

# **Study on Eldercare Issues in Canadian Organizations**

## **Summary and Key Finding**

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### **Introduction**

“Population aging – the increase of the share of older individuals in a society due to fertility declines and rising life expectancy – is an irreversible global trend with far-reaching economic and socio-political consequences” (Nikolova, 2016, p.1). Projections by the U.S. Census Bureau (He, Goodkind, & Kowal, 2016) show that the growth rate of those aged 65 or over will increase dramatically in the next several years, a phenomenon they attribute to high fertility levels after the second world war, reductions in fertility due to changing social norms and the ready availability of reliable birth control, and improvements in health that increasing life expectancy. These demographic trends are likely to increase the number of employees who are required to balance work and caregiving.

A caregiver is an individual who provides ongoing and unpaid support to at least one elderly family member or friend (Duxbury, Higgins, & Smart, 2011). The role of caregiver is often demanding and unpredictable, involving the diversion of time, energy, and financial resources from caregivers’ normal activities sometimes with little notice and/or at inconvenient times (Pavalko & Gong, 2005). Demographic data from the US, Canada, and the European Union indicate that the number of employed caregivers is substantive and growing (Calvano & Dixon, 2015; Sinha, 2013). Population aging combined with delayed marriage and childbearing (Duxbury & Higgins, 2017) have also resulted in a rise in the number of employees in the sandwich generation (i.e. employees providing care for elderly relatives and children).

Although the demographic data are compelling, recent research by Duxbury and Higgins (2017) determined that of the 3300 Canadian employees they surveyed only 3% indicated that they worked for an organization that had implemented eldercare referral services while 12% worked for an organizational that had formal policies in place that address issues associated with caregiving. These data are similar to findings from a similar survey of 25,000 Canadians in 2016. Given today’s realities with respect to population aging, why is it that that companies are not paying attention to issues associated with the need to balance work and caregiving? Why the absence of support for the substantive portion of their workforce who face these types of challenges? Are employers simply unaware of the demographic shifts in terms of caregiving? Do they think that the family friendly policies that they have put in place to help parents balance work and childcare will also help employees engaged in eldercare? Are they unaware of what kinds of supports need to be in place to help male and female workers with such demands? Has the business case for change not been made in this area? Do companies feel that by putting such supports in place when their competitors have not will put them at a competitive disadvantage in the

workplace. Or is it all of the above. The study that is presented in this paper seeks answers to these questions.<sup>1</sup>

## **Methodology**

The methodology we employ our research is based on Lewin's (1947) study of planned change. According to Lewin (1947) organizations need a compelling reason to change. He argued that most organizations and people are frozen in terms of openness or readiness to change and theorized that all permanent change progresses through three successive levels of change: (1) unfreezing the present level, (2) moving to the desired state, and (3) refreezing the changed system. Many regard Lewin's work on change as the foundation of change management and his research continues to influence change theory and practice to this day (Cummings, Bridgman & Brown, 2016). According to Lewin (1947), to change a system one begins by mapping out its "field" – the totality and complexity of the active forces that at any given time produce the system's environment (Burnes, 2004). Lewin (1946) defined two types of active forces: (1) forces driving change, and (2) restraining forces or barriers to change and developed a diagnostic tool, the force field analysis model, to aid the "field" mapping process. This tool helps the researcher create a visual display of the forces driving and restraining a planned change and determine how best to introduce needed change.

In this study, the data needed to construct a force field diagram describing the forces encouraging and dissuading employers from implementing policies and programs supporting employed caregivers will be collected using the Delphi Method (Linstone & Turoff, 2002) a structured communication technique which relies on a panel of experts. Our partner in this research, the Conference Board of Canada, helped us solicit a sample of human resource experts from their membership by sending out a letter explaining the study and asking people to volunteer to participate in the research to members of the following Conference Board of Canada councils:

- The Council of HR Executives (two groups – East and West)
- The Council on Workplace Health and Wellness (CWHW)

Sixty-seven HR executives working for 60 of Canada's largest firms agreed to participate in the Delphi study process. These individuals are even split between private sector, public sector and greater public sector/NFP sector organizations. The companies that they represented can be found in every province in Canada.

