

Electronic Thesis and Dissertation Repository

9-26-2014 12:00 AM

Older Woman Workers: Met and Unmet Needs for Health and Wellbeing in the Workplace

Gillian Gorfine, *The University of Western Ontario*

A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Health and Rehabilitation Sciences

© Gillian Gorfine 2014

Follow this and additional works at: <https://ir.lib.uwo.ca/etd>



Part of the [Organization Development Commons](#), [Public Health Education and Promotion Commons](#), and the [Women's Health Commons](#)

Recommended Citation

Gorfine, Gillian, "Older Woman Workers: Met and Unmet Needs for Health and Wellbeing in the Workplace" (2014). *Electronic Thesis and Dissertation Repository*. 2461.
<https://ir.lib.uwo.ca/etd/2461>

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact wlsadmin@uwo.ca.

OLDER WOMEN WORKERS: MET AND UNMET NEEDS FOR HEALTH AND
WELLBEING IN THE WORKPLACE

(Thesis format: Monograph)

by

Gillian Gorfine

Graduate Program in Health and Rehabilitation Sciences

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science

The School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario, Canada

© Gillian Gorfine 2015

Abstract

Older women workers report experiencing occupational injustices however the literature focuses on barriers faced rather than understanding the needs-based strategies empowering women as they age at work. This study engaged women aged 55 and older in a participatory action research project defining and examining strategies for older women workers' health and wellbeing. In Phase 1, a key informant advisory group (N = 4) defined the problem and guided the design of an open answer survey conducted with 72 older women in work. Three categories emerged informing the fundamental, instrumental, and contextual needs of older women workers. Meeting fundamental needs may proactively retain older women in work, while addressing instrumental needs may inform women's prioritizing their needs as they age at work. This suggests a contextual health promotion approach will best serve older women's needs to flourish in work.

Keywords

Aging, Women, Health, Wellbeing, Worker, Employment, Occupational Science, Participatory Action Research

Acknowledgments

First and foremost I would like to thank Dr. Lynn Shaw for taking a chance on me and for agreeing to supervise my master's research. Thank you for the guidance, patience, and for every opportunity that you have provided since I first knocked on your office door.

To Dr. Valerie Wright-St. Clair, kia ora. Thank you for your commitment to my research from the other side of the world and for always reminding me to trust the process.

To each and every one of my participants, without you this research would not have been possible. In particular, thank you to the insightful women who contributed to my advisory group.

To my family and friends both near and far, thank you for the support and encouragement, and for the countless conversations that kept me motivated throughout this journey.

Table of Contents

Abstract	ii
Acknowledgments.....	iii
Table of Contents	iv
List of Tables	viii
List of Figures	ix
List of Appendices	x
Chapter 1	1
1 Introduction	1
1.1. Study Purpose	6
1.2. Thesis Overview	7
Chapter 2.....	8
2 Literature Review.....	8
2.1. Methods.....	9
2.1.1. Identifying the research question	9
2.1.2. Search strategy – Identification of relevant articles.....	10
2.1.3. Study selection	10
2.1.4. Analysis – Charting, summarizing, and collating the data	11
2.2. Results of the Scoping Review	11
2.2.1. Demographic details	12
2.2.2. Connecting aging, women, and health within the literature	13
2.2.3. Occupational transitions and retirement studies	14
2.2.4. Barriers to older workers	18
2.2.5. Facilitators of healthy aging at work	22

2.2.6. Parallelism between barriers and facilitators that influence aging in the workplace	26
2.3. Scoping Review Discussion.....	27
2.3.1. Women’s needs regarding health, aging, and work	27
2.3.2. Continuation of meaningful work into later life	28
2.3.3. Limitations of this review	28
2.4. Conclusion	29
Chapter 3.....	30
3 Methodology and Methods	30
3.1. Study Design.....	31
3.1.1. Methodology	31
3.1.2. Paradigmatic positioning	33
3.2. Methods.....	36
3.2.1. Sampling strategies	36
3.2.2. Data analysis	40
3.3. Enhancing the quality of the research.....	43
3.3.1. Enhancing quality of the research through my own personal reflection ..	43
3.3.2. Enhancing the methodology through the participatory action research process.....	46
3.3.3. Quality criteria to enhance the research.....	49
3.4. Conclusion	51
Chapter 4.....	52
4 Phase 1 Results – Unveiling the Older Woman Worker.....	52
4.1. Defining the Problem – Who is the Older Woman Worker?.....	53
4.2. Findings from Advisory Group Participants.....	55
4.2.1. Recognizing experiences that contribute to shaping identity	56
4.2.2. Recognizing historical and cultural situation of older woman workers ...	59

4.2.3.	Recognizing the importance of opportunities for education and skills development throughout life	61
4.2.4.	Recognizing the importance of ecosystems of support in the workplace .	63
4.2.5.	Recognizing the importance of managing and overcoming financial insecurity.....	65
4.2.6.	Recognizing the changing health needs of the older woman worker	68
4.3.	Conclusion	71
Chapter 5	72
5	Phase 2 Results – Uncovering the Met and the Unmet Needs of the Older Woman Worker.....	72
5.1.	Descriptive Findings from Qualitative Survey Participants	73
5.2.	Fundamental Needs.....	76
5.2.1.	The importance of support in the workplace	77
5.2.2.	Non-age specific structural pillars of support.....	79
5.3.	Instrumental Needs	84
5.3.1.	Actively managing physical health and wellbeing needs	84
5.3.2.	Recognizing emotional and mental health needs.....	87
5.3.3.	Managing financial insecurity and planning for financial wellbeing	89
5.3.4.	Prioritizing non-work occupations.....	91
5.4.	Conclusion	93
Chapter 6	94
6	Discussion	94
6.1.	Categories of Needs and the Focus on Unmet Needs of Older Women Workers	94
6.2.	Study Findings Discussed in Relevance to Previous Literature	98
6.2.1.	The importance of recognizing the changing needs of older women workers and the shared responsibility of implementing retention strategies to meet these needs	98
6.2.2.	The importance of recognizing financial disadvantages that older women workers may experience	102

6.2.3. The importance of participating in meaningful occupations and enjoying feelings of accomplishment at work	104
6.3. Actions to Support the Participatory Action Methodology	107
6.3.1. My contributions and next action steps to address the unmet needs of older women workers.....	107
6.3.2. Suggestions for organizations	109
6.3.3. Suggestions for older women workers.....	111
6.4. Strengths and Limitations	114
6.4.1. Future research directions	114
6.4.2. Contributions to occupational science	115
6.4.3. Limitations of the research.....	117
6.5. My Final Reflection and Conclusion	119
References.....	121
Appendices.....	132
Curriculum Vitae	162

List of Tables

Table 1. Demographic data from Phase 1 advisory group members	55
Table 2. Demographic and descriptive data from Phase 2 survey participants	73

List of Figures

Figure 1. Barriers to older workers as identified in the literature review	19
Figure 2. Participatory Action Research design process	31
Figure 3. Participatory Action Research design in a Venn Diagram (Reproduced with permission from Chevalier & Buckles, 2013)	32
Figure 4. Expected Methods. Anticipated study methods developed during study planning and prior to Phase 1 data collection	48
Figure 5. Actual Methods. Adjusted study design that was followed based on advisory group recommendations.	48
Figure 6. Level 1 aimed to define the older woman worker and plan Phase 2 of the study ...	52
Figure 7. Phase 1 advisory group findings indicating themes that express the needs of older women workers.....	56
Figure 8. Level 3 aimed to identify the explicit and implicit needs of the older woman worker	72
Figure 9. Phase 2 survey participant findings indicating themes that express the met and unmet needs of older women workers	76
Figure 10. Summary of overall study findings, organized by categories of needs that were combined advisory group and survey participant findings.	97

List of Appendices

Appendix A	Articles Included in the Scoping Review.....	132
Appendix B	Phase 1 Recruitment Script.....	136
Appendix C	Phase 1 Letter of Information.....	137
Appendix D	Phase 1 Demographic Questionnaire.....	140
Appendix E	Phase 2 Recruitment Email and Letter of Information.....	141
Appendix F	Older Woman Worker Survey.....	145
Appendix G	Raw Survey Data.....	148

Chapter 1

1 Introduction

Canada's population is aging. In accordance, the average age of Canada's working population is increasing. It is projected that by 2030 the government of Canada will be supporting over 9 million seniors. The Canadian government defines a senior to be a person over the age of 65; however, because of varied definitions within the literature, the term older woman refers to a woman over the age of 55 in this thesis. The current average life expectancy for Canadian women is almost 81 years old, and the average retirement age for Canadian women is 62 years. Therefore, on average, women must financially prepare for almost twenty years in retirement (Statistics Canada, 2012).

The Canadian government has taken steps to partially manage the changing demographics of Canada's workforce. In 2023, eligibility for old age security and the guaranteed income supplement will increase from age 65 to 67. The increase will be fully implemented over a five-year period (Service Canada, 2012). This plan will alleviate pressure on the government that would otherwise result in nearly twice the number of people collecting old age security in 2030 than in 2011 (Service Canada, 2012). However, the increase in age of eligibility for these Government programs will also affect retirement planning and work-life trajectory for the current working population. Such changes to public old age security redistribute the responsibilities of supporting Canada's aging population from the responsibility of the Government and younger generations to the individual responsibility of the older worker. As Laliberte Rudman (2013) states, "policy transformations have undermined retirement as a social right, promoted extended work lives and enhanced individual responsibility to prepare for and manage the financial, social and health risks of retirement" (p. 305).

Demographic shifts have had an effect not only on governmental policies but also on individual worker and retirement plans (Laliberte Rudman, 2005). As a result, Canadians will continue to be affected at both the individual (increased working years before retiring) and social level (remaining at work) as the plan is fully implemented. From a

modern socio-political perspective of occupational science, the mandate should be to “raise awareness of how occupation is situated in social relations of power in ways that privilege some groups while simultaneously disadvantaging others” (Laliberte Rudman, 2013, p. 300). The relationship between public policy and occupational science is reiterated by Urbanowski, Shaw, and Chelagat Chemmutut (2013) in that “public policy can be viewed as the bedrock of engagement without which other forms of occupational engagement are at the very least constrained or blocked” (p. 317). In the context of this thesis, the relationship to be addressed is between older women workers who may experience isolation and marginalization due to ageism, and the organizational communities within which these women work.

The lengthened work-life trajectory that many women are currently experiencing can affect every aspect of a woman’s life. From an individual’s health and wellbeing to personal and professional relationships, the experiences that women have in the workplace change as they get older. Personal needs and priorities change over the course of a woman’s life and these changes can either be reflected negatively or positively within the workplace. When women feel as though they are being mistreated within the workplace, occupational injustices occur, often resulting in negative experiences associated with aging at work. Such occupational injustices include occupational alienation, occupational marginalization, and occupational imbalance (Nilsson & Townsend, 2010). Occupational alienation occurs when an individual or a population is restricted from participating in meaningful and enriching occupations, while occupational marginalization occurs when an individual or population is unable to experience autonomy due to lack of occupational choice. Occupational imbalance occurs when some members of a group have too much to do while others have too little (Nilsson & Townsend, 2010). Although each of these occupational injustices are exhibited by social exclusion, the basis of such injustices lie in an individual’s lack of choice regarding his or her occupational participation. Nilsson and Townsend (2010) emphasize the idea that it is important for all members of society to participate in meaningful occupations that promote one’s own health and wellbeing. Occupational injustices are reflected in the experiences of women aging in the workplace based on the treatment of older workers and the individual perceptions that these women share. The health and wellbeing of older

women workers is affected by such occupational injustices because experiencing occupational alienation, marginalization, or imbalance can have detrimental effects not only on physical health but also on mental and emotional health (Stadnyk, Townsend, & Wilcock, 2010). Occupational injustices experienced by older women workers have been exemplified in the literature, although there is limited research within an occupational science context on this topic. Examples of occupational injustices that have been identified include: feelings of isolation within the workplace and limited choice, pressure to remain in the workforce longer than planned due to financial or other reasons, or participating in tedious or menial jobs that are unfulfilling to the individual (Raymo, Warren, Sweeney, Hauser, & Ho, 2010; Wicks, 2006). It is increasingly important to maintain the health and wellbeing of the Canadian labour force, and this includes older workers and may not occur if the needs of older workers are not identified and met. In addition, the impact that increased years working can have on women's health and wellbeing is not only an important issue to the individual but is also important to society and the influence on the use of the health care system.

There are many factors to consider when addressing the impact of an aging workforce, including effects on the societies within which these older workers live and work. As Vickerstaff, Cox, and Keen (2003) identified, "explanations of the retirement process have focused on the welfare state and the impact of pensions and other social security policies" (pg. 271), particularly in regards to a worsening dependency ratio. Dependency ratio refers to the ratio of workers to non-workers within a society; when the dependency ratio is imbalanced, the result is that there are fewer employed people supporting increasing numbers of older and unemployed members of society (Loretto & White, 2006). The long-term effects that an unbalanced dependency ratio may have on society can lead to pressure on government and other organizational systems to maintain the ratio. Examples of ways that societies aim to equalize the dependency ratio include implementing various changes to government retirement assistance programs as mentioned previously, as well as changes within organizational employment/pension plans, such as reducing benefits or retirement contributions for employees (Vickerstaff et al., 2003). Changes in organizational policies regarding retirement planning have been shown by Vickerstaff et al. (2003) to be confusing for employees and difficult to manage

and anticipate because organizational retirement plans have changed throughout the individual's work trajectory. This means that it has become increasingly difficult for employees to appropriately plan for their retirement because the organizational policies are in flux. These changes in policy plans result in increased pressure on the individual to prepare for one's own retirement, thus transferring the burden of financial stability in later life from society to the individual. As the population ages, societal support for older women will become increasingly important, however, as indicated by current organizational retirement and pension plans, this support appears to be on the decline.

There are a multitude of factors that influence why women may continue working into later life. Some of these are seemingly obvious, such as increased emphasis on financial stability and independence, and difficulty recovering from the economic downturn. Other factors are more personal, such as an individual's desire to keep contributing to society and participating in meaningful occupations. For many, their identity is connected to their career and women may be hesitant to exit the workforce in an effort to maintain their identity as they reach older age. There are also factors that may increase the likelihood of an individual leaving the workplace, such as poor physical health or a spouse who is retired. Further research indicates the impact of early exit from work on identity, such as Gower (1997) who discussed how many couples chose to retire early. Due to the likelihood of the woman in a couple being younger than the man, Gower (1997) pointed out that this often resulted in women leaving the workplace at a younger age than their male counterparts. Statistics Canada (2012) identified this trend as having continued into recent years. Zimmerman, Mitchell, Wister, and Gutman (2000) further reported spousal influence and retirement decisions as a highly significant factor in a woman's decision to retire prior to average retirement age. Although individual experiences vary, a number of these factors will likely contribute to a woman's employment decisions in later life.

Due to the changing demographics of Canada's working population, Canadian workplaces will likely be required to accommodate the shift in increased numbers of older workers. Consequently, changes to the health, wellbeing, and productivity of the older working population are anticipated. Therefore, it is important for researchers to proactively study workplace health and productivity as it applies to aging workers rather

than to retrospectively develop solutions when productivity and overall wellbeing of employees may decline or be disrupted. In addition, promoting successful aging of women in the workplace is the responsibility of the individual worker and the social climate in which she lives and works. Shifting focus and sharing responsibility for the aging population will better prepare Canadian society for the ongoing and upcoming demographic shifts that will undoubtedly affect all members of society.

According to the World Health Organization, the definition of health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 1946). This definition leaves some area of confusion because it does not explain the concept of wellbeing. According to Adams, Leibbrandt, and Moon (2011) there is no single definition of wellbeing, particularly in regards to aging. However, it can be agreed upon that wellbeing is a subjective concept that includes “constructs such as life satisfaction, happiness, positive affect, or quality of life” (Adams et al., 2011, p. 685). Based on these concepts of health and wellbeing, the current study focuses on understanding how older women strive to maintain their health and wellbeing within the workplace given that they may or may not have the choice to retire. Additionally, the study highlights the need for research focusing on older women workers such that their health and wellbeing may be sustained as they work into later life. These choices, or lack thereof, align with the study of occupational science because participation in paid work and the promotion of health and wellbeing are connected within the discipline.

The Canadian Society of Occupational Science defines occupational science as “a basic science dedicated to understanding human occupation” (Canadian Society of Occupational Scientists, 2013). Laliberte Rudman (2013) argues that this basic definition should be expanded to include “the relationship between occupation and health” (p. 300). When contextualizing occupational science to include this broader definition, it becomes clear that occupational science is increasingly interdisciplinary, combining many professions including public health researchers, occupational therapists, and anthropologists (Canadian Society of Occupational Scientists, 2013). Outside of the occupational science literature, occupational perspectives of health are “based on the

premise that people need to participate in meaningful occupation for their health and wellbeing” (Wicks, 2006, p. 264). Therefore, occupation, as understood in the occupational science and occupational health knowledge base, can conceptually provide a basis for understanding the meaning that participation in paid work holds for older women, and the effect that this participation has on their health. The relationship between work and health is explored in this study by giving a voice to women who experienced aging at work. The current study contributes to the knowledge base because very little research gives voice to older women workers within an occupational science framework. Occupational science literature that addresses aging focuses primarily on retirement occupations and transitions rather than experiences of those continuing to work (Laliberte Rudman, 2005), while occupational science literature that addresses work focuses on discouraged workers and occupational transitions into the workplace (Aldrich & Callanan, 2011). As discussed previously, although these areas of research reflect occupational injustices as identified by Stadnyk et al. (2010), the current study will apply these concepts to a demographic population that has thus far not been studied within the occupational science framework.

1.1. Study Purpose

The current literature on older women workers focuses on barriers that older workers face rather than focusing on the health promotion and management of these workers (Payne & Doyal, 2010). The voices of older women workers is underrepresented in the literature and thus little is known about the strategies or approaches that may be useful to meeting the needs of women as they age at work. This study explores the needs and preferences of aging working women to support and promote their health and wellbeing. Thus, the overarching question of the study is: what are the health and wellbeing needs of older women workers? A review of the literature on healthy aging at work was conducted, and conceptual understandings about the meaning of occupation and occupational injustices were used to analyze the barriers and facilitators in the study of the met and unmet needs of older women who work.

1.2. Thesis Overview

Following this chapter, a review of the literature on the topic of current issues faced by women aging at work is provided. Chapter three discusses the research methodology, including paradigmatic positioning and research methods utilized. Results of the first phase of the study are discussed in chapter four, including defining the older woman worker and emergent themes from the initial round of data collection. Chapter five explores the findings from the second phase of the study. In chapter six, I discuss categories of needs for older women workers with a focus on unmet and implicit needs and suggestions are made for supporting older women workers as workplace dynamics continue to change. Influences on policy development, career and retirement planning, and future research are also addressed.

Chapter 2

2 Literature Review

This chapter provides a review of the current literature on the topic of women aging at work. To conduct the review, a scoping review technique was used in accordance with Arksey and O'Malley's (2005) method in that I focused on breadth rather than depth of the research. Scoping reviews may be used to identify gaps in the literature by "drawing conclusions from existing literature regarding the overall state of research activity" (Arksey & O'Malley, 2005, p. 7) and may go on to "summarise and disseminate research findings" (Arksey & O'Malley, 2005, p. 7). Due to the broad nature of the research topic, a scoping review was the most appropriate method because I was aiming to develop an understanding of the experiences that older women have in the workplace, without asking a specific question about those experiences (Arksey & O'Malley, 2005). It is for this reason that a scoping review was more appropriate than a systematic review because systematic reviews "typically focus on a well-defined question where appropriate study designs can be identified in advance whilst a scoping study tends to address broader topics where many different study designs might be applicable" (Arksey & O'Malley, 2005, p. 4). In accordance with Arksey and O'Malley (2005), the purpose of this scoping review was to examine the extent of the current body of literature on the topic of healthy aging of women in the workplace and to identify gaps in the literature, further supporting the need for this participatory research study.

