



*Research Report*

# **Achieving a caregiver-friendly workplace standard for Canadian carer-workers: An Assessment of Potential Uptake**

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## Abstract

Background: With the assistance of a Committee of experts, McMaster University partnered with the Canadian Standards Association (CSA) to develop the Caregiver Inclusive and Accommodating Organizations Standard (B701-17). It is now being internationalized via a partnership with the International Standards Association. The Standard provides workplace guidelines to better accommodate carer-workers. Methods: A public review of the significance and potential uptake of the Standard was implemented via qualitative interviews with key stakeholders (n=17) across Canada. Following transcription, transcripts were thematically analyzed. Results: Thematic analysis resulted in four themes: (1) necessity; (2) impact of employer size; (3) motivators for adoption, and; (4) use as an educational tool. Conclusion: Although in its' infancy, the Standard does better accommodate carer-workers.

## Key words

accommodations, carer-workers, employers, Standard

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# Introduction

As with many countries internationally, Canadian demographics are shifting with an aging population; consequently, values around the ill and elderly are also shifting. Given fiscal forces and the costs of institutional care, more and more Canadians are remaining in their homes in community. This requires support from family and/or friends via informal unpaid caregiving. In Canada, more than 8.1 million people are acting as caregivers to adults, and most of these people (~6.1 million) are also employed [1], working to financially support themselves, their children, and in some cases, their care recipient [2]. This dual role takes a toll on physical and mental health over the long-term, reducing quality of life and productivity in the workplace [3, 4, 5]. Consequently, it is important for carer-workers, care recipients, and employers that we find ways to balance these competing needs to the satisfaction of everyone involved. Although some employers have already put policies into place to support carer-workers, awareness is not widespread and is inconsistent from one organization to another, with certain sectors being more or less accommodating [6, 7, 8]. Recognizing the need for workplaces to be more accommodating to this new reality, (Anonymous Institution), in partnership with the Canadian Standards Association (CSA), has developed the B701-17 Carer-Inclusive and Accommodating Organizations Standard (2017), herein called the Standard. This is a voluntary employment Standard designed to assist employers in creating policies that balance supporting carer-workers with the needs of the organization in a way that is beneficial to all parties. The Standard is available for free download, together with an Implementation Guide, on the CSA online Shop (<https://www.csagroup.org/article/b701-17/>).

The research conducted for this paper seeks to assess the readiness of Canadian organizations for implementing this Standard, and in so doing, informs the readiness of employers to adopt the Standard across Canada. Carer-workers are quickly becoming a topic of concern among human resources professionals in Canada and elsewhere. It is important for organizations to prepare, in order to: reduce absenteeism and presenteeism; increase productivity, and; operate in an ethically and socially responsible manner. This paper will seek to assess the readiness of organizations across Canada to implement the voluntary Standard. The findings in this paper were developed while considering the relevance of organizational theory. Specifically, this research addresses the ideas of Cyert & March [9] who suggested that organizations operate on multiple and sometimes conflicting values. When working to potentially implement the Standard, employers may be dealing with the conflicting values of: making the most profit possible; being a healthy and/or compassionate place to work, and; adhering to human rights legislation, among others.

Further, Connell's [10] gender relations theory provides a backdrop to understand the gendered nature of caregiving, as it recognizes the hegemony of masculinity as powerful in the determination of roles that are perceived as appropriate for individuals based on their gender. This is absolutely reflected in the world of caregiving. Within the Canadian context, the latest Statistics Canada figures suggest 46% of all carers are men, reflecting that men may be catching up to the female majority [1]. The quantity and quality of care provided differs by gender, as women caregivers spend as much as 50% more time providing personal care than men, who are more likely to carry out care management; this is essential to understanding the problem, as well as solutions [11]. (Author's own) [12] also found in their research on the implementation of the

Compassionate Care Benefit that caregiving is a highly gendered activity, where men often do not feel competent or responsible for caring for their loved ones at end-of-life.

This paper provides an assessment of the Standard's utility and likelihood of widespread implementation. It also provides a more detailed context for the challenges of carer-workers, particular to the size of the workplace for which they are employed, and the motivators to uptake. We conclude that although there are many barriers to implementation, the Standard is a useful and timely tool for organizations to use in order to better support their carer-workers. This paper begins with a review of the literature, followed by a discussion of the methods used for this research. Next, the major themes that were determined via thematic analysis are presented. A discussion of these themes, as they relate to the literature, is then provided.

