ASSESSING THE POTENTIAL FOR IMPLEMENTATION OF THE *CARER-INCLUSIVE AND ACCOMMODATING ORGANIZATIONS STANDARD*

ASSESSING THE POTENTIAL FOR IMPLEMENTATION OF THE *CARER-INCLUSIVE AND ACCOMMODATING ORGANIZATIONS STANDARD*

By

ASHLEIGH PATTERSON, B.A. (Hons.)

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AUTHOR: Ashleigh Patterson, B.A. Hons. (McMaster University)

SUPERVISOR: Dr. Allison Williams

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# ABSTRACT

Roughly 35% of employed Canadians are currently informal caregivers — defined as “an individual who provides care and/or support to a family member, friend or neighbour who has a physical or mental disability, is chronically ill or is frail” (Williams, Eby, Crooks, Stajduhar, Giesbrecht, Vuksan, Cohen, Brazil, & Allan, 2011, p. 3). These worker-carers are mostly women and often experience negative impacts on their physical, mental, emotional, social, and economic well-being. The impact on employers is also staggering (Fast, Lero, DeMarco, Ferreira, & Eales, 2014). With the number of seniors requiring such care expected to double by 2031, this is a growing issue for Canadians (Williams, et al, 2011). With the assistance of a Technical Committee of experts, chaired by Dr. Williams from McMaster University, the Canadian *Standard*s Association and McMaster University have developed a *Standard* for Caregiver Inclusive and Accommodating Workplaces. This has been realized through funding provided by the CIHR/SSHRC Partnership Development Grant addressing Healthy, Productive Workplaces. This research seeks to conduct an Enhanced Public Review of the Caregiver Inclusive and Accommodating *Standard* through the completion of interviews (n=17) with key stakeholders across Canada.

 Semi-structured interviews were conducted from May to July 2017. After reading a draft of the *Standard*, interviewees were asked about: the viability of implementation of the *Standard*; what they liked about it, and what they would change, as well as; how it met with the mandate of their own organization. Interviewees represented the senior leadership of a wide variety of organizations including: human resources; caregiver support; unions; white-collar industry; healthcare, and; municipal governments. Following transcription and coding of the interviews using thematic analysis, five major themes emerged.

 First, the *Standard* is a necessary tool in today’s world. Second, though it is an important tool, it is more likely to be used as an educational tool than to be actually implemented by most organizations. Third, organizations are not likely to implement the *Standard* for a variety of reasons. For example, small to medium sized organizations do not have the resources or capacity to implement and, given that large organizations already have policies in place, they will view the voluntary *Standard* as superfluous. Fourth, there is a significant divide in perceptions of sex and gender as relevant to the issue of caregiving and the necessity of supports such as the *Standard*. Finally, organizations may be motivated to implement the *Standard* and/or use it as an educational tool in exchange for tax breaks or insurance incentives, awards and recognition, or for grants to assist in developing and implementing policies related to the *Standard*.

 We conclude that although there are many barriers to implementation of the *Standard*, it is a useful and timely tool for organizations to use in order to better support their employees who are engaged in carer roles. Incentivizing implementation may encourage more participation in this program and thus greater support for worker-carers. This is especially important as more than half of carers are women, and women in caregiving roles are more likely to spend much more of their time in that role, meaning that this will keep more women engaged in the labour force, prevent burnout, and support better health outcomes (Sinha, 2012).

# ACKNOWLEDGEMENTS

First and foremost, I would like to express my gratitude to my supervisor, Dr. Allison Williams, for the incredible amount of patience, encouragement, and understanding she has given me over the past two years. Without her generosity of time and spirit, I am certain I never would have completed this project. I will definitely never stop appreciating the frequent reminders to engage in self care as I struggled through the second year of the program.

Additionally, I owe a huge debt to the entire School of Geography and Earth Sciences at McMaster University for supporting me through both my undergraduate and master’s degrees. From office staff to professors and fellow students, I have never before encountered such a supportive community of people encouraging me to do my best. In particular I would like to thank Dr. Michael Mercier, Dr. Richard Harris, and Dr. Robert Wilton for supervising me in both research and teaching opportunities throughout my undergraduate degree. A very special thank you to Dr. Walter Peace for inspiring me to pursue this field that I have grown to love so very much.

Finally, to my chosen family – I am thankful every day for the ways you support me that I never imagined possible. Bronwyn, thank you for keeping me fed, watered, and caffeinated through even my deepest depths of depression and illness and for always being by my side to celebrate the victories, no matter how small. And my children, Summer and Rose, your patience while I completed this journey was unparalleled and I promise to someday return the favour if you get the ridiculous idea in your head that you want a Masters degree too.

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# PREFACE

This Master's thesis is comprised of two research papers which have been prepared for academic journal submissions.

**Chapter Two:**

Patterson, A. & Williams, A. (2018). The necessity of the implementation of the Carer-Inclusive and Accommodating Organizations *Standard*. Submitted to *International Journal of Care and Caring.*

**Chapter Three:**

Patterson, A. & Williams, A. (2018). The impact of organization size on the implementation of the Carer-Inclusive and Accommodating Organizations *Standard*. Submitted to *Community, Work, and Family.*

Both papers are co-authored with Dr. Allison Williams (my Masters supervisor). Dr. Williams is the lead investigator on the development of the *Carer-Inclusive and Accommodating Organizations Standard* (<http://shop.csa.ca/en/canada/occupational-health-and-safety-management/b701-17/invt/27042132017>) and heads the research team studying its development and implementation. Consequently, she has provided guidance with respect to the direction of this research. The assessment of the *Standard*, through stakeholder interviews, is one component of the development and evaluation of the *Standard* and its associated tools. It should be noted that the co-authors collaborated on the broad research topics for both papers. The first author was solely responsible for the data collection, the data analysis, interpretation of findings, reviewing the literature, and writing the papers. The second author assisted in shaping the research proposal, McMaster Research Ethics Board Application, research instruments and editorial advice, in addition to critically reviewing both papers in preparation for submission. As the graduate student supervisor, the second author also provided ongoing assistance with recruitment of stakeholder participants, collaboration with the partner organizations, financial support for the research enterprise and dissemination thereof.

# CHAPTER ONE: INTRODUCTION

## Research Context

As Canadian demographics are shifting with an aging population, our 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 or with their families even when they are unable to independently maintain their living space or adequately care for themselves (Schroeder, MacDonald, & Shamian, 2012). Unfortunately, the supply of and funding for professional home care teams has not expanded to meet the demand for such services and so to facilitate the desire of many people to ‘age in place’, their family members are taking up the mantle of caring for them. More than three million Canadians are currently in caregiving roles for adult relatives and friends (Schroeder, MacDonald, & Shamian, 2012). Most of these people (~2.3 million) are engaged in paid employment in addition to their caregiving duties, working to financially support themselves, their children, and in some cases, their care recipient (Schroeder, MacDonald, & Shamian). This dual role takes a toll on physical and mental health over the long-term, reducing quality of life and productivity in the workplace (Stone & Clements, 2009; Wadhwa, Burman, Swami, Rodin, Lo, & Zimmerman, 2013; Dembe & Partridge, 2011). Because of this, it is important for the sake of worker-carers, care recipients, and employers that we find ways to balance these competing needs to the satisfaction of everyone involved. Though some employers have already put policies into place to support worker-carers, awareness of the issue and efforts to address it have not been widespread and are inconsistent from one organization or industry to another (Mains, Fairchild, & Rene, 2006; Vuksan, Williams, & Crooks, 2012). Seeing the need for more intensive adaptation of workplaces to this new reality, the Canadian *Standard*s *Association*, in partnership with McMaster University, has developed the *Carer-Inclusive and Accommodating Organizations Standard* (2017. This is a voluntary employment *Standard* designed to assist employers in creating policies that balance supporting worker-carers with the needs of the organization in a way that is beneficial to all parties. The research conducted for this thesis seeks to assess the readiness of Canadian organizations for implementing this *Standard* as well as the development of strategies to promote active implementation of the *Standard* across Canada.

## Research Objectives

1. To determine if the *Caregiver Inclusive and Accommodating Standard* complies with stakeholders mandates.
2. To determine what stakeholders are satisfied with in the *Caregiver Inclusive and Accommodating Standard*.
3. To determine how stakeholders would improve upon in the Caregiver Inclusive and Accommodating *Standard*.
4. To determine how stakeholders would support the dissemination and uptake of the *Caregiver Inclusive and Accommodating Standard*.

## Thesis Contributions

This section provides an overview of the thesis contributions to both the policy and research realms, specifically in a Canadian context.

### 1.3.1 Policy Contributions

 As Canada works to adjust to our aging population, all levels of government and organizations across every industry will be forced to manage the challenges of balancing work and care. The papers that comprise the substantive content of this thesis address the ways in which the *Carer-Inclusive and Accommodating Organizations Standard* can help move us forward with these challenges, providing suggestions for improvements in future iterations of worker-carer policy, and in providing recommendations for including worker-carer accommodations in mandatory employment legislation. This research is also directly relevant to the creation of policy and *Standard*s within the Canadian *Standard*s Association, in relation to worker-carers as well as future projects on other social issues. Already, the data from the interviews conducted has been used to inform the development of an Implementation Guide ([http://shop.csa.ca/en/canada/occupational-health-and-safety-management/b701hb-18/invt/27043802018&bklist=icat,6,shop,publications,ohs,ohsmanagementsystems,ohsmanagement](http://shop.csa.ca/en/canada/occupational-health-and-safety-management/b701hb-18/invt/27043802018%26bklist%3Dicat%2C6%2Cshop%2Cpublications%2Cohs%2Cohsmanagementsystems%2Cohsmanagement)) to accompany to *Standard* and make it more accessible to employers. This implementation guide provides a number of case studies as well as step-by-step instructions and ideas for how to put the *Standard* into practice.

### 1.3.2 Research Contributions

 While there is a significant body of research on worker-carers, most of it focuses on the impacts of their dual roles on their quality of life and the quality of life of their care recipient(s), with suggestions for accommodations that could be made to support worker-carers offered tangentially in their discussions. This research, on the other hand, assesses an attempt to create policies for worker-carers, while addressing the business case and implementation challenges of such policies.

As far as geographical relevance, this research firmly straddles the boundaries between health geography and labour geography. As outlined above and again in the literature review section of Chapter 2, time spent in a carer role while also engaging in paid employment has significant negative health impacts for the worker-carer. These impacts vary depending on the individual’s particular geography, which encompasses their home, workplace, sites of care, and all of the spaces they travel between those locations (Clemmer et al., 2008). While this study does not specifically address these tensions, the *Carer-Inclusive and Accommodating Organizations Standard* was in many ways meant to reduce these tensions, and in so doing, improve worker-carer health. Labour geographers are concerned with the relationship between employers and workers, which requires an awareness of social/familial responsibilities and the struggle to find a work/life balance. Both of the papers (Chapters 2 & 3) contained in this thesis address this issue (Lier, 2007).

## Chapter Outline

This thesis has been organized into four chapters. The first, this introduction, was intended to provide a brief background on the issue of worker-carers as it impacts Canada, as well as an overview of the development of the *Carer-Inclusive and Accommodating Organizations Standard*. In addition, the research questions that were at the heart of this work, as well as contributions to both policy and research, have been outlined.

Chapter 2 is an assessment of the *Standard*’s necessity and likelihood of widespread implementation, as considered by a cross-section of stakeholders interviewed for this research. The chapter also provides a more detailed context for the challenges of worker-carers and the development of the *Standard*. This paper was prepared for submission to the *International Journal of Care and Caring.*

Chapter 3 is a deeper analysis of the challenges and opportunities presented by organizations of various sizes in attempting to implement the *Standard*, as discussed later in the same set of interviews used for the assessment in Chapter 2. It also considers strategies for motivating organizations to support worker-carers through implementation of the *Standard*. This paper was prepared for submission to the journal *Community, Work, and Family.*

Chapter 4 serves as a concluding chapter and summarizes the major findings of Chapters 2 and 3. It also includes a discussion of limitations to this research as well as the research contributions of the thesis. Finally, the thesis draws to a close with final conclusions and implications for future research.

## References

Dembe, A.E., Partridge, J.S., Dugan, E. & Piktialis, D. (2011). Employee’s use of employer-sponsored elder-care programs. *International Journal of Workplace Health Management, 4*(3).

Clemmer, S.J., Ward-Griffin, C., & Forbes, D. (2008). Family Members Providing Home-Based Palliative Care to Older Adults: The Enactment of Multiple Roles. Canadian Journal on Aging, 27(3),267-283.

Lier, D.C. (2007). Places of Work, Scales of Organizing: A Review of Labour Geography. Geography Compass, 1(4),814-833.

Mains, D.A., Fairchild, T.J., Rene, A.A. (2006). An employee assistance program for caregiver support. *Journal of Gerontological Social Work, 47*(1-2), 157-173.