The Delphi method is problem solving technique where answers to a question are determined by sending multiple rounds of questionnaires to a group of experts. Key to this technique is the fact that anonymous responses are aggregated and shared with the group after each round. We followed a modified version of the Delphi methodology outlined in Linstone and Turoff (2002) and Lewin (1947): solicit ideas, rate ideas, rate ideas, final review and feedback. A general description of how the Delphi process unfolded in this is provided in this section of the paper. Full details are provided in below.

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We began (Delphi Round One) by interviewing our panel of experts with the goal of identifying the key forces driving organizations to introduce changes to their policies and practices that are supportive of work-caregiving issues as well as they key barriers impeding progress in this area. This was followed by two rounds of “rate ideas” questionnaires where we shared the results from the previous round of data collection with the experts. After each round, the researchers (i.e. Duxbury and Stevenson) provided an anonymized summary of the experts' opinions from the previous round as well as the reasons they provided for their judgments. Consensus on the key forces for and against change was achieved after two rounds of surveying. We concluded the process by following the advice of Lewin and asking our experts to identify how any of the key barriers to change identified in this research could be reduced.

## **The Delphi Study: Round One**

The *first round* of the Delphi study involved a short interview with organizational leaders in which informants were asked to identify factors that would:

- **encourage** your organization/other organizations such as yours to introduce policies and programs to support employees who are balancing work commitments with eldercare demands (i.e. drivers of change).
- **discourage** your organization/other organizations such as yours to introduce policies and programs to support employees who are balancing work commitments with eldercare demands (i.e. barriers of change)
- Results from this phase of the study were used to develop a survey that listed all drivers and barriers to change identified by the 67 organizational leaders participating in this study.

Sixty-seven senior executives representing 60 of Canada’s largest employees took part in this step of the research process. The sample was well distributed with respect to sector with 37% of the executives representing private sector firms, 30% worked in the public sector (federal, provincial, municipal), and 30% could be considered to work in the not-for-profit sector (health care, education, not-for-profit).

Respondents identified 26 forces for change. All but five of these forces were internal their organization. The rest were external forces for change. These forces for change were grouped into the following four buckets:

- *Demographic factors* (e.g. female dominated workforce; EAP statistics; average age of our workforce): n = 6
- *Organizational factors* (e.g. evidence that eldercare negatively impacts productivity; support for eldercare is consistent with our company’s focus on employee wellbeing; desire to be a role model): n = 11
- *Commitment to employee wellbeing* (e.g. our competitors have introduced policies in this area; we believe it is the right thing to do; this is something we need to do to maintain our competitive edge with respect to recruiting talent): n = 6
- *External forces for change* (e.g. government is not doing enough so we need to step up; government legislation requires it) n = 5

Respondents also identified 33 barriers to change. All but one of these barriers (support for eldercare issues should come from the government) were internal to the organization. These barriers to change were classified into groups:

- *Demographic factors* (e.g. male dominated workforce; focus is on policies to support new hires not older employees): n= 4
- *Organizational factors* (e.g. we worry that employees will abuse such programs; our organizational culture values face time and 24/7 availability is not supportive of such programs; these types of programs would not be used in our organization; our leadership team resists the introduction of family-friendly programs; the pace of work makes it difficult for us to provide the type of flexibility that will make a difference): n = 18
- *Monetary factors* (e.g. the cost of introducing such programs is prohibitive and likely to have a negative impact on our bottom line; the business case for change in this area has not been made): n = 6
- *Capacity issues* (e.g. our company has too much on its plate already and does not have the time or energy to deal with less tangible HR issues; we do not have the capacity internally to allow employees to take time off to manage eldercare demands; our firm does not have the resources needed to work on this issue at this time): n = 4

## **The Delphi Study: Round Two**

In the *second round* of the Delphi study key informants were asked to answer a questionnaire which was developed using the responses provided in round one. Respondents were presented with a comprehensive list of drivers (n = 26) and barriers (n = 33) to change with respect to addressing the issues associated with balancing work and eldercare responsibilities and were asked to indicate the extent to which each of these factors would encourage/discourage their organization or organizations such as the one they are working for from introducing programs and policies relating to eldercare and caregiving. Respondents were given a 6-point Likert scale ranging from “0 = not at all” to “5 = to a very great extent” on which to record their responses. They were also given the opportunity to say that this factor was not applicable to firms such as theirs.