## Literature Review

This literature review covers three subjects: first, the need for support for carer-workers; second, the effectiveness of developing and implementing workplace Standards such as the Standard, and; third, the impact of employer size in motivating employers to adopt the Standard. With our rapidly aging population, increasing numbers of people with chronic health conditions, and a growing number of the aging population living in community, these numbers are likely to surge over the next 15 to 25 years [2]. Carer-workers face a series of stressful challenges and emotional strains resulting from “sociocultural pressures, role ambiguity, familial conflicts, and physical and mental exhaustion” [3]. Long-term caregiving especially takes a toll on physical and mental health [3]. Carer-workers are also impacted economically, as taking time off work and paying for healthcare ‘extras’ drains their wallets [3, 13].

Having recognized this need for decades, most of the literature on carer-workers supports the idea that this population needs more support in their lives and in their caregiving roles [14]. It is especially difficult for people in their fifties and sixties to maintain paid employment while fulfilling their care responsibilities, even when care recipients have been placed in a nursing home [5, 3]. This needed support for carer-workers includes: better provision of information; availability of quality formal and community care, and; employer-provided support [15, 16]. Flexible work arrangements are the most commonly requested accommodation asked for by carer employees, as reflected in the Canadian General Social Survey [17]. While providing support ensures that employers are meeting their social and ethical obligations to their employees, it also prevents “job absences, productivity losses, and premature exit from the workforce” – all of which affects organizational success [5].

Some employers are already providing support to employees who are engaged in end of life care [6, 7, 8]. This support varies in type, and depends on multiple factors, such as: the size of the organization, and the length of time the employee has been with the employer [7, 8]. Dembe, Partridge, Dugan, & Piktialis [18] found that these supportive programs were perceived positively by employees who responded to a 2010 survey regarding work productivity, leaves of absence, and work-life balance. There has been a call for more research and policies around workplace interventions for carers-employees [19]. Many organizations provide accommodations informally, using existing family leave policies or addressing the issue on a case-by-case basis; unfortunately, this makes it more difficult for carer-workers to access help and accommodations that would be made clear by the implementation of policies specific to carer-workers [20]. Dembe & Partridge [5] completed a case study of corporate benefit programs that include services designed to help carer-workers. They assessed the programs at three organizations characterized as having the highest rated effectiveness determined through site visits and face-to-face interviews with managers. They found that women were far more likely than men to use the services provided by their employer at these organizations [5]. Services provided by these employers included: employee assistance plan elder care counseling; elder care resource and referral services; eldercare management services; dependent care flexible spending accounts; dependent care reimbursement programs; long-term care insurance for elderly dependents; flexible work scheduling and leave programs; emergency short-term elder care, and; on-site adult

day care [5]. None of the three organizations offered all of these services, but each did offer some combination of most of the listed services, as well as unique offerings such as a web-based support group for carer-workers within the organization [5]. The authors of this study specifically recommend the creation of programs and/or policies for carer-workers [5]. (Author's own) [21] found that the development of such programs and policies helps to counteract the gender imbalance of care and caring, given that women are more likely to care. An example provided was that of T-Mobile Austria, where the organization specifically encouraged men to step up and take time off or work part-time to assist with caring responsibilities in their families. They also identified that making a business case for accommodating carer-workers is essential to increasing rates of adoption of such policies [21].

Statistics Canada classifies employers by size, depending on the number of workers they employ; small businesses have 1 to 99 employees, medium-sized businesses have 100 to 499 employees, and large businesses employ at least 500 people [22]. For example, in the Canadian province of Ontario, 95% of employers are small businesses and 28% of the workforce is employed by small businesses [23]. (Author's own) [7] made a distinction regarding the impact of employer size on the introduction of Canada's Federal program for end-of-life carer-workers, named the Compassionate Care Benefit. Some of the findings from this research are applicable to this study. One such finding is the increased ability of small workplaces, when compared to medium and large workplaces, to accommodate carer-workers via policies such as flexible start/end times, and allowing employees to work from home [7]. On the other hand, large employers were more likely to be able to offer financial support in the form of: paid leave, time off, and extended health benefits, but less likely to have the flexibility to tailor their policies to individual situations due to stricter policies put in place to ensure fairness. Large employers also have more non-financial resources to draw upon, such as human resource departments and other employees capable of temporarily filling the roles of a carer-employee taking a leave [7].

