

Contents lists available at [ScienceDirect](#)

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Caregiving intensity and retirement status in Canada

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ARTICLE INFO

Article history:

Available online 3 December 2013

Keywords:

Canada
Unpaid caregiving
Informal care
Retirement
Employment

ABSTRACT

A number of OECD countries have implemented policies encouraging longer labour force participation in tandem with policies encouraging informal care provision in the community. To better understand how these policies may affect the available pool of caregivers and labour force participants, we need more evidence about how informal caregiving is related to retirement status and timing. We assessed the association between caregiving intensity and retirement status for individuals aged 55 to 69 using the Canadian 2007 General Social Survey, a cross-sectional survey with 23,404 individuals. We used multinomial logistic regressions to determine whether providing different intensities of informal care (i.e. hours of weekly care) was significantly associated with the likelihood that an individual was fully retired, had retired and returned to work, had never retired and was working part-time or full-time, or was a labour market non-participant. We found that higher intensity caregiving was associated with being fully retired (relative to working full-time) for men and women (relative risk ratios, 2.93 and 2.04, respectively). For women, high intensity caregiving was also associated with working part-time (1.84) and being a labour force non-participant (1.99). Male and female high intensity caregivers were more likely to be retired before age 65. Our results highlight the importance of measuring caregiving intensity and multiple paths to retirement, which are often overlooked in the caregiving and retirement literature. They also indicate that a policy context encouraging both later retirement and more informal care may not be reasonable without flexible work arrangement options.

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Introduction

In Canada, as in most OECD countries, there has been an increasing focus on policies that encourage longer labour force participation. In fact, 28 of 34 OECD countries have already or will soon increase their retirement age (OECD, 2012). At the same time, these countries are also introducing policies that encourage people to provide informal care in the community. These include financial compensation, respite care, and workplace leave policies (Colombo, Llana-Nozal, Mercier, & Tjadens, 2011). To better understand how these types of policies may interact to affect the available pool of caregivers and labour force participants, we need more evidence about how informal caregiving is related to retirement status and timing.

While there is a growing literature on the labour market penalties of caregiving for working-age individuals, only recently have

researchers begun to explore the association between caregiving and retirement. Yet a large proportion of caregivers – almost half in Canada – are around retirement age (Duxbury, Higgins, & Schroeder, 2009). Further, the majority of the caregiving and retirement literature overlooks caregiving *intensity* (i.e. the amount of informal care provided per week), which previous literature indicates is a key predictor of labour market penalties for working-age caregivers. In this paper we use the 2007 Canadian General Social Survey to explore how different intensities of caregiving are associated with the retirement status of people aged 55 and older.

Previous research

There is a well-established international literature investigating the association between labour force outcomes (i.e. labour force participation, wages, and work hours) and caregiving status for working-age individuals (e.g. Bolin, Lindgren, & Lundborg, 2008; Carmichael & Charles, 2003; Casado-marin, 2011; Crespo, 2006; Heitmueller, 2007; Lilly, Laporte, & Coyte, 2010; Van Houtven, Coe, & Skira, 2013). The existing literature less extensively explores the relationship between retirement and caregiving. We found 19

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studies that directly assessed the association between caregiving and retirement outcomes and 11 studies that indirectly addressed this topic by exploring labour force outcomes of retirement-age individuals. The latter studies likely included retired individuals in their samples of labour force non-participants, but they did not explicitly identify them as retirees.

Due to different definitions of caregiving, retirement outcomes, and methodological approaches, the conclusions of the studies looking at retirement outcomes were varied. Much of the literature considered individuals to be retired if they self-identified as such and/or were not currently working any hours. In line with this literature, we considered individuals to be retired if they self-identified as retired *and* did not work any hours. While half of the reviewed studies found that caregivers tended to retire later than non-caregivers (An, Christensen, & Gupta, 2004; Blau & Riphahn, 1999; Johnson & Favreault, 2001; Kubicek, Korunka, Hoonakker, & Raymo, 2010; O'Rand & Farkas, 2002; Pozzebbon & Mitchell, 1989; Schils, 2008), nine studies found the opposite (Dentinger & Clarkberg, 2002; Hatch & Thompson, 1992; Meng, 2012; Pyper, 2006; Reitzes, Mutran, & Fernandez, 1998; Uriarte-Landa & Hebert, 2011; Van Houtven et al., 2013; Vlachantoni, 2010; Zimmerman, Mitchell, Wister, & Gutman, 2000), and three did not assign a direction to the caregiving-retirement association (Debrand & Sirven, 2009; Pienta, 2003; Szinovacz, DeViney, & Davey, 2001). With a few exceptions (Dentinger & Clarkberg, 2002; Meng, 2012; Van Houtven et al., 2013), most of the existing retirement and caregiving literature neglected caregiving intensity.

