under different circumstances.

The relationship between retirement congruency and retiring to give care was unexplored in previous research. In this study, caregivers who identified that they retired for caregiving reasons were more likely to have moderate RC than those who did not, $\chi^2 = 10.17$, p < .01 (Cramer's V = .12) (see Table 2). More than 50% of the caregivers who retired under this circumstance reported moderate RC.

[Insert Table 2 about here]

Looking at this from another perspective, over 20% of moderate-congruence retirees reported that they had retired to give care, compared to only 11% to 12% of individuals in the other two categories. Thus, retiring to give care seemed related more to moderate RC than the other two categories. The next step was to identify if this relationship held in a multivariate

analysis when controlling for all model variables.

The overall model test (log likelihood) of the multinomial logistic regression indicated that the model was a good fit. One further test also supported the finding that it was a good fit. In multinomial logistic regression, the chi-square goodness-of-fit test should not be significant (Garson, 2006) if the model has an overall good fit. The Deviance goodness-of-fit test for our regression was 1117.19, *ns*. All variables except the following contributed significantly to the model: (a) marital status, (b) spouse's retirement status, (c) education, (d) number of years retired, and (e) receipt of an employee pension.

Relative risk ratios for the multinomial logistic regression are presented in Table 3. Four factors were significant in the comparison between low RC and moderate RC, whereas six factors were significant between low RC and high RC. Factors increasing the probability of having low RC compared to moderate RC were: (a) having less or about the same enjoyment of life currently, compared to the year prior to retirement; (b) retiring because of health; (c) retiring because of job problems; and (d) retiring because one was financially ready. Variables that increased the likelihood of having low RC compared to high RC were the same as those in the previous comparison, with two additions: gender and financial preparation for retirement. Four factors significantly increased the probability of having moderate RC, compared to high RC: (a) gender, (b) retiring for health reasons, (c) retiring for job problems, and (d) retiring to give care.

[Insert Table 3 about here]

Overall, just one demographic variable was significant. Being a male caregiver, versus being a female caregiver, almost tripled the likelihood of having low RC, compared to high RC. Being male also increased the odds of having moderate RC, compared to high RC (1.73). Post-retirement life enjoyment was significant when comparing low RC with the other two retirement congruency categories. Having the same or lower level of life enjoyment 1 year after retirement,

compared to having higher levels of life satisfaction, more than doubled the probability of experiencing low RC, compared to high RC, and almost doubled the odds of having low RC versus moderate RC. One human capital factor was significant. The length of time that one prepared for retirement increased the likelihood of experiencing high RC, compared to low RC. Specifically, not preparing for retirement, versus preparing for more than 10 years, more than tripled the probability of being in the low RC versus the high RC category.

Not surprisingly, no choice factors were the strongest predictors in the model. Retiring as a result of poor health was a strong factor in all three comparisons. The strongest effect appeared when predicting the probability of having low RC, compared to high RC. Those who retired due to poor health, compared to not retiring for this reason, were 13 times more likely to be classified as having low rather than high RC. Individuals retiring because of poor health versus not retiring for ill health were 7 times more likely to be classified as having moderate RC when compared to high RC. They were, however, just twice as likely to be classified as having low RC versus moderate RC. Job problems followed a similar pattern to retiring for health reasons. Its effect was the strongest when comparing low RC to high RC (almost 15 times greater possibility), and lessened when comparing moderate RC to high RC (almost 5) and low RC to moderate RC (3).

When controlling for all other variables, restricted choice was significant in just one of the three comparisons. Retiring to care for a family member, versus not retiring for this reason, increased the likelihood of being in the moderate RC category, compared to the high RC category, by over three times. Finally, one retirement context variable was significant. Retiring when financially ready, versus not retiring under such a condition, lessened the risk of being in the low RC category, when compared to both moderate and high RC.