The goal of the scoping review was to understand the experiences of older women who work by focusing on women's engagement in the research on this topic. In addition, the health and wellbeing of older women workers and the importance of maintaining productivity were also focal points of the scoping review. An occupational science perspective was incorporated into the review in that participation in work differentiates from other occupational activities. As well, as Hocking (2000) discusses, occupational science is concerned with "explaining what happens when people engage in occupation and how engagement in occupation relates to other aspects of human life" (p. 59). This occupational perspective informed the review to uncover how aging at work affects

women's participation in paid work as an occupation, how this engagement affects participation in other occupations and vice versa. Understanding occupation as participation in meaningful and varied activities (Pettican & Prior, 2011; Platman, 2006) contributed to the occupational perspective utilized in this review and connections between occupational science and other health-related disciplines were made in order to promote interdisciplinarity and expand the scope of occupational science as a discipline.

This chapter outlines the methods used for searching and selecting relevant journal articles. A chart was created to organize the articles and can be found in Appendix A. Three themes were identified as common across the literature: 1) occupational transitions such as changing jobs in later life, entering retirement, or varying responsibilities outside of work, 2) barriers to older workers both in the workplace and in finding work, and 3) facilitators to enabling healthy and successful aging at work. Although the literature identifies the importance of support systems in the workplace, implementation of such systems is largely neglected in the literature. Based on the lack of comprehensive solutions for implementing support systems into the workplace, conclusive research, identifying various types of support that women require from their work environments as they continue working into later life, is also lacking. In addition, although the articles included in this review indicate literature on women, employment, aging, and health, there is a lack of research that combines these aspects (Payne & Doyal, 2010). This chapter concludes with an explanation of how the current study will contribute to the knowledge generation needed to address the health needs of women's experiences as older workers by identifying their specific needs in such a way that these needs can be addressed proactively on an organizational level, rather than relying solely on the actions of individuals.

2.1. Methods

2.1.1. Identifying the research question

This scoping review followed the stages of Arksey and O'Malley's (2005) method by: identifying the research topic, identifying relevant articles, selecting studies, charting the data, and reporting results. This section describes the search strategy, inclusion criteria,

and process implemented to analyze the data. I conducted the search and identified relevant articles independently to answer the question: what barriers and facilitators influence the employment decisions of older women? I then collaborated with my advisors who assisted with the identification of themes in the data during analysis.

2.1.2. Search strategy – Identification of relevant articles

The search strategy implemented in this review accessed four databases: CINAHL, PsychInfo, Scopus, and Web of Knowledge, in addition to hand searches. Keyword searches were conducted using the following terms: aging/ageing/older, women/female, work/employment, and health/wellbeing. Individual searches were combined to limit the number of results. For example, aging/ageing/older would be searched independently, then combined with women/female, then combined with work/employment, and finally combined with health/wellbeing.

2.1.3. Study selection

The search was limited to full-text availability online, written in English, and published within the years of 2003 and 2013. Articles identified by hand searching were not limited to publication within the ten-year period. Relevancy criteria were identified prior to conducting the database search and articles included focused on either the health/wellbeing of individuals at work or in retirement or identified barriers or facilitators to aging at work. A focus on women was also considered; however, articles were not limited to only those on women, and were included if they differentiated between genders in their analysis or results. I conducted a title review of all the articles that came up in the database search. Abstracts were reviewed if relevancy was unidentifiable from the title. The full text of an article was retrieved if deemed potentially relevant based on the title and abstract review. I then reviewed all full texts to finalize the list of articles included. In accordance with Arksey and O'Malley's (2005) framework, all relevant research articles on the selected topic were included in the review regardless of research quality.

2.1.4. Analysis – Charting, summarizing, and collating the data

An excel spreadsheet was created to organize the articles that were reviewed in full and to further eliminate irrelevant articles. The chart included a brief summary of each article and synthesized the articles according to search terms and relevancy criteria pertaining to how the article answered the literature review research question. The categories included aging/older, women, work/employment, health/wellbeing, and barriers or facilitators to aging in the workplace. Retirement was included as a separate category, rather than incorporating it into the employment category, due to the high frequency of this term in the included articles. The spreadsheet was then used to manage the extracted data and to prepare for data synthesis and identification of themes. After the full text review and initial charting of the data, a second chart was created to synthesize the data according to publication date, location of study, and type of research. This organizational strategy is useful in categorizing similar studies to allow for descriptive analysis of the articles such as frequencies of categories and cross-referencing of common themes (Arksey & O'Malley, 2005).

The initial table enabled me to explicate the data needed to understand the type of research that is currently being conducted and identified areas for further research. The second excel spreadsheet further enabled classification of the full-text articles into four overarching categories: health and wellbeing of older workers, occupational or retirement transitions, barriers to older workers, and facilitators to older workers. These categories were then interpreted to develop four themes, as identified and discussed in the results section of this chapter. Two more charts were then created to synthesize the data from the articles that addressed barriers and facilitators independently. The barriers chart allowed for synthesis of the data and identification of specific barriers that were consistent across the literature. The same was done with the articles that identified facilitators to older women workers.

2.2. Results of the Scoping Review

After conducting the full-text review, 46 relevant articles were identified to include in the review. Additionally, hand searching identified four more articles, giving a total of 50

articles (Appendix A). Consistent with Arksey and O'Malley's (2005) framework, the results of this scoping review aim to identify gaps in the current literature and synthesize these findings regarding the positive and negative health related experiences of older women workers. The main concepts that are synthesized and discussed relevant to needs for future research are: making relevant connections between aging, women, and work in the literature, occupational transitions and overrepresentation of retirement studies within the literature, and barriers and facilitators to older women workers as identified in the literature. The interpretation of barriers and facilitators is further broken down into specific categories that either inhibit or promote healthy aging in the workplace. Findings from the scoping review are outlined below with interpretations of these findings included throughout. Refer to Appendix A for bibliographical information for specific articles according to the corresponding numbers listed in square brackets throughout. Implications for future research based on this synthesis are integrated throughout the interpretations.

2.2.1. Demographic details

The majority (N=19) of the articles were quantitative studies that used secondary data from various larger longitudinal studies [4, 5, 6, 7, 8, 9, 10, 18, 20, 24, 25, 26, 27, 29, 30, 31, 38, 46, 50]. Ten articles [3, 22, 23, 28, 32, 36, 41, 42, 44, 49] were quantitative primary studies. Two studies were mixed methods designs incorporating surveys or questionnaires with interviews [11, 15]. Nine studies were purely qualitative, collecting data through interviews and focus groups [2, 12, 13, 14, 19, 35, 40, 47, 48] and one other qualitative study used concept mapping [39]. There were five guest editorials or special issue articles [17, 33, 37, 43, 45] and four review articles [1, 16, 21, 34]. The location of the research is largely confined to the Western world, with 21 being located in the United States of America [1, 2, 7, 8, 9, 16, 18, 19, 21, 22, 25, 26, 27, 28, 32, 36, 38, 40, 43, 45, 50], nine in Australia [6, 11, 12, 14, 31, 39, 42, 46, 47], eight in the United Kingdom [5, 15, 24, 30, 33, 34, 35, 37], and six in Canada [3, 4, 17, 23, 41, 49]. In addition, there were two each from the Netherlands [10, 44] and Sweden [13, 29], one from New Zealand [48] and one article represented data from 12 European countries [20]. Over half (N=32) of the articles identified men and women as included in their samples [3, 4, 5, 8, 9, 10, 11,

14, 15, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 35, 36, 38, 39, 40, 41, 42, 44, 46, 50]. In eight articles, gender was not specified [1, 16, 17, 33, 34, 37, 43, 45] and the remaining ten articles focused solely on women [2, 6, 7, 12, 13, 21, 32, 47, 48, 49]. There was an age range across studies that classified “older adults” from age 45 to 97. Most of the articles (N=35) were deemed to be exploratory type research [1, 2, 3, 4, 5, 7, 9, 10, 11, 12, 13, 14, 17, 18, 19, 21, 22, 23, 24, 25, 27, 28, 29, 30, 31, 36, 38, 40, 41, 42, 43, 46, 48, 49, 50], as defined by Portney and Watkins (2000) in which “a researcher examines a phenomenon of interest and explores its dimension, including how it relates to other factors” (p. 14). Eleven articles [6, 15, 16, 20, 32, 33, 34, 35, 37, 45, 47] were descriptive in that the research “attempts to describe a group of individuals on a set of variables, to document their characteristics” (Portney & Watkins, 2000, p. 14). Only 4 articles were primary experimental studies [8, 26, 39, 44], in that the research compares two or more conditions (Portney & Watkins, 2000). Descriptive and exploratory studies inform experimental designs for future research and as such, based on the frequency of exploratory and descriptive studies in comparison to experimental designs included in this review, further research is required to address the needs and improve the experiences of older women workers at current and in the future. For more detailed bibliographic information of the included articles, see Appendix A.

2.2.2. Connecting aging, women, and health within the literature

Although the inclusion of 50 articles in the scoping review indicated that there is literature on women, employment, aging, and health, there is a lack of research that has combined all of these factors (Payne & Doyal, 2010). The majority of the articles that addressed aging, women, or health focused on only one of these specific aspects, rather than combining them all together. The need for further research in this area was emphasized by Payne and Doyal (2010) who explain “a gap remains in terms of our understanding of the impact of paid work on women’s health in later life” (p. 176). Altschuler (2004) further supported Payne and Doyal’s (2010) statement by saying, “[t]here is a paucity of studies on the meaning and experiences of paid work among older women” (p. 224). These conclusions from Altschuler (2004) and Payne and Doyal (2010) indicate a significant gap in knowledge that will become increasingly relevant as more

women experience aging at work. I concur with Altschuler's (2004) statement, "little has appeared...on women and work that addresses the meaning and experiences of work for older women" (p. 223). According to Altschuler (2004), studies that examine women and employment focus primarily on family care and career attainment, rather than on the experiences of older workers in paid positions. Therefore, further research is required to understand the experiences of older women workers by expanding on various factors other than maintaining work-life balance.

Of the initial 50 articles included in the literature review, 29 were categorized as articles associated with health and/or wellbeing [1, 4, 5, 7, 13, 14, 15, 17, 18, 20, 21, 23, 24, 26, 28, 29, 30, 31, 32, 34, 35, 36, 39, 40, 43, 44, 45, 46, 47]. Due to over half of the articles being categorized as addressing health/wellbeing, the contents of this review suggest that there is no shortage of research on the health and wellbeing of older women. However, many of these 29 articles failed to connect health and/or wellbeing to aging within the workplace. Therefore, it is suggested that future research aims to explore the correlations between the impact that aging at work may have on health and wellbeing.

As well, although there is a substantial body of literature on the topic of aging, women, work, and health, there is disconnect when combining these concepts. For example, 16 articles identified aspects of healthy aging, but did not differentiate between genders [1, 4, 5, 14, 15, 20, 23, 24, 26, 28, 30, 36, 40, 43, 44, 45]. It is becomingly increasingly important to explore work experiences from a gendered perspective as the number of women in the workforce continues to increase (Lips & Hastings, 2012). In addition, there is inconsistency across studies regarding the definition of older worker, varying from a baseline of age 45 (Encel & Studencki, 2004) to over 60 (Loi & Shultz, 2007).

2.2.3. Occupational transitions and retirement studies

Of the 50 articles that were accessed for the initial literature review, 23 were categorized as articles or studies focusing on occupational transitions and/or retirement [3, 5, 7, 8, 12, 15, 16, 18, 21, 23, 24, 25, 27, 29, 31, 35, 37, 38, 41, 46, 47, 49, 50]. Much of the current literature addresses the transitions that older adults experience as they leave the workforce and enter retirement (Pettican & Prior, 2011; Zissimopoulos & Karoly, 2009).

These articles center on not only the transition from work to non-work, but also on the types of occupations that older adults participate in after traditional retirement or into other types of paid employment as older workers (Wicks, 2006; Wright-St. Clair, 2012). It can be difficult to analyze retirement as a one-time life event because, as indicated in nearly half of the articles included in this review, retirement can take on various forms, depending on the individual person (Armstrong-Stassen & Staats, 2012; McNamara, Brown, Aumann, Pitt-Catsouphes, Galinsky, & Bond, 2011; Pettican & Prior, 2011). Armstrong-Stassen and Staats discussed the concept of unretirement, or the return to work after a period of retirement. Raymo et al. (2010) studied the changing retirement environment by looking at retirement expectations of people in their 50s. Zissimopoulos and Karoly (2009) looked at labour-market transitions based on Health and Retirement Study (HRS) data. As the literature suggests, retirement should be understood as a fluid concept that varies depending on individual circumstances and people may go through phases of retirement before ceasing to participate in paid work entirely (Armstrong-Stassen & Staats, 2012; Raymo et al., 2010). However, research that converges on retirement and occupational transitions as individuals exit the workplace fails to explore the occupational transitions faced by individuals who either continue working up the corporate ladder or those who explore new career opportunities in later life.

Environmental or societal factors may influence retirement and occupational transitional experiences, as indicated by articles referring to Health and Retirement Study (HRS) data. The HRS is an American longitudinal study that collects data on income, work, assets, pension plans, health insurance, disability, physical health and functioning, cognitive functioning, and health care expenditures from Americans aged 50 plus every two years (Health and Retirement Study, 2013). This database is a common provider of data for studies on health and aging and was cited in one third of the American articles that were included in the original 50-article review. Although the original HRS only provides information from the United States, it has become a valuable resource and is the leading model for longitudinal studies worldwide. Canada has recently begun collecting similar data with the Canadian Longitudinal Study on Aging (CLSA). However, at this point, a comprehensive database with Canadian content on health and aging has yet to be established, specifically focusing on “the changing biological, medical, psychological,

social, lifestyle and economic aspects of people's lives" (Canadian Longitudinal Study on Aging, 2009). In keeping with the goals of the CLSA, another focus within the literature included in this review is to understand obstacles that people face as they age, as well as facilitators that maintain the health and wellbeing of older adults.

Although retirement and retirement transitions were common topics in the articles included in this literature review, other occupational transitions were also addressed in many of the same articles. Occupational transitions refer to "expected and unexpected... changes in what people can do, are expected to do, or need to do" (Shaw & Rudman, 2009 p. 362). Occupational transitions that were addressed in the articles included in the literature review included changing jobs in later life, transitioning into part-time work, and increased responsibilities in unpaid occupations such as caregiving. Interestingly, the three articles that most comprehensively addressed occupational transitions other than retirement were all Australian studies (Berecki-Gisolf, Lucke, Hockey, & Dobson, 2008; Encel & Studencki, 2004; Everingham, Warner-Smith, Byles, 2007). Perhaps this is an indicator that women's occupational transitions regarding work in later life in a Canadian context has been previously overlooked. Thus, the research indicated and there is a need to more fully understand occupational transitions within Canada, diversifying the knowledge base on an international scale.

2.2.3.1. Transitioning into caregiving occupations

Overarching results in this literature review indicate that women who undergo occupational transitions due to increased responsibilities outside of work, such as caregiving, are more likely to decrease their participation in paid work occupations (Berecki-Gisolf et al., 2008). Berecki-Gisolf et al. (2008) also supported previous research suggesting that poor health typically reduces labour force participation and caregivers typically report poorer health than non-caregivers (Cai & Kalb, 2006; Lee & Gramotnev 2007; Pinquart & Sorensen, 2003). Encel and Studencki (2004) and Bellaby (2006) agreed that older workers identified poor health as a barrier to working in older age, particularly when attempting to change employment positions or retrain for new jobs. The identification of poor health as a barrier, either for the individual or for her family members indicates that women have difficulty balancing stressors outside of work

and these concerns are not limited to younger women who are raising children (Berecki-Gisolf et al., 2008; Fraser, McKenna, Turpin, Allen, & Liddle, 2008). The occupation of caregiving can be applied to many areas of a woman's life, including caregiving for ailing parents or a spouse, providing childcare for young grandchildren, or supporting children of her own. Divorced women with children are consistently identified as having the most difficulty balancing work and other responsibilities. These women include older women who have teenaged or adult children (Everingham et al., 2007). The articles in this review reveal that caregiving is a common occupation that most women will participate in at some point in their lives, whether by choice or necessity. Considerations must be taken to enable all women to maintain work-life balance, regardless of their age, marital status, or employment status.

2.2.3.2. Transitioning out of paid work and into retirement

In their article, Everingham et al. (2007) discuss the meaning of retirement for women of various ages and life stages. In doing so, they discuss three models of retirement: the gateway model, the transitional model, and the transformative model. Although each of these models are unique, examples from the study suggest that women's roles are greatly influenced by their other occupational responsibilities (Everingham et al., 2007; Kim & Moen, 2002). For example, women who followed the gateway model of retirement were often married and chose to leave the workforce when their husbands retired. The gateway model is also supported by Zimmerman et al.'s (2000) findings of anticipated and actual retirement timing in that "women's retirement timing is often determined by structural factors related to their unique location in paid and unpaid work spheres" (p. 122). Those who followed the transitional model typically eased out of the workforce while building up their lives, and other occupations, outside of work, or "to achieve a better balance in their lifestyle" (Everingham et al., 2007 p. 516). Perhaps the most interesting group addressed in Everingham et al.'s (2007) article are those women who followed a transformative model; as women age they desire greater control, autonomy, and satisfaction from their work and women who follow the transformative model adjust their work-lives to reflect these changes. Everingham et al. (2007) highlighted three models of retirement in their article, however, as they also discussed, these three models represent

women's retirement experiences assuming they have a level of choice and control over their retirement plans. Unfortunately, gateway, transitional, or transformative retirement models are not always available to women and, due to fragmented working lives, higher rates of divorce, and reliance on government funding, many do not have the financial stability to consider occupational transitions required to enjoy their retirement or older working lives (Everingham et al., 2007; Marshall, Clarke, & Ballantyne, 2001). Although the articles in this review identify various retirement strategies, future research should aim to understand and develop solutions that will enable women to enjoy increased autonomy regarding their occupational choices as they near retirement. More research focusing on women who feel that their occupational or retirement options are limited as they reach older age would greatly enhance the knowledge base available.

2.2.4. Barriers to older workers

Of the initial 50 articles included in the literature review, 15 identified barriers affecting older workers' ability to successfully age at work [3, 6, 9, 11, 14, 16, 17, 22, 25, 26, 38, 39, 41, 44, 49]. From these 15 articles, two categories of barriers were identified: 1) barriers inhibiting an older workers' ability to work, that included caregiving responsibilities and physical health and 2) barriers that older workers face in the workplace, including lack of skills or knowledge, lack of organizational support, and lack of opportunities to excel. The barrier types and prevalence are noted in Figure 1 below.

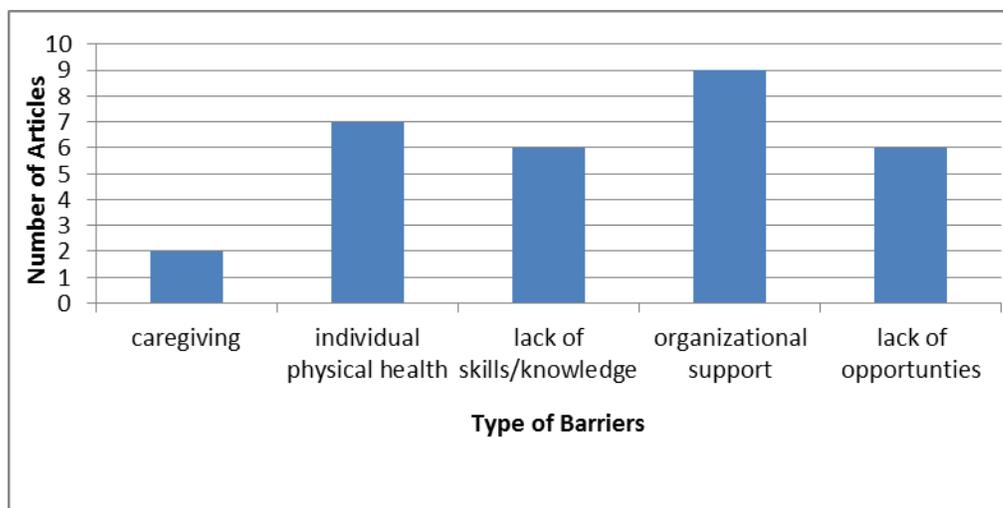


Figure 1. Barriers to older workers as identified in the literature review

2.2.4.1. Barriers inhibiting workers' ability to work

Barriers inhibiting women's ability to work referred to factors that may contribute to older women workers' inability to maintain employment. These barriers were typically the result of non-work obligations or health concerns outside of the employee's control. The two most commonly identified non-workplace-related barriers that prevented older workers from obtaining and maintaining employment were caregiving obligations and concerns regarding the worker's individual physical health.