Schroeder, B., MacDonald, J., & Shamian, J. (2012). Older workers with caregiving responsibilities: A Canadian perspective on corporate caring. *Ageing International, 37*(1), 39-56.

Sinha, M. (2012). Portrait of Caregivers. *Statistics Canada.* Retrieved from <https://www.statcan.gc.ca/pub/89-652-x/89-652-x2013001-eng.htm#a9>

Stone, L.J. & Clements, J.A. (2009). The effects of nursing home placement on the perceived levels of caregiver burden. *Journal of Gerontological Social Work, 52*, 193-214.

Vuksan, M., Williams, A., Crooks, V. (2012). Family friendly policies: Accommodating end-of-life caregivers in the workplace. *International Journal of Workplace Health Management, 5*(1), 4-14.

Wadhwa, D., Burman, D., Swami, N., Rodin, G., Lo, C, & Zimmerman, C. (2013). Quality of life and mental health in caregivers of outpatients with advanced cancer. *Psycho-Oncology, 22*, 403-410.

# **CHAPTER TWO: THE NECESSITY OF THE IMPLEMENTATION OF THE CARER-**INCLUSIVE AND ACCOMMODATING ORGANIZATIONS *STANDARD*

1.
2.

##  Introduction

The issue of worker-carers (i.e. people who are working and also caring for an elderly relative or friend) is quickly becoming a topic of concern among human resources professionals in Canada and elsewhere. With our rapidly aging population, it is not difficult to see that this is a situation that will only increase in the future. It is important for organizations to prepare for the inevitable in order to: reduce absenteeism and presenteeism; increase productivity, and; operate in an ethically and socially responsible manner. This paper will seek to understand the underlying issue of carer-employees in Canada, how the aging population will impact the workforce in terms of carer responsibilities, and assess the readiness of organizations across Canada to implement a voluntary *Standard* from the Canadian *Standard*s Association, the *Carer-Inclusive and Accommodating Organizations Standard* (see Figure 2.1 below).

 Through interviews with leading professionals in industry, unions, carer organizations, and academia, we found that this new *Standard*, while timely and necessary, is not likely to be implemented widely. It may see use as an educational tool, however. This paper begins with a review of the literature related to worker-carers and the implementation of a similar *Standard* for psychological health and safety. We will then discuss the methods used for this research followed by the major themes discovered in the interviews and a discussion of these themes as they relate to the literature.

##  Literature Review

This literature review covers two subjects: first, the need for support for worker-carers and second, the effectiveness of developing and implementing workplace *Standard*s such as the *Carer-Inclusive and Accommodating Organizations Standard.*

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 (Stastics Canada, 2013). With our rapidly aging population, increasing numbers of people with chronic health conditions, and a growing number of the aging population living at home with family either due to a desire for comfort or financial restraints, these numbers are likely to surge over the next 15-25 years (Schroeder, MacDonald, & Shamian, 2012). Worker-carers face a series of stressful challenges and emotional strains resulting from “sociocultural pressures, role ambiguity, familial conflicts, and physical and mental exhaustion” (Stone & Clements, 2009). Long-term caregiving especially takes a toll on physical and mental health (Stone & Clements, 2009). Worker-carers are also impacted economically, as taking time off work and paying for healthcare ‘extras’ drains their wallets (Stone & Clements, 2009).

Having recognized this need for decades, most of the literature on worker-carers supports the idea that this population needs more support in their lives and in their caregiving roles (Lechner, 1992). Managing a caregiving role for a loved one takes a toll on physical and mental health (Wadhwa, Burman, Swami, Rodin, Lo, & Zimmerman, 2013). It is especially difficult for people in their fifties and sixties to maintain paid employment while fulfilling their care responsibilities to their elderly parents, even when their parents have been placed in a nursing home (Dembe & Partridge, 2011; Stone & Clements, 2009). This needed support ranges from better provision of information, to formal and community care, to employer-provided support (Gerdner, Tripp-Reimer, & Simpson, 2007; van den Heuvel, de Witte, Schure, Sanderman, & Meyboom-de Jong, 2001). Flexible work arrangements are the most commonly requested accommodation asked for by caregiver employees, as reflected in the Canadian General Social Survey (Pyper, 2006). 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 impacts organizational success (Dembe & Partridge, 2011, p. 264).

Some employers are already providing support to employees who are engaged in end of life care (Mains, Fairchild, & Rene, 2006; Vuksan, Williams, & Crooks, 2012). This support varies in type, depending on multiple factors, such as the size of the organization and the length of time the employee has been with the company (Vuksan, Williams, & Crooks, 2012). Dembe, Partridge, Dugan, & Piktialis (2011) found that these 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 worker-carers (White & Wills, 2016). 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 worker-carers to access help and accommodations that would be made clear by the implementation of policies specific to worker-carers (Ramesh, Ireson, & Williams, 2017).

Dembe & Partridge (2011) completed a case study of corporate benefit programs that include services designed to help worker-carers. 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 (Dembe & Partridge, 2011). 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 (Dembe & Partridge, 2011). 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 worker-carers within the organization (Dembe & Partridge, 2011). The authors of this case study specifically recommend the creation of programs and/or policies for worker-carers (Dembe & Partridge, 2011).

Ireson, Sethi, & Williams (2016) found that the development of such programs and policies helps to counteract the gender imbalance of care and caring. 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 worker-carers is essential to increasing rates of adoption of such policies (Ireson, Sethi, & Williams, 2016).

Previously, the Canadian *Standard*s Association created the *Psychological Health and Safety Standard* to improve working conditions for workers who have mental health concerns. Uptake of this *Standard* by employers has been studied by Kalef, Rubin, Malachowsky, & Kirsh (2016). This study involved using semi-structured qualitative interviews with employers of various sizes and from multiple industries. They found that employers believed that the benefits of using the *Psychological Health and Safety Standard* could be far reaching though they saw some barriers to uptake, such as limited awareness and competing workplace priorities (Kalef et al, 2016).

The goal of the *Carer-Inclusive and Accommodating Organizations 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.Highlights of the *Standard* are outlined in Figure 2.1

|  |
| --- |
| * 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.
* Conduct an annual internal audit of these policies and efforts.
 |

**Figure 2.1** Highlights of the *Carer-Inclusive and Accommodating Organizations Standard.*

 It is difficult to compare Canada to other countries around the world in terms of how well we are accommodating worker carers. The need for worker carers varies widely due to demographics, accessibility and comprehensiveness of socialized healthcare, and culture. Defining and identifying worker-carers also changes from one country to another, as do general workers rights and beliefs about the importance of paid versus unpaid work. That said, the *Standard* is currently in the process of being internationalized and adapted for use in other countries.

##  Methods

This analysis contributes to a larger study that was designed to develop and disseminate the *Carer-Inclusive and Accommodating Organizations Standard*. The particular project of concern herein provided an enhanced public review of the *Standard*. The purpose of the review was to ensure that the *Standard* met the requirements of a wide variety of stakeholders. It involved seeking feedback from stakeholders in various types of organizations after they had read the draft *Standard*. Ethics approval was obtained from the McMaster Research Ethics Board prior to recruitment of participants. Each participant was emailed a letter of information and consent form which they signed and returned to me 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. The interview questions asked are noted in Figure 2.2. These questions were selected in consultation with the Canadian Standards Association and in many discussions with my supervisor, Dr. Allison Williams.

|  |
| --- |
| 1. What motivated you to provide comments in the Public Review process?
2. Did you make edits to the online version of the *Standard*?
3. What do you find worthwhile about the *Standard*?
	1. *What do you like about the Standard?*
4. What do you feel are weaknesses of the *Standard*?
5. Do you see the *Standard* being implemented widely? Why or why not?
6. What do you feel are the challenges for workplaces to implement such a *Standard*?
	1. *Time? Resources? Leadership? Readiness?*
7. What do you think would motivate workplaces to implement the *Standard*?
	1. *i.e. insurance breaks, government interest, retention and recruitment, awards*
8. What key organizations in the labour force do you feel would be beneficial to target for the dissemination of the *Standard*?
9. How does the mandate of your organization align with the *Standard*?
10. Is there anything else you wish to add or comment on?
 |

**Figure 2.2** Interview Guide.

Recruiting participants for this research was challenging due to the inaccessibility of contact information for C-level executives and high level human resources professionals within the targeted organizations, as well as the very busy schedules these people often keep. 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. This in itself is useful as it tells us that reaching the decision makers with information about the *Standard* will require some creativity but many may be receptive once we reach them. 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 2.3). As stakeholders, some of the participants were involved in the creation of the *Standard*; however, our interviews focused on the impact of the Standard in their usual roles as industry leaders, workers, and caregivers within their organization. These representatives were CEOs, VPs, and managers of human resources, and held other high-level positions within their unique 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). We have also included the size of the organization each participant represented to give their responses more context. The definition of size categories by number of employees that we used comes from Statistics Canada (2005) and includes small (1-99), medium (100-499), and large (500+). The number of employees for each organization was mined from LinkedIn data. Each participant was asked to read the draft *Standard* prior to the interview. Three interviews were stopped and rescheduled for a later date when it became apparent that the participant had not actually read the *Standard*. All but two interviews were conducted by telephone and audio recorded. Two of the interviews were conducted in person, with one of these declined to be recorded. Interviews ranged from 20 minutes to 45 minutes in length; the briefest interviews were with very busy participants who managed to shoehorn this research into their schedules because they felt it was important. These interviews 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 two co-authors met regularly to discuss the emerging themes of this paper.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |

**Figure 2.3** Demographics of interview participants.

The development of the project, interviews, coding, and writing were all done with a feminist lens in mind. Connell (2003) wrote about Gender Relations Theory as an exploration of how gender is more than individual identity but also made up of social structures. The hegemony of masculinity as powerful determines the roles that are appropriate for individuals based on their perceived gender. This is absolutely reflected in the world of caregiving. Although at 46% of all carers, men appear to be catching up given the latest Statistics Canada figures (Statistics Canada, 2013), the majority of caregivers are women. 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 (Institute on Aging, 2016). Williams et al. (2011) 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.

##  Themes

As we conducted and coded the interviews, four major themes emerged. The first is that the *Standard* — or something like it — is necessary (1.). The second focuses on the timing of the *Standard* (2.), with our growing population of seniors needing care and the establishment of accommodations at work as a human right, the timing of the release of the *Standard* is ideal. Third, although the *Standard* may not be implemented widely due to the barriers in doing so, it is still very useful as an educational tool (3.) for many organizations in a wide variety of sectors. Finally, though only a few men were interviewed, we will discuss the gender differences in responses to the *Standard* (4.).

### 2.4.1 The Necessity of the Standard

The need for workplace support for caregivers is well documented. Williams et al. (2011) 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 care to their loved one.

 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 to - it gives firms and even organizations that work with caregivers, it gives them ideas of what they could eventually be doing or could eventually ask for. And in companies, I think that’s 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)

There were some concerns about the feasibility of implementing the *Standard*, especially in smaller businesses, as the CEO of a small organization dedicated to serving caregivers and care recipients said:

*“Yeah, it’s just they’re stretched really thin, you know, people do a whole bunch of things and lots of them don’t even have HR staff, so I do think it has a, you know, as a gold Standard, overall it’s probably what you would say would be the ultimate perfect program would look like that.” – (Participant J)*

 Even participants who didn’t think the *Standard* was perfect in its current iteration believed that this was an issue that needs addressing at an organizational level. They talked about changing Canadian demographics, the economy, the level of awareness of worker-carers and their need to balance paid employment with unpaid work. Each of these will be addressed in the discussion of the next theme, which addresses timing.

### 2.4.2 The Timing of the Standard

Many participants cited the rapidly aging population as one of the reasons the *Standard* is so necessary. They also discussed the fact that conversations are already happening about the plight of worker-carers. In 2012, Statistics Canada published a profile of caregivers in Canada. In this paper, they discuss the current and future demographics and the particular challenges worker-carers face. 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, leading to a sandwich generation where workers are balancing their jobs with both child-rearing and caregiving for elderly parents (Sinha, 2012). As one academic said:

*“This whole caregiving and work is a huge topic right now, there’s a lot of conversation going on about it. I’m a caregiving researcher um, so my research specifically is with adult children caring for elderly parents. And of course, the, you know, work-life balance and juggling of multiple responsibilities is a huge issue for that population. So yeah, I was really interested in any developments and innovations and policies that are gonna be helping this population be able to maintain their participation in work.” – (Participant I)*

Another participant who was a CEO, looked to the future and to 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)*

As the participant who leads a major union said, *“I think that this is a great movement by Canada after the other Standard that was developed on psychological health and safety in the workplace. 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:

*“There’s a lot of attention being paid right now to human rights issues and um, what responsibilities employers have to their employees. This issue, of caregivers, is only going to come more to the forefront and be more important as our population ages so it’s essential that we are prepared for it.” -- (Participant Q)*

*“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 has published *A Guide to Balancing Work and Caregiving Obligations* (2014) which outlines the responsibilities of both employers and employees. Specifically, they say 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 recognized that this is a pressing situation which is only going to grow direr with time. That said, they were unsure that organizations were ready to implement the *Standard*, but noted that this doesn’t mean that the *Standard* won’t be useful.