Discussion

As a result of demographic realities and changing government community care policies,

increasing numbers of individuals will be providing unpaid care in the future, particularly to older people. The 2007 GSS on *Family, Social Support, and Retirement* indicates that 2.7 million Canadians now provide unpaid eldercare, an increase of 670,000 compared to the 2002 GSS results (Cranswick & Dosman, 2008). Twice as many seniors will require assistance by 2031 compared to 2001 (Keefe, Légaré, & Carrière, 2007).

Caregiving responsibilities can lead to early or unexpected retirement, which has implications for individuals' well-being in many ways. The decision to retire, however, is more than just a matter of whether or not a person chooses retirement. Differences in retirement congruency exist, yet research has seldom included the group of individuals whose retirement may be chosen *and* forced, reflecting the simultaneous presence of both push and pull factors. Moreover, specific contexts such as caregiving have not been studied for how they influence individuals' perceptions of agency and preferences 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, four findings emerge from this study focusing on middle-aged retired individuals caring for older family members.

First, moderate RC is common in caregivers. Two in five caregivers between the ages of 45 to 64 have moderate RC. Unlike previous research in which the group of individuals with moderate RC was too small to analyse (e.g., Szinovacz & Davey, 2005, and possibly Shultz et al., 1998), it is common for caregivers. This research, along with Schellenberg and Silver's (2004) analysis of all retirees, suggests that the number of individuals experiencing moderate RC is higher compared to 10 or 20 years ago. Increased life expectancy and improved health of older individuals (Policy Research Initiative [PRI], 2005) result in healthy retired individuals for longer periods of time than in the past. Such demographic changes may influence greater numbers of individuals to reassess their retirement decisions. Alternatively, the way in which retirement

voluntariness is measured in different surveys may contribute to different findings. As mentioned earlier, the wording in Szinovacz and Davey's (2005) study about the partially chosen/partially forced group prevented them from analyzing that data. More research is needed to confirm whether or not moderate RC is increasing in retirees in general, or if it is simply more common in certain groups of retirees such as caregivers or those who have had to retire earlier than planned.

Second, moderate RC is very common for caregivers who report retiring specifically for caregiving reasons. More than one in two caregivers who retire because of their caregiving role say they chose to retire yet also indicate that there could have been circumstances that might have influenced or assisted them to remain in the paid labor force. Thus, for many of these caregivers, the decision to retire is not a simple chosen versus forced decision. Restricted choice (Szinovacz & Davey, 2005), as indicated in the model, enters into their experiences. This finding holds in the multivariate analysis as well. When controlling for other factors, retiring for caregiving reasons more than triples the likelihood of experiencing moderate RC, compared to high RC.

From a research perspective, this finding points to the importance of conceptualizing retirement as more than just as a dichotomous decision. This study is the first to provide evidence to support what gerontologists have been saying for a long time. Many caregivers who voluntarily leave their jobs because of caregiving responsibilities prefer to remain employed. The partially chosen/partially forced group can no longer be ignored, particularly within a caregiving context.

Third, gender differences in retirement congruency exist for caregivers, which is different from Schellenberg and Silver's (2004) study of all retirees. However, Szinovacz and Davey (2005) found that women and men differed in factors predicting their perceptions of retirement voluntariness. In this study, being a male caregiver increased the odds of experiencing both low and moderate RC, compared to high RC. These results are consistent with evidence suggesting men are more likely than women to view their retirement as involuntary (Schellenberg, 1994) and

less willing to leave employment for caregiving responsibilities (Dentinger & Clarkberg, 2002; Rosenthal et al., 2004). These findings confirm other research (e.g., Dentinger & Clarkberg, 2002; Rosenthal et al., 2004; Zimmerman et al., 2000) that the relationship between caregiving and retirement is gendered.