2.2.4.1.1. Increased caregiving responsibilities

Caregiving was identified as a barrier in two articles [6, 50]. In their article about informal caregiving responsibilities of women in their 50s, Berecki-Gisolf et al. (2008) drew the conclusion that women were less likely to continue or return to work once they became caregivers. Zimmerman et al. (2000) also identified caregiving and physical health as factors that negatively affect retirement plans for women over the age of 45. Zimmerman et al. (2000) compared retirement plans with actual retirement experiences; also identifying caregiving and physical health factors as the two most common reasons for exiting the workforce prematurely. The literature in this review suggests that there is a discrepancy between anticipated and actual work experiences of older women, possibly

because it is difficult to predict caregiving responsibilities in later life and/or declines in personal health.

2.2.4.1.2. Individual physical health concerns

Personal health reasons were identified in seven of the 15 articles as barriers to older workers [3, 14, 17, 26, 39, 44, 49]. Two of the articles included health factors in a list of barriers to older workers (Armstrong-Stassen & Staats, 2012; Fraser et al., 2008). In McNamara and Williamson's (2004) study of gender and race, health was used as a predictor of employment integration in later life. Disabilities, including chronic, acute, or those related to aging, were shown to have a major impact on an individual's ability to work and remain productive at work. Individuals with disabilities face greater obstacles than able-bodied persons, and these obstacles only increase with age. As discussed in McNamara and Williamson's (2004) article, persons with disabilities must often deal with little support, both physical and emotional/mental in the workplace. As discussed below, this lack of support is problematic for older workers as well. The literature suggests that this creates a double disadvantage for older workers who must also overcome barriers related to disability (either due to aging or not) and thus, these individuals may experience greater difficulty remaining at or returning to work in later life.

2.2.4.2. Barriers experienced in the workplace

Barriers that women experienced in the workplace referred to obstacles that older women workers may face while at work, rather than barriers that inhibit older women workers' ability to maintain employment. These barriers highlighted deficits in the workplace that may put older women at a disadvantage in comparison to their younger counterparts in regards to remaining competitive in the workforce. This category included three groups of barriers: lack of skills/knowledge, lack of organizational support, and lack of employment or promotional opportunities.

2.2.4.2.1. Lack of skills, knowledge, and educational opportunities

Lack of skills/knowledge was addressed in six articles [3, 11, 16, 22, 38, 41]. This category suggests that in order for older workers to remain productive at work, they must be afforded the opportunity to continue learning and retraining when necessary. For instance, Saba and Guerin (2005) identified lack of opportunity to advance and learn as key factors influencing retirement decisions for older healthcare workers. When older workers are not given opportunities to advance their skills, and therefore their careers, they are more likely to leave work early (Saba & Guerin, 2005). When this occurs, occupational injustices such as marginalization or alienation can result because older workers face social exclusion when they are unable to participate in meaningful occupations of their choosing (Nilsson & Townsend, 2010). Therefore, research is required to address these occupational injustices and equalize opportunities for older workers.

2.2.4.2.2. Lack of organizational support

Employees can feel unprepared in the workplace when organizations do not provide proper support for them (Armstrong-Stassen & Staats, 2012; Greller & Stroh, 2004). This lack of support was identified as a barrier in nine of the 15 articles [3, 9, 14, 16, 17, 22, 25, 26, 41], although specific articles had different categories or specifications for organizational support. In an article on unretirement, meaning the experience of retiring and then later returning to the workforce, Armstrong-Stassen and Staats (2012) identified an inability to locate potential job openings and to be considered for potential jobs as two key barriers that older adults face when looking for jobs. These findings are consistent with findings from Fraser et al. (2008) who identified unsupportive workplaces, negative attitudes towards older workers within workplaces, and difficulty dealing with management as barriers to older workers. McNamara and Williamson (2004) and Loi and Shultz (2007) further endorsed the need for support for older workers at all levels. However, there is little information in the literature from the perspectives of women about the type of support that they need.

2.2.4.2.3. Lack of employment or promotional opportunities

Lack of opportunities, although similar to unsupportive work environments, has a more individual focus. Six articles [3, 9, 14, 16, 38, 41] identified barriers that fell into this category including: being passed over for promotions, being unfairly assigned tasks, and difficulty finding where the employee fits into the specific organization or job (Armstrong-Stassen & Staats, 2012; Chou & Choi, 2011; Saba & Geurin, 2005). Within occupational science conceptual frameworks this lack of opportunity can translate into occupational injustices where employees face marginalization and imbalance (Nilsson & Townsend, 2010). Stadnyk et al.'s (2010) concept of occupational marginalization occurs due to "social exclusion by restricting a population from experiencing autonomy through lack of choice in occupations" (Nilsson & Townsend, 2010, p. 58).

Chou and Choi (2011) discussed issues such as older workers either being ignored or watched more closely than other employees and being given an unfair workload (either over- or under-worked). Nilsson and Townsend (2010) refer to this as occupational imbalance, where some people have too much to do and others have too little. Saba and Guerin (2005) discussed employee issues with unmet expectations regarding their work and retirement. This kind of issue may result in occupational alienation should employees feel excluded from meaningful participation in their work (Nilsson & Townsend, 2010).

Overall, issues of occupational injustice are reflected in the most commonly identified barriers to older workers. As discussed, these barriers include: obligations outside of work such as caregiving, physical limitations, and lack of knowledge or opportunities and support in the workplace. Although barriers are identified in the literature, specific solutions for overcoming these barriers are not, particularly in regards to engagement, autonomy, and opportunity of older workers. Research in this area involving older workers may elaborate on barriers by providing ways for women to express their concerns such that solutions to overcoming these barriers may be developed.

2.2.5. Facilitators of healthy aging at work

In this review 15 articles [3, 6, 14, 17, 19, 22, 25, 28, 33, 38, 39, 41, 42, 47, 49] discussed facilitators that might support older workers. Some of these facilitators map directly with

the barriers, such as the importance of working in a supportive environment to enable and encourage women's continued work into older age. Although there were slight variations between articles, the overarching message regarding supportive work environments remained the same: if employees are comfortable in their environments, they will do their best work, and this includes physical, social, and mental support systems (Armstrong-Stassen & Staats, 2012; Fraser et al., 2008; McNamara et al., 2011; Saba & Guerin, 2005). However, these studies did not gain insights from older women on the specific mechanisms or patterns of support that may be beneficial to successfully aging at work.

Of the 15 articles that addressed facilitators to older workers, the most common facilitators were identified as: flexible work environments, engagement at work, the importance of autonomy, and social support regarding older workers (Armstrong-Stassen & Staats, 2012; Fraser et al., 2008; Kelloway & Day, 2005; McNamara et al., 2011; Nahum-Shani, Bamberger, & Bacharach, 2011; Saba & Guerin, 2005; Shacklock, Brunetto, & Nelson, 2009). Unlike barriers to older workers, the majority of the articles identified all four of these factors as facilitators to older workers. There was greater variation across the barrier categories that were identified in the articles than the types of facilitators; however, implementation of facilitators was not addressed clearly in most articles.

2.2.5.1. Flexible work environments

Flexible work environments is a broad category that encompasses flexibility regarding hours and type of work and the procedures in making accommodations for employees with health issues or obligations outside of work, such as caregiving. Twelve articles [3, 6, 14, 17, 19, 22, 33, 38, 39, 41, 42, 49] emphasized the importance of flexibility as a facilitator to healthy aging at work; however, definitions of flexibility at work varied across articles and were not clearly identified in some of them. In addition, few articles provided concrete examples of flexible work environments implemented within organizations. Fraser et al. (2008) identified reduced work hours and flexible scheduling of shifts as indicators of flexibility at work. Armstrong-Stassen and Staats (2012) and Saba and Guerin (2005) focused on the importance of maintaining the health of employees and developing work environments that are conducive to older employees'

physical needs. However, these studies did not identify specific ways that the health and wellbeing of employees could be maintained. Similarly, Kelloway and Day (2005) and Shacklock et al. (2009) identified work-life balance as a key for the success of older workers but did not provide strategies for employees to accomplish this. Shacklock et al. (2009) analyzed gender differences in older workers' intentions to remain at work. They determined that flexibility at work is more important for women than men, as exemplified by their results that identified flexibility as a statistically significant variable for women, though not for men (Shacklock et al., 2009). Although Shacklock et al.'s (2009) findings add valuable insights to the current literature, the study was limited because it quantified the data using Likert-type scales to study complex variables such as perceived flexibility and autonomy at work. Further research could aim to combine quantitative and qualitative findings to provide insights from older workers. This strategy may enhance understanding and increase the relevance of findings to be used in developing strategies that address concerns of older workers and may further uncover meaning behind what flexibility at work truly means for older workers.

Flexible work environments are strategies that were revealed in the review as facilitators to improving the work experiences of older employees. These flexible environments can be created when individuals are consultants or self-employed, participate in phased-in or bridge retirement, or are part-time or casual workers (Shacklock et al., 2009). Findings in support of flexibility at work are further reinforced in previous literature by De Cieri et al. (2005) that identified work-life balance as an important factor in retaining older women workers. Kelloway and Day (2005) developed "a basic model of the antecedents and consequences of healthy workplaces" (p. 230). Included in their model are factors such as work content, as well as the ability of employees to manage work obligations with their lives outside of work, or in other words, to achieve work-life balance (Kelloway & Day, 2005). Although the above findings add to the literature, they do not elaborate on the effects that flexible work environments have on older women particularly in regards to health and wellbeing, nor do they identify how organizations can successfully create such environments.

2.2.5.2. Engagement in work

Engagement in work was identified as a facilitator in 11 articles [14, 17, 19, 22, 25, 33, 38, 41, 42, 47, 49]. Fraser et al. (2008) discussed the importance of older employees having a mentoring role at work, similarly supported by Loi and Schultz (2007) and Paton (2002). These authors both referred to previous work or life experience as an important factor in determining workers' likelihood to maintain or gain employment in later life (Loi & Shultz, 2007; Paton, 2002). Engagement also includes valuable interpersonal relationships that employees gain from their work and the additional value of working in an environment that promotes mutual respect between employees and supervisors as discussed by McNamara et al. (2011), Kelloway and Day (2005), Saba and Guerin (2005), and Shacklock et al. (2009). Engaging in meaningful occupations is an important aspect of aging (Pettican & Prior, 2011; Wright-St. Clair, 2012). Finding meaning in one's work engages the individual such that her work provides meaning for her life (Wicks, 2006). Finding meaning in occupations through participation in work can be exemplified in various ways. For example, Zimmerman et al. (2000) identified continued education as an important factor in engaging older workers, while Wicks (2006) discussed ways to facilitate successful aging by creating opportunities for oneself through participating in personally meaningful occupations, such as being a role model or setting personal goals.

2.2.5.3. Autonomy at work

Autonomy at work is another facilitator that was mentioned multiple times in the literature. Nine articles identified autonomy as a facilitator [3, 14, 17, 19, 25, 39, 41, 42, 47]. Opportunities for training and career development, and variation in job tasks were included in this category. It is important for employees not only to feel valued, but also to feel in control of their work (Greller & Stroh, 2004). When autonomy is not executed or included as part of the job, employees do not feel fulfilled by, or enjoy, their work and thus, do not produce high quality work (Smyer & Pitt-Catsoupes, 2007). As a result, older workers often participate in low-skilled work, rather than in jobs or hold positions that place value on their specific skills and expertise. The resultant occupational imbalance can create a cyclical pattern of dissatisfaction and disengagement among older

workers who feel pressure to exit the workforce (Messe, 2012). Autonomy and engagement are facilitators to older workers that are closely connected, in regards to older women workers and engagement in meaningful occupations as a younger adult can influence autonomy, independence, and control over an individual's occupations as an older adult (Smyer & Pitt-Catsouphes, 2007). As the literature suggests, it is important for experiences over the life course to be considered when understanding individual experiences regarding aging in the workplace, particularly when addressing occupational choice and control (Hocking, 2000; Messe, 2012; Smyer & Pitt-Catsouphes, 2007).

2.2.5.4. Supportive work environments

The importance of employees feeling supported at work is a facilitator that was mentioned in 12 of the 15 articles [6, 14, 17, 19, 22, 25, 28, 33, 38, 39, 41, 49]. When discussing support as a facilitator, different authors explained it in different ways. Although most indicated that support within the organization (i.e. from supervisors and younger employees), was of highest importance, Fraser et al. (2008) also identified that societal support and anti-ageism legislation plays a role in the encouragement of older employees. Additionally, in regards to retirement planning and retirement related decisions, organizational support was represented in the level of assistance that organizations provided for employees, and in the comprehensive benefits programs focusing on healthcare needs of older workers (Loi & Schultz, 2007; Paton, 2002).

2.2.6. Parallelism between barriers and facilitators that influence aging in the workplace

Barriers and facilitators to successful aging at work have been synthesized in this review. The articles constructed a basis for some obstacles that older employees face and highlighted factors that employees identified as providing support in overcoming such obstacles. There was parallelism between some of the barriers and facilitators that were identified, in that the barriers discussed were also reflected in the facilitators. For example, physical health was identified as a barrier and facilitator, in that poor health was viewed as an obstacle, while good health improved experiences of older women workers. However, the focus of most articles in regards to health was general and did not address

specific health concerns or risks that develop as employees age. Additionally, lack of support was identified as a barrier to older workers, while supportive work environments were identified as facilitators, further indicating the parallelism regarding important factors (both positive and negative) for older workers as identified in this scoping review.

2.3. Scoping Review Discussion

This scoping review synthesized the breadth of the research pertaining to older women's health and wellbeing at work and identified gaps in knowledge. The focus of this discussion is to provide recommendations for future research and offer strategies to improve older women's work experiences. Health promotion for older women workers is required to facilitate the lengthening work-life trajectory and engagement of women in this type of research will broaden the scope of future research.

2.3.1. Women's needs regarding health, aging, and work

Overall, findings regarding health and wellbeing indicate that there is a knowledge gap concerning the relationship between aging, health, and work (Payne & Doyal, 2010). Health declines as people age often results in an inability to continue working due to illness or disability (McNamara & Williamson, 2004). Articles that focused on health and work looked at the impact of declining health on decisions to leave the workplace; however, there has been little research done on the relationship between the decision to remain at work and the subsequent impact on health in later life. It is also important to recognize the health risks that are posed to women who continue working or transition into other types of work later in life, and not just the effect of poor health in older workers on work performance, efficiency and retirement decisions.

This synthesis identified factors revealing why older women are working later into life (Buckley, Angel, & Donahue, 2000; McNamara & Williamson, 2004). These reasons usually focus on financial need due to increased life expectancy and greater need to support oneself, either due to never marrying or higher divorce rates (Everingham et al., 2007; Lips & Hastings, 2012). Although financial need is important, it is not the only reason why women are working later and longer. As Pavalko, Gong, and Long (2007) emphasized, improved health of older employees has resulted in many workers remaining

in the workforce longer. Somewhat contradictory to other research, Pavalko et al. (2007) also suggested that remaining in the workforce may actually improve the overall health of women, further encouraging older women to maintain paid employment. Improved health may also contribute to increased participation in gainful and meaningful occupations for older adults. This synthesis suggests a need for improved understanding of the relationship between work and health in later life and the potential effects that later-life employment may have on overall wellbeing.

2.3.2. Continuation of meaningful work into later life

Of the articles that explored why older workers continue to work, an overarching theme was the importance of enjoying autonomy and finding meaning through occupation, which contributes to a fulfilling life (McMunn, Nazroo, Wahrendorf, Breeze, & Zaninotto, 2009). Within the occupational science literature, three articles took a phenomenological perspective in understanding individual occupational experiences in later life (Pettican & Prior, 2011; Wicks, 2006; Wright-St. Clair, 2012). In these cases, occupations often included non-paid activities such as volunteering, leisure activities, or caregiving. For older workers, there is little information on how the level of autonomy experienced by women who participate in paid occupations contributes to or impedes their success. In addition, autonomy and engagement are likely not the only contributing factors that influence older workers, and further research is needed to explore these other potential personal factors.

2.3.3. Limitations of this review

Much of the literature included in this review was quantitative rather than qualitative. These types of studies address issues that women face by asking specific questions, but fail to provide solutions for them (Conen, 2011). As well, they do not engage participants, such that participants' voices are not reflected in the results. Qualitative studies utilized in-depth interviews and focus groups, but still concentrated on obstacles that older workers faced rather than on prevention and health management (Payne & Doyal, 2010). This scoping review identified literature that elaborated on women's experiences as older workers but none of the articles identified the varied needs of

different types of workers, such as women who are entering the workforce for the first time, returning to work after an extended leave, or changing careers in later life.

2.4. Conclusion

In summary, the body of literature reviewed in this chapter provides a basis for further research regarding aging, women, and work. Research is required that focuses on the health promotion of older employees by giving women a voice to express their needs as they navigate their work environments into later life. This can be accomplished by more in-depth, qualitative research that aims to uncover meaning behind the continuation of work into later life. Older women workers need to be asked why they are working later and the responses must be categorized not only by reasons provided, but also by the type of older worker, in order to fully understand the unique experiences of employees while simultaneously providing recommendations for future generations of women workers. By understanding the secondary reasons behind why women work, rather than focusing on financial or other surface-based explanations, future research can contribute to the occupational science literature by applying concepts such as the importance of autonomy and engagement in avoiding occupational injustices. This understanding may thus increase the presence of research on older women workers within the occupational science literature.

Chapter 3

3 Methodology and Methods

Participating in paid work in later life can both be a meaningful occupation as well as a cause of stress (Greller & Stroh, 2004). The aim of this study was to engage women in an action-oriented research approach to define and examine strategies for promoting health and wellbeing of women who remain at work past the age of 55. The need for this study was to address the current gap in the literature and knowledge base on the barriers and facilitators in promoting the overall health and wellbeing of older women in the workplace and to support women in achieving their occupational potential as they age at work. Congruent with action research, the study engaged the participants in identifying barriers to, and strategies that can support, women in maintaining their health and wellbeing as they age at work.

An occupational science perspective informed this research of how older women are, or need to be, supported as they age, such that their work/workplace and access to resources, contributes to their overall health and wellbeing. The occupational science perspective adhered to in this study was in accordance with Hocking (2009), who emphasized the importance of understanding “the knowledge people have about the things that people do” (p. 142), with the aim of developing “in-depth descriptions of human occupations” (p. 142). By encouraging older women workers to reflect on and share their knowledge based on their own experiences, the study remained consistent with occupational perspectives that aim to understand meaning behind participation in occupations (Hocking, 2009), in the case of this study, the occupation of participating in paid work.

The following questions informed the research: How is health and wellbeing of women who work into older age defined by women and what are the challenges and potential facilitators to working in later life? How can women participate in change processes such that they have a voice in promoting wellbeing at work? These questions were identified through discussions with my thesis committee and informed the research process by encouraging participants to actively participate in the research process.

3.1. Study Design

3.1.1. Methodology

The study used a participatory action research (PAR) (Park, 2001) design in that participants were included throughout the research process. Park (2001) explains that PAR is an “action-orientated activity in which ordinary people address common needs addressing their lives and in the process generates knowledge” (p. 83). The PAR process typically follows a cyclical design that involves planning, observing through data collection and analysis, acting by engaging and learning from participants, and reflecting to evaluate the outcome, as depicted in Figure 1 below. PAR requires reflexivity by the researcher and participants that influences the course of action throughout the research process (Riel, 2010). Furthermore, PAR supports the engagement and involvement of women in empowering processes of change by providing a place and space to share their views and their voices on what is needed to support women as society lengthens the work trajectory into older age. PAR was utilized in this study to empower women who work, emphasizing the aspects that they regarded as being important in promoting women’s health and wellbeing (Kemmis, 2007; Park, 2001). The PAR design allowed for the creation of a space for women to dialogue in order to develop and define older women’s occupational health needs that included the support that they require at work, at home, and in society.