Intensity was more frequently addressed in the labour force outcomes literature that included retirement-age individuals. These studies generally found that individuals dropped out of the labour force due to higher intensity caregiving (Bolin et al., 2008; Clark, Johnson, & McDermed, 1980; Johnson & Lo Sasso, 2000; Johnson & Lo Sasso, 2006; Kingson & O'Grady-LeShane, 1993; Lilly et al., 2010; Lilly, Jacobs, Ng, & Coyte, 2011; Orel, Ford, & Brock, 2004; Wakabayashi & Donato, 2006). Particularly relevant to the Canadian context was Lilly et al. (2011). The authors found that while most caregivers did not experience labour market penalties, male and female caregivers providing 15 or more weekly hours of care were less likely to participate in the labour force.

Overall, our review highlighted that the inclusion of intensity measures often leads to a significant association between caregiving and labour force outcomes, which is not the case when caregiving status alone is considered. It is important to apply this insight to studies looking at direct retirement outcomes. Further, the literature indicates that at mid-life, intense caregiving can lead to reduced labour force participation and hours of work (Bolin et al., 2008), which could imply phased retirement or a return to work after retiring. While these retirement pathways have been overlooked in the caregiving literature, Canadian and international evidence suggests that considering multiple pathways to retirement is important in predicting retirement status and timing (Flippen & Tienda, 2000; Park, 2011). Finally, with a few exceptions (Pyper, 2006; Uriarte-Landa & Hebert, 2011; Zimmerman et al., 2000) the Canadian retirement context has been neglected. We aim to fill these gaps in the literature.

Conceptual framework and hypotheses

Using a theory of individual time allocation, we can conceptualize how a retirement-aged individual might make trade-offs between time spent in the labour market and time spent on leisure and other activities, in this case informal caregiving. We assume that an individual has a family member or friend with caregiving needs. Given that time is scarce, the individual can reduce the time spent in the labour force, exit the labour market altogether, or

decrease the time spent on leisure activities in order to provide informal care (Carmichael & Charles, 2003; Heitmueller, 2007; Johnson & Lo Sasso, 2000; Pavalko & Artis, 1997; Van Houtven et al., 2013). The individual could also increase his or her labour market activity to pay for *formal* care or for (employment-related) health insurance (Carmichael & Charles, 2003; Van Houtven et al., 2013). Given the number of possibilities, we cannot develop distinct predictions about the association between caregiving and retirement status.

Further complicating matters is the potential for reverse causality. Individuals with a weak attachment to the labour force, such as homemakers or the unemployed, may have a lower opportunity cost of time and, therefore, be more likely to take on the caregiver role. So, even if there was a positive association between caregiving and retirement, it is not certain whether caregiving has led the individual to exit the labour market or whether those already out of the labour force were more likely to provide care (Heitmueller, 2007).

Though it is difficult to hypothesize the direction of the association between caregiving and retirement status, previous empirical research provides some insight into what associations we might expect to find. The above mentioned research taking caregiving intensity into account pointed to lower labour force participation rates for *intense* caregivers (i.e., those providing more hours of care or more complicated tasks). This finding remained consistent even when reverse causality was taken into consideration (Crespo, 2006; Heitmueller, 2007). We might expect, then, that around retirement age, individuals who provide the most intense caregiving (i.e. 15 or more hours per week) are more likely to be fully retired relative to non-caregivers. Given that there is empirical evidence pointing to lower hours of work for caregivers who are labour force participants, we also expect that caregivers would be more likely to work on a part-time (as opposed to full-time) basis.

Methods

Data

We used cross-sectional data from the 2007 General Social Survey (GSS). The GSS is an annual, nationally representative survey of 23,000 community-dwelling adults aged 45 and over in Canada. Though not ideal for exploring issues of causality, the 2007 GSS has caregiving and retirement modules that enable an in depth exploration of how detailed measures of caregiving intensity are associated with different retirement states. Ethical approval was not sought, as we used publicly available secondary data with no individual identifiers. This was in accordance with University of Toronto's *Research Involving Human Subjects: Guide on Ethical Conduct*.

Sample

We conducted our analysis on individuals aged 55 to 69. We chose this age range for a number of reasons. First, 55 years of age is typically the youngest age at which employee pension plans in Canada allow employees to begin collecting benefits (Treasury Board of Canada, 2012). Further, analysis of our sample indicated limited variation in retirement status prior to age 55. Between the ages of 45 and 54, 94% of the sample fell in the never retired category. Our upper bound was selected for similar reasons. Typically, age 70 is the latest age to which individuals can postpone public and private pension benefits to collect deferred retirement incentives (Service Canada, 2013). There was also limited variation in the 70 and over age range, with 93% of the sample falling into the fully retired category. In our sensitivity analysis, we explored alternate age ranges to take into account early and later retirement.

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