On one hand, male caregivers appear to have a much stronger connection than women to the paid labor force. Our multivariable analysis supports this finding. Being a male caregiver, compared to being a female caregiver, almost triple one's chances of having low versus high RC and almost doubles one's chances of having moderate versus high RC. Male caregivers are more likely than female caregivers to indicate a desire to remain in the paid labor force, regardless of whether they feel their retirement was chosen or forced. Men may need to take on caregiving roles in the future as a result of various demographic trends. Flexible policies are needed to enable them to provide this care while maintaining their well-being and labor force participation.

On the other hand, female caregivers are more likely than male caregivers to say their retirement decision was voluntary and that there would not have been anything that could have helped them remain in the paid labor force. This suggests a stronger commitment to family responsibilities than to employment, a pattern that is concerning for different reasons. Women's greater financial precariousness in retirement is well documented (e.g., McDonald, Donahue, & Moore, 1997). Additionally, their propensity to be high-intensity caregivers compared to men (Pyper, 2006) puts them at higher risk of cargiver burden and poor health. It is possible that these gender differences might hold or even intensify when looking at caregivers who retire specifically for caregiving reasons, which women are also more vulnerable to, again, compared to men (Zimmerman et al., 2000). In such a situation, caregiving may be experienced as a push factor for men but a pull factor for women—yet a pull factor that has both positive (e.g., identity reinforcement in helping another person and reciprocal exchanges from past assistance) and

negative outcomes (e.g., financial penalties). As Shultz and colleagues (1998) have noted, push and pull factors may play out differently depending on the context. However, our subsample of caregivers in this particular circumstance was too small to explore this pattern.

Fourth, this study finds that different variables distinguish among the three types of retirement congruency. Only two variables, reflecting no choice, are significant in all three comparisons. Consistent with previous work (e.g., Schellenberg, 1994; Shultz et al., 1998; Szinovacz & Davey, 2005; Turcotte & Schellenberg, 2007), health and job loss distinguish among all three groups. Lack of choice, reflected by disability and job loss (Szinovacz & Davey, 2005), is an overwhelming factor influencing individuals' perceptions of choice and agency in their retirement decision and work preferences. These two factors also have the strongest effects when comparing full choice/high satisfaction (high RC) with varying levels of choice/preference for continued employment (low and moderate RC).

The highest number of factors (six) increase the probability of being categorized as a low- versus high-congruence retiree, compared to the other two comparisons in which only four factors are significant. This higher number likely reflects the fact that this was the most extreme comparison being made, the typical choice dichotomy (forced versus chosen) in the literature typically studied by other researchers (e.g., Shultz et al., 1998; Szinovacz & Davey, 2005).

Moderate RC and low RC differ from each other in ways that are both disimilar and similar to the differences between high RC and low RC. Gender does not differentiate between low and moderate RC, possibly because these two RC types are similar in their desire to remain employed, a characteristic commonly found for men (Barnes-Farrell, 2003). Lack of financial preparation was significant only in predicting low RC compared to high RC, highlighting its important role in retirement well-being (Elder & Rudolph, 1999; Turcotte & Schellenberg, 2007). Individuals with moderate RC appear to be more similar to those with high RC in terms of their

financial preparation. It may be that other employment benefits such as social connections (Barnes-Farrell, 2003) and reprieve from the caregiving role are what influence them to express a desire to have remained in the workforce.

Four of the same variables are significant in both models. The effects for health and job loss are much smaller for the low-moderate RC comparison. For example, retiring because of job problems increases the risk by 14 times of having low versus high RC, compared to only 3 times when predicting membership in low versus moderate RC. Life satisfaction and retiring when financially ready have similar effects in both models. Our control variable for life satisfaction, as reflected in a postretirement-preretirement life enjoyment comparison, is a significant factor when comparing low RC to the other two RC groups. Comparisons of one's current life to the past may influence individuals to reassess prior decisions. This may occur, in particular, if one's assessment is not positive or overly positive, as it in our study (measured as "worse or same" versus "better"). This finding support Shultz et al.'s (1998) statement that negative postretirement factors are discriminating factors in differentiating between those who see their retirement as chosen versus forced. Future researchers studying retirement congruency should control for this factor in their multivariate analyses. Retiring when financially ready reduces the probability of being categorized with low RC versus moderate and high RC in similar ways, highlighting again the way in which moderate-congruence retirees differ from low-congruence retirees in financial ways.