### 2.4.3 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. They did however overwhelmingly see that it could be used as a valuable tool in education and may be used in parts, if not fully implemented.

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*:

*“The template um, gives um, the 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. So, I really appreciate it highlighting um, the necessity of engaging the workers into the workplace and also that this is not a wellness issue, this is systemic. 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 and even if they didn’t apply or comply whether it was an award application or like these other two Standards, I would use it as an education tool. And so, a committee could go through the process and not necessarily and not necessarily commit but they 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. So, I think that in a lot of ways the way that it’s laid out now and the structure and the categories that it will be a good tool for planning or for guiding individuals that might not yet be ready to comply but — or to submit for certification – but being used for building or for planning.” – (Participant E)*

 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 that will need to be addressed in future research projects after some time has passed -- how effective has the *Standard* been in changing workplace culture and accommodations, even where it has used as a guiding document and not implemented, either fully or partially.

### 2.4.4 The impact of gender on response to the Standard

The difference in the impact of the *Standard* being dependent on gender became obvious to us even before we began interviews, in the recruitment stage. As we reached out to organizations involved in the caregiving field, researchers who focused on the experiences of caregivers, and people who worked in healthcare, it was apparent that the vast majority of them were women. In addition to this, the men we did contact were less likely to express interest in participating, if they responded to us at all.

At the interview stage, men were less likely to see the necessity of the *Standard* and more likely to pick apart the different clauses as the interview progressed. One male participant involved in human resources said:

*“I question the need for such a Standard given all the other materials, laws, regulations, practices, processes that are out there. Um, and you know, maybe the ones that are weak in terms of processes and practices are small business organizations, particularly mom and pop’s and those, the ones that are currently having issues following employment Standards and you see articles in the newspaper about that. But the larger organizations, 50+ or more, they have, we already have stuff in place.” – (Participant A)*

This points to the gendered nature of caregiving as identified in previous research. Men are less likely to have engaged in caregiving activities in their own lives to the level that women have and so are less directly aware of the impacts maintaining that dual role has on quality of life and personal productivity.

##  Discussion

 From the perspective of most of the professionals interviewed, the *Standard* is a timely and necessary step toward accommodating worker-carers in a rapidly changing demographic space. However, they 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 worker-carers. 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, 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. As seen in these interviews, men are less likely to see the value of such accommodations and as such, male-dominated workplaces will need to be approached differently than female-dominated workplaces.

 Barriers to uptake include: workplace culture; caregiving being seen as a women’s issue; the cost of implementation, and’ the technical language of the *Standard*. Each of these barriers must be considered in the promotion and education campaign for the *Standard* as the Canadian *Standard*s Association works to encourage implementation at various organizations.

 Workplace culture is a difficult thing to change, especially in North American society where people are valued based on how hard and how well they work in paid employment. However, a cultural shift is happening in some places of work, where workers are seen as valuable with respect to their total experience in and outside of work. Employers have realized that it is often easier to retain current employees -- especially those in the 45-65 age range who are most likely to be caregivers *and* to have the most valuable work experience, than it is to train new workers for the same job. Including this information in promotional materials for the *Standard* and encouraging organizations to implement specific policies to attract and retain talent is essential (Cohen, 2006).

As seen even in this research, caregiving is seen as mostly a women’s issue, and in some ways that is true. With the majority of carers being women, it is difficult to argue otherwise. However, regardless of our gender, we all have parents who will likely need taking care of as they age. It is an unfair burden to place all this unpaid work on women. Offering accommodations to worker-carers will likely increase the number of men engaging in caring responsibilities, as they will not have to give up their status in the workplace to do so, and allow women to continue in paid employment -- reducing the gender wage gap and keeping more women in the workforce.

 The cost of implementing the *Standard* is not something that is currently well understood. This understanding will come with the implementation of the *Standard* by industry champions. Ultimately, organizations will need to complete a cost-benefit analysis of losing employee hours to absenteeism, presenteeism, and early retirement compared to the cost of accommodations to keep them in their positions and focused on their jobs while knowing that their loved ones are being taken care of.

 To address the barrier of the technical language of the *Standard*, the research team and the Canadian *Standard*s Association have worked together to create a companion Implementation Guide, published in March of 2018. It is written in plain language and addresses each section of the *Standard* in a step-by-step fashion to make implementation easier for small and large organizations.

 There is a lot to be said for using the *Standard* as an educational tool. It is a step toward recognizing the problem of worker-carer stress and its impacts on the well-being of an organization, and moving toward solutions to that problem. That said, it will be a struggle to track how the *Standard* is being used in settings where it is not fully implemented, beyond the number of downloads from the Canadian *Standard*s Association webstore. The current listed price of the *Standard* in this webstore is $100 CAD, which is another barrier to implementation as well as use as an educational tool. With thanks to a partnership grant from the Social Sciences and Humanities Research Council of Canada, the *Standard* will be available for download free of charge on the Canadian Standards Association website by the end of October 2018.

##  Conclusion and Implications

 The *Carer-Inclusive and Accommodating Organizations 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 participants who play key roles in their various sectors that this is seen as a necessary intervention at this point in time, though it may not be taken up in quite the way that the team who developed it imagined. The implications of this research include: the need for study of how the *Standard* is being used by organizations; what motivates them to implement or use the *Standard* as an educational tool, and; how the *Standard* acts as an intervention in the face of caring being seen as a ‘women’s issue’.

##  References

Connell, R. (2003). Gender and power. Polity Press.

Dembe, A.E. & Partridge, J.S. (2011). The benefits of employer-sponsored elder care programs: Case studies and policy recommendations. *Journal of Workplace Behavioral Health, 26,* 252-270.

Dembe, A.E., Partridge, J.S., Dugan, E. & Piktialis, D. (2011). Employee’s use of employer-sponsored elder-care programs. *International Journal of Workplace Health Management, 4*(3).

Fast, J., Lero, D., DeMarco, R., Ferreira, H., & Eales, J. (2014). Combining care work and paid work: Is it sustainable? *Research on Aging Policies and Practice*, September 2014.

Gerdner, L.A., Tripp-Reimer, T., Simpson, H.C. (2007). Hard lives, God’s help, and struggling through: Caregiving in Arkansas Delta. *Journal of Cross Cultural Gerontology, 22*, 355-374.

Ireson, R., Sethi, B., & Williams, A. (2016). Availability of caregiver-friendly workplace policies (CWFPs): An international scoping review. *Health and Social Care in the Community (2016).*

Kalef, L., Rubin, C., Malachowski, C., & Kirsh, B. (2016). Employers’ perspectives on the Canadian national *Standard* for psychological health and safety in the workplace. *Employee Responsibilities and Rights Journal, 28*(2), 101-112

Lechner, V.M. (1992). Predicting future commitment to care for frail parents among employed caregivers. *Journal of Gerontological Social Work, 18*(3-4), 69-84.

Mains, D.A., Fairchild, T.J., Rene, A.A. (2006). An employee assistance program for caregiver support. *Journal of Gerontological Social Work, 47*(1-2), 157-173.

Pyper, W. (2006). Balancing career and care. *Perspective on Labour and Income, 7*(11).

Ramesh, S., Ireson, R. & Williams, A. (2017). International synthesis and case study examination of promising caregiver-friendly workplaces. *Social Science & Medicine, 177*, 52-60.

Schroeder, B., MacDonald, J., & Shamian, J. (2012). Older workers with caregiving responsibilities: A Canadian perspective on corporate caring. *Ageing International, 37*(1), 39-56

Sinha, M. (2012). Portrait of caregivers, 2012. *Statistics Canada.* Retrieved from <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2013001-eng.pdf>

Stone, L.J. & Clements, J.A. (2009). The effects of nursing home placement on the perceived levels of caregiver burden. *Journal of Gerontological Social Work, 52*, 193-214.

Van den Heuvel, E., de Witte, L.P., Schure, L.M., Sanderman, R. Meyboom-de Jong, B. (2001). Risk factors for burn-out in caregivers of stroke patients, and possibilities for intervention. *Clinical Rehabilitation, 15*(6), 669-677

Vuksan, M., Williams, A., Crooks, V. (2012). Family friendly policies: Accommodating end-of-life caregivers in the workplace. *International Journal of Workplace Health Management, 5*(1), 4-14.

Wadhwa, D., Burman, D., Swami, N., Rodin, G., Lo, C, & Zimmerman, C. (2013). Quality of life and mental health in caregivers of outpatients with advanced cancer. *Psycho-Oncology, 22*, 403-410.

White, Z.M. & Wills, J.B. (2016). Communicating about chronic caregiving in the workplace: Employees’ disclosure preferences, intentions, and behaviours. *Communication Research Reports, 33*(1), 32-39.

Williams, A.M., Eby, J.A., Crooks, V.A., Stajduhar, K., Giesbrecht, M., Vuksan, M., Cohen, S.R., Brazil, K., & Allan D. (2011). Canada’s Compassionate Care Benefit: Is it an adequate public health response to addressing the issue of caregiver burden in end-of-life care? *BMC Public Health, 11*(335), 1-15.

# CHAPTER THREE: THE IMPACT OF ORGANIZATION SIZE ON THE IMPLEMENTATION OF THE CARER-INCLUSIVE AND ACCOMMODATING ORGANIZATIONS STANDARD

1.

##  Introduction

As we progress through the twenty-first century, the number of baby boomers becoming elderly and requiring care from younger family members is rapidly increasing. These family members responsible for care are also often part of the labour force, making them ‘worker-carers’. This population has a significant impact on the organizations they work for, impacting the degree of absenteeism and presenteeism experienced, as well contributing to the loss of productivity. It has been argued that in addition to facing these impacts, organizations have an ethical and social responsibility to accommodate their employees. This paper will seek to understand how the new Carer-Inclusive and Accommodating Organizations *Standard* developed by the Canadian *Standard*s Association, in partnership with McMaster University, might be used in organizations of various sizes. The voluntary *Standard* is available on the CSA webstore. The research reported on here involved participants reviewing a near-complete draft of the *Standard* to assess the readiness of organizations (from a variety of sectors) to adopt and implement it in support of their worker-carer employees.

The paper begins with a literature review discussing the differences between organizations related to: their size and how previous legislation and policies have impacted them; an analysis of the development and implementation of the earlier *Psychological Health and Safety in the Workplace* *Standard* which was also developed by the Canadian *Standard*s Association, and; the lessons that were learned from that work. Next, the body of literature around worker-carers is reviewed, with suggested accommodations to be made by workplaces in order to keep people gainfully employed. Following the literature review is a section on the methods used in this research, including recruitment, interviews, and analysis. What follows is a breakdown of the themes found through analysis of our interviews: the barriers and opportunities small and large organizations might encounter related to this new *Standard*, and factors that could motivate organizations to implement the *Standard*. This is followed by a discussion of our findings from this research and how they relate to current and future legislation in Canada. Finally, we conclude by recognizing that while there are challenges associated with supporting worker-carers by implementing the *Standard*, initiatives tailored to organizations specifically based on their size will make the transition easier for everyone involved and lead to a healthier and more productive population.

##  Literature Review

 Statistics Canada (2005) classifies businesses by size, dependent on the number of workers they employ: small businesses have 1-99 employees, medium-sized businesses have 100-499 employees, and large businesses employ at least 500 people. For the purposes of this paper, the definitions of business size were a bit laxer, in that participants may have had different ideas about what constitutes a ‘small’ business, for example. This still serves as a reasonable guide for our discussion. In Ontario, 95% of employers are small businesses and 28% of our workforce is employed by them (Ontario Ministry of Labour, 2017). As small businesses make up such a significant portion of our economy and involve the participation of a very large number of diverse employers, it is important to support them and their employees with the development of *Standard*s, such as the one concerned herein, to guide their policymaking and increase the accessibility of employment as a whole. Vuksan (2009) made a similar distinction regarding business sizes and the impact of the introduction of Canada’s Compassionate Care Benefit on businesses of various sizes. Some of the findings from her research are applicable to this study; these include the increased ability of small businesses to accommodate worker-carers with policies such as flexible start/end times for shifts, and allowing employees to work from home (Vuksan, 2009). On the other hand, large businesses were more likely to be able to offer financial support in the form of paid leave, or time off and extended health benefits, but less likely to have the flexibility to tailor their policies to each individual’s situation due to stricter policies put in place to ‘ensure fairness’. Large businesses also have more non-financial resources to draw upon, such as human resource departments and other employees capable of temporarily filling roles or dividing the responsibilities of a worker-carer taking a leave (Vuksan, 2009).