Fifty-four (54) of the individuals who participated in the first phase of our study responded to this interview (81% response rate). One in three of the respondents worked in the private sector, 28% were from the public sector and 35% represented an organization in the NFP sector.

We examined the results from the submitted responses and eliminated forces and barriers to change that the majority of people in each industry sector felt were not relevant to the decision-making process with respect to addressing these issues. This analysis was used to create another survey listing the "most important" drivers (n = 15) and the "most important" barriers (n = 17) to changing business practices with regard to balancing work and eldercare.

## **The Delphi Study: Round Three**

In the *third round* of the Delphi study, we asked our group of experts to examine this reduced list of drivers and barriers to change and to tell us extent to which each of these factors would encourage/discourage their organization or organizations such as the one they are working for from introducing programs and policies relating to eldercare and caregiving. They were again provided

with a 6-point Likert Scale on which to record their responses. The Round Three survey included the following two additional questions:

*“Please indicate, in the boxes below, the three most important drivers to your organization's decision making process with respect to introducing policies and programs to support employees balancing work and eldercare demand.”*

*“Please indicate, in the boxes below, the three most important barriers to your organization's decision making process with respect to introducing policies and programs to support employees balancing work and eldercare demand.”*

Fifty-one out of 54 respondents (94% response rate) submitted this survey: 33% from the private sector, 27% from the public sector, and 40% from the NFP sector.

The full list of forces (Appendix 1) and barriers (Appendix 2) that were included in the Phase 3 survey are included in the Appendix of this report. Included in these Appendix are the mean response scores to the phase 3 survey. In both cases, forces for change and barriers to change are listed in descending order from most important to least important. In the section below we outline key findings with respect to the top three more important drivers and barriers of change identified by respondents.

### **Most Important Drivers of Change**

Using the responses to our question asking respondents to identify the first, second, and third most important **drivers** of change with respect to addressing the issues associated with balancing work and eldercare responsibilities, we calculated an importance score for each of the 15 listed drivers of change. Each driver of change was then ranked by the importance score, highest to lowest.

Of the 51 respondents to this survey 49 answered this question. Fifteen (15) indicated that they worked in the Private Sector, 13 noted that they worked in the Federal/Provincial/Municipal Public Sector, and 17 indicated they worked in the NFP sector/greater public service (e.g., Education, Health) sectors. The table immediately below lists the top three drivers of change ranked for the whole respondent population regardless of industry sector. This is followed by a table showing the importance rankings of the drivers of change by industry sector.

#### ***Drivers of Change Regardless of Industry Sector***

<b><i>Importance Ranking</i></b>	<b><i>Drivers of Change</i></b>
1	Support for eldercare is consistent with our companies focus on employee well-being.
2	To maintain our competitive edge, we need to <b>attract</b> top talent. In today's tight labour market, this means that we need to offer employees flexibility and programs with respect to balancing work and eldercare.
3	To maintain our competitive edge, we need to <b>retain</b> top talent. In today's tight labour market, this means that we need to offer employees flexibility and programs with respect to balancing work and eldercare.

## *Drivers of Change by Industry Sector*

<i>Driver of Change</i>	<i>Importance Ranking</i>		
	<i>Private</i>	<i>Public</i>	<i>Greater Public/NFP</i>
Support for eldercare is consistent with our companies focus on employee well-being.	1	1	2
To maintain our competitive edge, we need to <b>retain</b> top talent. In today's tight labour market, this means that we need to offer employees flexibility and programs with respect to balancing work and eldercare.	2	3	
To maintain our competitive edge, we need to <b>attract</b> top talent. In today's tight labour market, this means that we need to offer employees flexibility and programs with respect to balancing work and eldercare.			1
There is evidence that eldercare issues negatively impact employee mental health.	3		
Our desire to adopt the 'National Standard for Psychological Health & Safety in the Workplace'.		2	2
Population aging makes it more likely that our employees will have to care for one or more aging parents, and we wish to support them in their efforts.			3