Only four variables differentiate moderate RC from high RC. Two of these factors are the no choice factors in the model (health and job loss) already mentioned as being present in all three comparisons. The third factor is gender, which also has already been discussed. Not surprisingly, the one unique factor in this comparison is retiring to caregive. These findings corroborate Svinovacz and Davey's (2005) suggestion that individuals whose retirement is partially chosen/partially forced (moderate RC) differ from those who claim their retirement was either

fully forced (low RC) or fully chosen (high RC), and thus should be further studied by themselves. More detailed analyses of the moderate RC group will be possible if the number of individuals experiencing it increases in the future, as we suggest it might. Larger sample sizes in Statistics Canada's General Social Surveys will be of assistance as well as studying all retirees for the impact of retiring to give care, not just a sample of caregivers.

It is important to note that moderate RC and retiring to give care are not synonymous with each other. Moderate RC's operationalization consisted of many factors that might have influenced a person to remain in the paid labor force. Moreover, following Szinovacz & Davey's (2005) conceptualization of factors affecting perceptions of forced retirement, retiring to caregive was the only restricted choice factor included in our model. Yet, there are other ways in which restricted choice may play out for individuals. For example, retiring because of new technology being introduced into a workplace setting might be another way in which restricted choice exists. A worker could have the opportunity to learn the new technology but if they feel it would be too difficult to learn or if it would change their work responsibilities too dramatically, they may retire instead. Thus, even though they were offered the new training, they did not see it as a "true" choice.

Policy Considerations

In recognition of the growing number of people who will need assistance, various strategies have been implemented in the public domain to contain costs of healthcare (Keating & Cook, 2001), including replacing institutional care of individuals with care provided free of charge by family members and friends rather than by paid professionals (Ward-Griffin & Marshall, 2003). As a result, many individuals provide such unpaid support, and will be called upon increasingly to do so. This trend is of particular concern for both individual and societal reasons.

Caregivers experience personal costs. They take on more difficult and complex tasks for

longer periods of time, resulting in an increased risk for caregiver burden (i.e., stress, fatigue, and depression). Leaving the paid labor force is one strategy caregivers chose to cope with these increased expectations. Such involuntary or earlier-than-planned retirement has significant implications for the accumulation of personal retirement savings and pensions (Dentinger & Clarkberg, 2002; Schellenberg & Silver, 2004). Additionally, there may be mental health issues around the unexpected restructuring of retirement expectations and the premature and involuntary loss of the worker identity role. A lowered sense of well-being may be experienced instead of enjoying their retirement years. Despite the stresses that occur as a result of combining paid work with unpaid caregiving, caregivers' life satisfaction can be enhanced rather than reduced through employment (Pyper, 2006). Various benefits that come from being employed include social embeddedness within a community of colleagues (Barnes-Farrell, 2003), healthcare benefits, and more specifically, for caregivers, reprieve from their caregiving role.

At the societal level, concern over Canada's ability to manage labor force shortages caused by a significant outflux of baby boomers is on the minds of government policymakers and senior business leaders (PRI, 2005). The potential for earlier-than-planned retirement by middle-aged workers caring for elderly family members will only exacerbate this shortage. As highly trained and mid- to late-career workers juggle multiple responsibilities or drop out of the labor force, societal repercussions include reduced productivity and global competitiveness. Moreover, personal costs previously noted, such as exhaustion, injury, and depression, are also felt at the macro level through increased utilization of health care and pharmacare resources.