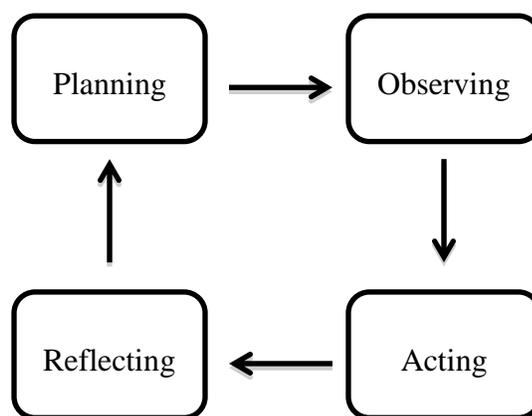


Figure 2. Participatory Action Research design process

The use of PAR in this study empowered women who work by providing a space to share their needs and giving them a voice to express their concerns related to aging in the workplace. This engagement allowed for the participants to emphasize the aspects that they regarded as being important in promoting their health and wellbeing as they age at work and encouraged knowledge generation by collaboration between the participants and the researcher (Kemmis, 2007). The interconnected nature of the PAR study design is depicted in Figure 3 below, developed by Chevalier and Buckles (2013) and reprinted with copyright permission.

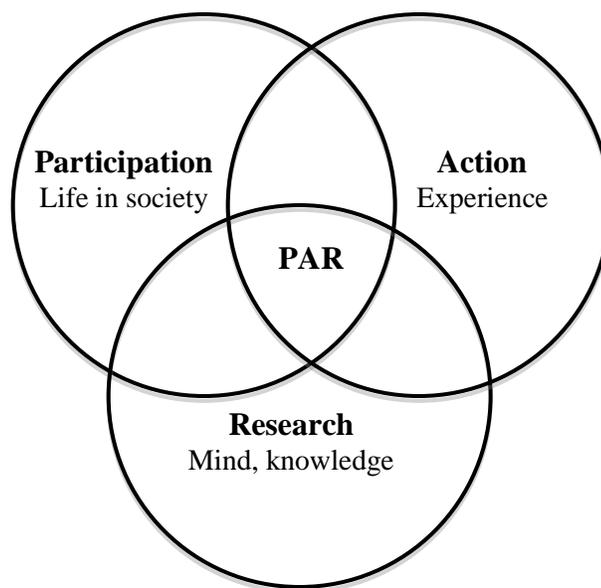


Figure 3. Participatory Action Research design in a Venn Diagram (Reproduced with permission from Chevalier & Buckles, 2013)

Phase 1 provided a forum for dialogue among women in an attempt to define the needs and concerns of older women regarding their occupational health and the Phase 1 participants were consulted during the design of Phase 2 by being asked for feedback on the qualitative survey questions and acting as gatekeepers for recruitment, further empowering them within the research process. This participatory approach resulted in providing new perspectives into the needs of women that can be considered as important to the health promotion of women at work that was grounded in the lived experiences of older women workers. The continued involvement of participants throughout the research process encouraged active participation, as is consistent with the PAR design (Park,

2001). The goal of the study was not only to identify the needs of older women workers, but also to reveal gaps in support networks as women age at work and, ideally, provide strategies that organizations could implement in order to further support the aging workforce in the future. These organizational and policy-level goals are reflective of PAR methodologies in that PAR typically aims to “generate knowledge in addressing [individuals’] concerns as members of society” (Park, 2001, p. 83) and thus implement a change to overcome individual concerns by including the participants in the long-term outcomes of the research.

3.1.2. Paradigmatic positioning

The current study followed an exploratory design in that it explored women’s experiences within socially constructed work environments (Portney & Watkins, 2000). The study was situated within critical and constructivist paradigms by critically examining the needs and concerns of older women workers and addressing the resources available to this demographic. Components of critical theory influenced the research, as did components of constructivism. A critical-constructivist lens identifies questions that have previously not been asked, in this case, asking participants to identify what it is they truly want from their work experiences and how these needs and desires can be met (Charmaz, 2003).

Critical theory (Kincheloe, 2005) guided the study in that the research questions addressed the social issue of aging in the workplace and aimed to identify (and potentially counter) common misconceptions regarding older women workers (Guba & Lincoln, 1994). In particular, Kincheloe’s (2005) critical pedagogy informed this study in that critical pedagogy advocates for many bodies of knowledge, in the case of this study, the development of an advisory group and the inclusion of older women workers contributed to the richness of the data. Kincheloe (2005) also recognizes researcher bias and the role of power relationships in research and knowledge transfer. As an advocate for critical theory, Kincheloe (2005) maintains that “critical scholars must work hard to gain insight from various cultures and knowledge producers..... Thus, critical pedagogy issues a challenge to scholars and social activists to push the boundaries of knowledge, to go to new epistemological places, and to employ the insights gained from a larger social

good” (p. 10). Based on this explanation of critical pedagogy, the use of participatory action research in the current study was consistent with critical theory because I utilized a unique methodology to empower the participants with the goal of sharing the generated knowledge to encourage social change.

Critical epistemologies and methodologies are consistent with the current study in that critical epistemology is transactional and subjectivist, meaning “the investigator and the investigated object are assumed to be interactively linked, with the values of the investigator... inevitably influencing the inquiry” (Guba & Lincoln, 1994, p. 110). By recognizing my active role in the data collection process, I incorporated critical perspectives that were highlighted by the varying opinions expressed by the participants and by incorporating my own opinions into the research process, making the research subjectivist on both the part of the participants and myself. Critical theory methodology suggests that “dialogue must be dialectical in nature to transform ignorance and misapprehensions... into more informed consciousness” (Guba & Lincoln, 1994, p. 110). PAR research is typically dialectical because the researcher and participants maintain a dialogue throughout the research process, as I aimed to do in the current study (Guba & Lincoln, 1994; Park, 2001). My research goals and desire to generate and share knowledge by advocating for older women workers and providing them with a voice to express their concerns is also consistent with critical theory in that critical theory argues that knowledge grows as more informed insights emerge and “generalization can occur when circumstances and values [are} similar across settings” (Guba & Lincoln, 1994, p. 114).

The study conformed to a constructivist paradigm ontologically, epistemologically, and methodologically (Lincoln & Guba, 2003). Ontologically, constructivist perspectives follow the model that realities are socially and experientially based, suggesting that realities vary across time, place, and individuals (Lincoln & Guba, 2003). The study aimed to reveal the various realities that participants embodied while at the same time created another reality based on the interaction between the researcher and participants that enabled the participants to share and understand their own experiences as older workers. These interactions further situated the study within a critical-constructivist

paradigm because with critical theory, constructivist epistemology assumes that the researcher and participants are “interactively linked so that the ‘findings’ are literally created as the investigation proceeds” (Guba & Lincoln, 1994, p. 111). This supports the cyclical nature of the PAR process and encourages adaptation throughout the research process, as is exemplified by the alterations to the proposed and actual methods used in this study. The co-construction of data and continuous involvement of participants in the research process situated the study within a critical constructivist paradigm.

According to Kincheloe (2005), critical constructivists are concerned with the construction and validation of knowledge and the exaggerated role that power relationships play in these processes. Critical constructivist perspectives emphasize the importance of knowledge generation and the sharing of this knowledge beyond the individual discipline within which the knowledge generation is constructed (Kincheloe, 2005). The study cohered to Kincheloe’s (2005) theoretical perspective of critical constructivism by identifying the power dynamics that older women workers may experience at work and aiming to balance such relationships by providing the participants with a voice to share their needs and concerns as older women workers. Additionally, I strove for interdisciplinarity by promoting the study outside of occupational science and including a large variety of participants in the study.

Consistent with the critical constructivist lens, occupational science perspectives also influenced the research in that the tensions between the individual and societal structures, norms, and expectations, and how this shapes opportunities or places demands on women to engage in work occupations were explored. Further to this, these perspectives underscore the need to look at the workplace, the factors in society, and the resources and supports in daily and work life that may impact the health and wellbeing of older women workers. Stadnyk et al.’s (2010) framework of occupational injustice informed the study because it was expected that many women would have experienced various occupational injustices not only as older women workers but also throughout their lives both within and outside of the workplace.

3.2. Methods

This study was conducted in two phases (Phase 1 and Phase 2). The Phase 1 research methods consisted of a focus group and interview and involved the development of an advisory committee consisting of four women who had knowledge of health promotion or employment practices involving older workers. The Phase 2 research methods consisted of a qualitative survey that was administered online. Descriptions of these methods including sampling strategies, data analysis, enhancements to the quality of the study are provided in this section.

3.2.1. Sampling strategies

Initial recruitment of participants occurred by purposive sampling in London, Ontario (Patton, 1990). The city of London was an ideal location for this study because the city is considered an age-friendly city and has developed a three year plan that promotes the inclusion of older adults in the community through social participation, employment opportunities, and support services with implementation beginning in 2013 (City of London, 2012). This action plan suggests that London may be a popular location for older adults to live and work because the municipal government has made it a priority to ensure that older residents are connected to and involved in the community.

3.2.1.1. Phase 1 recruitment and data collection

A sample of four participants was recruited to participate in a focus group to support the first step in the PAR process and act as an advisory group. Phase 1 participants were experts in the field of health and aging who had experience working closely with women and/or older adults. Participants had a variety of employment backgrounds and expertise and represented a range of ages, not necessarily over 55 years old. The advisory group participants were recruited through purposeful sampling based on online searches that I conducted. Purposeful sampling aims to recruit the most appropriate participants for inclusion based on their previous knowledge and background of the phenomenon being studied (Patton, 1990). Participants were recruited by email, phone, and face-to-face contact inviting them to participate in the research (Appendix B Phase 1 Recruitment Script). The letter of information was provided both electronically in an email and in hard

copy at the focus group and interview (Appendix C Phase 1 Letter of Information). Written consent was required from all participants in Phase 1 of the study.

Twelve women were initially contacted with the aim of six to ten people participating in the focus group. Only four of the twelve people agreed to participate in the study and three were able to attend the focus group. Although this number is typically considered low for an ideal focus group (Morgan, 1988), the flow of the discussion and my level of involvement as a participant-observer in the discussion were conducive to a small group and each advisory group member contributed significantly to the conversation. Additionally, my thesis supervisor was involved in the focus group as a participant-observer (Morgan, 1988). A focus group was determined to be the most appropriate method for data collection because focus groups promote discussion and allow for the natural flow and snowballing of ideas that can uncover a range of different experiences (Krueger & Casey, 2000; Morgan, 1997). This method was beneficial for the advisory group dialogue in that it enabled participants to share different ideas and build on one another's varying perspectives to create rich data that was used to inform the next steps in the research process (Morgan, 1997). To further enrich the data, an interview was conducted after the focus group with the participant who was unable to attend the original meeting, resulting in a total of five advisory group members, including my thesis supervisor. The focus group lasted approximately two hours and the interview about 90 minutes. Prior to study commencement, a delegated health sciences research ethics protocol was approved from the Research Ethics Board at Western University. A revised protocol was submitted and approved after Phase 1 and prior to data collection during Phase 2.

Upon arrival, the Phase 1 participants completed a brief questionnaire to collect descriptive data and encourage participant reflection prior to beginning the discussion, as is consistent with participatory research (Brydon-Miller, Kral, Maguire, Noffke, Sabhlok, 2011) (Appendix D Demographic Questionnaire). Participants were assigned pseudonyms to ensure privacy and confidentiality. They were given the option to choose their own pseudonym; if they did not choose or indicated no preference, they were assigned one. The focus group began with a brief presentation detailing the type of

research, goals of the study, and current knowledge base. I also provided a brief autobiographical account outlining my research interests and background. Following the presentation, a discussion was facilitated that focused on the needs and concerns of women at work. As recommended by Morgan (1997), two open-ended questions were asked during the focus group: Who is the older woman worker? And what does the older woman worker need? These same questions were asked during the interview. The participants were encouraged to share their individual experiences and their opinions on what they thought general responses to these two questions would be. The focus group lasted approximately two hours and the interview about 90 minutes. The Phase 1 data collection sessions were audio recorded to allow for transcription and revisiting of the raw data. I transcribed the data and analyzed the results to inform Phase 2 of the study including development and administration of the qualitative survey.

The Phase 1 advisory group also recommended that I conduct a grey literature review of available documents for female Western University employees that addressed aging in the workplace. This recommendation stemmed from comments regarding the inclusion of Western University on Canada's Top 100 Employers List (Canada's Top 100 Employers, 2014) and a discussion that questioned the criteria for inclusion on this list, specifically which factors Western University exemplified, and if the university's standing was reflective of superior supports for older workers, women in particular, and improved retirement planning. Participants wondered if the university was more age-friendly than other workplaces and suggested that I explore this possibility. After the focus group and interview, I contacted a representative at Western University's human resources department and asked her to provide documents that are intended to support older employees at the university. In addition, the criteria for the Top 100 Employers List were also reviewed, as well as documents from the Age-Friendly London Network that provided insights on the employment and civic participation experiences of community dwelling older adults in the City of London. The grey literature that was obtained from these three organizations was reviewed and, although a complete analysis was not conducted on the grey literature, the documents did provide insights regarding the organizational perspective of aging in the workplace and the level of commitment that these organizations contribute in order to support their older employees.

3.2.1.2. Phase 2 recruitment and data collection

Recruitment for Phase 2 of the study was done by purposeful and snowball sampling (Patton, 1990). English-speaking women who participated in paid work for at least ten hours per week within the past year and who were over the age of 55, or women who were currently working at least ten hours per week and were at least 55 year of age were included in the study. A baseline age of 55 was chosen because Statistics Canada (2012) identifies seniors as those over the age of 55. Participants from a variety of employment sectors were invited, including lower-level and knowledge-based sectors, to increase the diversity of participants.

The Phase 1 advisory group members acted as gatekeepers for Phase 2 and circulated the survey to potential participants on my behalf. An email script was provided for gatekeepers to use when recruiting potential participants (Appendix E Proposed Recruitment Email and Letter of Information). Consent for participation in Phase 2 was outlined in the letter of information that was sent in an email attachment to all potential participants. Initially, I had hoped to pilot the survey to a small sample of women, with the goal of accessing ten participants. Two weeks after contact with the advisory group members, I had not received any survey responses. I then followed up with the Phase 1 advisory group members and learned that one of the advisory group members had not forwarded the invitation to participate to her contact list of potential participants. After this action was taken, 25 women responded to the survey within 24 hours and the resultant 72 participants all responded within one week. Thus, the ten-participant pilot-study quickly transformed into a much larger pilot. This response suggested a high level of interest in the research study once potential survey participants had actually been contacted.

The survey was completed online and consisted of a total of 11 questions (Appendix F Women Workers' Survey). All questions were optional and completion of the survey indicated informed consent, as was outlined in the letter of information and on the first page of the online survey. Limited descriptive information was collected (e.g. age range and type of employment). Consistent with participatory methodology, most survey questions were qualitative short answer questions (Park, 2001; Patton, 1990). Participants

were invited to provide their email address if they were interested in being informed of the results of the study; email addresses were stored separately from the survey responses to ensure confidentiality of the participants. By conducting the survey online and anonymously, the forum for data collection created a safe space for participants where they felt comfortable sharing their experiences and disclosing their met and unmet needs as older women workers, further remaining consistent with the participatory methodology (Brydon-Miller et al., 2011).

3.2.2. Data analysis

Analysis of the results of Phase 1 comprised of inductive purposeful coding of the data to aid in defining the problem for Phase 2 of the study, as is consistent with Park's (2001) participatory research methodology. After data collection and transcription, the data were pre-coded, in I looked for patterns in the data that stood out as meaningful to me or the participants, further contributing to the co-construction of knowledge in my study (Brydon-Miller et al., 2011; Saldhana, 2009). The needs that were identified in Phase 1 were shaped based on these initial observations (Saldhana, 2009). The first round of coding revealed patterns based on Saldhana's (2009) method such that I identified "repetitive patterns of action and consistencies... documented in the data" (p. 5). The purposeful nature of the coding highlighted meaningful statements that were organized according to five overall categories of actions:

- Creating and taking advantage of the safe space that results from the casual nature of the dialogue by sharing personal anecdotes and opinions. The participants expressed feeling comfortable enough to open up and share their own thoughts and reflections, even when those opinions differed from others in the group.
- The word choice of participants indicated engagement, enthusiasm, and interest in the research (I think, in my experience, I participated, etc.) and prior reflection on the topic being discussed. This resulted in active participation in the dialogue and offering of suggestions for future directions and interest in remaining involved in the research.

- References to and identification of social issues and constructs that influence work environments and women's experiences. The participants provided critical perspectives towards such critical social issues resulting in the recognition of social responsibility, injustices, and limitations of society.
- Discussion of "big picture" ideas, or identifying the need to address major concepts that are larger or broader than the current topic and thus, suggesting that further analysis and research is required to fully understand the meaning and importance behind the major topics of the dialogue.
- The participants were empowered to participate in the dialogue and their commitment to further participate in the research was exemplified by their engagement in the discussion and the roles they agreed to play as follow-up to Phase 1.

After the first round of coding, direct quotations were entered into an excel spreadsheet to help me organize the raw data. This enabled me to uncover the meanings behind specific statements to deepen my understanding of what each participant was trying to share (Park, 2001). Charting the data was beneficial in understanding, organizing, and further unpacking of the data (Coffey & Atkinson, 1996) and the resultant categories of actions that were identified in the initial coding were later combined with the second round of coding categories to be transformed into themes that then became the Phase 1 study results. The second round of analysis was conducted and aimed to answer the question: What is she (the person speaking) trying to tell me about the needs (either met or unmet) of older women workers? This second round of analysis contributed to the development of the Phase 2 survey questions as well as further aimed to provide an understanding of the essence of what it is the advisory group members were trying to express in regards to identifying the met and unmet needs of older women workers. The second round of analysis followed a similar style as the first round, in that not every line was coded, but rather only statements connected to identifying the needs of older women workers were included in this round of analysis. Again, the data was charted to unpack the meaning behind individual statements (Patton, 2002); codes that categorized the needs of older women workers were developed based on repetition of ideas, and supported by specific

quotations pulled from the data (Coffey & Atkinson, 1996; Saldhana, 2009). Emergent themes were identified by combining the categories of actions that were identified in the first round of analysis and the categories of needs that were identified in the second round.

Inductive content analysis was to identify emergent themes during Phase 1 because content analysis aims to develop a sense of the data by “examining who says what, to whom, and with what effect” (Vaismoradi, Turunen, & Bondas, 2013, p. 400). The survey was then developed to ask questions that further addressed the needs as identified in Phase 1 and further defining the problem to be addressed by the research (Park, 2001). Content analysis “moves from the specific to the general, so that particular instances are observed and then combined into a larger whole or general statement” (Elo & Kyngäs, 2008, p. 109). In this case, specific comments from the advisory group dialogue were analyzed to uncover emergent themes that informed the survey questions. For example, one advisory group participant explicitly said that she didn’t think many older women workers would have ever been asked about their needs in the workplace, therefore, I specifically asked the survey participants about their health and wellbeing needs at work.

The survey was administered online such that it could easily be accessed by a large number of participants in various employment sectors. The findings from the survey data were analyzed separately from the advisory group data; however analysis of both sets of data followed the same methods of analysis. As in Phase 1, Phase 2 utilized content analysis methods such that patterns were identified from the data and then grouped together to develop themes that answered the question “what is she trying to tell me about the needs of older women workers?” (Vaismoradi, et al., 2013). The emergent themes from Phase 1 were used to inform potential themes for Phase 2, such as the existence of ecosystems of support in the workplace and the reality that many older women workers experience financial disadvantages; however, I was mindful of this subjective analysis and remained open to new emergent themes during the Phase 2 analysis as well. It is for this reason that, although some of the themes were identified in both phases, there is variation between the themes that were interpreted from the advisory group and survey findings. The combined Phase 1 and Phase 2 themes are discussed in the discussion

chapter of my thesis to provide suggestions for retention strategies for successful aging in the workplace for both organizations and older women workers.

3.3. Enhancing the quality of the research

The quality criteria that contribute to the rigor of participatory action research include reflexivity and flexibility on the part of the researcher (Park, 2001). I participated in a presupposition interview and reflected on my preexisting assumptions about aging at work prior to analyzing my data. My expected methods changed during the research process based on feedback that I received during Phase 1 and I discuss how I followed Tracy's (2010) criteria for conducting qualitative research by incorporating multivocality and crystallization into my research. The following section highlights the ways that the quality of my research was enhanced, as part and parcel of the PAR methodology.