 Similar observations were made regarding the challenges and opportunities for businesses of various sizes when considering and/or implementing other voluntary employment *Standard*s such as the Canadian *Standard* Association’s *Psychological Health and Safety in the Workplace* (2013). 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 new *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 and has published a case study report with its analysis of the results. This research identified that the resources of larger organizations allowed them to put more formal policies and procedures in place, which may not be accessible to smaller organizations because of constraints on time and funding (Mental Health Commission of Canada, 2017). At the same time, small organizations are generally more cognisant of the needs and struggles of individual employees because those in management actually interact with them and build personal relationships on a daily basis (Mental Health Commission of Canada, 2017). Despite these differences, there are barriers and opportunities that are common across businesses 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 (Mental Health Commission of Canada, 2017). While these two *Standard*s are different in details and specific purpose, as both are related to creating healthier and more inclusive workplaces, 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.*

 As to the specifics of the new *Standard*, researchers from many fields including geography, nursing, medicine, health & aging, and more, have outlined examples of the types of accommodations that would be useful for worker-carers balancing paid employment and caregiving responsibilities. This body of literature – much of which is referenced throughout this paper -- was consulted in the development of the *Standard* and informed decisions on what should be included. Some requirements of the *Standard* include: flexible working hours and/or locations; access to a personal phone for contact with care recipients and medical professionals, and; the availability of counselling services through and Employee Support Program. 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.

 It is difficult to compare Canada to other countries around the world in terms of how well we are accommodating worker carers. The need for worker carers varies widely due to demographics, accessibility and comprehensiveness of socialized healthcare, and culture. Defining and identifying worker-carers also changes from one country to another, as do general workers rights and beliefs about the importance of paid versus unpaid work. That said, the *Standard* is currently in the process of being internationalized and adapted for use in other countries.

##  Methods

This analysis contributes to a larger study that was designed to develop and disseminate the *Carer-Inclusive and Accommodating Organizations Standard*. This particular project was an enhanced public review of the *Standard* and involved seeking feedback from stakeholders in various types of organizations after they had read the draft *Standard*. The purpose of the review was to ensure that the *Standard* meets the requirements of a wide variety of stakeholders. Stakeholders in this case are defined as people who are involved in organizations either as high level leadership or in human resources, as well as experts in healthcare, and leading researchers in fields related to caregiver employees. Ethics approval was obtained from the McMaster Research Ethics Board prior to recruitment of participants. Each participant was emailed a letter of information and consent form which they signed and returned to me 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. The interview questions asked are available in Figure 2.2.

Recruiting participants for this research was challenging due to the inaccessibility of contact information for C-level executives and high level human resources professionals within the targeted organizations, as well as the very busy schedules these people often keep. 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. This in itself is useful as it tells us that reaching the decision makers with information about the *Standard* will require some creativity but many may be receptive once we reach them. 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 2.3). These representatives were CEOs, VPs and managers of human resources, and other high-level positions within their unique organizations. The participants were mostly women (n=13), although we were able to recruit a few men (n=4). Each participant was asked to read the draft *Standard* prior to the interview. Three interviews were stopped and rescheduled for a later date when it became apparent that the participant had not actually read the *Standard*. All but two interviews were conducted by telephone and audio recorded. Two of the interviews were conducted in person and one of these declined to be recorded. Interviews ranged from 20 minutes to 45 minutes in length. Following the interviews, they were transcribed and coded thematically using NVivo. We met regularly to discuss the emerging themes and outline of this paper.

The themes of this paper were developed while considering the relevance of organizational theory. Specifically, this research addresses the ideas of Cyert & March (1992) who suggested that organizations operate on multiple and sometimes conflicting values. When working to implement the *Carer-Inclusive and Accommodating Organizations 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.

##  Themes

Through completing the interviews and coding the transcripts, three main themes emerged related to the size of the organizations involved. First, small and medium organizations are not likely to implement the *Standard* due to barriers to uptake and the accessibility of the written *Standard*. Second, large companies are not motivated to implement because they already have policies in place and this *Standard* is voluntary. Finally, participants discussed motivating factors such as awards, tax and insurance breaks, and legal risks to the organization.

### 3.4.1 Small and Medium Organizations

Participants were especially concerned about the ability of small organizations to decipher and implement all of the requirements of the *Standard*. They discussed this at length, with one academic participant referring back to her own work around work/family issues in Quebec and, in particular, a workshop with small business owners that was conducted as part of that work:

*“In terms of time, yes, I mean, obviously, small organizations that don’t have HR people, that’s a big challenge for them. I was just recently in a meeting on work/family issues and we had a little workshop on that and a lot of people, yeah, from small/medium sized businesses and what they’re saying is “Yeah, we don’t necessarily know how to go about it”. So probably what is needed, is um, kind of an accompaniment of organizations and then the issue is where does that money come from?” – (Participant E)*

Another academic (Participant I) involved in caregiver research was concerned about the language of the *Standard*, *“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. At times I think it’s a bit academic and it doesn’t talk about the importance.”* She also 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)*

The CEO of an organization dedicated to serving caregivers and care recipients looked at the *Standard* from the perspective of implementing it within her own organization and said the following:

*“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)*

Yet another academic (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.”*

Participant B, who works in human resources for a municipal government, declined to be recorded but 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, she 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.

### 3.4.2 Large Companies

While participants were concerned that smaller companies would not have the manpower 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 worker-carers. One participant who works in human resources said:

*“And particularly when you have the Employment Standards Act, under ESA in Ontario. You’ve got ten 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 for caregivers, that counts, you don't have to be sick.” – (Participant A)*

The same participant discussed how the concept of undue hardship does not just apply to small organizations:

*“Even if you’re a very large organization, in fact, there was one case that went also before the Supreme Court where on Quebec Hydro was in terms of its accommodation of one employee had said this is an undue hardship and the unions were arguing that Quebec Hydro with, is so large and has so much revenue that it can afford to pay this employee $50, 000 a year even though the employee cannot perform any essential duties. And the Supreme Court said no, that was undue hardship.” – (Participant A)*

Another participant who worked in human resources for a large company was concerned about how other 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)*

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 worker-carers, 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.

### 3.4.3 Motivating Factors

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* and put it into place within their organizations. These motivators included, personnel recruitment and retention, engendering an inclusive and compassionate workplace, 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 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 academic participants addressed the issue of lack of awareness around worker-carer concerns and how initiatives such as awards for inclusive workplaces might help build a stronger culture of inclusivity and accommodation in other 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 academic 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 major 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 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 worker-carers and how to keep them in paid employment as they balance these competing roles.

##  Discussion

 Despite the challenges faced by organizations of all sizes in implementing the *Carer-Inclusive and Accommodating Organizations Standard*, it is a useful vehicle for ensuring that workplaces are making measurable efforts to adhere to human rights legislation in Canada. The 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”* (Bernstein [2010](https://link-springer-com.libaccess.lib.mcmaster.ca/article/10.1007/s12126-011-9134-z#CR3)).

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.”* (Public Service Alliance of Canada, 2013). 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 as indicated by one of our participants above, 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 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 worker-carers. This will not necessarily involve enforcing specific accommodations but could include some of the motivating factors detailed in the fourth 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. As our participants identified, small organizations will be more likely to face the barrier of lack of resources and, consequently, financial incentives to participate may be helpful. Large organizations might be 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 *Carer-Inclusive and Accommodating Organizations Standard* and its accompanying implementation guide. How to accomplish this goal will vary depending on many factors, including sector, 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. As seen in these interviews, men are less likely to see the value of such accommodations and as such, male-dominated workplaces will need to be approached differently than female-dominated workplaces.

 Ultimately, while organizations may see this as an optional, add-on responsibility, it is soon going to be necessary to increase supports for worker-carers in order to maintain a sufficient workforce as more people find themselves in caregiving roles for their parents and other loved ones given our rapidly aging population.

##  Conclusion and Implications

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 which 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 *Carer-Inclusive and Accommodating Organizations* *Standard* will likely increase uptake and result in greater support of worker-carers across Canada. More research focused on the actual implementation of the *Standard*, featuring case studies from organizations across various sizes and sectors, would be helpful for the creation of future initiatives to support this and similar populations.

##  References

Bernstein, D. (2010). *Canadian human rights tribunal weighs in on accommodating employee childcare obligations*, Ottawa: Ogilvy Renault, [www.ogilvyrenault.com/en/resourceCentre\_10616.htm](http://www.ogilvyrenault.com/en/resourceCentre_10616.htm).

Cohen, J.D. (2006). The aging nursing workforce: How to retain experienced nurses. *Journal of Healthcare Management, 51*(4), 233-245.

Cyert, R. & March, J. G. (1992). *A Behavioural Theory of the Firm* (2 ed.). Wiley-Blackwell.

Ontario Ministry of Labour. (2017). Small Business. Retrieved from <https://www.labour.gov.on.ca/english/atwork/smallbusiness.php> on October 17, 2017.

Mental Health Commission of Canada. (2017). Case Study Research Project Findings. Ottawa, ON: Mental Health Commission of Canada. Retrieved from <http://www.mentalheatlhcommission.ca> on April 3, 2018.

Public Service Alliance of Canada. (2013). What is undue hardship? Retrieved from <http://psacunion.ca/what-undue-hardship> on April 3, 2018.

Statistics Canada. (2011). Small, medium-sized and large businesses in the Canadian economy: Measuring their contribution to gross domestic product in 2005. Retrieved from <http://www.statcan.gc.ca/pub/11f0027m/2011069/part-partie1-eng.htm> on April 3, 2018.

Vuksan, M. (2009). Evaluating Canada’s compassionate care benefit from the employer/human resources (HR) perspective. (Unpublished master’s thesis).

# CHAPTER FOUR: CONCLUSION

1.

##  Introduction

 This research has focused on relatively broad conversations about a very narrow topic, that is, the development and implementation of a voluntary employment *Standard* designed to directly benefit roughly eight percent of the Canadian population. Through these conversations, there was some drift from the stated research objectives – participants were generally quite positive about the need for and development of the *Carer-Inclusive and Accommodating Organizations Standard* and so the interviews naturally flowed into a more significant focus on the specifics of implementation and strategies for supporting worker-carers even without full implementation of the *Standard*. Chapter 2 was a discussion specifically of this need for support and the inadequacies of a formal *Standard* in terms of accessibility to a wide variety of employers who might be interested in supporting their employees but don’t have the capacity to decipher the technical language used or resources to implement every part of the *Standard*. Chapter 3 focused on the specific barriers and opportunities faced by small and large organizations as well as how we can motivate these organizations to implement the *Standard* and support worker-carers. The next section of this conclusion will provide a brief overview of the findings in these chapters, followed by a discussion of study limitations and policy/research contributions. At last, I will discuss implications for future research and a few final remarks.

##  Overview of Significant Findings

### 4.2.1 The Necessity of Support for Worker-Carers

All but one of the participants in this research identified a significant need for improvement to current supports for worker-carers in Canada. The participant who did not see this need was well-versed in existing policies and ways to cobble them together to support an individual employee – the *Carer-Inclusive and Accommodating Organizations Standard* makes this process much simpler by encouraging employers to develop coherent policies that are accessible to employees who may be worker-carers now or in the future. While most of the participants did not believe that the *Standard* would see widespread implementation, they did claim it would be at least useful as an educational tool by organizations that might implement parts of it that work for their particular situation and by unions working to improve collective agreements for supporting workers with family responsibilities.

### 4.2.2 The Gendered Nature of Caregiving

 Though previous research has indicated that caregiving is a highly gendered activity, this research has contributed to an understanding of how pervasive this construction is in Canadian society. Even in recruitment, it was difficult to find men who were willing to participate in this research. Those who did (n=4) were significantly less likely to see the *Standard* as necessary or useful when compared to responses from the women who were interviewed. It is very likely that because men typically engage in either no caregiving or less intensive caregiving roles than women do, they do not realize the impact this additional work has on health and productivity. This is problematic because men still hold the majority of leadership positions in most sectors, making it more difficult to get organizational leadership teams to sign off on implementing the *Standard* and providing more supports for worker-carers.

### 4.2.3 The Challenges and Opportunities for Implementation

 The challenges and opportunities for implementation of the *Standard* will vary from one individual organization to another, of course, but when defined and categorized by size (number of employees), many of these will be similar and thus easier to address. Small businesses are less likely to have the resources on hand in terms of finances and people power to fully implement all parts of the *Standard*. At the same time, managers are more likely to have stronger relationships with employees, allowing for more flexibility tailored to the situation of a specific worker-carer. In large organizations, more resources are available to develop policies and provide accommodations. Because of this, some organizations have already developed internal policies that can be applied to worker-carers, however, this could present as a barrier to implementation of the *Standard* (which is likely more robust) because there is less obvious need for it.