Policies clearly need to be developed to address the challenges affecting caregivers. However, fundamental to this discussion is a consideration of the most appropriate policy domain and the desired goal. Is the purpose of policies to continue labor force participation of caregivers and maintain their attachment to the labor force through short term leaves? If this is the case,

policies will be limited to employees of which some are caregivers. The nationally available Compassionate Care Benefit can be expanded so that it applies to individuals who require chronic care support rather than just those who are at risk of dying within 26 weeks. Another option would be increased flexibility of the Canada Pension Plan allowing drop-out clauses for eldercare rather than just young children. Employers can play a role by developing workplace policies, such as flexible working hours (Pyper, 2006), that enable caregivers to remain in the workplace for as long as they choose.

Alternatively, policies may be designed to support all caregivers of which only some are employees. Such policies will recognize the value of the caregiving role and support it. In this context, multiple types of policies could be considered. For instance, enhanced home care policies can reduce expectations on caregivers and encourage their needs to be identified through caregiver assessment (Keefe, Fancey, Guberman, Barylak, & Nahmiash, 2008). Income security policies can financially compensate caregivers for their work (Keefe & Rajnovich, 2007). Nationally available policies for caregivers regardless of employment status would increase access across all caregiver groups without penalizing those who have already exited the labor force. However, such policies may be difficult to negotiate within Canada's 10 provinces and 3 territories.

Limitations and Future Research

There are a number of limitations to this study. We were limited by the GSS in that the data was cross sectional unlike Szinovacz and Davey's (2005) longitudinal work. Additionally, the GSS only looked at middle-aged caregivers providing unpaid eldercare. Future research could explore retirement congruency with a sample representing a full range of caregiving experiences. Researchers more broadly interested in retirement may want to study retirement congruency in all retirees rather than just this specific group of retirees. More factors related to choice and restricted choice (e.g., retiring because of outdated skill sets or lagging behind in new technologies) could

also be included in the model. However, we do also emphasize the importance of studying

retirement congruency with caregivers and in other specific contexts.

Measurement issues can be noted. As noted in previous work (Schellenberg & Silver,

2004), retirement congruency is based partially on a variable asking about hypothetical situations,

and thus may not accurately represent what a person would actually do. An accurate and

meaningful measure of financial well-being as a background measure would be helpful in

determining how it influences retirement congruency, although Szinovacz and Davey (2005)

indicated that its effect was non-significant once health and job loss were entered into their

multivariate analysis. More information on specific health conditions (Shultz & Wang, 2007)—

particularly psychosomatic and psychological health—rather than overall health reasons would be

important in future national surveys to explore more adequately the relationship between health,

caregiving, and retirement.

Our sample size was a limitation in two ways. First, it limited the number of independent

variables that could be included in the multinomial logistic regression model. For example,

although we appropriately revised Szinovacz and Davey's (2005) model to account for retirement

congruency, we had to leave out one part of the original model that dealt with the employment

context (e.g., occupation, presence of a union). However, Szinovacz and Davey (2005) noted that

employment conditions had little effect on perceptions of retirement voluntariness. Similar to their

finding regarding income, work context variables were insignificant once health and job loss were

entered into their model. Second, the small sample size also precluded separate regression

analyses by gender. Future studies should further explore gender differences in caregivers'

retirement congruency. A national study of caregivers retired from their employment would

reduce the risk of type II errors from occurring. Oversampling for male caregivers who retired to

give care would be particularly helpful. Such a study could also include more detailed information,

such as interval data about how long individuals have been caregivers and whether or not current care recipients were the same individuals receiving care at the time the caregivers retired. Finally, qualitative research would complement a nationally representative and longitudinal survey, providing insight into the complexity of middle-aged caregivers' retirement decisions and experiences of retirement congruency.

Conclusion

Those who feel they have little control over the retirement decision may not be psychologically prepared for retirement, which in turn contributes to lower well-being (Bender & Jivan, 2005). Because "a healthy and happy retirement has become a major social objective in Canada" (PRI, 2005, p. 4), researchers are thus 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.