3.3.1. Enhancing quality of the research through my own personal reflection

Following the Phase 1 data collection, I transcribed both the focus group and interview and conducted two rounds of analysis on the data. However, prior to this analysis, my thesis advisory committee conducted a presupposition interview to encourage reflection in regards to situating myself as a researcher who is actively involved in the participatory process. Time was taken to reflect not only on the research process and emerging results but also on my own narrative as a researcher, as it was my personal interest in healthy aging at work that provided for the initial development of this study. This personal reflection contributed to the audit trail that was created throughout the research process, maintaining sincerity of the research through self-reflexivity and transparency. The following reflection also improved the credibility of the research by highlighting my reflection through thick descriptions and recognizing my contribution to the results based on my involvement in the research process. The following presupposition reflection provides a representation of my experiences at the beginning of the research process. The thoughts and experiences expressed below stemmed from the presupposition interview in which my thesis committee interviewed me and from my reflexive journal and ongoing thought processes:

My journey into the realm of research on aging at work began as an undergraduate student when I volunteered at a neuropsychology lab and where I eventually completed my honours research project. My initial interest in aging focused on language loss and cognitive impairment – quite different from my current research. Although I still find comprehension and language fascinating, personal experience gradually evolved my interests to want to engage in healthy aging, rather than focusing on inability as a result of aging. When I first began working at the lab at the University of Ottawa, my professor cautioned me that it can be extremely difficult to study these topics when you have personal connection to it; and she was right. Eventually, although I still wanted to study aging and help older adults, the research and results were hitting too close to home and I decided I would rather work closely with healthy older adults, studying the importance of maintaining health and wellbeing in older populations.

I began researching this population and was afforded the opportunity to participate in two sessions discussing this issue: I assisted with a lecture at Western University on older workers, and was invited to join the Age-Friendly London Network. I was struck by some of the comments and opinions that surfaced from these two discussions, and was able to draw some comparisons between the two groups, furthering my interest in aging workers and supporting my prior research on the topic.

The lecture at Western University was directed towards masters' students in the Public Health Program. I noticed a gender bias and double standard emerging in the discussion not only of older workers, but also of workers in general. The dynamic between female workers was described more negatively than male co-worker relationships. For example, women were described as catty and competitive, more likely to over-share and discuss home-life at work, and less likely to have long-term careers than men. Men were described as valuing humour and camaraderie in the workplace, communicating more intuitively than women, and more likely to have stable (and higher paying) jobs than women. The fact that the dialogue revealed these biases further exemplified to me the importance of studying older women workers, with the hope to either change these workplace dynamics, or at least expand the students' limited opinion of women in the workplace. During the discussion, I was compelled to share some of my research and

encouraged the students to identify the positive aspects that women contribute in the workplace, such as building supportive work environments due to talking and dialoguing more than men. We discussed potential reasons that women are still disadvantaged in the workplace such as having inconsistent work histories due to child rearing or other family obligations. After the lecture, I thought about the predetermined ideas that the students had in regards to older female workers and concluded that, although I don't think their opinions are necessarily reflective of the general population, the fact that these are the opinions of a group of university students indicates a need for knowledge translation and research in this area.

In comparison to the lecture for the public health students, I also attended one of the Age-Friendly London Network Meetings. My participation in the meeting was as an observer and I noticed the group dynamics at the meeting. The meeting was designed as a place for each of the eight working groups to share their goals and progress thus far in the three-year plan to make London an age-friendly city. I listened to what each of the groups had to say but was stuck by some of the questions and comments that were asked by seniors who attended the meeting. I observed that, although the working groups were making progress, the citizens were still not satisfied with the implementation of changes that were being put in place to improve the lives of seniors in London. The result was what seemed to me like a lot of seniors using the meeting to complain, rather than appreciate the changes that have been implemented.

The sector of Age-Friendly London that I am most interested in is the Civic Participation and Employment working group. This group lists one of their goals as to "improve access to employment opportunities for older adults" (City of London, 2012, p. 22). In the first year of implementation of the plan, they have identified training and employment opportunities for older adults, compiled agency connections for potential workers facing barriers to employment, and listed relevant organizations and web links (City of London, 2012). Although these points are important, I was struck by the lack of focus on improving the lives of older employees who already have jobs. The Age-Friendly London Network group seems to be focusing on assisting older adults who are looking for work, rather than supporting those who are working to improve their experiences in the

workplace. I think this is an issue that is equally important and has further solidified my belief that the research I am doing could have practical applications, specifically in the future direction of the Civic Participation and Employment Group within the Age-Friendly London Network.

My experience at the Age-Friendly London Network meeting and the Public Health lecture provided me with some critical insights about my research and I reflected on the direction I wanted my study to take. After my initial round of data collection my advisory committee encouraged me to reflect on my research thus far and to incorporate my opinions into my research, pushing me to identify the engagement of my participants and develop the next part of my study. My curiosity about the older worker continues to play a role in the progression of my study. My data collection unveiled new directions for my research and was thought provoking in its own way. I was encouraged to change my research plan to focus more closely on identifying the needs of older women workers because, as emerged from my data, older workers have not been asked what it is that they need and therefore, that question has not been answered yet. Designing a study to improve the health and wellbeing of older workers needs to first start with identifying the needs of the worker, and then work towards meeting those needs.

I think my personal interest in the topic of the aging worker is in part due to the fact that I likely will be one in my lifetime and I am curious about what to expect. In the meantime, I am interested in improving the work-life of older workers so that the idea of the older worker loses some of its negative connotation.

3.3.2. Enhancing the methodology through the participatory action research process

Following the presupposition interview and introspective reflection, I began to analyze the data from the advisory group focus group and interview. By exploring the met and unmet needs of older women workers in the qualitative survey, I aimed to critically examine the experiences of older women workers by asking them questions that they previously may never have been asked or considered on their own, and affording them the opportunity to share their lived experiences regarding aging in the workplace. Critical

perspectives typically aim to offer new knowledge and question socially accepted constructs, particularly in regards to marginalized or disadvantaged populations, for example the older woman worker (Guba & Lincoln, 1994). Constructivist perspectives emphasize the co-construction of knowledge based on insights from the participants' lived experiences that can then be used to further examine the phenomenon being studied (Lincoln & Guba, 2003). In this case, by bringing to light the concept of met and unmet needs in the workplace, I aimed to question the social environment that older women experience at work, thus contributing to both critical and constructivist perspectives.

During the planning of the study, I anticipated conducting data collection in two phases, Phase 1 being the development of an advisory group (as outlined above) and Phase 2 consisting of a series of follow-up seminars on special interest topics as identified by the advisory group that would be intended for older women workers. However, based on the results of the initial data collection and analysis, it was determined that in order to identify topics for the follow-up presentations, more information was required on the needs of women workers, and the advisory group suggested that an online survey may be a more appropriate method of data collection because it is simpler to administer than multiple focus groups and enables participants to participate on their own time and thus, the proposed methods changed (see Figure 4 for proposed methods and Figure 5 for adapted methods). When conducting a PAR study, it is important to include the voices of the participants by listening to them throughout the research process and encouraging reflexivity both by participants and by the researcher (Brydon-Miller et al., 2011; Riel, 2010). I engaged advisory group members by revising the methods and returning to them for feedback prior to administering the survey.

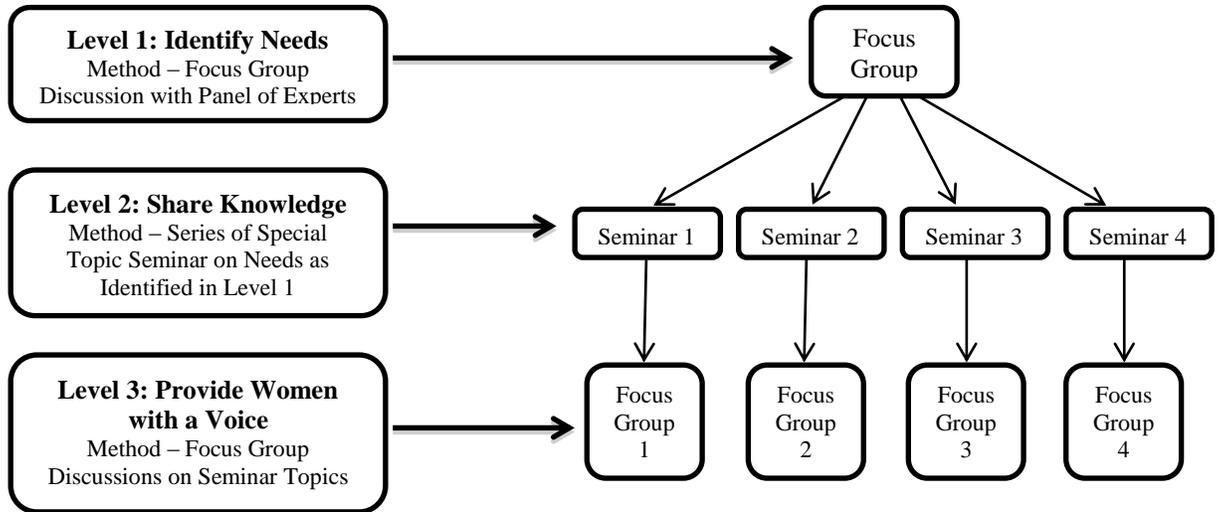


Figure 5. Expected Methods. Anticipated study methods developed during study planning and prior to Phase 1 data collection

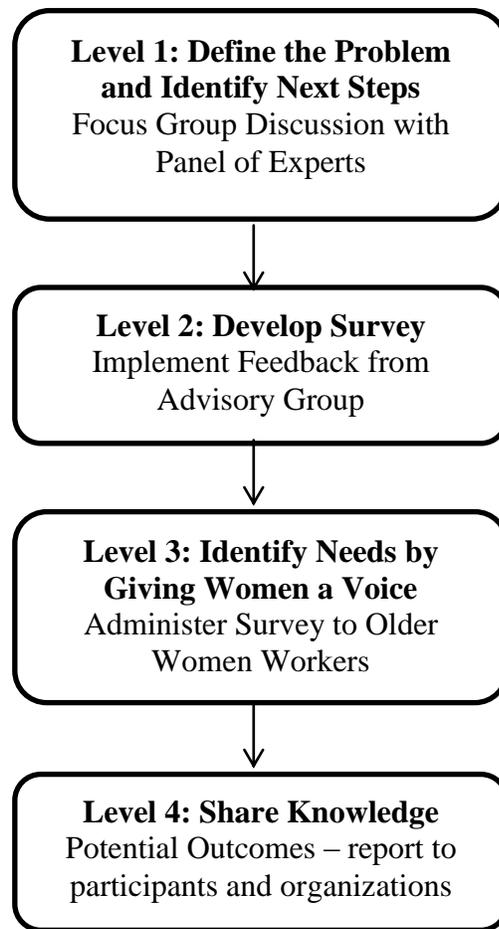


Figure 5. Actual Methods. Adjusted study design that was followed based on advisory group recommendations.

3.3.3. Quality criteria to enhance the research

Numerous authors have identified various lists of quality criteria as guidelines to follow when conducting qualitative research. Tracy's (2010) quality criteria guided this study, including sincerity, credibility, and significant contribution and coherence. Sincerity of the research was maintained through transparency by the use of memo writing that helped develop an authentic audit trail (Tracy, 2010). As Creswell and Miller (2000) state, an audit trail is a "clear documentation of all research decisions and activities" (p. 128). The interaction between participants and data collectors was recognized through self-reflexivity and dialogue throughout the study process. Reflexive notes were taken for the duration of the research process, including data collection and analysis. Following the Phase 1 data collection, I partook in a presupposition interview, as discussed previously, to further establish reflexivity and encourage my continued reflection, not only on the research process itself, but also on my own experiences and journey to become the novice researcher that I am today (Tracy, 2010).

Credibility was achieved through multivocality by incorporating the voices of participants throughout the research process as is demonstrated by the use of direct quotations in the results (Tracy, 2010). The advisory group participants were invited to comment and provide feedback on the survey prior to its administration, to further incorporate multivocality into the research (Tracy, 2010) and co-construct the study design. The same participants were also invited to complete the survey; this encouraged reflexivity from the advisory group and further enriched the data because the advisory group members also participated in Phase 2 of the study, adding to the crystallization within the study (Tracy, 2010). Crystallization was also achieved through the multiple data collection methods that included a focus group, interview, and survey. These various data collection methods enabled me to include more participants from a variety of workplaces and backgrounds. Crystallization also contributed to the rigor of the research in that the results across the three methods of data collection achieved a level of consistency, while still enabling individual participants to share their own experiences. The application of PAR, and incorporation of both critical and constructivist theoretical perspectives contributed to crystallization of the research as well because crystallization

“encourages researchers to gather multiple types of data and employ various methods, multiple researchers, and numerous theoretical frameworks” (Tracy, 2010, p. 844). Credibility is important when conducting PAR because participatory research emphasizes the co-construction of findings and recognizes the influence of the researcher on the results. In the case of this study, credibility was achieved through co-construction during the planning of the study and the feedback that was provided on the survey; however, the study findings were constructed and interpreted individually through my own reflexivity constant comparisons of the raw data. Awareness of these factors, and including incorporating multivocality, crystallization, and co-construction into the research contributed to the quality and credibility of the study, such that I can be confident that the advisory group participants support my research and the study findings are reflective of the perspectives of the Phase 1 and Phase 2 participants.

The study contributed significantly to the current body of literature not only conceptually and theoretically but also methodologically and practically. By combining aspects of critical theory and constructivism and utilizing a participatory action approach to engage the participants, the research supported the community being studied, as well as the occupational science community within which I am a part. The topic of aging in the workplace had previously been largely excluded from occupational science literature, particularly when emphasis was placed on the engagement of older women workers within the research and offering the participants a voice to express their unique needs. This observation encouraged me to critically review previous research and develop the study such that the research would contribute to, build upon, and critique similar disciplinary knowledge (Tracy, 2010). Additionally, the knowledge gained from the study has practical implications in that the participants themselves felt empowered and encouraged to share their experiences in an effort to create a shift in the socially constructed public perceptions of older women workers. The study strove for meaningful coherence by stating a clear purpose, implementing and following appropriate methods and paradigms, and attempting to connect the previous literature with the current research goals and findings (Tracy, 2010).

3.4. Conclusion

In summary, the current study followed participatory action research methodology within a critical-constructivist paradigm to explore the met and unmet needs of older women workers (Kincheloe, 2005; Park, 2001). The study was conducted in two phases, the development of an advisory group through a focus group and interview contributed to the study design and an understanding of a definition of who the older woman worker is, and the development and administration of a survey was used to uncover and understand both explicit and implicit unmet needs of older woman workers. Analysis was conducted in two phases and as part and parcel of the action steps in the study, the findings were combined to provide suggestions for employers and individuals to better meet the changing needs of older woman workers.

The present research contributed to the current knowledge because it further examined the needs of older women workers by detailing the types of support that various types of workers require. The study categorized women workers not by age or sector but by type of worker experiences, focusing on the needs that these specific types of workers have, and building off that knowledge to further improve their experiences in the workplace. In addition, rather than focusing on only the barriers and facilitators that older women workers face, the current study explored the needs of older women workers and how these needs can be better met within their organizations, as well as how to support older women workers outside of the workplace.

Chapter 4

4 Phase 1 Results – Unveiling the Older Woman Worker

This chapter details the Phase 1 study findings beginning with a definition of the older woman worker according to the Phase 1 advisory group members. Following this definition, the Phase 1 advisory group findings are discussed. The findings from the advisory group were used to inform the survey questions for Phase 2 of the study. Figure 5 illustrates the first step in the study process that is represented within this chapter. The Phase 2 study findings are addressed in the next chapter.

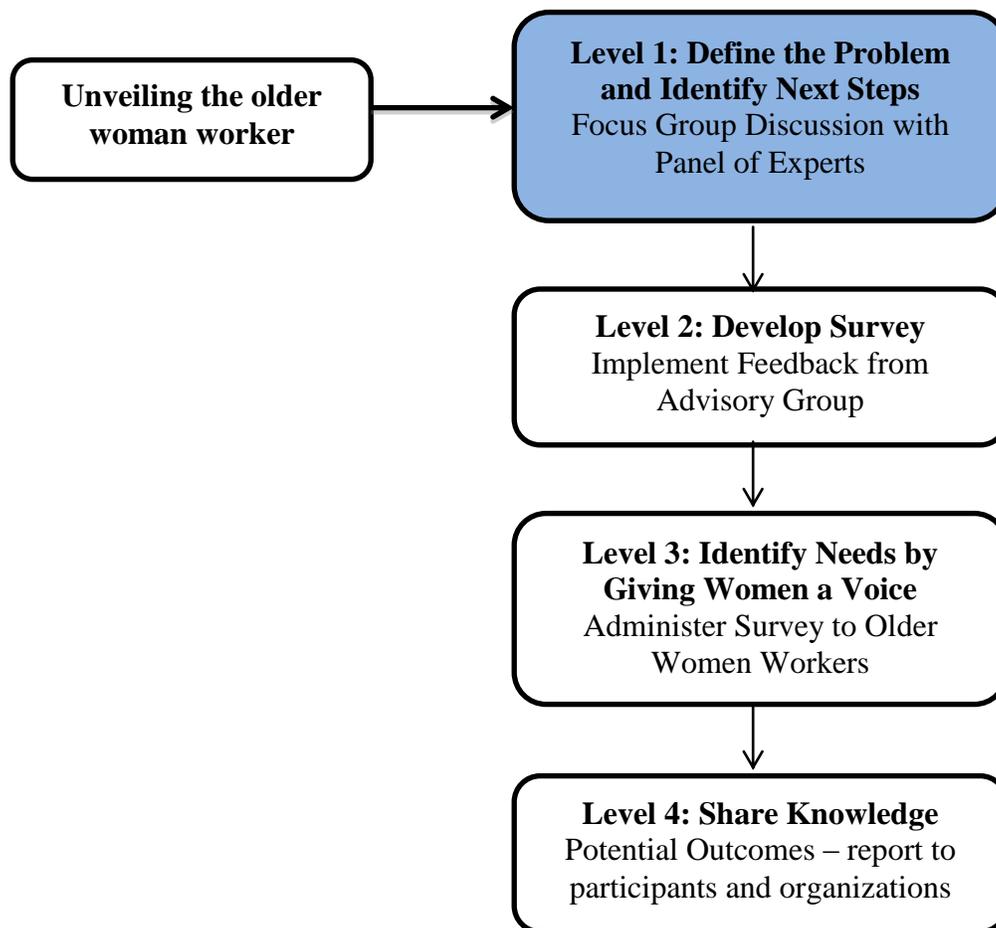


Figure 6. Level 1 aimed to define the older woman worker and plan Phase 2 of the study

Phase 1 was consistent with the participatory methodology of the study by focusing on defining the problem associated with identifying the met and unmet needs of older women workers. To begin defining the problem, Phase 1 advisory group participants first identified and defined the older woman worker. From there, the advisory group participants discussed potential needs of older women workers and how to approach the study of needs and the things that must be taken into consideration in examining these needs. Planning the best way to access and understand the needs of older women workers was informed by the advisory group participants based on their recommendations for developing and administering a survey to a sample population of older women workers. The advisory group members also discussed potential future actions that may occur after Phase 2, further situating the study within the PAR methodology by exemplifying their commitment to the research. These actions are addressed in the final chapter of this thesis.

4.1. Defining the Problem – Who is the Older Woman Worker?

The advisory group participants discussed the potential of considering that the ‘older woman worker’ is not homogenous and encouraged me to explore this. Within the dialogue, four types of workers were identified. For instance, based on the advisory group’s knowledge of the workplace and past experience working with older women Bobbi (45) expressed that, “who these [women] are really depends on a variety of factors and to classify them as one image I think would be very difficult to do.” The categories of workers identified were: women who are just entering the workforce possibly for the first time as older women, displaced workers who may have experienced job loss and have been forced to job hunt as an older worker, women who have worked and continue to work as they age, and women who are near retirement or transitioning into part-time roles.

Although Bobbi identified and provided descriptions of each category of worker, her explanations were discussed and supported by the other participants. When describing the woman entering the workforce Bobbi said, “there’s a group of women who are entering

the workplace for the first time as an older woman because they either didn't have the need to or their role [had been] to be a mom." The other participants agreed with this description and showed their support for women in this situation with statements confirming the important role that women play in raising children. In regards to the displaced worker, Bobbi emphasized the importance of "find[ing] new opportunities" that may previously not have been available and not letting age be a determining factor in one's employability. The other advisory group members reiterated the importance of taking advantage of opportunities in the form personal anecdotes of how they continued their education as older workers. Bobbi identified the long-term worker as someone who continued to work, likely in the same or a similar job. The fourth category identified was "the older woman who [was] almost on her way out." Bobbi described this worker as someone who may have retired from full-time work but still wanted to contribute and share knowledge so this worker may take in part-time or volunteer work instead. This category was represented by one advisory group member, Nancy (69), who shared her experience of retirement and her continued contribution to her former workplace. This categorization of the various types of older women workers informed the research strategy for the Phase 2 survey portion of the study by suggesting the survey ask descriptive questions that could allow for the categorization of the survey participants based on their work history. Additionally, Bobbi's comments suggested the need to identify the support needs of older women workers and this need for understanding informed the survey questions that addressed the ecosystems of support within the workplace.

