



Combining care work and paid work: Is it sustainable?

Making a meaningful difference in the lives of older adults and their families by bridging research, policies and practice

Summary

Combining care work and paid work is the norm for many employed Canadians, with caregivers making up 30% of the workforce. In fact, there are over 5.6 million employed caregivers aged 19-70 in Canada, and most work full-time. Understanding how caregiving threatens caregivers' employment and economic security and escalates employers' costs related to absenteeism and reduced productivity is crucial for informing Canadian strategies and policies aimed at reducing avoidable employer costs. Using Statistics Canada's 2012 General Social Survey (GSS), we describe care-related employment consequences in Canada and determine what drives them. We found:

- Employed women caregivers spend significantly more time providing care than men: on average, 9.5 hr/wk for women and 6.9 hr/wk for men.
- Collectively, employed caregivers in Canada provide an estimated 2.4 billion hours of care, the equivalent of 1.2 million full time employees.
- 44% (2.4 million) of employed caregivers reported absenteeism, missing on average between 8 and 9 days in the past 12 months because of their care responsibilities.
- 15% (828,739) of employed caregivers reduced their paid work hours to provide care, cutting back their hours by 9-10 hours per week on average.
- At an aggregate level, annual productivity losses to employers are enormous: 9.7 million days of absenteeism, 256 million fewer hours of paid work, and the loss of 557,698 caregiver employees who left the paid labour force altogether to provide care.
- Relationship of the care receiver to the caregiver and intensity of care are the main determinants of absenteeism for both women and men, and working fewer hours for women only.
- Caregivers who live in the same household as the care receiver are at greatest risk of exiting the paid labour force by being fired, quitting, or retiring early.
- Women and men's access to flexible work arrangements varies considerably. While more than 3/4 of employed caregivers have the option to take short or extended leaves to handle care demands, few have the option to telework.
- Almost half of employed caregivers feel that they cannot use flex work arrangements without it having a negative impact on their careers.
- The availability of flexible work schedules and leave options seem especially effective at easing work-care conflict and reducing the incidence of absenteeism and working fewer hours for pay.
- Having flex options does not help employed caregivers remain attached to the labour force.

8.1M Canadians (28%) were caregivers, providing help to a family member or friend with a long-term health condition or disability in 2012. Almost half (46%) had assumed the role of caregiver at some point in their lives. Combining care work and paid work is now the norm for many employed Canadians, with caregivers making up 30% of the workforce.

While family/friend caregivers bear much of the burden of economic and non-economic costs, employers also may incur significant costs. Full-time employed eldercare providers were estimated to cost U.S. employers \$33 billion annually in 2006¹. While no comparable cost estimates are available for Canada, MetLife’s study has prompted initiatives to reduce employer costs through carer-friendly workplace strategies. Understanding whether and how caregiving threatens caregivers’ employment and economic security and escalates employers’ costs related to absenteeism and reduced productivity, is crucial for informing the Canadian strategies and policies aimed at reducing avoidable costs for employers.

Research Objectives

To examine care-related employment consequences in Canada and to determine what drives them.

5.6 M employed caregivers in Canada

Over 5.6M (82%) caregivers of employment age (19-70) are employed, and most work full time (W69%, M72%). Almost as many men as women are employed caregivers (W51%, M49%), but a significantly higher proportion of men than women are self-employed (W14%, M21%), and twice as many women as men work part time (W18%, M7%).