##  Study Limitations

 The most obvious limitation to this study is the small sample size from which the data was collected. The demography of the sample is also somewhat biased, with most of the participants being women, and many being involved in caregiver research or support. It would have been useful to obtain more interviews with leaders from various sectors of industry, however, despite significant efforts to arrange these, the vast majority of potential candidates contacted either declined to participate or simply did not respond during the data collection period. Another limitation encountered in this study was the very technical language of the *Standard* participants were asked to review, as well as the fact that the *Standard* was still in draft format during that time and so when asked about issues with the document, they were often more focused on typos and grammatical errors than on the substantive content which may have led to missing some valuable feedback on the requirements outlined within.

##  Policy Contributions

 This research has been directly useful to the Canadian *Standard*s Association in developing an implementation guide to accompany the *Standard* for step-by-step instructions in plain language for meeting the requirements they have specified. Additionally, it may be useful for the future development of other *Standard*s related to social issues as well as the creation of mandatory employment legislation and supports surrounding that. Chapter 3 specifically suggests a course of action for creating such legislation.

##  Research Contributions

 The findings of this work are relevant to both health geography and labour geography. In respect to health geography, the health impacts of being a worker-carer and navigating the tensions of home, work, and sites of care are well documented in previous research. This study has assessed the development and potential for implementation of a *Standard* which could significantly change the quality of life and health outcomes for worker-carers if handled well. Labour geographers recognize that employees are more than their productivity at work and often have multiple roles in their communities. This research informs strategies for creating a better work-life balance and encouraging workplaces to embrace the diversity of skills and responsibilities of their staff.

##  Conclusions and Future Research

 While the original purpose of this research was in large part to assess the substantive content of the *Standard*, most participants were much more interested in talking about how great it was to see attention being paid to this issue and the possibilities surrounding implementation of the *Standard*. Though none of the questions asked addressed organizational size, participants readily identified differences between small and large businesses as a significant concern for *Standard* implementation strategies. Despite this drift from the original research objectives, it is apparent from the previous section that this research has the potential for significant policy implications as well as contributing to the larger body of research on worker-carers and in geography.

 Future research on supporting worker-carers should follow-up on efforts to implement the *Carer-Inclusive and Accommodating Organizations Standard*. Within the research team working on the overall project to develop and assess the *Standard*, there are currently plans in place to specifically monitor and encourage the implementation of the *Standard* within the manufacturing industry. Additionally, there has been discussion of internationalizing this *Standard* and so assessing its likelihood of implementation in places outside of Canada would be useful for both policy development as well as considering cultural differences around caregiving.

# APPENDIX A: MCMASTER RESEARCH ETHICS BOARD CLEARANCE CERTIFICATE



# McMaster University logo full colourAPPENDIX B: MCMASTER RESEARCH ETHICS BOARD APPLICATION

 **McMaster University Research Ethics Board (MREB**)

FACULTY/GRADUATE/UNDERGRADUATE/STAFF

APPLICATION TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH

**[Behavioural / Non-Medical]**

|  |  |  |
| --- | --- | --- |
| **Date:**  | **Application Status:** **New: [ x ]** **Change** **Request: [ ]**  | **Protocol #:**  |

[**Helpful Hints**](http://reo.mcmaster.ca) **Mouse over bold blue hypertext links for help with completing this form.**

* **Use the most recent version of this form.**
* **Refer to the McMaster University** [**< Research Ethics Guidelines and Researcher’s Handbook >**](https://reo.mcmaster.ca/policies/copy_of_guidelines)**, prior to completing and submitting this application.**
* **For <**[**help**](http://reo.mcmaster.ca/contact)**> with completing this form or the ethics review process, contact the Ethics Secretariat at ext. 23142, or 26117 or** **ethicsoffice@mcmaster.ca**
* **To change a previously cleared protocol, please submit the “**[**< Change Request >**](https://reo.mcmaster.ca/forms)**” form.**

**PLEASE SUBMIT YOUR APPLICATION PLUS SUPPORTING DOCUMENTS (scanned PDF signature) BY E-MAIL**

You can also send the signed signature page to: **Ethics Secretariat, Research Office for Administration, Development and Support (ROADS), Room 305 Gilmour Hall, ext. 23142**, **ethicsoffice@mcmaster.ca**.

**SECTION A – GENERAL INFORMATION**

**1. Study Titles:** (Insert in space below)

|  |
| --- |
| **Title:**  An Enhanced Public Review of the Carer-Inclusive and Accommodating Organizations Standard |
| 1a: **Grant Title:** *(Required for funded research. Click this <*[***link***](https://reo.mcmaster.ca/download/grant-numbers/at_download/file) *> to determine your “grant title”).*  |

2. **Investigator Information: This form is not to be completed by** [**< Faculty of Health Science researchers >**](http://fhs.mcmaster.ca/healthresearch/hireb/index.html) **.**

**\*Faculty and staff information should be inserted above the black bar in this table.**

 **Student researcher and faculty supervisor information should be inserted below the black bar in the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Full Name** | **Department** *& or name of university if different from McMaster* | **Telephone****Number(s) *& Extension(s)*** | **McMaster E-mail Addresses** |
| **Principal Investigator\*** | Ashleigh Patterson | School of Geography and Earth Sciences | (905) 538-5714 | pattea@mcmaster.ca |
| **Co-Investigator(s)** *(Insert additional rows as required.)* |  |  |  |  |
| **Research Assistants or** **Project Coordinators\*** |  |  |  |  |
|   |
| **Student Investigator(s)\*** |  |  |  |  |
| **Faculty Supervisor(s)\*** | Allison Williams | School of Geography and Earth Sciences | (905) 525-9140 ext. 24334 | awill@mcmaster.ca |

3. **Study Timelines:** *(Contact the Ethics Secretariat at X 23142 or* *ethicsoffice@mcmaster.ca* *for urgent requests.)*

(a) What is the date you plan to begin recruiting participants or obtain their permission to review their private documents (Provide a specific date)?

(b) What is the estimated last date for data collection with human participants?

4. **Location of Research**: List the location(s) where research will be conducted. Move your mouse over this [**< Helpful Hint >**](http://reo.mcmaster.ca/forms) for more information on foreign country or school board reviews and contact the Ethics Office at X 23142 or 26117 for information on possible additional requirements:

(a) McMaster University **[ ]**

(b) Community **[ x ]** Specify Site(s) Hamilton, Mississauga

(c) Hospital **[ ]** Specify Site(s)

(d) Outside of Canada **[ ]** Specify Site(s)

(e) School Boards **[ ]** Specify Site(s)

(f) Other **[ ]** Specify Site(s)

5. **Other Research Ethics Board Clearance**

(a) Are researchers from outside McMaster also conducting this research? If **yes**, please provide their information in Section 2 above. **[ ]** **Yes**  **[ x ]** **No**

(b) Has any other institutional Research Ethics Board already cleared this project? **[ ]** **Yes** **[ x ]** **No**

(c) If **Yes** to (5b), complete this application and provide a copy of the ethics clearance certificate /approval letter.

(d) Please provide the following information:

|  |
| --- |
| **Title of the project cleared elsewhere**:**Name of the other institution**: **Name of the other board**: **Date of the other ethics review board’s decision**:**Contact name & phone number for the other board**: |

 (e) Will any other Research Ethics Board(s) or equivalent be asked for clearance? **[ ]** **Yes** **[ x ]** **No**

If yes, please provide the name and location of board(s*).*

|  |
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***GENERAL INSTRUCTIONS AND HELPFUL TIPS (Please read first):***

*Please be as* ***clear*** *and* ***concise*** *as possible**and* ***avoid technical jargon****. Keep in mind that your protocol could be read by reviewers who may not be specialists in your field. Feel free to use headings, bolding and bullets to organize your information. Content boxes on this application expand.*

6. **Research Involving Canadian Aboriginal Peoples** i.e.,First Nations, Inuit and Métis (Check all that apply)

(a) Will the research be conducted on Canadian Aboriginal lands? **[ ]** **Yes** **[ x ]** **No**

(b)Will recruitment criteria include Canadian Aboriginal identity as either a factor for the entire study or for a subgroup in the study? **[ ]** **Yes** **[ x ]** **No**

(c)Will the research seek input from participants regarding a Canadian Aboriginal community’s cultural heritage, artifacts, traditional knowledge or unique characteristics? **[ ]** **Yes** **[ x ]** **No**

(d)Will research in which Canadian Aboriginal identity or membership in an Aboriginal community be used as a variable for the purpose of analysis of the research data? **[ ]** **Yes** **[ x ]** **No**

(e)Will interpretation of research results refer to Canadian Aboriginal communities, peoples, language, history or culture? **[ ]** **Yes** **[ x ]** **No**

***If “Yes” was selected for any questions 6.a-6.e above, please note that the TCPS (Chapter 9) requires that researchers shall offer the option of engagement with Canadian Aboriginal communities involved in the research.*** [***http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/***](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/)***. For advice regarding TCPS guidelines for conducting research with Canadian Aboriginal peoples, please contact Karen Szala-Meneok at X 26117 or*** ***szalak@mcmaster.ca***

(f) Pleasedescribe the nature and extent of your engagement with the Aboriginal community(s) being researched. The nature of community engagement should be appropriate to the unique characteristics of the community(s) and the research. The extent of community engagement should be determined jointly by the researchers and the relevant communities. Include any information/advice received from or about the Aboriginal community under study. ***The TCPS notes; “although researchers shall offer the option of engagement, a community may choose to engage nominally or not at all, despite being willing to allow the research to proceed”. If conducted research with several Aboriginal communities or sub-groups, please use headings to organize your information.***

***ATTACHMENTS: Provide copies of all documents that indicate how community engagement has been or will be established (e.g., letters of support), where appropriate.***

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(g) Has or will a research agreement be created between the researcher and the Aboriginal community?

**[ ]** **Yes** **[ x ]** **No**

If **Yes**, please provide details about the agreement below (e.g., written or verbal agreement etc.).

***ATTACHMENTS: Submit a copy of any written research agreements, if applicable. See the MREB website for a sample customizable research agreement*** [***https://reo.mcmaster.ca/educational-resources***](https://reo.mcmaster.ca/educational-resources)***or visit the CIHR website*** [**http://www.cihr-irsc.gc.ca/e/29134.html**](http://www.cihr-irsc.gc.ca/e/29134.html)

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(h) Are you are seeking a waiver of the community engagement requirement?(A waiver may be granted if the REB is satisfied that, Aboriginal participants will not be identified with a community or that the welfare of relevant communities will not be affected by the research.) **[ ]** **Yes** **[ x ]** **No**

 If **yes,** please provide the rationale for this waiver request in the space below.

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|  |

7. **Level of the Project** (Check all that apply)

**[ ]** Faculty Research **[ ]** Post-Doctoral **[ ]** Ph.D. **[ ]** Staff/Administration

**[ ]** Master’s (Major Research Paper - MRP) **[ x ]** Master’s (Thesis)

**[ ]** Undergraduate (Honour’s Thesis) **[ ]** Undergraduate (Independent Research)

**[ ]** Other (specify)

8. **Funding of the Project**

(a) Is this project currently being funded? **[ x ]** **Yes** **[ ]** **No**

(b) If **No**, is funding being sought? **[ ]** **Yes** **[ ] No**

(c) Period of Funding: **From:** **[ 09/01/2016 ] To: [ 08/31/2017 ]**

 (mm/dd/yyyy) (mm/dd/yyyy)

(d) Funding agency (funded or applied to) & agency number (i.e., number assigned by agency), if applicable.

**Click this <** [**link**](https://reo.mcmaster.ca/download/grant-numbers/at_download/file) **> to determine your “*agency number*”.** (This is not your PIN number).

**[ ]** CIHR & agency # **[ ]** NSERC & agency #

**[ x ]** SSHRC & agency # **[ ]** ARB

**[ ]** Health Canada & agency # **[ ]** CFI & agency #

**[ ]** Canada Graduate Scholarship & Agency # **[ ]** Post Graduate Scholarship & Agency #

**[ ]** USRA **[ ]** Other agency & # (*Specify* )

(e): Are you requesting ethics clearance for a research project that was not originally designed to collect data from human participants or their records (i.e., your research project originally did not involve collecting data from humans or their records) but you now intend to do so? **[ ] Yes [ x ] No**

9. **Conflicts of Interest**

1. Do any researchers conducting this study, have multiple roles with potential participants (e.g., acting as both researcher and as a therapist, health care provider, family member, caregiver, teacher, advisor, consultant, supervisor, student/student peer, or employer/employee or other dual role) that may create real, potential, or perceived conflicts, undue influences, power imbalances or coercion, that could affect relationships with others and affect decision-making processes such as consent to participate? **[ ] Yes [ x ] No**
2. If **yes**, please describe the multiple roles between the researcher(s) and any participants.

|  |
| --- |
| N/A |

1. Describe how any conflicts of interest identified above will be avoided, minimized or managed.

|  |
| --- |
| N/A |

 (b) Will the researcher(s), members of the research team, and/or their partners or immediate family members:

(i) receive any personal benefits (for example a financial benefit such as remuneration, intellectual property rights, rights of employment, consultancies, board membership, share ownership, stock options etc.) as a result of or being connected to this study? **[ ]** **Yes** **[ x ]** **No**

(ii) If **yes**, please describe the benefits below. (Do not include conference and travel expense coverage, possible academic promotion, or other benefits which are integral to the conduct of research generally).

|  |
| --- |
| N/A |

 (c) Describe any restrictions regarding access to or disclosure of information (during or at the end of the study) that the sponsor has placed on the investigator(s), if applicable.

|  |
| --- |
| N/A |

**SECTION B – SUMMARY OF THE PROPOSED RESEARCH**

10. **Rationale**

For the proposed research, please describe the *background* and the *purpose* concisely and in lay terms, as well as any overarching research questions or hypotheses to be examined.