Similar observations were made regarding the challenges and opportunities for employers of various sizes when considering and/or implementing other voluntary employment Standards, such as the CSA's Psychological Health and Safety in the Workplace [24]. This particular Standard focuses on promoting mental health and accommodating mental illness in a variety of workplaces and is structured in much the same way as the Carer-Inclusive and Accommodating Organizations Standard. The Mental Health Commission of Canada studied the implementation of this Standard across Canada over three years, from 2014-2017 [25]. This implementation research identified that the resources of larger organizations allowed more formal policies and procedures, which may not be accessible to smaller organizations due to constraints on time and funding [25]. At the same time, small organizations were found to be generally more cognisant of the needs and struggles of individual employees because those in management build personal relationships with their employees [25]. Despite these differences due to employee size, there are barriers and opportunities that are common across employers of any size when implementing a Standard. These include: the commitment of organizational leadership; types of policies and procedures already in place; level of cultural awareness of the issue being addressed, and; access to other organizations that have worked or are currently working to implement the Standard for the sharing of ideas and resources [25]. While these two Standards are different, they both are related to creating healthier and more inclusive workplaces; consequently, it is

important to look at the successes and challenges of the Psychological Health and Safety in the Workplace Standard when promoting and developing employer supports for the Carer-Inclusive and Accommodating Organizations Standard.

Research from many fields, including: geography, nursing, medicine, gerontology, health and aging, and social work, have outlined examples of the types of accommodations that would be useful for carer-workers balancing paid employment and caregiving responsibilities. This body of literature – much of which is referenced throughout this paper -- was consulted when developing the Standard, informing decisions on what should be included. Some suggested guidelines include: assess the needs of the organization and workers; address and ensure confidentiality for workers; provide training to management; create awareness campaigns for management and workers; develop a 'carer culture'; offer accommodations, such as flexible work hours and locations, cell-phone use at work, providing leave from work; monitor and measure results of these policies and efforts, and; conduct an annual internal audit of these policies and efforts. The goal of the Standard is to increase the accessibility of workplaces to people who have caregiving responsibilities while allowing them to maintain a work-life balance that is beneficial to their health. This is not an exhaustive list, nor indeed is the Standard itself exhaustive, as it is important to consider the unique situation of each worker-carer. The Standard does, however, provide a base from which to start in the creation of a culture of care and inclusivity.

## Methods

This research was undertaken in the Spring and Summer of 2017. The purpose of the public review was to ensure that the Standard met the hopes of a wide variety of stakeholders through asking about its significance and potential uptake. It involved seeking feedback from stakeholders in various types of organizations after they had read the draft Standard. Ethics approval was obtained from the (Anonymous Ethics Board) prior to recruitment of participants (Certificate Number Anonymous). Participants were selected from a list of eligible organizations, as defined by a brainstorming session with the larger research team. Each participant was emailed a letter of information and consent form that they signed and returned via email reply. We also answered any questions they had at the beginning of the interview and obtained verbal consent for the recording of the conversation. A representation of the types of interview questions asked are noted in Figure 1.

Figure 1: A Selection of Questions from the Interview Guide

1. What do you find worthwhile about the *Standard*?
2. What do you feel are weaknesses of the *Standard*?
3. Do you see the *Standard* being implemented widely? Why or why not?
4. What do you feel are the challenges for workplaces to implement such a *Standard*?
5. What do you think would motivate workplaces to implement the *Standard*?