The categories identified represented a range of occupational transitions that women experience throughout the life course. All of the participants in both phases of the study could identify as belonging to at least one of these older woman worker categories; however, some had belonged to more than one category, such as entering the workforce later in life and transitioning from full-time work to part-time or experiencing unexpected job loss as an older worker. Based on the advisory group's definition of the older worker and the categorization of different types of older workers, understanding specific needs related to each category was one of the goals of Phase 2 of the study. Unfortunately, ethical approval was not obtained to directly ask the Phase 2 survey respondents about

their detailed employment history so analysis could not be conducted for each category of worker. Limited data were collected on the employment history of the survey participants, but these data were used for descriptive purposes only and did not inform the analysis of findings. However, many of the Phase 2 survey participants offered information about their employment history and thus, further insights into the understanding of the needs of different categories of workers was addressed through analysis of the Phase 2 survey. As well, the categorization of the survey participants was difficult because most participants indicated that they had belonged to at least two of the older woman worker categories during their work-life and thus, their unique experiences did not necessarily fit into one of the categories that had been identified by the advisory group during Phase 1 of the study.

4.2. Findings from Advisory Group Participants

The following section describes the findings that expressed the opinions of a panel of women who acted as advisory group members and assisted with planning of Phase 2 of the study. Demographic information on the advisory group members can be found in Table 1.

Table 1. Demographic data from Phase 1 advisory group members

<u>Pseudonym</u>	<u>Employment Status</u>	<u>Age</u>
Beth	Working	57
Bobbi	Working	45
Mary	Working	57
Nancy	Retired	69
Sally	Working	52

Six overall themes of issues were identified that needed to be considered in inquiring about the needs of women to promote health as they age at work (Figure 7). These themes were identified after two rounds of coding to inform the open-ended survey questions of Phase 2 of the study. These six themes were: recognition of experiences that contribute to shaping identity, recognition of the historical and cultural situation of older women workers, the importance of opportunities for education and skills development throughout life, the importance of ecosystems of support in the workplace, the importance of managing and overcoming financial insecurity, and recognition of the

changing needs of older women workers. The themes provided a foundation of issues to explore and contributed to developing an understanding of the unique needs of the older woman worker.

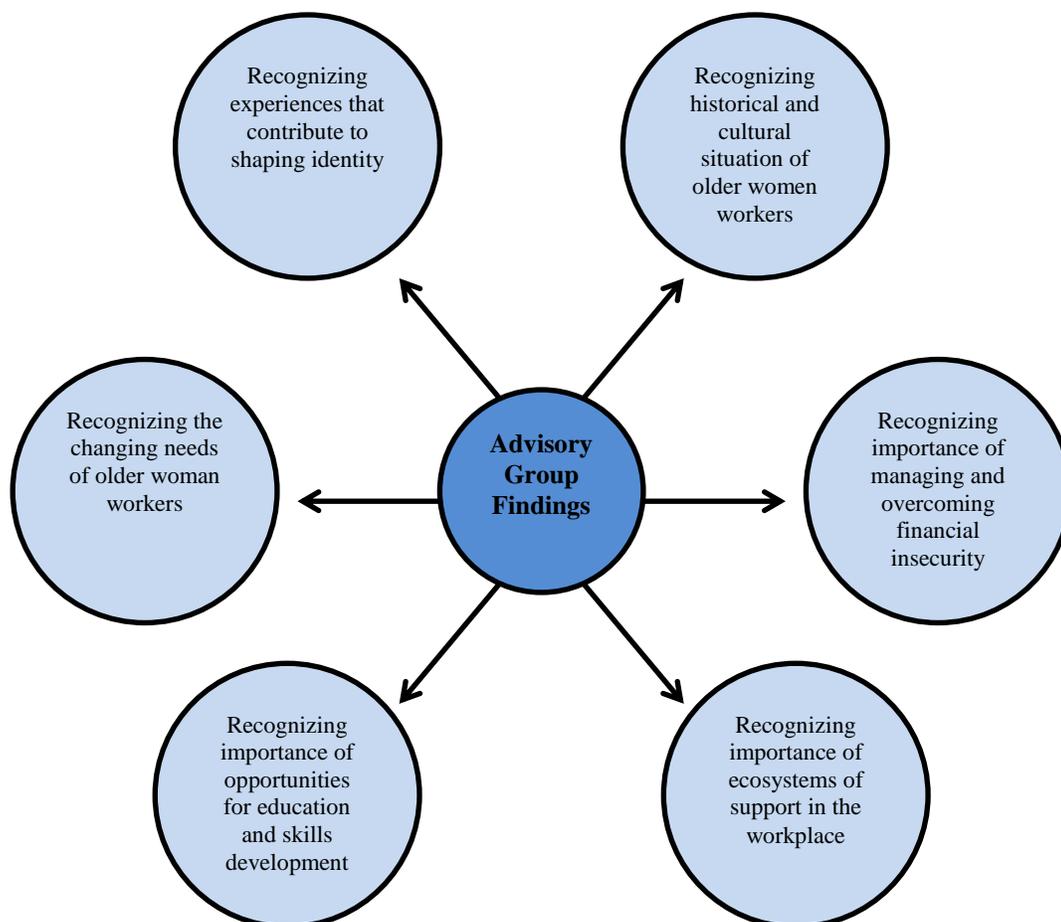


Figure 7. Phase 1 advisory group findings indicating themes that express the needs of older women workers

4.2.1. Recognizing experiences that contribute to shaping identity

Identity in the workplace emerged as a theme during analysis of the advisory group findings as it contributes to personal growth and the establishment of individual understandings of the self. The advisory group members referred to two main concepts connected to identity: accepting the label of being an older woman worker and loss of identity, specifically due to unexpected job loss. Developing an understanding of who one is and what one desires was commonly discussed both in personal anecdotes and

throughout the general conversation, as illustrated by Beth's (57) comment, "there's so many things that have shaped me and most of them were... out of my control, because of all the jobs ending... so I always tried to look for the positive in what I could do with that experience." Beth's reflection on her employment history illustrated her understanding of her lack of control regarding some of her employment experiences and how these experiences contributed to the development of her identity. She expressed her attitude towards these experiences as being generally positive because she tried to learn from her experiences and used setbacks to improve her employability and make her a more marketable employee, further shaping her identity. Beth reflected on her job opportunities and also discussed how she had made career-related decisions throughout her life, focusing on how, as she had aged, she had placed higher importance on finding value and meaning in her work and how she had a sense of a social responsibility to share her experience and knowledge with others at this stage in her life.

4.2.1.1. Accepting the label of being an older woman worker

The advisory group participants indicated that their occupational experiences and career choices influenced their identities, and feeling connected to their work through their identity contributed to participation in meaningful work. One participant also suggested that the demographics in her workplace contributed to her self-identification as an older woman worker. Sally (52) described her group of coworkers by saying "there's this group of us who are all over the age of 50 and then there's this younger group coming in and we have this 'we're an older worker' syndrome in terms of this thinking of ourselves as this older woman worker in the workplace." Sally's comment implied a negative connotation associated with aging and being an older worker and suggested that there was a division between the younger and older women in her workplace. This attitude was supported by the other advisory group members and implied that a woman's identity can be shaped by her work experiences and the concept of identity may change across the lifespan.

Another advisory group member, Beth, indicated that although she personally did not self-identify with the older worker identity, she had experienced being typecast as such by younger colleagues, and this implicit ageism had surprised and concerned her. Beth shared an anecdote saying "I can remember being interviewed for an executive assistant

position and this fellow, probably in his thirties, was sitting there talking to me and he said, ‘we’ve got a lot of young people that work here, how would you be with that?’ That blew my mind.” Beth’s surprise at being categorized as an older woman worker reflected her outlook that chronological age plays less of a role than attitude and personality in regards to contributing effectively and maintaining health and wellbeing at work, a perspective that was also supported by Bobbi as expressed in her statement, “once you’re past a certain age, society’s already defined you- you’re an older worker.” Beth’s experience further supports the concept that the older woman worker identity can be shaped by workplace demographics; however, the acceptance of this attitude depends on the individual’s reaction to this label, as exemplified by the different responses that Sally and Beth had to being identified as older women at work.

The advisory group participants highlighted individual identity as playing an important role in their personal development and perceived identity in the workplace. The occupational choices that the participants made influenced their identity and vice versa. As well, the participants experienced transitions from identifying as a woman worker to identifying as an older woman worker and the employment context influenced this distinction. There were negative connotations associated with being labeled as an older woman worker, particularly when an individual’s self-accepted identity was inconsistent with the perceived identity of her by her colleagues.

4.2.1.2. Loss of identity

The advisory group participants indicated that although they were not defined by their jobs, unexpected job loss or retirement could lead to feelings of isolation and loss of identity. They indicated that they associated negative feelings with unexpected or unprepared job loss. Beth said, “when your work life’s taken from you, and I know because I’ve experienced this, there’s a bereavement process,” suggesting that unexpected job loss had left her feeling unsure of herself and as though she had lost a part of her identity. This experience highlights the perils of the older woman worker who may not have control over her employment situation and may struggle to find meaningful employment in the event of an unexpected job loss. The implications that an unexpected job loss may have on an older woman may differ from that of a younger woman because

it may become more difficult to find employment, particularly meaningful employment for older women. Mary (57) expressed a similar attitude by saying, ‘I had lost a job that I loved, and ability to contribute to the community, and I thought ‘what am I gonna do now?’” As well, older women may be more hesitant than younger women to re-train to obtain marketable skills in an increasingly competitive job market, perhaps because of financial or caregiving obligations. This attitude was supported by the other participants and emerged as a theme from the data because the participants accepted this loss of identity as an unfortunate reality of exiting the workforce, particularly due to unexpected job loss, however, it was suggested that planned retirement can also result in feelings of isolation and loss of identity as well.

Mental and physical preparation for exiting the workforce was indicated as an important process in the development of individual identity in older age as illustrated by Bobbi who said, “when [older workers] no longer work [they] lose their purposeful identity” and Beth who said, “you gotta have something to retire to.” For some, loss of identity was understood and accepted as a normal part of aging and the retirement process, such as by Nancy who said, “you self-identify ‘oh well I’m not employed anymore... it’s up to me to try to make the best of my situation.”” Nancy’s comment reflects acknowledgement by older workers of some of the negative experiences associated with aging and suggests that older adults feel it is their responsibility to find and participate in occupations that they find personally meaningful, however, the participants also implied that there is a social responsibility to engage older adults in meaningful occupations, whether that be through employment or other occupations.

4.2.2. Recognizing historical and cultural situation of older woman workers

The advisory group participants discussed the historical and cultural contexts of their generations, and indicated that, although the cultural environment had shifted to promote equality, the participants’ upbringing and past expectations had influenced their work experiences, as well as feelings of missed opportunities pertaining to work. In regards to older women workers, offering women the opportunity for meaningful employment and to be engaged in their employment decisions was identified as a contributing factor to meeting the overall health and wellbeing needs of the participants.

The advisory group members made reference to past experiences influencing their experiences as older workers, particularly in regards to work expectations and pressures to conform to socially constructed expectations regarding age and gender. As Bobbi explained, “I think who these women are really depends on many of the career choices they made when they were much younger and sometimes women may not have reached their full potential...” This perspective suggests the occupational choices previously available may have limited the potential of older women workers, but the options for work have also influenced the development of a work identity for women. The advisory group members discussed the limited and potentially interrupted employment histories of older women workers, perhaps due to choosing to stay home to raise children or other obligations outside of work, and the possibility that these decisions may influence the occupational choices or opportunities available to women today.

Another factor that was identified by the participants as limiting older women workers’ opportunities for employment was age-related inequality. In particular, Mary felt her age had put her at a disadvantage in her search for work. Mary had involuntarily been obligated to search for full-time employment since turning 55 and she said, “when I lost the fourth opportunity to get a fulltime job, I said ‘I feel my age is a barrier.’” Mary described this experience as “a really rude awakening; I’m still somewhat battered about it,” suggesting that her difficulty in obtaining full-time employment as an older worker had affected her mental health and overall wellbeing as well. Mary’s experience highlighted the perils of the older woman worker due to selective hiring processes and the disadvantages that she faced due to her age. Her experience resulted in Mary’s acceptance of the reality of her situation as an older woman worker and the detrimental effect that her age had on her employability, particularly because the increased use of technology in her employment sector had resulted in drastic changes to the expectations of her potential employers. Mary felt she had lost the competitive advantage that her past experience and formal education had provided her with because she “wasn’t intuitive about this new thing [social media].” Nancy reiterated the idea that the increased use of technology had affected the culture of her work environment, however, Nancy’s experience and reaction differed from Mary’s because, unlike Mary who’s employability relied on her extensive use of technology, Nancy’s decision to retire was based in part on

her lack of motivation to remain technologically up-to-date. For example, she identified “the extensive use of social media” as one of the reasons that she chose to retire because she “frankly didn’t want to spend the time on it.”

Beth took a gendered perspective as to why older women workers may struggle to find employment and/or garner respect in the work environment based on traditional perspectives of men’s expectations to be the breadwinner. She said, “I’ve heard older men say they’d have work if it wasn’t for the women... there’s always gonna be in someone’s mind a reason why they can’t get work... we have to teach our sons to be different.” Beth’s statement implies that gendered stereotypes continue to exist in the workplace and as an older woman worker she has tried to overcome such stereotypes. Her comment regarding educating future generations of men suggests a forward thinking attitude that, if adopted by members of society, could change the current social context and expectation of women’s work experiences, opening doors for future generations of career-minded women.

4.2.3. Recognizing the importance of opportunities for education and skills development throughout life

The importance of continued education for professional development within the context of work was highlighted by the advisory group members, who implied that taking advantage of opportunities and being willing to learn new skills was crucial in remaining relevant within the current work environment, particularly with the increased use of technology in many employment sectors. Some of the participants indicated that maintaining skills and taking advantage of educational opportunities was crucial in promoting their employability and in successfully gaining employment in later life as explained by Bobbi, “if you maintain and invest in your health and your education and your overall wellbeing, that continues to support to as you age.” Bobbi’s statement also reflects the positive outcomes of the long-term investment in one’s health and education, suggesting that education and health and wellbeing are all connected.

The advisory group participants had varying experiences in regards to access to educational and professional development opportunities. Beth, who was not a university

graduate said, “I’ve taken education all the way along just because I was never afforded or had the opportunity to go to university.” Beth expressed motivation to continue educating herself because she felt continued educational opportunities added value to her employability, in spite of not having a university degree. For example, she said “I’m lucky, I’ve had lots of opportunities for education” further indicating the value that she placed on continuing her education.

Similar to Beth’s perspective that was based on her own experience, Bobbi emphasized the importance of continued education as well. Bobbi suggested that in order to empower women, women must take responsibility for their own professional development by asking themselves “what can I do to enhance [my] skills to make me marketable?” rather than focusing on the limitations of their current knowledge or on missed opportunities.

An anecdotal example highlighting the importance of continued education came from Nancy who had taken 20 years off to raise children and then further educated herself before returning to work. Nancy indicated that she was surprised by the level of recognition that she had received for being an older worker saying, “we have a lot of life experience and skills that our younger colleagues do not have... and somewhat to my surprise, I’m being recognized for that..... but I think that there’s a mind shift that needs to change in our culture... that accumulated experience and skills are very valuable.” She identified one consequence of her experience because of her return to work after raising a family in that she ‘was kind of peaking in [her] skill level at the age where [she] should retire.’ This comment suggests that the work trajectory of older women workers may be inconsistent with the traditional social-historical expectation of maintaining a long-term career. As higher education becomes more and more crucial for employment, women’s ability to find meaningful employment may continue to be affected, particularly for those who have inconsistent work histories. Further to this, Nancy also suggested that, although her experience was positive regarding recognition of her contribution as an older worker, she believed that not all older women workers would share her experience.

4.2.4. Recognizing the importance of ecosystems of support in the workplace

The advisory group participants identified support systems as being important in maintaining their health and wellbeing at work. The advisory group identified a spectrum of support in the workplace including feeling supported and valued by direct supervisors and coworkers, and accessibility to larger organizational support systems including career planning assistance. The interconnectedness of these supportive relationships was interpreted as an ecosystem of support in that ecosystems refer to complex networks of interconnected systems that include diverse membership (Oxford Dictionary, 2014). I interpreted the connections between the various levels of support within the workplace as representative of ecosystems because the advisory group participants discussed the importance of feeling supported on all levels at work and each level of support, such as coworkers, supervisors, and organizations, contributed to their experiences of feeling supported at work. These ecosystems of support were understood to positively contribute to the participants' overall wellbeing, when the various support systems were available in the workplace.

4.2.4.1. The importance of coworker and supervisory support

By recognizing the importance of their support networks, and repeatedly highlighting coworker support, the advisory group members suggested that acceptance by coworkers was a significant contributor to satisfaction at work. For example, Mary said, “we had a sense of camaraderie and belonging” in reference to a former workplace of hers and of her current work environment, “this team appreciates diversity in its work team.” Mary’s use of the word “team” further reiterates the connection that she feels to her colleagues and highlights her understanding that each individual is valued for their contribution and unique skillset in her current workplace. She described her relationships with her colleagues as reciprocal in that they assist her with her social media skills while she “provide[s] support and more infrastructure to them on a strategic level, and it’s working well.”

Nancy supported Mary's perspective in that she believed that older woman workers "have a lot of life experience and skills that our younger colleagues do not have." This statement reflects the contribution that the participants believed older women workers can make within the workplace and that these employees should be valued based on their past experience and skills such that older workers can act as leaders within the workplace.

Beth mentioned feeling supported by her board of directors, suggesting that she enjoys autonomy at work and has the confidence to approach her supervisors with her ideas and concerns. She also valued her position and recognized her job requirements, providing an anecdote of a circumstance when she refused an offer from one of her (male) managers to relay some bad news to the work team and, although she appreciated the gesture, Beth knew it was her responsibility to share the news and was confident in her abilities. Beth and the other participants reiterated the importance of feeling comfortable and valued at work by coworkers and management. Feeling accepted within the work environment, both by supervisors and colleagues, contributed to the participants overall wellbeing because they emphasized feeling valued at work and being recognized for the work that they do as being important to them.

4.2.4.2. The importance of organizational and governmental support

On a broader organizational level, the advisory group members indicated that not only is it important for individuals within the workplace to actively support their older workers but organizations ought to be open about retirement and employment expectations as well, such that older employees can more appropriately make work-related or retirement decisions. For example, Nancy said, "we need to change the culture about aging individuals *and* we need to keep giving them the skills to fit into a very limited employment situation." In response to this, Bobbi identified the need for accessibility to employee support companies because "those are the places that we go when we need help." Beth also believed that large businesses and the government have a social responsibility to support older workers and recommended that they work towards implementing practices or policies that reflect this responsibility.

The advisory group participants also recognized the progress that has been made on the organizational and governmental levels in regards to supporting and assisting employees. Bobbi identified various accommodations pertaining to all types of workers such as increased maternity leave and the implementation of paternity leave, and flex-time or work-from-home agreements, however, she also explained that, although there are “supports for a variety of workers in the workplace... we need to be mindful of how those policies came into play such that similar policies can come into play to support the aging worker” suggesting there is an assumption that accommodations for older women workers may not be as important as other special needs accommodations. Further to Bobbi’s statement, Sally said, “I don’t know that a lot of workplaces actually have it on their agenda to really understand the older worker and what do they need to be able to work and thrive and continue to be productive.” This comment suggests that the participants are critical of the progress that has been made to support older women workers and they recognize that work still remains to be done in the area of providing organizational and/or governmental support to older women workers. The ecosystem of support, as interpreted by the identification of various support levels by the participants, suggests that a definition of supportive work environments may inform the need for feelings of support, value, and security for older women workers, and this support system could be addressed on both the individual and organizational level by encouraging diversity within workplaces.