Anybody can be an employed caregiver

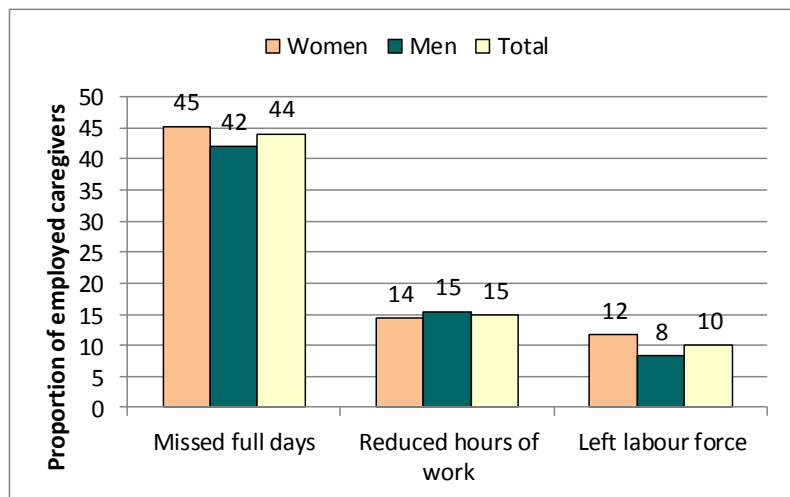
The majority of caregivers who work at a job or business are aged 45-64 years (W48%,

M52%), married or partnered (W67%, M72%), have completed some post-secondary education (W69%, M60%) and are in good health (W92%, 94%). More than one-quarter (W28%, M27%) are sandwiched between child rearing and caregiving in addition to their paid job responsibilities. More than half are caring for their parents or parents-in-law (W52%, M58%) and most live near the person they are caring for, either less than 30 minutes by car (W56%, M54%) or in the same household (W21%, M22%).

Employed caregivers spend the equivalent of a full work day providing care

On average, employed women caregivers spend significantly more time providing care than

Figure 1. Impact of caregiving on employment



men who are in the same situation (W9.5, M6.9 hr/wk). While most employed caregivers provide less than 10 hours of care per week (W81%, M86%), women are significantly more likely than men to provide more than 20 hours per week of care (W10%, M7%). Collectively, employed caregivers in Canada provide an estimated 2.4 billion hours of care, the equivalent of 1.2 million full time employees, contributing significantly to a caring society.

Productivity losses accompany employment consequences

Care-related absenteeism is the most common consequence/ coping strategy (Figure 1). The 44% (2.4 million) of employed caregivers who said they had missed days of work in the past

12 months because of their care responsibilities were absent for between 8 and 9 days on average. At the population level this accounted for 9.7 million days of absenteeism per year. About 1 in 7 (828,739) employed caregivers reduced their paid work hours to provide care. Women cut back their hours by 10 hrs/wk and men by 9 hrs/wk on average. As a result employed caregivers worked 256 million fewer hours per year. A smaller proportion (10%) of caregivers (557,698 Canadians) left the paid labour force altogether to provide care. Together these consequences represent an enormous loss of productivity to employers, the labour market and the Canadian economy.

Caring for kin has more adverse consequences

Relationship of the care receiver to the caregiver is, by far, the main determinant of absenteeism for both men and women (Table 1). Caring for a spouse, partner or child with a disability is especially impactful, increasing the likelihood of absenteeism by a factor of between 7 and 15 compared to those caring for friends or neighbours. Since the highest proportion of employed caregivers are caring for a parent (in-law) it is noteworthy that women and men caring for a parent (in-law) were between 3 and 4 times more likely to miss days of work as those caring for non-kin.

Relationship is also a determinant of reducing paid work hours, but only for women

Table 1. Factors determining the likelihood of care-related employment consequences

	Missing days of paid work		Reducing paid work hours		Exiting labour force
	Women	Men	Women	Men	Full sample only
Caring for spouse/partner	6.8	15.2	4.9		
Caring for child (in-law)	8.6				
Caring for parent (in-law)	2.9	3.7			
Caring for other kin	2.3	3.2			
Lives with CR					3.2
CR has cognitive condition			2.8	2.8	
Caring 1-10 hr/wk	0.4	0.2	0.3		0.2
Caring 11-20 hr/wk		0.3			0.3

Note: Only statistically significant findings related to the caregiving situation are reported. An odds ratio above 1.0 means a variable will increase the chance of observing an outcome; less than 1.0 means a reduced chance of observing the outcome.

caring for a spouse or partner. Women caring for their partners are 5 times more likely than women caring for friends and neighbours to work fewer hours because of their caregiving.