Recruiting participants for this research was challenging due to the inaccessibility of contact information for senior executives (i.e. Directors and CEOs) and human resources professionals of targeted organizations, as well as the very busy schedules these people often keep. The number of employees for each organization was mined via the internet. Each participant was asked to read the draft *Standard* prior to the interview. All but two interviews were conducted by telephone and audio recorded. Two of the interviews were conducted in person, with one of these declining to be recorded. Interviews ranged from 20 minutes to 45 minutes in length; the briefest interviews were with very busy participants who managed to squeeze this research into their schedules because they felt it was important. These interviews specifically focused more so on the potential impacts and challenges of the *Standard* as a whole, rather than discussing specific clauses of the document. Following the interviews, all interviews were transcribed and coded thematically using NVivo. The themes emerged through the open reading of the transcripts, which were tied to the interview schedule. The two co-authors met regularly to discuss the emerging themes of this paper.

# Results

We were able to reach 76 individuals in these positions at a wide variety of organizations across Canada, many of whom expressed interest but were ultimately unable to fit participation in this research into their calendars. In total we interviewed 17 representatives from unions, non-profit organizations — including those working with the chronically ill, carers, and in human rights — government, academia, and major employers (Figure 2). These representatives were CEOs, VPs, and managers of human resources, and held other senior positions within their organizations. Those participants who work in academia are leading researchers in the areas of business, labour studies, healthcare, and human rights. The participants were mostly women (n=13), although we were able to recruit a few men (n=4). The size of the organization participants represented is also noted in Figure 2 in order to give their responses more context (Leung et al, 2005).

Figure 2: Demographic overview of interview participants

Identifier	Gender	Sector	Organization Size	Role
A	Man	Human Resources	Small	Consultant
B	Woman	Municipal Government	Large	Human Resources
C	Woman	Healthcare	Large	Nurse
D	Man	Healthcare	Medium	Human Resources
E	Woman	Academia	Medium	Researcher
F	Woman	Academia	Large	Researcher
G	Woman	Union	Large	President

H	Woman	Academia	Large	Researcher
I	Woman	Academia	Large	Researcher
J	Woman	Caregivers Organization	Small	CEO
K	Man	Financial Industry	Large	Human Resources
L	Woman	Immigrant Help Centre	Small	CEO
M	Woman	Information Technology	Large	Human Resources
N	Woman	Food Manufacturing	Large	Human Resources
O	Woman	Human Rights	Medium	Senior Policy Advisor
P	Man	Human Rights	Medium	Discrimination Prevention Officer
Q	Woman	Human Rights	Medium	Discrimination Prevention Officer

Following transcription, interviews thematically analyzed, resulting in four themes: (1) necessity; (2) impact of employer size; (3) motivators for adoption, and; (4) use as an educational tool.

# 1. The Necessity of the Standard

The need for workplace support for caregivers is well documented. (Author's own) [12] discussed at length the need for accommodations in workplaces to promote not only the health of the person receiving care but also the physical and mental health of the employee providing informal care to their loved one. Confirming this, nearly all of the participants in this research saw the Standard as something that was very necessary. The primary reason given for this is that it was seen as bringing attention to the issue within the workplace. As one participant in academia said:

*“I think what’s interesting is that of course it will put the issue on the agenda. It gives ideas, solutions that can be used in different types of organizations. So, I think that’s really the positive aspect ....”* -- (Participant H)

Another participant engaged in mental health advocacy, who was working at an organization that had implemented the aforementioned Psychological Health and Safety Standard said:

*“Well, I like, I mean, the fact that there is, that it brings awareness to the family, to the caregiver need. I think that’s something that we’ve tried to incorporate in our policies and our way of doing things. I think it’s just, the visibility of it I think is an important piece.”* - (Participant D)

Others talked about their own experiences as caregivers:

*“But the other part is that I myself am a caregiver, supporter for my mother. So, I’m one of those that in terms of sort of a personal benefit to this approach, really believe in.”* - (Participant J)

Undoubtedly, the closer a participant was to the caregiving role, the more appreciative they were of the Standard. Even participants who did not think the Standard was perfect in its current iteration believed that this was an issue that needed addressing at an organizational level. They talked about changing Canadian demographics, with many participants citing the rapidly aging population as one of the reasons the Standard is so necessary. In 2012, Statistics Canada published a profile of caregivers in Canada, outlining the particular challenges carer-workers face [1]. While this is an important issue right now, it will only grow in importance as the Baby Boomer generation ages and people delay having children (if they choose to have children), leading to a sandwich generation where workers are balancing their jobs with both child-rearing and caregiving for elderly parents [1]. Another CEO participant recognize the future challenges given our changing population demographics:

*“Well, it’s an issue that needs to be addressed because the aging population is doubling in the next fifteen years and we need to be ready to ensure that there are supports in the workplace for individuals that need to provide increasing demands for care.”* – (Participant J)

Related to this is the issue of the type of society we wish to nurture. One of the participants who leads a major union discussed the standard as an innovation that adds to the cohesiveness of Canadian society:

*“I think Canada is leading the way on some of these innovative societal fabric evolutionary Standards and this is again a great example of that.” -- (Participant G)*

The participants from human rights organizations were especially excited about the development of the Standard and its possible implementation across organizations:

*“This Standard is a step in the right direction. It would be more valuable if it were a mandatory requirement but it’s still a step. Caregiver rights are human rights and it’s something that affects a lot of people so uh, it really needs to be addressed.” -- (Participant P)*

The Canadian Human Rights Commission published A Guide to Balancing Work and Caregiving Obligations [26], which outlines the responsibilities of both employers and employees. This guide specifies that discrimination based on family status is not allowed under Canadian Law, and that this includes caring not only for children, but for the ill and elderly. Participants noted the necessity of the Standard given the pressing demographic situation in Canada, with a growing dependent elderly population. At the same time, they were unsure that organizations were ready to implement the Standard, given the range of barriers to overcome, one of which is employer size.

## 2. Impact of Employer Size

Unlike large organizations, which are more likely have an HR Department, small and medium-sized organizations were perceived to be unlikely to implement the Standard. The concern for small and medium-sized organizations was specific to their ability to harness the resources needed. The CEO of an organization dedicated to serving caregivers and care recipients looked at the Standard from the perspective of implementing it within their own organization, noting the necessary time investment:

*“And I just don’t know whether there’s a simpler, when I read it I found it really overwhelming. It kind of assumes as you progress through, that you probably have HR function and that you’re, you know, an outcomes, output based organization and that you have metrics in place to be able to measure, if you follow it through in its entirety.” – (Participant J)*

Participant B was concerned about the existing pressures on local small businesses and their ability to cope with yet another set of requirements for their business operations. At the same time, they said that she supports the initiative because it is important to the future of our population and their quality of life in and beyond the workplace. Another researcher involved in caregiver research talked about the barriers that small business owners may perceive, and how to overcome those barriers:

*“Well, I think, again, for small employers, we know that many of them are operating at very slim profit margins in a competitive marketplace and see that they have the resources, the financial resources, for example, to cover employees on leave. And they may not appreciate that they can implement a number of these accommodations without having an HR department. So, I think that*

*identifying the fact that small businesses do have more opportunity for flexibility and know their employees well could be helpful here. As well as any reference to a success among small businesses in implementing work-life initiatives.” – (Participant I)*

Yet another researcher (Participant F) commented on the struggles small businesses may face in attempting to implement this Standard, especially in light of the boom of small start-up companies that employ mostly younger people who are likely to engage in caregiving activities in the future:

*“So, when I read this I can see organizations that are huge and have the resources and the manpower and the time, um, taking this up and implementing it. But at the same time, I’m thinking about like, other organizations, like small businesses or even start-ups which I think are relevant especially to young carers right now because a lot of people are moving to sort of those smaller start-up companies and digital and things like that. So, for them who may not have the resources to actually implement something like this on a grand scale, I don’t know how widely you know, adopted it would be.”*

While participants were concerned that smaller companies would not have the labor in place to implement the Standard, their worries about larger companies focused on the possibility that they may already have internal policies in place to address this issue. Many thought these larger companies’ policies would likely be cobbled together from mandatory programs and initiatives to attract and retain employees. They were particularly concerned that due to these policies already being in place, employers may not see the need to even consider the Standard, despite the fact that it is more robust in its requirements than what the majority of workplaces are currently providing to carer-workers. One participant who works in human resources made the following observation:

*“And particularly when you have the Employment Standards Act (ESA) in Ontario. You’ve gotten EL (Emergency Leave) days. You’ve got Family Medical Leave of eight weeks. You’ve got Family Caregiver Leave up to eight weeks. You know, companies have, we have for example sick leave and paid time off that allows employees to care give; that counts, you don’t have to be sick.” – (Participant A)*

Participant B specifically talked about the issue of overlap with existing policies at larger organizations, referring to the amount of work involved in assessing what they have already covered under the requirements of the Standard, and what more needs to be done. She discussed her own workplace, a municipal government, as an example of an organization that has already put policies in place for work-life balance that apply to carer-workers, but that they might be willing to pursue implementing the entire Standard if there was funding available in the form of grants, or employer awards attached to doing so.