***Please do not cut and paste full sections from your research proposal*.**

|  |
| --- |
| Roughly 35% of employed Canadians are currently informal caregivers — defined as “an individual who provides care and/or support to a family member, friend or neighbour who has a physical or mental disability, is chronically ill or is frail” (Williams, Eby, Crooks, Stajduhar, Giesbrecht, Vuksan, Cohen, Brazil, & Allan, 2011). These caregiver employees often experience negative impacts on their physical, mental, emotional, social, and economic well-being. The impact on employers is also staggering; $1.3 billion and 9.7 million days of productive labour are lost each year due to caregiving commitments (Fast, Lero, DeMarco, Ferreira, & Eales, 2014). With the number of seniors requiring such care expected to double by 2031, this is a growing issue for Canadians (Williams, et al, 2011). As such, the Canadian Standards Association is beginning the process of developing a standard for Caregiver Inclusive and Accommodating Workplaces. Similar standards such as the Psychological Health Standard have been produced in recent years. This research seeks to conduct an Enhanced Public Review of the Carer-Inclusive and Accommodating Organizations Standard through the completion of interviews (n=20) with the goal of turning stakeholders such as Carers Canada into early adopters. Stakeholder include decision makers from organizations in government/regulatory, labour, user interest, and general interest groups. These interviews are taking place in April and May 2017. In addition, follow-up interviews (n=10) will be conducted in September 2017 with worker-carers to review the Standard and assess its effectiveness in meeting their needs. |

11. **Participants**

Please use the space below to describe the:

(a) approximate number of participants required for this study

(b) salient participant characteristics (e.g., age, gender, location, affiliation, etc.)

***If researching several sub-populations, use headings to organize details for items (a) and (b).***

|  |
| --- |
| *Stakeholder Interviews*1. 20
2. Decision-makers from Canadian stakeholder organizations such as Carers Canada, in the fields of government/regulatory, labour, user interest, and general interest groups.

*Worker-Carer Interviews*1. 10
2. People of any gender who are currently working and caring for an elderly or chronically ill relative or friend. Must be over the age of eighteen, speak English, and live in Canada.
 |

12. **Recruitment**

Please describe in the space below:

(a) how each type of participant will be recruited,

(b) who will recruit each type of participant,

(c) relationships (if any) between the investigator(s) and participant(s) (e.g. instructor-student; manager-employee, family member, student peers, fellow club members, no relationship etc.),

(d) permission you have or plan to obtain, for your mode of recruitment for each type of participant, if applicable.

***If researching several sub-populations, use headings to organize details for items (a) – (d). Click “***[***Tips and Samples***](https://reo.mcmaster.ca/educational-resources)***”******to find the “How to Unpack the Recruitment Details” worksheet and other samples.***

***ATTACHMENTS: Provide copies of all recruitment posters, advertisements letters, flyers, and/or email scripts etc. and label these as appendices (e.g., Appendix A or 1).***

|  |
| --- |
| *Stakeholder Interviews*1. Stakeholders will be identified in collaboration with the Canadian Standards Association and recruited through email (Appendix A – Stakeholder Interviews Recruitment Email Script)
2. They will be recruited by Ashleigh Patterson
3. There are no relationships between the investigator and participants
4. Ashleigh will obtain permission from each stakeholder group to distribute information and recruit participants.

*Worker-Carer Interviews*1. WCs will be recruited primarily through social media and poster campaigns. Those who express interest via email will be sent the recruitment script (Appendix C – CE Interview Recruitment Email Script)
2. They will be recruited by Ashleigh Patterson
3. There are no relationships between the investigator and participants
4. N/A
 |

13. **Methods**

Describe sequentially, and in detail all data collection procedures in which the research participants will be involved (e.g., paper and pencil tasks, interviews, focus groups, lab experiments, participant observation, surveys, physical assessments etc. —*this is not an exhaustive list*). Include information about who will conduct the research, how long it will take, where data collection will take place, and the ways in which data will be collected (e.g., computer responses, handwritten notes, audio/video/photo recordings etc**.).**

***If your research will be conducted with several sub-populations or progress in successive phases; use sub-headings to organize your description of methodological techniques.***

***ATTACHMENTS: Provide copies of all questionnaires, interview questions, test or data collection instruments etc. Label supporting documents as appendices (e.g., Appendix A or 1) and submit them as separate documents - not pasted into this application.***

***Click “***[***Tips and Samples***](https://reo.mcmaster.ca/educational-resources)***” to find the “How to Unpack the Methods” worksheet and other samples.***

***Click <*** [***here***](http://reo.mcmaster.ca/limesurvey)  ***> to find the MREB recommended and designed free online survey service to help you protect participant confidentiality.***

|  |
| --- |
| *Stakeholder Interviews*Semi-structured interviews (Appendix E – Stakeholder Interview Guide) will be facilitated by Ashleigh Patterson over the course of one hour. At the beginning of the interview, Ashleigh will review the letter of information and consent with the participant which they will also have received via email prior to the interview (Appendix C – Stakeholder Interviews LOI & Consent). They will take place at a location convenient to the participant (their office or the Canadian Standards Association, or over Skype where a physical meeting is not possible, for example). Interviews will be audio recorded with the permission of the participant, in addition to some hand written notes being taken by the researcher. *Worker Carer Interviews*Semi-structured interviews will be conducted with worker-carers by Ashleigh Patterson over the course of one hour, using Appendix F – WC Interview Guide. At the beginning of the interview Ashleigh will review the letter of information and consent with the participant which they will also have received via email prior to the interview (Appendix D – WC Interview LOI & Consent). Interviews will take place at a location convenient to the participant (at home, a coffee shop, McMaster, or at the Canadian Standards Association). The interviews will be audio recorded with the permission of the participants, in addition to some hand written notes being taken by the researcher.  |

14**. Secondary Use of Identifiable Data** *(e.g. the use of personally identifiable data of participants contained in records that have been collected for a purpose other than your current research project)*:

(a) Do you plan on using identifiable data of participants in your research for which the original purpose that data was collected is different than the purpose of your current research project? **[ ] Yes [ x ] No**

If **yes**, please answer the next set of questions:

(b) Do you plan to link this identifiable data to other data sets? **[ ] Yes [ x ] No**

If **yes,** please describe in the space below:

|  |
| --- |
| N/A |

(c) What type of identifiable data from this data set are you planning to access and use?

[ ] Student records (please specify in the space below)

[ ] Health records/clinic/office files (please specify in the space below)

[ ] Other personal records (please specify in the space below)

|  |
| --- |
| N/A |

(d) What personally identifiable data (e.g., name, student number, telephone number, date of birth etc.) from this data set do you plan on using in your research? Please explain why you need to collect this identifiable data and justify why each item is required to conduct your research.

|  |
| --- |
| N/A |

(e) Describe the details of any agreement you have, or will have, in place with the owner of this data to allow you to use this data for your research. ***ATTACHMENTS: Submit a copy of any data access agreements.***

|  |
| --- |
| N/A |

(f) When participants first contributed their data to this data set, were there any known preferences expressed by participants at that time about how their information would be used in the future? **[ ] Yes [ ] No**

If **yes**, please explain in the space below.

|  |
| --- |
| N/A |

(g) What is the likelihood of adverse effects happening to the participants to whom this secondary use of data relates? Please explain.

|  |
| --- |
| N/A |

(h) Will participants whose information is stored in this data set (which you plan to use for secondary purposes) consent to your use of this data? **[ ] Yes [ ] No**

Please explain in the space below.

|  |
| --- |
| N/A |

15. **Research Database**

Does your research involve the creation and/or modification of a research database (databank) containing human participant information? A research database is a collection of data maintained for use in ***future*** research. The human participant information stored in the research database can be identifiable or anonymous.

 **[ ] Yes [ x ] No**

If “Yes” was answered to the above question, you will need to fill out and submit MREB’s “Supplementary Form for Creating or Modifying a Research Database Containing Human Participant Information” along with this application.

NOTE: If you intend to collect or store personally-identifying health information, now or at a later stage in your research, your protocol must be cleared by Hamilton Integrated Research Ethics Board (HiREB) rather than MREB. For further advice contact MREB at x 23142 or X 26117 or HIREB x 905 521-2100 X 44574.

16. **Experience**

What is your experience with this kind of research? Include information on the experience of all **individual**(s) who will have contact with the research participants or their data. ***For example, you could mention your familiarity with the proposed methods, the study population(s) and/or the research topic.***

|  |
| --- |
| In addition to completing two undergraduate research methods courses (GEOG 3MA3, GEOG 3MF3) and one graduate level research methods course (GEOG 734), Ashleigh has conducted semi-structured interviews and focus groups as a part of an Undergraduate Student Research Award and her honours thesis project. The latter of these was with vulnerable populations. Both of these projects were cleared by the MREB.Project supervisor, Dr. Allison Williams, is the CIHR Research Chair in Gender, Workand Health and is trained as a health geographer in quantitative, qualitative and mixed-methods research. Additionally, Dr. Williams has experience working in the policymaking domain, advocating for policy and practice improvements on the national, provincial and local levels, relevant to the projects of both student trainees. |

17. **Compensation**

 **Yes No**

(a)Will participants receive compensation for participation? **[ x ]** **[ ]**

Financial **[ x ]** **[ ]**

 Other (specify) **[ ]** **[ x ]**

(b) If yes was answered for any of the above choices, please provide details. **See <** [**Helpful Hints**](http://reo.mcmaster.ca/educational-resources) **> for funded research projects.**

|  |
| --- |
| *Stakeholder Interviews*Participants will not receive compensation.*Worker-Carer Interviews*Participants will receive $25 for their time and efforts at the end of the interview. |

(c) If participants choose to withdraw, how will you deal with their compensation?

|  |
| --- |
| *Stakeholder Interviews*N/A*Worker-Carer Interviews*Participants will still receive the $25 compensation for their time and efforts, whether they complete the interview or not and even if they withdraw their consent to participate at a later date. |

**SECTION C – DESCRIPTION OF THE RISKS AND BENEFITS OF THE PROPOSED RESEARCH**

18. **Possible Risks**

(a) Indicate if the participants might experience any of the following risks:

i.) Physical risk (including any bodily contact or administration

 of any substance)? **[ ] Yes [ x ] No**

ii.) Psychological risks (including feeling demeaned, embarrassed

worried or upset)? **[ x ] Yes [ ] No**

iii.) Social risks (including possible loss of status, privacy and / or

reputation as well as economic risks)? **[ x ] Yes [ ] No**

iv.) Are any possible risks to participants greater than those the

participants might encounter in their everyday life? **[ ] Yes [ x ] No**

(b) If you checked **yes** for any of questions **i – iv** above, please describe the risk(s) in the space below.

|  |
| --- |
| *Stakeholder Interviews*Participants will be exposed to minor social and economic risks depending on their responses to the questions. They may also become upset if they are themselves worker-carers*Worker-Carer Interviews*Participants will be exposed to some social and psychological risks while participating in the study. They may feel embarrassed, sad, or angry while talking about it. A loss of social status may occur as there is a cultural imperative to care for our elderly relatives without complaint.  |

(c) Management of Risks: Describe how each of the risks identified above will be managed or minimized. Please, include an explanation regarding why alternative approaches cannot be used.

|  |
| --- |
| *Stakeholder Interviews*There are psychological and social risks associated with participating in the study. There is little that can be done to minimize this risk. The ways in which this risk can be minimized: the participants will be informed that their identifying information will NOT be used in the write-up/dissemination of results. Participants will be reminded that through their disclosure of information, they may be identifiable. Participants will be advised to keep this in mind during the duration of the research project. They also will be informed that they do not need to feel any pressure or obligation to answer all of the questions posed during one-on- one interviews or focus group. Pseudonyms and participant numbers will be used to disseminate information.*Worker-Carer Interviews*Participants will be assured that participation is entirely voluntary and that they may refuse to answer any questions that make them feel uncomfortable or worried. They will also be reminded that they may stop at any time. In the event that someone is distraught by the interview questions, the researcher will immediately halt the interview and ensure that the respondent is connected with someone who can provide them with assistance. Participants will be reminded that their responses are private and will not be shared with their employer or care recipient or anyone else with their identity attached. |

(d) Deception: Is there any deception involved in this research? **[ ] Yes [ x ] No**

i.) If deception is to be used in your methods, describe the details of the deception (including what information will be withheld from participants) and justify the use of deception.

|  |
| --- |
| N/A |

ii.) Please describe when participants will be given an explanation about why deception was used and how they will be debriefed about the study (for example, a more complete description of the purpose of the research).