This study expands our understanding of retirement decision making by examining factors related to retirement congruency. It also contributes to the literature through examining retirement congruency specifically with a certain group of retirees: caregivers under the age of 65. A deeper understanding of caregivers' retirement outcomes is imperative. With an influx of baby boomers moving into old age, demands for elder care will only intensify. Increasing numbers of caregivers will likely be faced with difficult decisions regarding their labor force participation, and this may occur regardless of whether or not their caregiving responsibilities lead to retirement. Many caregivers, for example, may need to return to the paid labor force as a result of financial costs associated with caregiving later in life but yet be unable to do so. Dissatisfaction with the retirement decision and outcomes will exacerbate some caregivers' already negative views of their lives, further compromising their health and well-being.

Government and community policy makers will benefit from understanding more about

retirement congruency and how this influences both retired and employed caregivers' needs for services. Such an understanding can result in a more positive experience of individual aging. It also has implications for population aging, given the need to find ways of managing an aging population and decreasing labor force (PRI, 2005).

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[1]For categorical independent variables, a dummy variable was created. Dummy variables have an omitted category that is referred to as the *reference category*. The t-test for each of these independent variables is whether or not the coefficient for one of the categories is different from the reference category.

[2]We did run the regressions with income, using mean substitution and a dummy variable indicating whether or not income had been reported. The overall models were similar to these ones. Income was not significant in all three models, but the dummy variable was significant in two of the comparisons (low versus high and moderate versus high). Reporting income, versus not reporting income, increased the odds of having low RC by 3.34 and moderate RC by 1.84, when compared to high RC.

[3]Bootstrapping was conducted in StataSE 10. All other analyses were performed in SPSS 15.

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Figure 1
Retirement Congruency

retirement was voluntary

	yes	no
no	**High**	**Low**
yes	**Moderate**	**Low**

would have kept working

Figure 2
Model of Factors Associated with Retirement Congruency (adapted from Szinovacz & Davey, 2005)

Background

Life enjoyment

Demographics
• Gender
• Marital status

Human capital and finances
• Spouse retired
• Education
• Financial assets

No choice
• Health
• Job loss

Restricted choice
• Care obligations

Retirement contexts
• Retirement expectations and timing
• Benefits
• Financial readiness

Retirement congruency (low, moderate, high)
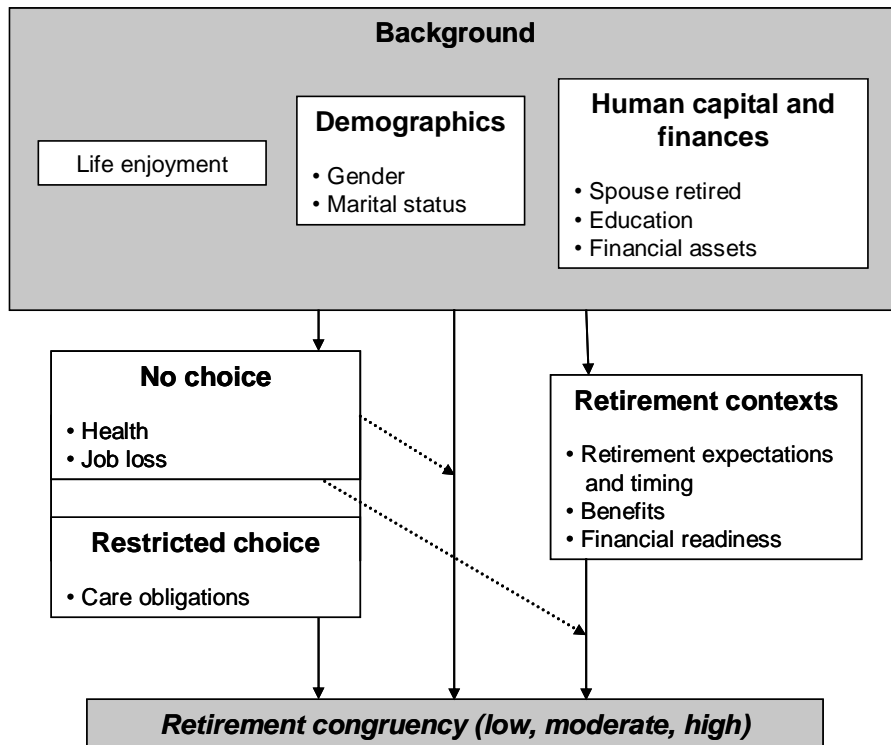
Table 1