**What are the main reasons companies are considering introducing policies and programs to address issues associated with work and eldercare?:** This study identified three important set of drivers of change with respect to this issue:

- Support for eldercare is consistent with the values of the firm (to care for employees) and the firms focus on wellbeing
- For competitive reasons (respondents link the ability to recruit, retain and engage talent to the provision of programs that will help employees balance work and family)
- It is a demographic imperative (population aging makes it likely that their employees will need to engage in caregiving)

## **Most Important Barriers to Change**

Using the responses to our question asking respondents to identify the first, second, and third most important barriers to change with respect to addressing the issues associated with balancing work and eldercare responsibilities, we calculated an importance score for each of the 17 listed barriers to change. Each barrier to change was then ranked by the importance score, highest to lowest.

Of the 51 respondents to this survey 45 answered this question. Fifteen (15) indicated that they worked in the Private Sector, 13 noted that they worked in the Federal/Provincial/Municipal Public Sector, and 17 indicated they worked in the NFP/greater public service (e.g., Education, Health) sectors

The table immediately below lists the top three barriers to change ranked for the whole respondent population regardless of industry sector. This is followed by a table showing the importance rankings of the drivers of change by industry sector.

***Barriers to Change Regardless of Industry Sector***

<b><i>Importance Ranking</i></b>	<b><i>Barriers to Change</i></b>
1	The business case for change in this area has not yet been made.
2	The pace of work makes it difficult for us to provide the type of flexibility that will make a difference.
3	Our employees have not asked us to introduce policies and programs to support balancing work and eldercare demands.

***Barriers to Change by Industry Sector***

<b><i>Barriers to Change</i></b>	<b><i>Importance Ranking</i></b>		
	<b><i>Private</i></b>	<b><i>Public</i></b>	<b><i>Greater Public/NFP</i></b>
The business case for change in this area has not yet been made.	3	3	1
The pace of work makes it difficult for us to provide the type of flexibility that will make a difference.	1		2
We do not know where to start with respect to addressing this issue (i.e., what is best practice, what programs are needed, who would benefit from such programs).	3		
Balancing work and eldercare lack visibility as an issue that needs to be addressed.	1		
Our firm does not have the resources (people, time) needed to work on this issue at this time.		1	
The cost of introducing such programs is prohibitive and likely to have a negative impact on our bottom line.		2	
We do not have the capacity internally to allow employees to take time off work to manage eldercare demands.			3
It would be very difficult to successfully implement the types of eldercare programs that would make a difference in our organization as our managers are not used to managing a flexible workforce.			3

**What are the main barriers to the introduction of policies and programs to address issues associated with work and eldercare?:** Data from this study implicates the following:

- addressing issues associated with eldercare are not seen as a priority at this time, and
- firms do not want to incur the financial costs that they see go hand in hand with addressing issues associated with work and eldercare.

It should also be noted that there more sectorial diversity with respect to the barriers to addressing issues associated with balancing work and eldercare than in the forces for change.

## **The Delphi Study: Round Four**

After completing the traditional stages associated with a Delphi study, we undertook one final step to help companies determine how to best reduce the barriers identified in phase 3 of our analysis. More specifically, we sent a note around to the 51 individuals who had participated in all three rounds of the Delphi study.<sup>2</sup> Included in this note was the list top three barriers to change for their section and a request for them to participate in one final interview where we would talk about how these key barriers to change could be reduced. Thirty-three of the 51 respondents (65% response rate) agreed to participate in this final interview.

In the interview we asked respondents to choose one or two of the barriers to change identified in the study so far from the list we sent them (see Appendix 2) and to provide us with their ideas on how these barriers could be overcome. We also told them that the ideas they provided could relate to what interested organizations could do themselves to address these issues and/or how researchers, policy makers and governments could do to address these barriers.

These interviews have just been completed and data analysis is underway.

<sup>2</sup> Note: 80% of the people we contacted participated in all three phases of the Delphi study.



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### Appendix 1 – Forces for Change

List of forces that may drive organizations to consider implementing policies and programs to support employees who are trying to balance work and eldercare demands as presented in the phase 3 survey.