***ATTACHMENTS:*** ***Please provide a copy of the written debriefing form or script, if applicable.***

|  |
| --- |
| N/A |

19. **Possible Benefits**

Discuss any potential benefits to the participants and or scientific community/society that justify involvement of participants in this study. (***Please note: benefits should not be confused with compensation or reimbursement for taking part in the study*).**

|  |
| --- |
| *Stakeholder Interviews*A thorough review of the Carer-Inclusive and Accommodating Organizations Standard will ensure that it meets the mandates of the organizations the participants represent. Society at large will benefit as the Standard will have been reviewed by professionals from a variety of fields to ensure it is meeting its purpose and aims. *Worker-Carer Interviews*The review of the Carer-Inclusive and Accommodating Organizations Standard by actual worker-carers will ensure that the policies it recommends are meeting their needs in their work-life balance during the time that they are performing caregiving. This will enhance the usefulness of the Standard and may also encourage them individually to explore the Carer-Inclusive and Accommodating policies their own workplace may have. |

**SECTION D – THE INFORMED CONSENT PROCESS**

20. **The Consent Process**

(a) Please describe how consent will be documented. Provide a copy of the Letter of Information / Consent Form (if applicable). If a written consent form will not be used to document consent, please explain why and describe the alternative means that will be used. While oral consent may be acceptable in certain circumstances, it may still be appropriate to provide participants with a Letter of Information to participants about the study.

***Click “***[***Tips and Samples***](https://reo.mcmaster.ca/educational-resources)***” for the McMaster REB recommended sample “Letter of Information / Consent Form”, to be written at the appropriate reading level. The “*Guide to Converting Documents into Plain Language” is also found under *“***[***Tips and Samples***](https://reo.mcmaster.ca/educational-resources)***”.***

***ATTACHMENTS:******Provide a copy of the Letter of Information and Consent form(s) or oral or telephone script(s) to be used in the consent process for each of your study populations, where applicable****.*

|  |
| --- |
| Consent will be documented for all three stages of the research with a combined, written letter of information and consent form signed by the participant (Appendix C – Stakeholder Interview LOI & Consent; Appendix D – WC Interview LOI & Consent).  |

(b): Please describe the process the investigator(s) will use to obtain informed consent, including who will be obtaining informed consent. Describe plans for on-going consent, if applicable.

|  |
| --- |
| The letter of information and consent form will be emailed to the participant prior to the interview. They will also be reviewed at the beginning of the interview or focus group to ensure the participant has read and understands to what they are agreeing. Two copies will be provided, one for the participant and one for the researcher to keep. Consent forms will be stored in a locked drawer in Ashleigh Patterson’s office until the research is completed.  |

21. **Consent by an authorized person**

If participants are minors or for other reasons are not competent to consent, describe the proposed alternate consent process. ***ATTACHMENTS****:* ***Attach the Letter of Information and Consent form(s) to be provided to the person(s) providing the alternate consent.*** ***Click “***[***Tips and Samples***](https://reo.mcmaster.ca/educational-resources)***” to find samples.***

|  |
| --- |
| N/A |

22. **Alternatives to prior individual consent**

If obtaining written or oral documentation of an individual participant’s consent prior to start of the research project is not appropriate for this research, please explain and provide details for a proposed alternative consent process. ***ATTACHMENTS****:* ***Please provide any Letters of Information and or Consent Forms.***

|  |
| --- |
| N/A |

23. **Providing participants with study results**

How will participants be able to learn about the study results (e.g., mailed/emailed brief summary of results in plain language; posting on website or other appropriate means for this population)?

|  |
| --- |
| Through collaboration with the supervisor, the results of the study will be disseminated in the form of a report and/or poster publication. The participants may choose to be emailed a brief summary of results at the end of the research. They will indicate this on their letter of information/consent form.  |

24. **Participant withdrawal**

a) Describe how the participants will be informed of their right to withdraw from the project. Describe the procedures which will be followed to allow the participants to exercise this right.

|  |
| --- |
| Participants will be advised in the letter of information that they may withdraw at any time up until July 31, 2017 (Stakeholder Interviews) or November 15, 2017 (Worker-Carer Interviews). They will also be reminded of this verbally at the beginning of the interview/focus group. Participants can simply notify one of the researchers if they wish to withdraw. This will be documented to ensure that participant’s information is excluded from the final report. |

b) Indicate what will be done with the participant’s data and any consequences which withdrawal might have on the participant, including any effect that withdrawal may have on the participant’s compensation or continuation of services (if applicable).

|  |
| --- |
| If the participant chooses to withdraw, Ashleigh will obtain permission to use any information that had already been obtained toward the study. If the participant does not agree to this, the audio file from their interview will be deleted and any transcript or notes destroyed. This will have no effect on the participant’s compensation or continuation of services.  |

c) If the participants will not have the right to withdraw from the research, please explain.

|  |
| --- |
| N/A |

25**. SECTION E – CONFIDENTIALITY & ANONYMITY**

**Confidentiality** concerns the protection, privacy and security of research data. Consult the Data Security Checklist at <http://reo.mcmaster.ca/educational-resources> for best practices to secure electronic and hard copy versions of data and study documents.

(a) Will the data you collect be kept protected, private and secure from non-research team members?

**[ x ]** **Yes [ ]** **No**

If **No**, then explain why not, and describe what steps you be put in place to advise participants that data will not be kept protected, private and secure from non-research team members.

|  |
| --- |
| N/A |

(b) Describe the procedures to be used to ensure that the data you collect in your research will be kept protected, private, and secure from non-research team members. In your description, explain who will have access to the data and what data security measures will be put in place during data transfer and data storage.

|  |
| --- |
| The written notes, recordings and transcribed data will be stored in a secure electronic file at the Ashleigh Patterson’s office. Hard copies of the above materials will also be accessible to the Ashleigh Patterson and her supervisor in a locked filing cabinet in General Sciences Building 324. |

(c) Will the research data be kept indefinitely or will it be deleted after a certain time period? Please explain. In your answer, describe why you plan to keep data indefinitely or not. If deleting data after a certain time period, explain why you chose the time period you did. Describe how participants will be informed whether their data will be deleted or not.

|  |
| --- |
| Data will be kept for 5 years following April 2017Paper Records -- Shredded after 5 yearsAudio Recordings -- Erased after 5 yearsElectronic Data -- Erased after 5 yearsLocation: Hard drive of SI’s personal computer/external hard drive. Recordings and paper copy at the home of the SIFive years was chosen as earlier and similar studies used a five year rule. |

**Anonymity** concerns whether participant identities are made known or not. The anonymity promised to participants can be different during different stages of research (i.e., during recruitment, during data collection, during data storage, and during the dissemination of research findings).

(d) Describe the extent to which participant identities will be made known in each of the following activities: during recruitment, during data collection, during data storage, and during the dissemination of research findings. In your description, explain what steps or procedures you plan to put in place to keep participant identities unknown in each of those activities.

|  |
| --- |
| *Recruitment:*Those interested in participating in the Enhanced Public Review will respond to emails about the study. It is up to the discretion of the participant if they are willing to contact the researchers.*Data Collection:*The researchers will use pseudonyms and ensure that any identifiable details are not included in the findings. Data collection during meetings will be digitally recorded but any details that identify participants will not be included in research findings.*Data Storage:*All data collected will be kept in a secure electronic file, accessible only to the researchers and the supervisor. The data will be stored on the personal computer will be in an encrypted folder, and the computer will be password protected when not in use. Any hard copies will be stored in a locked and secure filing cabinet in GSB 324.*Dissemination:*Specific details will be anonymous and will remain confidential. Dissemination of the results and the findings will be written to ensure the anonymity of all involved participants to ensure they will not be identified. |

**SECTION F -- MONITORING ONGOING RESEARCH**

26. **Adverse Events, Change Requests and** **Annual Renewal/Project Status Report**

1. **Adverse events** (Unanticipated negative consequences or results affecting participants) must be reported by faculty researcher or supervisor to the REB Secretariat (Ethics Office – Ext. 23142) and the MREB Chair, as soon as possible and in any event, no more than 3 days after they occur.

See: <https://reo.mcmaster.ca/policies/copy_of_guidelines#12-0-adverse-events>

b) **Changes to cleared research**: To obtain clearance for a change to a protocol that has already received ethics clearance, please complete the “[**< Change Request >**](http://reo.mcmaster.ca/forms)” form available on the MREB website or by clicking this link. Proposed changes may not begin before they receive ethics clearance.

c) **Annual Renewal/Project Status Report** Ethics clearance is for only one year.

The minimum requirement for renewing clearance is the completion of a “Annual Renewal/Project Status Report”in advance of the (1 year) anniversary of the original ethics clearance date. ”

***PLEASE NOTE:***

***It is the investigator’s responsibility to complete the Annual Project Status Report that is sent each year by email 8 weeks in advance of the anniversary of the original ethics clearance to comply with the Research Integrity Policy. If ethics clearance expires the Research Ethics Board is obliged to notify Research Finance who in accordance with university and funding agency regulations will put a hold on funds.***

27. **Additional Information:** Use this section or additional page(s) to complete any part of this form, or for any other information relevant to this project which you wish to provide to the Research Ethics Board.

|  |
| --- |
| N/A |

28.  **POSTING OF APPROVED PROTOCOLS ON THE RESEARCH ETHICS WEBSITE**

1. It is the policy of MREB to post a list of cleared protocols on the Research Ethics website. Posted information usually includes: title, names of principal investigators, principal investigator department, type of project (i.e. Faculty; PhD; Masters, Undergraduate etc.)
2. You may request that the title be deleted from the posted information.
3. Do you request that the title be eliminated from the posted information? **[ ] Yes** **[ x ] No**
4. The ethics board will honour your request if you answer **Yes** to the above question **27 c**) but we ask you to provide a reason for making this request for the information of the Board. You may also use the space for any other special requests.
5. < [List of MREB Cleared Protocols](https://ethics.mcmaster.ca/mreb/public/mreb_approved.cfm) > < [List of Undergraduate SREC Cleared Protocols](https://ethics.mcmaster.ca/mreb/public/srec_approved.cfm) >

|  |
| --- |
| N/A |

**Supporting Materials Checklist:**

**Instructions:**

*Complete this checklist to identify and describe your supporting materials to ensure your application form is complete*

