

## Challenges and Opportunities to Working Longer In the Context of Informal Caregiving<sup>1</sup>

### Background

Working longer while providing care is becoming more common given extended longevity, shortfalls of retirement income, policies that incentivize extended employment, the absence of a robust and comprehensive system for long-term services and supports (LTSS), and the health demands of multigenerational households. While research in this area is complex, there is some evidence to suggest informal caregivers are at greater risk of living in poverty in later life,<sup>i</sup> are more likely to be forced into retirement,<sup>ii</sup> and retire at earlier ages.<sup>iii</sup>

Unretirement, defined as returning to paid-work after formal retirement, is an emerging phenomenon that is likely to continue. Yet, research has overlooked how family obligations relate to going back to work after retirement.<sup>iv</sup>

This research brief aimed to:

1. Explore the heterogeneity of caregiving responsibilities in the context of returning to work, and
2. Determine the causal relationships between informal caregiving and un-retirement.

### Methodology

Utilizing longitudinal population data from the Health and Retirement Study, a representative sample of older adults who were fully retired in 1998 ( $n=8,334$ ) were analyzed to 2008. Inclusion criteria included respondents who reported zero hours (0) of paid work, did not identify as partially retired or employed. If a study participant reported partly-retired, working part or full-time, and working any hours or weeks in subsequent waves (2000-2008), then the respondent was coded as 'returned-to-work.'

Cox proportional hazard models yielded information on the significant factors associated with un-retirement. Informal caregiving was measured with parenting an adult child, grandchild and/or great grandchild; helping a spouse with activities of daily living (ADLs, e.g., bathing, dressing, eating, moving from bed to chair, or going to the toilet) or instrumental activities of daily living (IADLs, e.g., preparing meals, shopping for groceries, making telephone calls, assisting with medications); and helping parents with ADLs or IADLs. Covariates included socio-demographic factors (age, sex, race), economic (total household income, pension, employer-sponsored retiree health insurance, education, health, life-time occupational status), and social (marital status and partnered to a working spouse/significant other).

### Results

The average age at baseline was 74 (range 62-102,  $SD=7.37$ ). More than half (53.75%) were female. Most (88.52%) of the sample were White, followed by Black (8.69%), Hispanics, Indigenous, Asians, (2.76%). Approximately 6% (501) of retirees returned-to-work in subsequent waves.<sup>v</sup>

Retirees were engaged in a variety of caregiving roles (Table 1). The most frequent was parenting a n adult child, grandchild and/or great-grandchild. Retirees were also helping spouses, partners, and parents with ADLs or IADLs. Across the ten years, retirees were engaged in single and multiple caregiving roles.

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<sup>1</sup> This research was conducted in 2013 and the full analyses, with grandparenting, was never published for a variety of reasons. I have chosen to "resurrect" these analyses and offer this research brief after some insightful conversations with a panel of experts at the National Science Foundation and representatives to the Senate Committee on Aging.

**Table 1. Percentage of Informal Caregivers (across waves)**

	1998	2000	2002	2004	2006	2008
Parenting a child/grand or great-grandchild	22%	17%	12%	10%	7%	4%
Helping a spouse/partner with ADLs	4%	3%	3%	2%	2%	2%
Helping a spouse/partner with IADLs	6%	4%	4%	4%	4%	3%
Help parent(s) with ADLs	2%	2%	1%	0%	0%	0%
Help parent(s) with IADLs	4%	3%	2%	1%	0%	0%
Single and co-occurrence of care						
No caregiving role	72%	78%	85%	89%	90%	93%
Occupancy of 1 care role	24%	19%	14%	11%	9%	7%
Occupancy of 2+ care roles	4%	3%	1%	1%	1%	0%

When compared to non-caregivers:

- Parenting an adult child/grand/great-grandchild increased the odds of returning-to-work by 28% in subsequent waves (HR: 1.28,  $p < .05$ ).
- Helping a spouse with ADLs/IADLs reduced the odds of returning-to-work by 78% and 55% in subsequent waves, respectively (HR: 0.22,  $p < .05$ ; HR: 0.45,  $p < .05$ ).
- There was no statistical difference to returning-to-work between non-caregivers and helping a parent with ADLs/IADLs.
- There was no statistical difference to returning-to-work between non-caregivers, single or multiple caregiving responsibilities.<sup>vi</sup>

### Research and Policy Implications

This study is one of the first to document providing care to younger generations is an important factor associated with returning to the paid workforce after retirement. Retirees provide informal care to grandchildren, great grandchildren, and sometimes their own adult children, is becoming far more common given extended longevity ([Generations United, May 2022](#)).

Spousal caregivers, on the other hand, have significant challenges to returning-to-work after formal retirement. It is likely that they remain retired due to the personal, private, and demanding nature of caring for a spouse, particularly for partners who have difficulty with the most essential aspects of living such as eating, bathing, dressing, and getting out of bed. It is also evident that the odds of returning to work significantly decrease as the health of their partner worsens.