Another participant who worked in human resources for a large company was concerned about how other particular groups of employees might view the implementation of this Standard as an opportunity to gain additional accommodations for their needs.

*“And I also find, I also found it difficult in terms of like, there’s the caregiver and then it’s talking about the accommodation piece but I already have accommodation policies so I’m wondering why this is set apart from other, from the accommodation policy, and what would happen if I had other, let’s say interest groups, saying “Well, if you’re doing something special for caregivers, why aren’t you doing something special for this group, that group and the other group?” – (Participant K)*

Another researcher involved in caregiver research was concerned about the language of the Standard even if a large organization, with an HR Department was involved:

*“Well, I’m questioning if it’s written in language that will be appealing to HR professionals who I think are the primary audience for this.” -- (Participant I)*

Unquestionably, the results suggest that small and medium-sized organizations, and particularly small employers, are less likely to implement the Standard given limitations to doing so. Large-sized organizations are more concerned with the issues of: replicability; potential demand from other special employee groups, and; accessibility of the Standard’s language.

### 3: Motivating Factors for Implementation

Although the participants each recognized the challenges and barriers to implementing the Standard for organizations of various sizes and industries, all but one of the participants were also able to identify factors that would motivate employers to engage with the Standard. These motivators include: personnel recruitment and retention; engendering an inclusive and compassionate workplace, and; award and merit/tax-break opportunities. Participants also noted that media campaigns and evidence of cost-effectiveness would be useful for uptake. A participant involved in human resources said that the primary motivating factor would be attracting and retaining ‘good’ talent:

*“So, I think for companies who want to keep talent and keep people productive and to be competitive, they’re going to have to find a way to incorporate this new challenge into their work, into their work environment. So, I think in terms of, I think the end result is that if I really want to keep my good people, I’m going to have to recognize that this is a need and (determine) how can I best balance the need of the employer and the need of the employee so that we can work together.” – (Participant K)*

One of our researcher participants addressed the issue of lack of awareness around worker-carer concerns, and how the Standard might help build a stronger culture of inclusivity, compassion, and accommodation in workplaces:

*“Organizations are starting to be conscious about the parental dimension in terms of childcare and, you know, taking care of children, or work/family in relation to children. But they’re not yet very, very conscious of the carers aspect. And also, the interviews that we have done here with*

*carers, showed that these people hesitate to talk about it at all because of fear of impacts on their career. So, I think that makes it a little bit complex. But government support and maybe awards and media coverage would certainly help.” – (Participant E)*

Another researcher engaged in caregiver research talked about the importance of motivators like tax breaks, certifications, and awards:

*“So, I think tax breaks are always an essential. I think that’s something that organizations always look for. The other thing I thought of was certification or getting licensed, if you will, as being a carer-friendly organization. Because, you know, down the road, as our population continues to age, I think whether organizations realize it now or not, they will have no choice but to be aware of the fact that caregivers are pervasive in our society and that they need support, so I think being able to demonstrate that you are a caregiver inclusive organization um, you know, might be something that motivates them.” – (Participant I)*

Another issue that participants discussed was what was needed for employers to make a decision specific to uptake. A healthcare worker we interviewed said that promoting the Standard needed to focus on two factors that business owners take into consideration, money and compassion:

*“I think sort of two sides. I think money always talks for workplaces. I think you know, putting some sort of a dollar amount of the absenteeism or the presenteeism and what that cost is to the organization um, and sort of looking at the cost benefit of a program like this I think could be really you know, interesting for an organization. I also think that sort of empathy, compassion, you know, doing the right thing for our teams for some sectors could be a big motivator.” – (Participant C)*