4.2.5. Recognizing the importance of managing and overcoming financial insecurity

Concerns surrounding financial insecurity were identified by the advisory group participants both based on their own experiences as well as in regards to the general economic environment of older women in today’s society. The effects of the financial insecurities, that some of the participants had overcome, contributed to the construction of their identities as older women workers. The participants identified explicit needs that they prioritized such as access to benefits and a stable income. However, implicit needs and concerns were also interpreted as necessary for the participants such as overcoming financial disadvantages and the importance of planning for retirement.

4.2.5.1. Understanding the explicit needs of older women workers

The advisory group highlighted the importance of having access to benefits as contributing to their peace of mind as in Beth's case when she was concerned for her health and made a conscious decision to find a job that provided her with benefits. Beth's employment situation and health concerns contextualized the importance of obtaining a job with health benefits for her and contributed to her work related decisions when applying for jobs.

Mary discussed her financial concerns when she experienced a job loss saying, "I found myself in a position where now I had not only lost my job but I had lost... quite a well-paid position with benefits and holidays and all of those things." Though she still had benefits because of her husband, Mary would have preferred not to be reliant on him for her financial wellbeing and health insurance. The explicit emphasis that the participants placed on the importance of having benefits suggested that older women workers value the financial security that accompanies medical support and insurance, and unexpected events in their lives contributed to the prioritization of obtaining a job with benefits.

4.2.5.2. Acknowledging the financial disadvantages of older women workers

The advisory group participants identified a variety of ways in which they felt older women workers may experience financial disadvantages, not only compared to their male counterparts, but also as a consequence of their employment situation or choices. For example, Nancy indicated that although her decision to retire was a conscious choice of her own, she now lives on a fixed income limiting her ability to participate in certain activities that she would like to do. As she said, "I didn't build up much pension... with the result that my income is less than half of what I was earning when I was employed.... I can't travel very much... mentally and culturally stimulating things are just out of bounds. It's a consequence of the employment situation." Nancy's comments highlight her desire and need for financial independence and the disadvantages that she has experienced as a result of not participating in paid work for an extended period of time in her younger years, Nancy's experience contextualizes the work life of older women

workers who have interrupted work histories and, although Nancy discussed her limited financial situation in regards to leisure activities, her understanding was that many older women workers may struggle just to financially support themselves and meet their basic needs. These scenarios are unexpected consequences of the financially disadvantaged situation in which many older women find themselves and are likely only realized through the lived experience of being an older woman worker and being faced with overcoming these obstacles, as expressed by the advisory group members.

Financial independence was identified as a necessity for Beth not only as she plans for retirement but also when she was a younger woman. She shared the difficulties that she experienced in obtaining and maintaining financial independence as a result of an unstable job market. She discussed overcoming a variety of obstacles related to financial disadvantages that she had experienced, including being on the receiving end of cutbacks at work, financial struggles as a single mother when she prioritized working close to home over a higher salary, and the necessity for benefits when she had a health scare. Beth also indicated that employment or financial security had often not been available to her because much of her work had been contractual. All of these experiences represent the financial manifestations that women may experience throughout their working lives. Beth's work history put her at a disadvantage in preparation for her retirement years and although she maintained a positive attitude, her experiences are reflective of the limited employment situation in which many women find themselves, further contextualizing the employment needs of older women as they plan for their financial futures.

4.2.5.3. The importance of financial planning, wellbeing, and long-term participation in paid work

Financial planning, specifically the need to save and plan for retirement, was identified as an issue of concern and uncertainty for the advisory group participants. Beth discussed her need to build up her pension, as a result of her disrupted work history when she said, "I still do need to work on my pension." Although she indicated that she did not require as high a salary as in previous years, she still carried a mortgage and therefore paid work remained a necessity for her.

Mary reiterated Beth's perspective saying that she was now in a position where she had to decide whether to work longer or live on less in retirement, because she was now making a smaller contribution to her retirement savings due to taking a pay cut after a job loss and entering the non-profit sector. Mary's concerns for her financial future were apparent, as exemplified by her statement, "at this point in my career if I had been in my other job I would have been putting *way* more away for my retirement." Mary emphasized the word 'way' in her statement to show that she is unable to save nearly as much for her retirement as she had planned as a younger worker in her previous position. This comment suggests that Mary is concerned about her financial wellbeing as she nears retirement and she no longer enjoys the financial independence that she had previously expected.

Bobbi articulated the necessity for some older women to work by saying, "our financial wellbeing will also dictate our need to have work." This comment contextualizes Beth and Mary's experiences regarding planning for their financial wellbeing and illustrates the relationship between financial security, work, and aging such that women must participate in paid work and plan for their financial futures throughout the life course in order to enjoy financial stability in later life without the need to continue working into older age. The financial concerns that were expressed in Phase 1 ranged from financial stress due to difficulty securing a full-time permanent position to limited income due to difficulty accessing information to adequately plan for retirement. These experiences were reflected as common concerns across the advisory group participants, whether or not the participants had experienced such difficulties themselves.

4.2.6. Recognizing the changing health needs of the older woman worker

The advisory group members emphasized the importance of maintaining their overall health as playing a role in one's ability to contribute at work. As well, they recognized their changing needs as they have aged, and suggested that those who had not yet reached older age often overlooked the health needs of older women workers, as Beth said, "probably part of it is that nobody thinks about the older worker until you're old." This statement implies the need to bring into the open the unique health and wellbeing needs

of the older woman worker and make adjustments to ensure that those needs are being met.

4.2.6.1. Maintaining and investing in one's physical health at work

Maintaining good health and investing in oneself was reiterated throughout as being beneficial to healthy aging in the workplace, for example Bobbi explained, "The person's health will play a huge role in their ability to remain engaged in the workplace." This comment indicated that engagement at work is connected to physical health and safety and poor physical health may reflect poorly on an individual's ability to contribute at work, produce quality work, and enjoy her job, independent of age. This perspective was supported by Nancy who said, "[employees] need to be healthy enough to contribute and mentally alert enough," although Nancy also spoke to the impact that age has on an older worker's potential when she emphasized the need to "maximize the potential in the aging worker, I don't think we can deny aging." This perspective highlighted Nancy's acceptance of aging and the importance that she placed on maintaining abilities, even as one ages at work.

The participants discussed how safe work environments, such as proper equipment and ergonomic accommodations in the workplace become increasingly important with increased age to prevent injury and maintain productivity, yet they also identified that they felt the unique needs of older workers were overlooked in regards to health and safety standards and policies. Sally expressed these concerns by saying, "there's no regulations; there's no history in Ontario about health and safety relevant to the older worker." She emphasized the importance of maintaining the health and safety of their older workers within organizations by asking the question, "how do we keep our older workers safe in the workplace?" The participants suggested that the specific needs of older women workers remained largely unacknowledged and therefore unmet by organizations on the policy level and they maintained that maintenance of physical health of employees is not the sole responsibility of the individual. These perspectives contextualize the ideal that healthy individuals will produce high quality work and that overall wellbeing is improved when workplaces are safe and health promoting.

4.2.6.2. Recognizing the need to forefront the changing health needs of the older woman worker

Concerns regarding the long-term physical health of older workers were repeatedly identified by the advisory group members, and included such examples as the benefits for ergonomic workstations and improved performance when physical activity is incorporated into the workday. Maintaining physical health was interpreted as becoming a more explicit need with increased age because older workers may require longer recovery periods or may be at increased risk of age-specific injuries than younger employees, such as falls or degenerative diseases.

The participants also shared their experiences of changing health-related needs and the effect that these changes had on their performance at work. For example, Sally discussed the affect that the development of a hearing impairment had on her work and how her needs are different from an individual who may have had a similar disability from an earlier age, “I’m an older worker for the first time getting an impairment of hearing, it requires more cognitive energy, and [results in] more fatigue than if I was a young person growing up with a hearing aid who knows how to deal with their hearing loss.” She also disclosed being less productive at work as a result of her hearing loss saying, “I’m striving to hear and all my mental energy is going into listening.” Sally’s experience suggests that she felt isolated in dealing with her hearing loss and that she felt the responsibility to remain productive was on her, rather than asking others for help or support in overcoming her progressive disability.

Further reflective of Sally’s experience, Beth, whose workplace employs many older adults, commented, “I would say the majority [of my staff] don’t have *obvious* health issues.” However, as exemplified by Sally’s experience, just because health issues are not obvious, does not mean that they do not exist. The advisory group participants suggested that it is important for older women workers to feel comfortable disclosing their unique needs in the workplace and for workplaces to accept and adapt to the individual needs of their older women workers, rather than the employee feeling pressure to adapt and deal with her changing needs on her own.

Beth identified another health-related need that women experience as they age: menopause. Beth shared the difficulties she experienced in adapting to the hormonal changes that resulted from menopause and her feelings of isolation as she navigated her experience with limited support or information about it. She discussed the affect that menopause had not only on her physical health but also on her ability to compartmentalize her work and home life, as she said, “I had a huge physical hard time..... and all along the way, of course that was affecting me at work as well.”

4.3. Conclusion

The purpose of Phase 1 was to develop a definition of the older woman worker and contribute to the design of Phase 2. The Phase 1 analysis resulted in the identification of six themes that contribute to the overall health and wellbeing needs of older women workers, in accordance to the advisory group participants. The advisory group also discussed the potential for older woman workers to experience unmet needs in the workplace and they discussed ways for workplaces to meet these needs. The findings and recommendations from the advisory group were used to inform the Phase 2 qualitative survey questions that aimed to unpack the unmet needs of older women workers.

Chapter 5

5 Phase 2 Results – Uncovering the Met and the Unmet Needs of the Older Woman Worker

This chapter will discuss the findings from Phase 2 of this study. The findings from the Phase 2 survey participants provided insights into the lived experiences of older women workers to understand the met and particularly the unmet needs of this group. Figure 8 illustrates the third step in the study process, the outcomes of which are described in this chapter. To remain consistent with the participatory methodology, this chapter concludes with a discussion of the future actions to be taken, as recommended by the Phase 1 advisory group members and supported by the Phase 2 survey respondents.

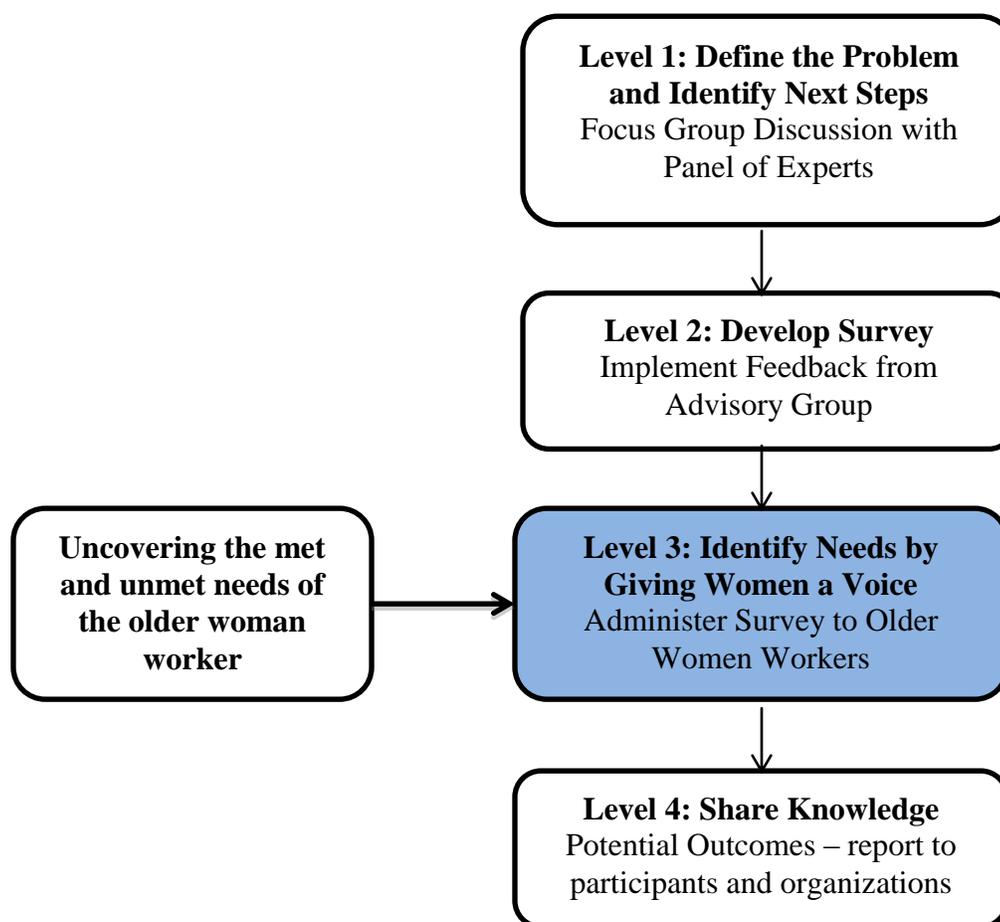


Figure 8. Level 3 aimed to identify the explicit and implicit needs of the older woman worker

As outlined in the previous chapter, the first phase of this study contributed to the development of a working definition of the ‘older woman worker’ while also assisting in the planning and development of the second phase of the study. The Phase 1 data were analyzed as part and parcel of the findings of the research. Following the planning of Phase 2 and initial data collection, the next steps in the study involved further understanding and identifying the needs of older women workers; this occurred through analysis of the Phase 2 survey data and is explored in the this chapter. The final step in the participatory process involve implementing an action or series of actions to improve the experiences of older women workers to meet the needs that were identified as currently being unmet. These forthcoming actions are addressed in the final chapter of my thesis.

5.1. Descriptive Findings from Qualitative Survey Participants

Phase 2 of this research study involved completion of an online qualitative survey by 72 participants. Demographic information about the survey participants and descriptive data can be found in Table 2. The survey participants were relatively evenly distributed across three age ranges, with 29% in the 55-59 age group, 31% in the 60-64 age group, and 40% of participants in the 65+ age group; the employment status of the survey participants was also recorded, with 85% of survey participants still working. None of the survey participants in the 55-59 year old age group self-identified as being retired, indicating that most responses reflect the current work environment of the survey participants.

Table 2. Demographic and descriptive data from Phase 2 survey participants

<u>Age Range</u>	<u>Number of Participants</u>
55-59	21
60-64	22
65+	29
<u>Employment Status</u>	
Currently Working	61
Recently Retired*	11
*No retirees in 55-59 age group	

In regards to employment history of the survey participants, 26% had applied for a new job since turning 55. Twenty-two percent of survey participants indicated that they had reduced their work hours as they neared retirement, while 31% continued to work full-time. Only four percent of survey participants identified as part-time workers who were either working part-time or had worked part-time leading up to retirement. This suggests that the majority of survey participants had participated in full-time work for most of their working lives. Fourteen percent of the survey participants identified as being in post-retirement jobs where they had left the workforce and returned to a different position. It should be noted that not all survey participants provided their employment history and some participants identified as belonging to more than one category of worker, such as having applied for a new job since turning 55 and returning to work after taking time off. The demographic data was collected for descriptive purposes and the findings were not analyzed according to age or category of worker

Sixty-six of the 72 survey participants (92%) provided a primary employment sector or type of job that they had, and of those, some participants were more specific than others in their job title. Thirty-two of the 66 participants indicated health or fitness related positions such as nurses or fitness instructors/personal trainers. Eleven participants held positions in the education sector, and included teachers, school principals, and professors. Ten survey participants held administrative positions such as medical secretaries and program or staff coordinators. Three women were self-employed and two were government employees. Job titles that were unique to one participant in the study included: lawyer, financial advisor, sales associate, communications analyst, and home economist. Although there was a range of job titles and employment sectors represented by the survey participants, nearly half of the participants held positions in the health and wellness sector. This over-representation of healthcare jobs is likely due to the type of participants who were invited to participate in the study based on the contact lists of the advisory group members.

The survey included three open-ended questions addressing the met and unmet health and wellbeing needs of older women workers. The majority of participants provided detailed insights in response to the open-ended questions; only seven participants did not, six of

whom indicated that all their health and wellbeing needs were met at work. The sanitized, raw data from these open-ended questions are included in Appendix G. When asked about their needs in the workplace, 59 survey participants (82%) responded that they had given some thought to their health and wellbeing needs at work, while 12 had not. Of the 11 retirees, nine women had considered their health and wellbeing needs, suggesting that as one nears retirement, they are more likely to consider their overall health and wellbeing needs and whether or not those needs are being met at work. The perspective expressed by these 9 participants also suggests that concern for one's health and wellbeing becomes a more explicit need as one ages, perhaps because women typically may not feel supported or encouraged to focus on their own health needs at work, but as they age, women prioritize their own health more and thus, begin to consider their health and wellbeing needs more as they near retirement.

Two categories of needs were interpreted from the Phase 2 data: fundamental and instrumental needs. Fundamental needs were interpreted as non-age or gender specific needs that are necessary for the maintenance of health and wellbeing at work. Instrumental needs were interpreted as pillars for promoting health and wellbeing at work, specific to the unique needs older women workers. Within these categories, the met and unmet needs of older women workers were further analyzed into themes, some of which were similar to the themes that were interpreted from the advisory group findings (Figure 9).

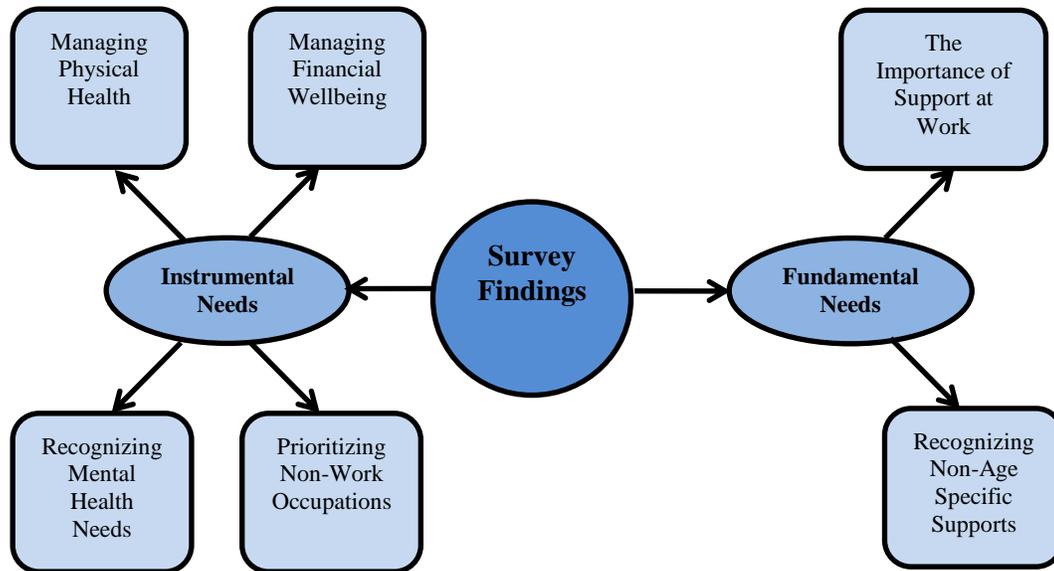


Figure 9. Phase 2 survey participant findings indicating themes that express the met and unmet needs of older women workers

5.2. Fundamental Needs

The fundamental needs category interpreted from the Phase 2 survey data referred to factors that were identified by the survey participants and interpreted as basic factors that were necessary to maintaining the health and wellbeing of employees as they aged at work. This category was interpreted as factors that are important for all employees, regardless of age, and without which overall health and wellbeing in the workplace declines. These fundamental needs were organized into two emergent themes: the importance of ecosystems of support in the workplace and non-age specific structural pillars of support as expressed by the survey participants. The survey participants indicated the importance and existence of ecosystems of support in the workplace by expressing the need to feel supported and valued at work. The non-age specific pillars of support were further divided into three categories: the importance of having opportunities for teamwork, the importance of having access to information, and the importance of maintaining positivity at work. The fundamental needs of participants represented themes from the data that were required by participants to maintain health and wellbeing, without necessarily being directly connected to age or gendered needs.