When we looked at the care receivers' health condition, only caring for someone with a cognitive condition results in a greater risk of work outcomes, and then only with respect to hours of paid work. These caregivers are 2.8 times more likely to work fewer hours than someone caring for a person with age-related conditions. It is important to note that caring for someone with an age-related condition did not, in itself, increase the likelihood of employment consequences. Only when these manifest as cognitive conditions do they become difficult to manage alongside employment.

Caregivers who live in the same household as the care receiver are at greatest risk of exiting the labour force. Those who co-reside with the care receiver were 3.2 times more likely than someone living at a distance to quit, be fired, or retire early from their jobs because of their care responsibilities.

Intensity of care is another key determinant of employment

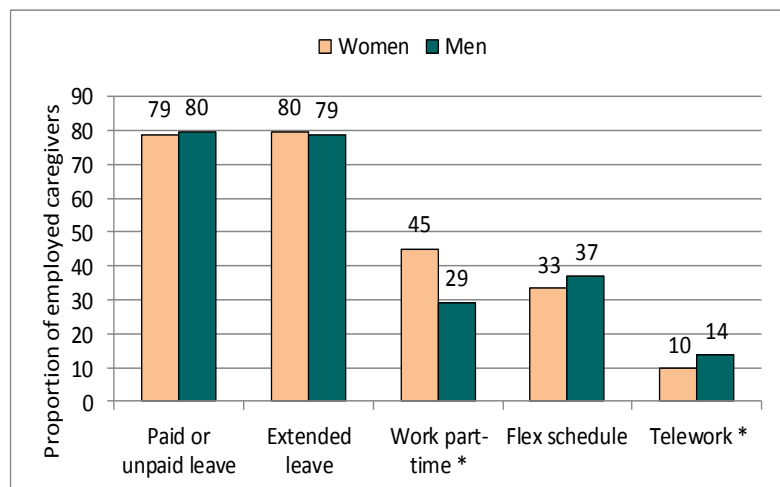
consequences. Women and men who provide less than 10 hours per week of care are 20-40% as likely as someone providing high intensity care (more than 20 hr/wk) to miss days of paid work. Women providing less than 10 hours per week of care are 30% as likely to reduce their paid work hours as women providing more intense levels of care. Caregivers providing low or moderate (less than 20 hr/wk) intensity of care were 20-30% as likely as high intensity caregivers to leave the labour force. These findings are consistent with other research showing that it is caregivers providing high intensity care who are most at risk of a range of care-related consequences and that the tipping point is

between 10 and 20 hours per week of care^{2,3}.

Availability of flex work arrangements doesn't guarantee access

Access to flexible work arrangements varies considerably (Figure 3). More than 3/4 of men and women say they have the ability to take short or extended leaves to deal with care demands. Significantly higher proportions of women than men (W45%, M29%) have the option to work part time. But about 1/3 of both women and men (W33%, M37%) can work a flexible schedule, starting and ending the work day according to their needs (within limits). Few women and men have the option to telework, though higher proportions of men (14%) report

Figure 3. Availability of flex work arrangements



* statistically significant difference between women and men of $p \leq 0.05$.

Table 2. Work arrangements that reduce risk of...

	Flex schedule	Work part-time	Take extended leave
Reducing paid work hours	W 0.5 M. 0.5	W 0.6	M 0.4
Missing work days		W 1.7	M 0.4
Exiting the labour force			

Note: Only statistically significant findings related to flex work arrangements are reported. An odds ratio above 1.0 means a variable will increase the chance of observing an outcome; less than 1.0 means a reduced chance of observing the outcome.

having this option than women (10%). But, overall, almost half (W47%, M45%) feel that they cannot use these flex work arrangements without it having a negative impact on their careers.

Flexible working arrangements help reduce the risk of care-related employment consequences

Our own survey of 291 Canadian employers in 2011-12 showed that most employers viewed supporting work life balance for *all* employees as a higher organizational priority than providing specific supports to employees caring for an adult or senior with a disability or health condition. More than half (57%) said that dependent adult caregiving was a low-priority workplace issue, or not even on their radar screens⁴.