The union president we spoke to related the implementation goals for the Standard to her experiences with crafting union agreements with employers, and said that the key is to appeal to their sense of humanity. This would involve a general awareness campaign and representation of caregivers in media, if possible, to create a cultural shift:

*“...it’s a personal experience someone has had that they’re able to relate to it. So, you have to find those allies in workplaces that have had personal experiences of dealing with as a caregiver. And I think at this stage with baby boomers we’re in a, a really good generational position. So, I don’t think it would take long but I think the conversation needs to be more wide stream. And media needs to attach to it as well so that it becomes a normal conversation instead of “someone has something more than I do”, the envy factor coming into play.” – (Participant G)*

Overall, participants were not particularly enthusiastic about the likelihood of the Standard being implemented without these motivating factors being present. They recommended making certification and awards available, creating tax incentives and grants for implementation, as well as awareness campaigns about the growing issue of carer-workers and how to retain them in paid employment.

## 4. The Standard as an Educational Tool

Although participants recognized the Standard as necessary and well-timed, the vast majority did not predict that it would be implemented widely due to its voluntary nature. How strongly participants felt about this varied. Overwhelmingly, however, participants did see that it could be used as a valuable tool in education and may be used in parts, if not fully implemented. For example, a union representative was unsure of how quickly the Standard might be implemented and talked about the need for ‘champions’ and industry leaders to get the ball rolling:

*“I’m not quite sure if widely would be quite the right terminology to use. Eventually I think it will be adopted into expectations in society. I think initially you will need to have some innovative employers who will be looking at adopting this Standard and uh, and then it becomes sort of uh widely accepted practices.”* – (Participant G)

She also said that the specific language of the Standard and the way it involves people from all levels of the organization was important to the adoption of the Standard, as it provides:

*“... validity of engaging all the stakeholders in the workplace so this is not a top-down driven that it takes into account the workers in the workplace who need to um, would benefit from taking um, adopting the Standard into the workplace .... And um, so I appreciated that and also the recognition that the um, caregivers it’s not just about giving them time off, they still need to earn a living and provide for their families so it’s that economic recognition as well.”* -- (Participant G)

One CEO of an organization did not believe that the Standard would be widely implemented, but did say that its availability would be recognized as a resource or reference tool.

*“Um, you know when I used to do corporate consulting, I would use these kinds of tools to inspire, to provide insight, to inform ... as an education tool. And so, a committee ... could use it as a way of framing their own priorities and objectives, to set aside their own metrics, and then at some point in the future if they do decide to apply they’re in alignment ....”* – (Participant E)

The use of the Standard as an educational tool by human resources professionals and business leaders is still a valuable outcome, though it is more difficult to track how organizations are engaging with the material. This is something to be addressed in future research projects, in order to determine how effective the Standard has been in changing workplace culture and available accommodations, even when used as a guiding document and not necessarily implemented.

Given reflected in more women working in healthcare and education, and more men employed in construction and transport [27], the impact of gender may also be implicated in the uptake of the Standard. (Author’s own) [27] examined Canadian labor market data across 19 years (1997-2005) and determined that, after adjustment for differences in labor market roles, women were: more

than 5 times more likely than men to work part-time; 73% more likely than men to leave the labor market, and; when compared to men, twice as likely to take time off in the last week due to informal care. They also found that, for temporary absences to provide care, women took an average of 160 min more per week. Men are less likely to have engaged in caregiving activities in their own lives to the level that women have and are, consequently, less directly aware of the impacts that maintaining that dual role has on both quality of life and personal productivity.

## Discussion

From the perspective of most of the stakeholders interviewed, the Standard is a timely and necessary step toward accommodating carer-workers in a rapidly aging society. However, stakeholders largely agreed that it will be difficult to make the case to employers who will see this as a mostly social and ethical issue rather than an economic one. In order to encourage implementation or even use of this Standard as an educational tool, we must appeal to the business case for supporting carer-workers. This includes highlighting, for example, how the Standard has the capacity to reduce absenteeism and presenteeism. How to accomplish this goal will vary depending on many factors, including: sector, which may value ‘face-time’ or an employee’s observable presence at work [28]; type of employee, level of unionization, and the gender composition of the workforce. Some sectors can offer greater flexibility than others (e.g. marketing vs emergency services). Many white-collar employees already enjoy more benefits and the ability to work flexible hours in flexible locations than blue-collar workers or service workers who must be at their workplace for specific shifts with limited breaks [29]. Given that men are less likely to see the value of such accommodations given their comparative less involvement in care provision [1], consequently male-dominated workplaces will likely need to be approached differently than female-dominated workplaces. Offering accommodations to carer-workers may simultaneously increase the number of men engaging in caring responsibilities. Such accommodations will preserve men’s status in the workplace, and allow women to continue in paid employment – potentially reducing the gender wage gap and keeping more women in the workforce.