Sample Description

Characteristic	Frequency	%
Gender		
Male	321	46
Female	379	54
Marital status		
Married or common-law	554	79
Widowed	33	5
Divorced or separated	74	11
Never married	39	6
Spouse's retirement status[a]		
Never worked/not applicable	154	22
Already retired or retired at same time	164	24
Not retired	381	55
Geographical location		
Urban	530	76
Rural	170	24
Education		
No schooling/elementary/secondary	106	15
High school/some university/college/ diploma/certificate	408	58
University (bachelors, masters, PhD)	186	27

Characteristic	Frequency	%
Length of time prepared for retirement[b]		
Did not prepare	220	32
1 – 10 years before	318	46
More than 10 years before[a]	157	23

Note. N = 700. Total percentages may add up to 101% in some cases due to rounding.

[a]$n = 699$. [b]$n = 694$.

Table 2

Comparison of Retirement Congruency for Those who Retired to Give Care Versus Those who Did Not (Percentages)

	Retired to give care	
Retirement congruency	Yes	No
Low	26	33
Moderate	54	37
High	20	30

Table 3

Multinomial Logistic Regression of Retirement Congruency on Selected Independent Variables (in Relative Risk Ratios)

	Retirement congruency		
Variable	Low (vs Moderate)	Low (vs High)	Moderate (vs High)
Demographics			
Gender			
Male	1.58	2.72[**]	1.73[*]
Female[a]	--	--	--
Marital status			
No	1.71	2.19	1.28
Yes[a]	--	--	--
Enjoyment of life compared to one year prior to retirement			
Less or about the same	1.92[*]	2.57[**]	1.33

(Table 3 continues)

	Retirement congruency		
Variable	Low (vs Moderate)	Low (vs High)	Moderate (vs High)
More[a]	--	--	--
Human capital and finances			
Spouse's retirement status			
Never worked/not applicable	.73	.57	.78
Already retired or retired at same time	.56	.53	.94
Not retired[a]	--	--	--
Education			
No schooling/elementary/secondary	1.20	2.25	1.88
High school/some university/college/ diploma/certificate	1.12	1.71	1.54
University (bachelors, masters, PhD)[a]	--	--	--
Length of time prepared for retirement			
Did not prepare	2.16	3.18[*]	1.47
1 – 10 years before	1.29	1.62	1.26
More than 10 years before[a]	--	--	--
No choice			
Retired because of health			
Yes	1.95[*]	13.57[***]	6.96[***]
No[a]	--	--	--
Retired because of job problems			
Yes	3.15[**]	14.73[***]	4.68[***]

(Table 3 continues)

Variable	Retirement congruency		
	Low (vs Moderate)	Low (vs High)	Moderate (vs High)
No[a]	--	--	--
Restricted choice			
Retired because of caregiving responsibilities			
Yes	.66	2.15	3.23**
No[a]	--	--	--
Retirement context			
Age at retirement	.99	.95	.96
Receipt of an employer pension			
No	1.57	1.06	.67
Yes[a]	--	--	--
Retired because financially ready			
Yes	.25***	.20***	.81
No[a]	--	--	--

Note. $N = 683$ (16 cases were missing). Log-likelihood = -1125.88, $p < .001$ (chi-square).

[a]reference group.

*$p < .05$. **$p < .01$. ***$p < .001$.