

FACT SHEET

Eldercare, Retirement Congruency, and Retiring to Give Care

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Introduction

Many individuals in Canada are caregivers, and this number is increasing. In terms of eldercare, alone, in 2007, 2.7 million Canadians gave assistance to a senior with a long-term health condition, an increase of 670,000 compared to 2002 (Cranswick & Dosman, 2008). It is estimated that more than twice as many seniors will need assistance by 2031 compared to 2001 (Keefe, Légaré, & Carrière, 2007).

- Caregiving is very common in Nova Scotia: A 2005 provincial study found that over one-third of Nova Scotians are giving care to someone.
- Unpaid caregivers give vital support to those who need it, yet it can sometimes be overwhelming.
- Many have to retire from their paid jobs because of their caregiving responsibilities. In 2002, for example, over 72,450 Canadians reported that they retired to give care to another person.

Yet, we don't know much about how these caregivers feel about their decision or what happens after they retire. To begin our study, we looked something called [retirement fit](#).

What is Retirement Fit?

Retirement fit is a comparison of how well the choice a person makes about retirement fits with her/his preferences (Schellenberg & Silver, 2004). Another term used for this is **retirement congruency**.

There are three kinds of retirement fit that we focused on:

- **Low Retirement Fit**- Retirement was forced and the person would have preferred to keep working.
- **Moderate Retirement Fit**- Retirement was chosen, but the person still would have liked to have kept working.
- **High Retirement Fit**- Retirement was chosen and the person was happy with his/her decision.

		Retirement was voluntary	
		yes	no
Would have kept working	no	HIGH	LOW
	yes	MODERATE	LOW

Research Questions and Method

Research Questions

1. What kind of retirement fit do caregivers have?
2. What factors are related to different types of retirement fit?
3. How is the decision to retire made?
4. How does retiring early to provide care affect individuals?

Research Methods

- Quantitative analysis of the 2002 General Social Survey on Aging and Social Support (a national survey), this study focused on caregivers aged 45 to 64 who were caring for someone 65 years and older as a result of that person having a long-term health condition. Multinomial logistic regression predicted the probability of having (a) low or (b) moderate retirement fit, compared to high retirement, and (c) low retirement fit, compared to moderate retirement fit.
- Qualitative interviews with 44 Nova Scotian caregivers, 45 years or older, who retired to give care to an adult within the previous five years. Individuals were asked questions about (a) their employment history, (b) what it was like to balance being employed with being a caregiver (this included how they became caregivers and details about their caregiving experiences), (c) their retirement decision, and (d) retirement planning. Interviews were analyzed with the assistance of MAXQDA software.

Research Results

In the 2002 General Social Survey, 38% of retirees had high retirement fit, 36% had moderate retirement fit, and 27% had low retirement fit. But in our study, we found that moderate retirement “fit” was more common in caregivers who retired specifically for caregiving reasons. This finding was consistent in both the quantitative and qualitative analyses.

- **Approximately 1 in 2 of these caregivers have moderate retirement fit, meaning that many of them say they chose to retire yet also indicate a desire or need to have remained employed.**

We also compared each of the three retirement fit groups with each other. The tables that follow show the various factors in the quantitative analysis that increased the probability of being in one group compared to another. In the third column, the “relative risk ratio” shows how strongly the factor is related to one group versus another. For example, in the first table, the relative risk ratio for being a male caregiver is 2.84, which means that being a male caregiver almost triples the probability of having low retirement fit, compared to having high retirement fit.

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 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 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

Pathways to Retirement

In the qualitative analysis, retirement occurred in four ways for caregivers:

- The **sudden** pathway- A person becomes a caregiver and retires at the same time. This can happen suddenly with a crisis that demands attention.
- The **coincidental** pathway- A person is temporarily unemployed at the time someone needs care. When they start caregiving, they are then not able to look for a job.
- The **gradual** pathway- A person has been a caregiver for a long time and they have also been planning for retirement (e.g., a date is planned for when they'll retire).
- The **breaking** pathway- A long term caregiver reaches a "breaking point" in which they can not cope any longer. Retirement may happen suddenly and may not have been planned for, or planned enough for.

Different types of retirement fit were found in all four groups.

For example, even some individuals who gradually became caregivers and who planned adequately for their retirement still experienced moderate retirement fit.

Other themes from the interviews

Alternatives to help people stay at work might not always help

“I could’ve found somebody, but what we would have been paying out would have been more money than what I’d have been making.” - Ian

“I had to make a clear break with my work in order to manage what was going on at home.” - Barb

Most caregivers wanted or needed to continue with a paid job

“I really did enjoy my last job as customer service for a drugstore and I still miss it and I will always will.” - Lucille

Financial difficulties were common

“I’d like to be back in the workforce and wondering if I can soon because I’ll need something to live on.” - Paula

Adjusting to being a retired person and a caregiver was a long process, regardless of the type of retirement fit a person had or how long they had been retired

“I’m mentally fatigued. My mental attitude about being here is very negative, and so mentally I’ve lost a lot of certain ambitions that I’ve had about being here. So that’s what’s affected me more than anything, my mental outlook, how I feel about things, how I see things. I’m, I’m angry, I’m angry. At times I’m very depressed. [pause] I guess there’s a bunch of other words but anger and depression, frustration, despondency, all of these words are just words but they’re, they all come into play as to how I feel.” - Lloyd

“I haven’t gone on any great trips. . . . Not one. Isn’t that supposed to be what you do when you retire? I don’t do a lot of gardening. I would like to. [laughing]. Caregiving’s a 24-hour-a-day job. . . You *cannot* go garden.” - Heather

Policy Implications

Leaving the labour force has financial and health-related consequences for caregivers and contributes to a shortage of workers for Canadian society. Policies should focus on two areas: (a) policies to continue attachment to the labour force, and (b) policies to support caregivers who leave the labour force.

Provincial home care programs- Enhance home care services, respite care and assess caregiver needs

Employer-based policies- Enhance family leaves; adopt longer term unpaid leaves

Canada Pension Plan- Allow drop-out clauses for eldercare, not just young children

Income security- Develop policies to financially compensate caregivers for their work

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Additional information on this research, as well as helpful tips and links for caregivers can be found at:

<http://www.msvu.ca/ARCFamilyWork/projects/care-retire.asp>