* *When supplying supporting materials, ensure that they are properly labeled (e.g., “Appendix C: Interview Guide for Teachers”) and referenced in your protocol (e.g., “The interview guide for teachers – see Appendix C – is...”).*
* *Do not cut and paste supporting materials directly into the application form; submit each as a separate appendix.*
* *If you have multiple supporting materials of the same type (e.g., multiple letters of information that target different populations), list each supporting material on a separate row in this checklist. Add a new row to the table if necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supporting Materials Checklist** | **I will use** **this type** **of** **material** **in my** **study*****(Insert X below)*** | **I have** **attached** **a copy of** **this material** **in my** **protocol*****(Insert X below)*** | **This is how I labeled and titled this material in my protocol** **(e.g., *Appendix A – “Email Recruitment Script for Organizational Workers”*)** |
| **Recruitment Materials** |  |  |  |
| Study Information Brochure |  |  |  |
| Video/audio recording that explains study details  |  |  |  |
| Participant Screening Form  |  |  |  |
| Recruitment Advertisements |  |  |  |
| Recruitment Poster | X | X | Appendix G – WC Recruitment Poster |
| Recruitment Script – Verbal/Telephone |  |  |  |
| Recruitment Script – Email (direct to participant) | X | X | Appendix A – Stakeholder Interview Email Recruitment ScriptAppendix B – WC Interview Email Recruitment Script |
| Recruitment Script – Email (From holder of participant’s contact information) |  |  |  |
| Recruitment for follow-up interview |  |  |  |
| Snowball Recruitment script |  |  |  |
| Reminder/thank you/ card/script/email  |  |  |  |
| Appreciation Letter/certificate – For Participants |  |  |  |
| Other  |  |  |  |
| **Informed Consent Materials** |  |  |  |
| Consent Log (to record oral consent) |  |  |  |
| Oral/Telephone Consent Script |  |  |  |
| Letter of Information & Consent Form – **Participants** | X | X | Appendix C – Stakeholder Interview LOI & ConsentAppendix D – WC Interview LOI & Consent |
| Letter of Information & Consent Form – **Parent** |  |  |  |
| Letter of Information & Consent Form - **Guardian** or **Substitute Decision Maker** |  |  |  |
| Letter of Information & Assent Form – **Minors** |  |  |  |
| Online survey brief information/consent and implied consent buttons |  |  |  |
| Letter of Support for Study |  |  |  |
| Research Agreement |  |  |  |
| Other  |  |  |  |
| **Data Collection Materials** |  |  |  |
| Information Sharing/Data Access/Transfer Agreement (for secondary use of data) |  |  |  |
| Demographic form - Participant’s |  |  |  |
| Instructions for participants |  |  |  |
| Interview Guide – (Questions for face to face, telephone, Internet/email interview) | X | X | Appendix E – Stakeholder Interview GuideAppendix F – WC Interview Guide |
| Interview Guide – Questions for Focus Groups |  |  |  |
| Questionnaire or Survey questions & instructions (Paper and pencil or online formats)  |  |  |  |
| Rating Scales/inventories/Assessment Instruments |  |  |  |
| Role-play/simulation scripts  |  |  |  |
| Stimuli used to elicit responses |  |  |  |
| Images (photos, diagrams etc.) depicting instruments, equipment, exercises etc.  |  |  |  |
| Other  |  |  |  |
| **Debriefing Materials** |  |  |  |
| Debriefing Form |  |  |  |
| Deception Study - Debriefing Letter & post debriefing consent form |  |  |  |
| Deception Study- Debriefing script – verbal  |  |  |  |
| Other |  |  |  |
| **Confidentiality Materials** |  |  |  |
| Confidentiality Oath/ Agreement |  |  |  |
| Confidential Study Code Key Log |  |  |  |
| Other  |  |  |  |
| **Materials for previous review by other REBs** |  |  |  |
| Application form –Other REBs (Original)  |  |  |  |
| Application form – Other REBs (Revised) |  |  |  |
| Communication between REB & researcher (letters, emails, faxes etc.) |  |  |  |
| Clearance Certificate (Other REBs) |  |  |  |
| Other  |  |  |  |
| **Other Supporting Materials** |  |  |  |
| Compensation Log  | X | X | Appendix H – Compensation Log |
| List of support services for participants  |  |  |  |
| Participant Appreciation - letter, script, email or certificate etc.  |  |  |  |
| Researcher Training Certificates |  |  |  |
| Scientific Licenses |  |  |  |
| Other |  |  |  |

29**. Researcher Assurance:** [**< SECTION G – SIGNATURES >**](http://www.mcmaster.ca/ors/ethics/info_contact.htm)

**[ x ]** I confirm that I have read the McMaster University Research Integrity Policy <http://www.mcmaster.ca/policy/faculty/Research/Research%20Integrity%20Policy.pdf> , and I agree to comply with this and other university policies, guidelines and the Tri-Council Policy Statement (TCPS) and of my profession or discipline regarding the ethical conduct of research involving humans.

**[ x ]** *In addition*,I understand that the following *all constitute violations of the McMaster University’s Research Integrity Policy*:

* failure to obtain research ethics clearance;
* carrying out research in a manner that was not cleared by one of the university’s REBs;
* failure to submit a **Change Request** to obtain ethics clearance prior to implementing changes to a cleared study;
* failure to report an **Adverse Event** (i.e., an unanticipated negative consequence or result affecting participants) by the investigator or faculty supervisor of student research to the MREB secretariat and the MREB chair, as soon as possible and in any event, no more than 3 days after the event occurs;
* failure to submit an **Annual Renewal/Project Status Report** in advance of the 1 year anniversary of the original ethics clearance date.

 **Ashleigh Patterson March 20, 2017**

**Signature of Faculty, Student or Staff Researcher PLEASE PRINT NAME HERE Date**

 *(Add lines for additional researchers.)*

**Supervisor Assurance for Graduate or Undergraduate Student Research:**

**[ x ]** “I am the supervisor for this proposed student research and have read this ethics application and supporting documents and deem the project to be valid and worthwhile, and I will provide the necessary supervision of the student(s) researcher(s) throughout the project including ensuring that the project will be conducted as cleared and to make myself available should problems arise during the course of the research.

**Allison Williams March 20, 2017**

**Signature of Faculty Supervisor of Student Research** **PLEASE PRINT NAME HERE Date**

 *(Add lines for additional supervisors.)*

*The signature page may also be emailed as a scanned PDF or be sent by campus mail to GH-305.*

# APPENDIX C: EMAIL RECRUITMENT SCRIPT

**Subject Line:**

 Invitation to Participate — An Enhanced Public Review of the Carer-Inclusive and Accommodating Organizations Standard

**Body Text:**

Dear [Name],

I am inviting you to participate in a thirty minute interview regarding the new Carer-Inclusive and Accommodating Organizations Standard. As part of a graduate program in geography at McMaster University, I am conducting an enhanced public review of the Standard. I selected your name in collaboration with the Canadian Standards Association as a representative of a stakeholder organization ([organization name]) involved in the creation and dissemination of this Standard. Participation would involve you reading through the completed draft of the Standard and then answering some questions about how it relates to [organization].

The risks in this study are minor and include the concern of how you will be viewed at work if coworkers knew your responses to these questions, as well as the possibility of emotional distress if you yourself are a worker-carer. I will work to mitigate these impacts by maintaining confidentiality and providing a supportive atmosphere for the interview.

You can stop being in this study at any time during the interview and afterwards up to July 31, 2017. I have attached a copy of a letter of information about the study that gives you full details. This study has been reviewed and cleared by the McMaster Research Ethics Board. If you have any concerns about your rights as a participant or about the way the study is being conducted you can contact:

The McMaster Research Ethics Board Secretariat

Telephone: (905) 525-9140 ext. 23142

℅  Research Office for Administration, Development and Support (ROADS)

Email: ethicsoffice@mcmaster.ca

I would like to thank you in advance for your time and consideration. After a week, I will send you a one-time follow-up reminder.

**Ashleigh Patterson**, BA

Masters Candidate in Geography

School of Geography and Earth Sciences

McMaster University, Hamilton, Ontario

Tel: (905) 525-9140 ext. 28617

pattea@mcmaster.ca

# APPENDIX D: LETTER OF INFORMATION AND CONSENT

**Stakeholder Interviews LOI & Consent**

**An Enhanced Public Review of the Caregiver Inclusive and Accommodating Standard**

**Principal Investigator:                               Supervisor:**

Ashleigh PattersonDr. Allison Williams

School of Geography and Earth Sciences       School of Geography and Earth Sciences

McMaster University                                   McMaster University

Hamilton, Ontario, Canada                          Hamilton, Ontario, Canada

**(905) 525-9140 ext. 28617                           (905) 525-9140 ext. 24334**

E-mail: pattea@mcmaster.caE-mail: awill@mcmaster.ca

**Purpose of the Study**

You are invited to participate in the enhanced public review of the Caregiver Inclusive and Accommodating Standard. The purpose of this study is to ensure that the new Standard meets the mandates of your organization in supporting worker-carers.

**Procedures involved in the Research**

Prior to us meeting you will first be asked to review the completed draft of the Standard and make notes on your thoughts about it. Once you have reviewed the Standard, we will meet for a one hour interview at a location convenient to you where I will ask questions related to how well the standard meets your organization’s mandates, what you like about the Standard, and what you would change.

**Potential Harms, Risks or Discomforts**

The risks involved in participating in this study are minimal. You may feel uncomfortable with some of the questions, especially if you are a worker-carer yourself. You may worry about how others will react to what you say about the standard.

You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. I describe below the steps I am taking to protect your privacy.

**Potential Benefits**

The research will not benefit you directly. I hope to learn more about how creating this Standard will help worker-carers and what barriers we may face in the dissemination and uptake of the Standard.

**Confidentiality**

Every effort will be made to protect (guarantee) your confidentiality and privacy I will not use your name or any information that would allow you to be identified. However, we are often identifiable through the stories we tell.

The information/data you provide will be kept in a locked desk/cabinet where only I will have access to it. Information kept on a computer will be protected by a password. Once the study is complete, an archive of the data, without identifying information, will be maintained for five years.

**Participation and Withdrawal**

Your participation in this study is voluntary. If you decide to be part of the study, you can stop (withdraw), from the interview for whatever reason, even after signing the consent form or part-way through the study or up until approximatelyJuly 30, 2017  If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise.  If you do not want to answer some of the questions you do not have to, but you can still be in the study.

**Information about the Study Results**

I expect to have this study completed by approximately March 2018. If you would like a brief summary of the results, please let me know how you would like it sent to you.

**Questions about the Study**

If you have questions or need more information about the study itself, please contact me at:

 pattea@mcmaster.ca

(905) 525-9140 ext. 28617

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

                                 McMaster Research Ethics Secretariat

                                 Telephone: (905) 525-9140 ext. 23142

                                 C/o Research Office for Administrative Development and Support

                                 E-mail: ethicsoffice@mcmaster.ca

**CONSENT**

* I have read the information presented in the information letter about a study being conducted by Ashleigh Patterson of McMaster University.
* I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
* I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until approximately July 30, 2017
* I have been given a copy of this form.
* I agree to participate in the study.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I agree that the interview can be audio recorded.

… Yes.

… No.

2.  …Yes, I would like to receive a summary of the study’s results.

Please send them to me at this email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or to this mailing address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

… No, I do not want to receive a summary of the study’s results.

# APPENDIX E: INTERVIEW GUIDE

**Information about these interview questions**: This gives you an idea what I would like to learn about stakeholders views on the Carer-Inclusive and Accommodating Organizations Standard. Interviews will be one-to-one and will be open-ended (not just “yes or no” answers). Because of this, the exact wording may change a little. Sometimes I will use other short questions to make sure I understand what you told me or if I need more information when we are talking such as: “*So, you are saying that …?*), to get more information (“*Please tell me more?”),* or to learn what you think or feel about something (“*Why do you think that is…?”).*

* What motivated you to provide comments in the Public Review process?
* Did you make edits to the online version of the Standard?
* What do you find worthwhile about the Standard?
	1. *What do you like about the Standard?*
* What do you feel are weaknesses of the Standard?
* Do you see the standard being implemented widely? Why or why not?
* What do you feel are the challenges for workplaces to implement such a standard?
	1. *Time? Resources? Leadership? Readiness?*
* What do you think would motivate workplaces to implement the standard?
	1. *i.e. insurance breaks, government interest, retention and recruitment, awards*
* What key organizations in the labour force do you feel would be beneficial to target for the dissemination of the Standard?
* How does the mandate of your organization align with the Standard?
* Is there anything else you wish to add or comment on?

Thank you!

# APPENDIX F: LAY REPORT

|  |
| --- |
| **KEY POINTS*** Accommodating worker-carers is necessary for their health, the care-recipients health, and the health of our economy.
* While the *Standard* may not be widely implemented, it is still very valuable as an educational tool.
* Strategies for building awareness and implementation will vary across organizations based on many factors. Our participants focused on the challenges and opportunities for small, medium, and large sized organizations.
 |

**Why did we do this research?**
People who are caring for an elderly or sick relative or friend (worker-carers) make up a significant portion of the Canadian workforce. The Canadian Standards Association has developed a voluntary standard for employers to provide accommodations that make working more accessible to employees who are balancing their job with their caring responsibilities. This research assesses the necessity of this *Standard* and the likelihood that it will be implemented by employer across the country.

**How did we accomplish this?**In total, we interviewed 17 people who are either decision makers at organizations across Canada or researchers who are experts in fields relevant to worker-carers and human resources management. They were asked to first read through the *Standard* and then respond to questions about it in relation to their own work and experiences.

 **What did we find out?**

* Most participants viewed the *Standard* as a necessary and timely tool based on Canada’s changing demographics and the needs of an aging population.
* Women were much more likely than men to see value in the *Standard.* This may be because of the gendered nature of caregiving work, both paid and unpaid, that puts more women into those roles.
* While implementing the *Standard* may seem overwhelming to many organizations due to its length and academic language, it still has value as an educational tool and the accompanying *Implementation Guide* may help to overcome this barrier.
* Small, medium, and large sized organizations will face different challenges and opportunities in accommodating worker-carers but it is possible to implement the *Standard* or policies based on it in most workplaces.
* Factors that might motivate organizations to pursue implementing the *Standard* include building their awareness of the issue, providing financial incentives, and appealing to their ethics and values.

**Who are the researchers?**

Ashleigh Patterson, MA, McMaster University
Allison Williams, PhD, CIHR Research Chair in Gender Work and Health, School of Geography & Earth Sciences, McMaster University

# APPENDIX G: EMAIL WITH UPDATE AND LAY REPORT FOR PARTICIPANTS