While caregiving can impact workplace productivity, flexible work arrangements can help employees manage work and care, reducing avoidable costs to employers. In fact, evidence from our analysis of Statistics Canada’s 2012 GSS data suggests that employed caregivers with access to flexible working arrangements are, for the most part, less likely to report care-related employment consequences (Table 2). Women and men who have the option for flexible start and end times to their work day are only half as likely to reduce their paid work hours as those who don’t have that option. Similarly, men who have access to extended leaves are 38% as likely to miss days of work and 44% as likely to work fewer

hours as those without such options.

For women only, having the option to work part time is associated with a lower risk of reducing their hours of paid work. Women are 60% as likely to work fewer hours if they have the option to work part time compared to their counterparts without this option. However, having the option of working part time is related to a higher risk of absenteeism. These women are 1.7 times more likely to miss days of work than those who do not have the option to work part time.

Having flex options does not help employed caregivers remain attached to the labour force.

Implications for public policies and business practices

Work-care conflict is a significant problem for many caregivers. Missing days of paid work, working fewer hours or leaving work altogether because of caregiving translates into lost income and employment benefits for many. Some of these consequences will have long-term and cumulative effects over a caregiver’s life course, threatening both their current and future financial security.



Absenteeism, turnover and reduced engagement of caregiver employees also have the potential to affect their employers' bottom line. Employers may have to pay extra to replace absent employees or employees who quit their jobs, or may lose revenue because of reduced productivity and poorer customer relations. However, our findings indicate that some of these costs may be avoidable if workplace conditions make it easier for caregiver employees to combine their care work and paid work. The availability of flexible work schedules and leave options seem especially effective at easing work-care conflict and reducing the incidence of absenteeism and working fewer hours for pay.

Many employed caregivers reported that they couldn't use flexible work arrangements without being penalized. This situation is similar to that of workplace accommodations for parents of young children. Yet having flex work arrangements reduce the risk of some employment consequences for caregivers to dependent adults regardless.



References

¹ MetLife Mature Market Institute and National Alliance for Caregiving (2006). *The Metlife caregiving cost study: Productivity losses to US business*. Westport CT: MetLife Market Institute.

² Fast, J., Dosman, D., Lero, D. & Lucas, S. (2013). *Intersection of caregiving and employment across the life course*. Edmonton AB: RAPP, University of Alberta.

³ Lilly, M., Laporte, A. & Coyte, P. (2010). Do they care too much to work? The influence of caregiving intensity on the labour force participation of unpaid caregivers in Canada. *Journal of Health Economics*, 29, 895-903.

⁴ Lero, D., Spinks, N., Fast, J., Hilbrecht, M. & Tremblay, D-G. (2012). *Availability, accessibility and effectiveness of workplace supports for Canadian caregivers*. Guelph ON: Centre for Families, Work & Well-being, University of Guelph.

Research Methods

Descriptive and logistic regression analyses were conducted on a sub-sample drawn from Statistics Canada's 2012 General Social Survey (GSS), Cycle 26 on caregiving and care receiving. The sample comprised 5,960 people aged 19-70 who were employed and had provided unpaid care to a family member or friend with a long-term health condition, a physical or mental disability, or problems related to aging. Care included assistance with one or more of: indoor domestic tasks, household maintenance or outdoor work, transportation and errands, personal care, medical treatments or procedures, care management, and emotional support.

All analyses were conducted separately for men and women and data were weighted to ensure findings were representative of the Canadian population. Dependent variables in multivariate analyses included labour force exit, missed full days of work, and reduced hours of work to accommodate caregiving demands in the last 12 months. Independent variables included characteristics of:

- caregivers (gender, age, education, self-perceived physical and mental health, and employment status)
- care receivers (disability type)
- caregiver – care receiver dyad (relationship and geographic proximity)
- caregiving context (intensity of care provided)

Geographic region, marital status and parental status were entered as control variables in the models.