Despite the challenges faced by organizations of all sizes in implementing the Standard, it is a useful vehicle for ensuring that workplaces are making measurable efforts to adhere to human rights legislation in Canada. The human rights requirement to not discriminate based on ‘family status’ was established in 2010:

“In the absence of such incentives, the Canadian Human Rights Tribunal in 2010 ruled in favour of an employee who was discriminated against due to her ‘family status’ and parental responsibilities. While the ruling did not explicitly mention elder care, it does set a precedent for employers to accommodate parents and caregivers with scheduling conflicts rather than placing the entire onus on employees” [30].

At the same time, we must consider the rights and responsibilities of the employer as they pertain to ‘undue hardship’, which is defined as “If the financial costs of the accommodation would be so high that it would alter the essential nature of the organization or significantly affect the viability of

the enterprise.” [31]. It is difficult to balance these competing interests, especially when it comes to small businesses, which can rightfully claim undue hardship for much smaller accommodations, though larger organizations have also successfully claimed undue hardship when dealing with accommodations such as extended paid leave. Thus, it is important for workplaces adopting the Standard to customize their policies to fit their unique organization and employees’ profile to ensure that the needs of both are considered. While the Standard is currently entirely voluntary for organizations to implement, it presents a solid foundation for new legislation to be created to support carer-workers. This will not necessarily involve enforcing specific accommodations, but could include some of the motivating factors detailed in the third theme of this paper, such as tax incentives or government grant funding. These motivating factors – and others, such as awards and awareness campaigns – will need to be tailored to organizations depending on their size. Echoing (Author’s own) [7, 8], small organizations will be more likely to face the barrier of lack of resources and, consequently, financial incentives to participate may be helpful. In contrast, large organizations maybe in a position of needing to update and expand their existing policies to attract and retain talented employees. Organizations of all sizes could be targeted with awareness campaigns that explain the rights of employees, responsibilities of employers, and the availability of assistance in policy creation through initiatives such as the Standard and its accompanying implementation guide. Ultimately, while organizations may see this as an optional, add-on responsibility, it may soon be necessary given the growing number of carer-workers in our rapidly aging population.

## Conclusion and Implications

The Standard is an important step toward keeping our aging workforce in paid employment while allowing them to also maintain their caring role for loved ones. We found through interviews with stakeholder participants that organizations may be motivated to implement the Standard and/or use it as an educational tool in exchange for various incentives. The research also suggests that the Standard maybe better used as a best practice guide immediately given that it is a voluntary. Future research directions include: the need to study of how the Standard is being used by organizations; what motivates organizations to implement or use the Standard as an educational tool, and; how can the Standard act as an intervention in the face of caring being seen as a ‘women’s issue’. Internationalizing the Standard via the International Standards Organization will make the Standard available to workplaces across the globe.

We need to change the culture of our workplaces to incorporate caregiver inclusive practices both at leadership levels in formal policy and at the level of the day-to-day interactions between co-workers. The former will be easier in large organizations that have the resources to manage their changing workforce through leaves and financial supports/benefits. The latter will come faster in small organizations where the leadership is invested in the personal well-being of their employees beyond their productivity at work.

Developing strategies specific to organizational size for implementation of the Standard will likely increase uptake and result in greater support of carer-workers across Canada. More research focused on the actual implementation of the Standard, featuring case studies from organizations representing various sizes and sectors, would be helpful for the scaling up of the Standard in Canada and elsewhere across the globe. This too will allow a better understanding of how the Standard may impact the involvement of men in caring, in both male-dominated and female-dominated workplaces.

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