Social policies and programs that assist older retirees with job retraining, resume writing, and flexible work arrangements to balance the time and responsibilities of informal caregiving, will likely result with more retirees and are providing care to work longer. Additional research is necessary to examine differences in work and retirement pathways by gender, race, ethnicity, socioeconomic status, and lifetime labor force characteristics, as well as the characteristics of the care recipient.

### Conclusion

Overall, there is great heterogeneity of caregiving demands in later life. Findings clearly underscore how providing care to younger generations is a trigger to return to work, while providing care to spouses is a barrier to un-retiring. Policies that bolster the economic standing of caregivers and/or maximize the opportunities for occupying multiple productive roles (e.g., working and providing care) is highly encouraged.

*Citation:* Gonzales, E. (2023). Challenges and Opportunities to Working Longer In the Context of Informal Caregiving. The Center for Health and Aging Innovation. <http://hdl.handle.net/2451/64390>.<sup>vii</sup>

Acknowledgements: This research brief was supported by U.S. Social Security Administration / Sandell Grant Program at Boston College, John A. Hartford Dissertation Award, Peter Paul Career Development Award at Boston University, and The James Weldon Johnson Professorship at New York University.

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- <sup>i</sup> MetLife Mature Market Institute. (2011). Caregiving costs to working caregivers. Westport, CT: MetLife Mature Market Institute. **See also** Wakabayashi, C., & Donato, K. M. (2006). Does caregiving increase poverty among women in later life? Evidence from the Health and Retirement Survey. *Journal of Health and Social Behavior*, 47(3), 258-274. **See also** Lee, Y., Tang, F., Kim, K. H., & Albert, S. M. (2015). The vicious cycle of parental caregiving and financial well-being: A longitudinal study of women. *The Journals of Gerontology: Series B*. **See also** Greenfield, J. C., (2013). The long-term costs of caring: How caring for an aging parent impacts wealth trajectory of caregivers. *All Theses and Dissertations*. Paper 1108.
- <sup>ii</sup> Szinovacz, M. E., & Davey, A. (2005). Predictors of perceptions of involuntary retirement. *The Gerontologist*, 45(1), 36-47. **See also** Pavalko & Artis (1997) Women's caregiving and paid work: Causal relationships in late midlife. *Journals of Gerontology: Social Sciences*, 52B, S170-S179.
- <sup>iii</sup> Dentinger, E., & Clarkberg, M. (2002). Informal caregiving and retirement timing among men and women. *Journal of Family Issues*, 23(7), 857-879. **See also** Clarkberg, M. & Moen, P. (2001). The time-squeeze: The mismatch between work-hour patterns and preferences among married couples. *American Behavioral Scientist*, 44, 1115-1136.
- <sup>iv</sup> Giandrea, M.D., Cahill, K.E., & Quinn, J.F. (2010). The role of re-entry in the retirement process. *BLS Working Papers*. **See also** Lahey, K. E., Kim, D., & Newman, M. L. (2006). Full retirement? An examination of factors that influence the decision to return to work. *Financial Services Review* 15, 1-19.; **See also** Maestas, N. (2010). Back to work: Expectations and realizations of work after retirement. *Journal of Human Resources*, 45(3), 718-748. doi:10.1353/jhr.2010.0011. **See also** Schlosser, F., Zinni, D., & Armstrong- Stassen, M. (2012). Intention to unretire: HR and the boomerang effect. *Career Development International*, 17(2), 149-167.
- <sup>v</sup> This percentage is lower than what is found in the literature and is likely due to two reasons. First, many studies use self-report labor force status which is an unreliable measure of labor force status. Thus, we verified if the respondent had worked any hours or weeks in subsequent waves, which is a more rigorous method to discern actual labor force status. Secondly, studies that examine unretirement perform analyses on individuals as young as 50 years of age. We restricted our analyses to individuals 62 years of age and older, given that most retire in their earlier 60s.
- <sup>vi</sup> This is possibly due to the different directions each caregiving role functioned with unretirement (e.g., parenting was positively related, spousal caregiving was negatively related, and helping a parent was insignificant). In addition, a relatively small percentage was occupying two or more caregiving roles, and thus, we may be underpowered to detect a difference with this specific relationship.
- <sup>vii</sup> Analyses excluding grandparenting can also be found here: Gonzales, E., Lee, Y., & Brown, C. (2017). Back to Work? Not Everyone. Examining the Longitudinal Relationships Between Informal Caregiving and Paid Work After Formal Retirement. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 72(3), 532-539. <https://doi.org/10.1093/geronb/gbv095>. **See also** Carolan, K., Gonzales, E., Lee, K., & Harootyan, R. A. (2020). Institutional and Individual Factors Affecting Health and Employment for Low-Income Women with Chronic Health Conditions. *The journals of gerontology. Series B, Psychological sciences and social sciences*, 75(5), 1062-1071. <https://doi.org/10.1093/geronb/gby149>. **See also** Gonzales, E., Lee, K. & Harootyan, B. Voices from the Field: Ecological Factors that Promote Employment and Health Among Low-Income Older Adults with Implications for Direct Social Work Practice. *Clin Soc Work J* 48, 211-222 (2020). <https://doi.org/10.1007/s10615-019-00719-x>.