<b>Driver for change</b>	<b>Mean (SD)</b>
Support for eldercare is consistent with our companies focus on employee well-being.	4.2 (0.73)
Support for eldercare is consistent with our company values to take care of our people.	4.0 (0.84)
To maintain our competitive edge, we need to <i>retain</i> top talent. In today's tight labour market, this means that we need to offer employees flexibility and programs with respect to balancing work and eldercare.	3.9 (0.82)
Population aging makes it more likely that our employees will have to care for one or more aging parents and we wish to support them in their efforts	3.9 (0.86)
The average age of our employees (i.e., in their mid 40s) means they are likely to be in the sandwich generation (i.e., care for both elderly parents and children).	3.8 (0.94)
There is evidence that eldercare issues negatively impact employee mental health.	3.8 (0.96)
We believe that organizational support for eldercare issues will enhance employee engagement.	3.8 (0.94)
We believe that this is the right thing to do. Organizations need to help their employees cope with the challenges inherent in eldercare.	3.8 (0.88)
To maintain our competitive edge, we need to <i>attract</i> top talent. In today's tight labour market, this means that we need to offer employees flexibility and programs with respect to balancing work and eldercare.	3.7 (1.11)
The desire to be considered an employer of choice.	3.7 (0.96)
We believe that organizational support for eldercare issues will lead to greater employee productivity (i.e., reduce distractions when at work, help them focus).	3.7 (0.92)
The number of employees who seek help from our EAP services to help them cope with stress is increasing.	3.6 (0.95)
The need to support our employees at all stages of their career and throughout their life-cycle. It is inequitable to provide support to parents but not to those with eldercare.	3.5 (1.10)
We believe that organizational support for eldercare issues will encourage employees to return to work after a leave of absence for eldercare issues.	3.5 (1.20)
Our desire to adopt the 'National Standard for Psychological Health & Safety in the Workplace'.	3.4 (1.07)

**Appendix 2 – Barriers to Change** – List of factors that may stop companies from introducing policies and programs to support employees who are balancing work commitments with eldercare demands as presented in the phase 3 survey. Presented in descending order – from most important barriers to the least important barriers.

<b>Barrier to change</b>	<b>Mean (SD)</b>
The business case for change in this area has not yet been made.	3.1 (1.27)
Our employees have not asked us to introduce policies and programs to support balancing work and eldercare demands.	2.9 (1.32)
Addressing this issue is not a priority for us at this time.	2.8 (1.19)
We do not have the types of internal information that we need to make the business case for change (e.g., while more people seek support from EAP for stress, we do not know why stress is increasing).	2.7 (1.33)
Our firm does not have the resources (people, time) needed to work on this issue at this time.	2.6 (1.02)
Balancing work and eldercare lacks visibility as an issue that needs to be addressed.	2.5 (1.03)
The cost of introducing such programs is prohibitive and likely to have a negative impact on our bottom line.	2.5 (0.88)
It is costly to provide the types of flexibility employees want to manage their eldercare demands (e.g., teleworking, work from home)	2.4 (0.94)
We do not have the capacity internally to allow employees to take time off work to manage eldercare demands.	2.4 (0.98)
We do not know where to start with respect to addressing this issue (i.e., what is best practice, what programs are needed, who would benefit from such programs).	2.4 (1.09)
The pace of work makes it difficult for us to provide the type of flexibility that will make a difference	2.4 (0.96)
Balancing work and eldercare is not an issue for employees in our organization.	2.2 (1.14)
It would be very difficult to successfully implement the types of eldercare programs that would make a difference in our organization as our managers are not used to managing a flexible workforce.	2.2 (1.06)
Our company has too much on its plate already and does not have the time or energy to deal with less tangible HR issues.	2.1 (0.95)
There is no evidence that our employees face challenges balancing work and eldercare demands.	2.1 (1.11)
Our shareholders do not support the introduction of costly programs addressing issues around balancing and eldercare.	2.1 (1.04)
These types of programs would not be used in our organization (i.e., employees who take time off for eldercare issues would be stigmatized and viewed as less committed to the organization)	1.8 (1.11)

Note: Social bias means that respondents are likely to under-report their level of agreement with each of these factors.