5.2.1. The importance of support in the workplace

Support was identified as a fundamental need that the survey participants emphasized as contributing to their overall health, wellbeing, and satisfaction at work. More specifically, support was interpreted as feelings or perceptions of being valued at work and the survey participants discussed the detrimental effects that result when they did not feel valued at work. The vocabulary used to describe the importance of feeling valued was varied, and included such words as respect, appreciation, gratitude, recognition, acknowledgement, and value; the overarching concept was articulated by one participant who described her needs by saying that she would appreciate more “encouragement, appreciation and gratitude for the way I do my jobs.” The survey participants indicated that working in a respectful environment where they were appreciated for the work that they did and for the wisdom that comes with age and experience enabled them to continue to do high quality work and contributes to their feeling fulfilled through their work. Feeling respected at work was identified by gratification and acknowledgment for an older woman worker’s hard work and by showing appreciation for her contribution to the organization. For example, one survey participant’s experience was reflected in a statement about her previous work environment, “there was no respect for age and the accompanying wisdom that could potentially also be a contributor to the work,” and in regards to her current employment situation, “I am now self-employed, and call my own hours... My wisdom is now highly respected in my circle of influence.” Another survey participant focused on how important it is for everyone in the workplace to “recognize and celebrate the mature skill set and wisdom older workers bring to the workplace.” These statements reflect the value that some participants placed on feeling respected and acknowledged for their contributions at work. Other survey participants provided positive testimonials from their own experiences such as one woman who said, “I am lucky to be working in a supportive environment and feel fortunate that my health and wellbeing are encouraged by management and coworkers” and another who said, “I feel that I am making a difference. My efforts are appreciated.” These comments suggest some survey participants had positive experiences regarding their employment situation in environments that valued older workers. Additionally, these perspectives highlight the importance that the

participants placed on contributing at work and the value that they placed on feeling appreciated for their efforts.

However, some of the survey participants suggested that when they did not feel respected at work and they did not receive recognition for their achievements, they enjoyed their work less and they were less motivated to produce their best work, such as one participant who suggested that she felt undermined at work and did not feel recognized for her efforts when she said that her coworkers and supervisors did not “give credit where credit is due.” She also suggested that some of the people in her workplace “belittle people to make themselves look more important.” These comments implied that this participant felt disrespected by her colleagues. Similar attitudes were reflected by comments from other survey participants, such as, “I find that the younger workers in more important positions than mine do not afford me the respect for my past experience or knowledge. I find they constantly try to undermine my efforts and constantly take credit for work that I have done.” This comment expresses this particular participant’s frustration regarding her position at work and the way colleagues have treated her. Some survey participants indicated that they did not feel they received appropriate recognition for their work and they felt that the competitive nature of the environments in which they work resulted in disregard for their individual skillsets and experience, as one participant described areas for improvement for her workplace saying that she would appreciate, “more support for the work that [she did]. More respect for the older worker. Acknowledgment of [her] experience and contribution to the organization.” Other survey participants reiterated this attitude, focusing on the nature of the work environment and indicated that more recognition for their work efforts and “taking time to say thank you and showing that you being here still is of value” would be appreciated.

One survey participant articulated the importance of the various contributions that people in different life stages make to the work environment, “I think my workplace should recognize the different stages of an individual’s work life. The workplace seems to think of its workers as homogenous with a late 30s / early 40s model as the norm. We all contribute across our life spans, just differently at different times in our lives. Ageism is alive and well in my workplace.” This comment summarizes the experiences of many

older workers who wish to continue working in order to contribute to their community, however, the social fabric in which they work may not recognize their value. As well, by identifying different life stages, this participant highlighted how many women prioritize different occupations at different times in their lives. Another survey participant described the supportive environment that she experienced by working with individuals who were in the same life stage as her saying, “some of my coworkers are a similar age to myself and we are mutually supportive of one another.” This attitude suggests that this particular participant felt connected to her coworkers because she could relate to them; however, other participants emphasized the importance of diversity at work and discussed how diverse work environments can showcase each individual’s contribution to the organization.

The survey participants were sensitive to their work environments and this was reflected in their need for respect and appreciation, and recognition and acknowledgement, within the workplace. The survey findings suggested that older women workers need to feel valued for their contribution and one way that this can be done is through receiving recognition for their efforts at work. The participants indicated that this concept is important to them and some indicated that their workplaces could improve in this area.

5.2.2. Non-age specific structural pillars of support

Many of the survey participants identified factors that contributed to their overall health and wellbeing that were not specific to older women workers. As one survey participant said, “the things that drive me crazy are not specific to me age.” These structural factors were regarded as being important to all workers in order to create and maintain their overall health and wellbeing. These factors were interpreted as pillars of support in that it was perceived that these themes were interconnected and if one faltered, the others would suffer as well. Three pillars of support were most commonly identified by the participants and therefore interpreted as most salient in the data. These pillars were: the importance of having opportunities for teamwork, the importance of having access to information, and the importance of maintaining positivity at work.

5.2.2.1. The importance of having opportunities for teamwork

Some survey participants indicated that being afforded the opportunity to be part of a team was a major contributing factor to their overall wellbeing at work. Many participants used the term “team” when commenting on their needs in the workplace and referred to their colleagues as “team members” rather than coworkers. The concept of teamwork was emphasized by most of the survey participants who indicated that it was important for them to feel supported by the various members of their work teams, such that coworkers and supervisors could successfully work together and help one another in the work environment. As one participant said, “co workers that are able to be part of a team and accept each other for their unique style of dealing with situations provide a stable and happy working environment.” Others indicated that feeling connected and accepted as part of the team was a contributing factor to their health and wellbeing at work. One participant provided a positive testimonial for her colleagues by expressing how she was recognized for her contributions to her work team and how she appreciated the opportunities to learn and develop by being a part of such a work environment, “by acknowledging my skills, networking and experience as an integral part of our organization's success... by affording me an opportunity to continue to learn new skills and knowledge, as part of my role on the team.”

5.2.2.1.1. Being accepted as part of the team

The survey participants suggested that being a member of a team contributed to their overall satisfaction at work and enabled them to feel supported in the work environment. As one participant said, “Being cheerful... and working as a team is what I enjoy most.” Most of the survey participants discussed teamwork from a positive perspective, stating that by being a member of a team their needs are met, rather than identifying a lack of a supportive team as resulting in their unmet needs at work. However, some participants recognized that not all employees may feel connected and accepted as members of the work team, as one woman said, “I'm lucky enough to have a supportive manager but most of us feel a need to also feel accepted by our coworkers. I'm a very social person but I can see the struggle some of my very quiet colleagues go through. Within our social services environment we are very much in tune with our colleagues but we are certainly not

perfect and some probably feel a little left out at times. I'll be the first to recognize that it's all my supportive coworkers and management who are the main reason for my wellbeing.” This statement summarizes the need that many people have to feel accepted as part of their team at work and expresses the participant’s recognition for the difficulties that some people may experience when they struggle to connect with their coworkers.

5.2.2.1.2. Being offered assistance when needed

The survey participants indicated that sometimes they needed assistance at work from coworkers or supervisors. It was interpreted that different employment sectors or job types required different levels of assistance and teamwork. For example, one survey participant said, “my employer is great in this area. If I'm not feeling well I can call in and book off and a replacement will be dispatched immediately.” However, other participants indicated that teamwork was lacking in their workplaces and they felt burdened and overwhelmed when they did not receive the assistance that they needed at work, particularly when they felt they had too much work to do and needed help completing it all. One survey participant articulated this need by saying that her coworkers and supervisors needed to provide “support and assistance when asked!” Another suggested that it would be beneficial if her coworkers and supervisors offered assistance even without her asking by “showing interest in what I'm doing. Offering to help even when it's not asked for. Showing concern for my wellbeing. Offering simple recognition for a job well done.” The survey participants indicated that it was important to get the assistance required when asking for help as well as for coworkers and/or supervisors to offer help even when not explicitly asked for. This need for assistance indicates an implicit need that may not be evident on the supervisory or organizational level. When employees do not feel comfortable asking for or needing help, not only may their work suffer but also their overall wellbeing may be affected as well.

5.2.2.2. Accessibility to information

The survey participants discussed the importance of accessibility to necessary information on workplace accommodations such as educational opportunities, retirement

services, and workplace health and safety standards. Participants indicated that they wished they had more information from their organizations regarding how to improve and maintain their overall health and plan for retirement. One woman provided an example, “when I hurt my back doing my job I did not feel that I got sufficient advice as how to deal with WSIB,” suggesting that accessing safety and insurance information had been her own responsibility and she would have appreciated assistance from her employer in this regard. Another survey participant highlighted the need for “more education and consideration to an exit plan and or strategy,” while others identified the need for more “information and links to opportunities and resources” and “information on what accommodations are available.” These comments suggest that the organizational supports available to the survey participants did not meet their needs regarding the accessibility of information for employees about opportunities for education, retirement planning, and workplace health and safety.

5.2.2.3. Importance of maintaining positivity at work

Positivity in the workplace emerged as a factor that contributes to the participants’ health and wellbeing. Some survey participants suggested that their positive work environment provided motivation, as one participant stated, “I have no time to be depressed when I’m doing something useful, keeping busy, and having fun.” Others indicated that low morale in the workplace resulted in their overall dissatisfaction at work such as one survey participant who said, “Most people are engrossed with themselves and complain a lot. It would help if there is less complaining and more compliance with the rules and regulations that are in place instead of trying to bypass them.” Another participant emphasized how she tried to improve her co-workers’ health and wellbeing by being positive in order to provide a better work environment.

Many of the survey participants expressed pride in their work and indicated that the enjoyment they take from their work contributed to their overall wellbeing. Twenty-two survey participants responded that they did not have any unmet needs in the workplace. These positive experiences were exemplified by one participant, in reference to her organization and the people she worked with, who said, “they do meet my particular needs in that they are supportive and encouraging. I really cannot fault anyone. Honest

opinion here. Guess I'm lucky.” As well, 23 survey participants provided positive testimonials regarding their overall health and wellbeing in the workplace. These participants described their work as “rewarding” and “motivating,” suggesting that some participants were intrinsically motivated to remain in the workforce. One participant described how she appreciated her job because she is “always learning new things” and it “gets [her] out in the community and makes [her] feel that [she is] contributing positively to the world.” This overall positive attitude that many of the survey participants expressed further reiterates the beneficial influence that maintaining a positive attitude can have on an individual’s work experiences.

The survey participants who enjoyed their work typically referred to their positive outlook as a contributing factor to their continued enjoyment at work, and that increased morale resulted from positive work environments. Meanwhile, those who reflected on the negative aspects of their work environment, or indicated that they aimed to improve morale at work, suggested that negativity at work could be detrimental to the participants’ health and wellbeing by increasing stress and anxiety such that the women may not feel comfortable at work or amongst their coworkers.

The Phase 2 survey findings identified fundamental needs from the survey participants that were interpreted as basic needs that were essential to the health and wellbeing at work. Two themes emerged from the survey participant responses as fundamental needs: the importance of ecosystems of support in the workplace and non-age specific structural pillars of support. Both the advisory group members and the survey participants emphasized the importance of ecosystems of support in the workplace, suggesting that this is a salient theme for older women workers. It was interpreted that if/when fundamental needs were not met, health and wellbeing of employees would likely decline, regardless of age or gender, unlike the instrumental needs category that focused on health promoting factors for older women workers but that may not be necessary for overall health.

5.3. Instrumental Needs

Instrumental needs were interpreted as pillars that contribute to and promote the overall health and wellbeing of older women workers. This category was interpreted as factors that, although they may not be basic essential needs, they contribute to promotion of wellbeing by improving health of older women workers. Four themes were identified from the survey participant responses that belonged to this category. They were: active management of physical health and wellbeing needs, recognition of emotional and mental health needs, management of financial insecurity and planning for financial wellbeing, and the prioritization of time management and non-work occupations. The instrumental needs of participants represented themes from the data that were directly linked to the participants' health and wellbeing at work based on the participants' relationships with each specific factor.

5.3.1. Actively managing physical health and wellbeing needs

Some of the survey participants indicated that they perceived their physical health to be their own responsibility, as one woman said, "I think my health and wellbeing is my personal responsibility." In addition, maintaining health became a priority for the survey participants as they aged, as expressed by one participant who said, "the healthy lifestyle regarding diet, exercise and sleep become really important as one ages." The survey participants also emphasized the importance of safety in the workplace and several participants mentioned that they had taken steps to ensure their workspaces met their individual needs, such as one survey participant who said, "I have had some physical issues related to bad ergonomics in a former workplace. As such, I did discuss the need for a proper chair and computer set up in my orientation to a new job secured two years ago." Many of the survey participants implied that they had taken control of their own health needs within the workplace and this personal responsibility was reflected in my interpretations of the data.

5.3.1.1. Becoming agents of one's own health

As partial management of their health needs as older workers, the survey participants became proponents for their health while at work, by expressing their needs and concerns

and making time for physical activity and healthy eating. One participant discussed her personal commitment to a healthy lifestyle by saying, “I personally am reasonably healthy, not on any medications and keep up a regular exercise regimen. I also watch what I eat to prevent weight gain, common in post-menopausal women.” Her comment also supports the understanding that her needs have changed as she has aged and her health regimen has changed to reflect that. Another participant discussed her overall good health but stated “it takes a lot of work to fit in time to... maintain the work/life balance.”

Other survey participants indicated that their priorities had changed and they now plan for their own health and wellbeing in order to maintain their work and personal lives, as was indicated by one participant who said “I must consistently engage in things that promote my personal wellness - exercise, sleep, good diet - because as I age, I don't have the resiliency to overcome the negative effects of letting these things slide. If I want to have enough energy for a full personal and work life, I realize I have to plan for health.” This perspective reiterates the idea that older women workers must accept the realities of aging and they must prioritize their needs in order to maintain their health.

Yet another survey participant discussed how her work had kept her busy during a difficult time after she was diagnosed with cancer. As she said, “it was healthy for my mind to keep active,” suggesting that mental stimulation can also contribute to one’s overall wellbeing, even when faced with physical health challenges. Consistent with other responses, this participant also indicated that she must recognize and be aware of her “limitations due to the aging process” and that she sometimes has difficulty accepting this reality. Overall, the survey participants expressed acting as agents for their own health because they took responsibility for their wellbeing and recognized the impact that aging has had on their lives and continued health and wellbeing.

5.3.1.2. Calling for more focus on health in the workplace

The survey participants highlighted the effect that age had on their ability to do their jobs and indicated that they had taken steps to maintain productivity as they aged at work. One participant indicated that she was content with her work situation and had no concerns because “HR can provide things like ergonomically correct chairs or voice enhancement

systems if they are needed.” This individual also mentioned that although she has not had a need for such devices, some of her coworkers had, further supporting the fact that such assistance is available to those who need it. This participant also recognized her own physical limitations that have affected her at work by saying, “I don't like to sit while I am teaching, but because of feet and leg issues, I must be cognizant of the need to sit periodically.” This attitude suggests an acceptance of aging and exemplifies simple adjustments that the participants have incorporated into their routines to maintain their overall health while continuing to work.

Further to this, some survey participants indicated that they tired more easily and thus required more breaks at work or completed tasks more slowly; however, since the workload remained the same many suggested that they had compensated by becoming more efficient at work such as one participant who said, “the fact that I have less physical energy has been compensated for by greater efficiency at work and a sense that I now know what I am doing.” Many participants referred to being conscious of “pacing” themselves to prevent fatigue and burnout, as expressed by one participant’s comment, “I recognize that I must pace myself more consciously than when I was younger” and another who said, “I realize that I think about pacing myself a little more than when I was younger and working full-time.” These comments reflect the attitude that the participants accepted the understanding that maintenance of their health was their own responsibility.

However, one survey participant explained that she was “quite comfortable at work” because “an ergonomist [had] assessed [her] workstation to be sure [she] was not being injured.” By taking advantage of such opportunities and by utilizing the knowledge of an ergonomist, this participant exemplified the successful ways in which some older women workers were promoting and prioritizing their own health at work, as well as how her workplace was accommodating her needs as an older woman worker, therefore taking some of the responsibility to ensure that her workplace met her health and wellbeing needs.

Not all the survey participants expressed satisfaction with the health promoting efforts of their work environments. Those who were critical of their workplace accommodations for

older workers echoed the perspective of one participant who said, “there is limited consideration for the biomechanics needs of doing computer work or having appropriate seating. There are poor working conditions- poor ventilation and lighting.” Another suggested that assistive devices would be useful to prevent major injuries. These statements further reflect the workplace health and wellbeing needs of older women workers, who can articulate their needs and make recommendations for adjusting their work environments to be more conducive to the older woman worker.

By highlighting both the importance of taking control of one’s personal health and the role that workplaces have in regards to maintaining health through healthy work environments, the participants indicated that physical health is extremely important to older women workers. The concepts of acting as an agent for one’s own health and calling attention to the health of older women workers suggest that although physical health is not the sole responsibility of the individual, many survey participants indicated that they called upon themselves to adjust to their changing health needs and managed these needs without the assistance of others at work. It was interpreted that accommodations within workplaces are required by older women workers to encourage and promote physical health and safety in order to maintain the best possible health for all employees. However, most of the participants suggested that thus far, they had been the ones to change and adapt within the workplace, rather than drawing attention to their changing needs, such that those needs were not yet addressed and met within the organization.

5.3.2. Recognizing emotional and mental health needs

The survey participants indicated that their mental health was impacted by their work life, particularly when the individual felt a high level of stress due to her job. The participants suggested that they had more difficulty coping with high-stress work environments as they aged, and for this reason recognizing emotional and mental health needs was considered an instrumental need because it became a more explicit concern for the participants as they aged in the workplace. The women suggested that when their mental wellbeing was not supported at work, the stress of the work environment caused them anxiety and thus they began to consider the effects of this stress on their overall health, as

one participant said, “My workplace is not conducive to mental wellbeing as there is a total lack of privacy... The noise, other people standing around talking on top of their voices, contributes to the constant stress in the work space.” Many of the survey participants identified job-related stress as a factor that detracts from their overall wellbeing and they identified an inability to manage stress as effectively as when they were younger as a major contributor. They also expressed concern regarding the long-term effects of their work on mental health. Some participants identified this concern as a reason that they had left former workplaces or changed jobs, as one participant said, “health is most important, both mental and physical. [I] just recently changed jobs for that very reason.”

5.3.2.1. Accepting and managing job stress

Some of the survey participants identified stress in the workplace as a contributing factor to mental health concerns due to increased anxiety and responsibilities at work or difficulty managing stress levels. Two survey participants discussed increased workloads resulting in higher stress levels, as one said, “Increased demands required longer work days and the stress level was difficult to manage” and another provided a job-specific example saying, “often experienced nurses get extra tasks added to their workload [because they are] seen as leaders and always asked to be training new recruits [which can be] stressful.”

Other survey participants indicated that as they aged they had more difficulty managing their stress levels at work. As management of these issues, some participants had changed jobs to reduce their stress levels, as one participant said, “with the present employment, the stress factor is greatly reduced.” Still others expressed concern regarding the effects of stress on their overall health, recognizing that extended periods of high-stress at work can take a physical and mental toll, as exemplified by one participant’s concern, “[I have] thought about the people who were sick due to job stress.” These perspectives suggest that older women workers prefer to avoid high-stress work environments by preventing or leaving stressful situations, in order to maintain their health and wellbeing. As well, they are cognizant not only of the effects that job stress has on their own wellbeing, but also were empathetic towards others who may have similarly stressful work experiences.

5.3.2.2. Being aware of the importance of work and health

Some survey participants recognized the long-term effects that high-pressure positions had on their health. Specifically, they connected job stress to mental health; however, some participants also referred to the physical effects, such as one participant who said, “I did have concerns about the stress of the job and long hours and what impact they would have on my health” while another said, “I worry about the day to day stress of the job on my long term health.”

One survey participant expressed a loss of motivation at work as she neared retirement saying, “As one gets closer to retirement, the frustrations of the job increase tenfold thus increasing the pressure of the job. There was a loss of the drive to win in the job setting.” This comment suggests that not only had the participant experienced increased stress at work as she neared retirement, but also she may have mentally checked out of the job near the end of her career. Another participant expressed concern regarding job security and the stress that a tenuous employment situation may have on mental health because employees may “constantly be worried about being fired [because of] other undermining workers.”

These concerns surrounding job security and motivation at work reflect the difficulty that some women experienced as they aged at work and emphasized the importance of feeling comfortable and at-ease in one’s employment position. The survey participants did not address how they managed the stress that they experienced at work, other than some participants indicating that they had left the stressful environment. In addition, when the survey participants expressed feeling stressed or mentally or emotionally uneasy, they recognized that this may negatively impact their physical health and thus, their physical ability to remain at work may have been affected. It is in these ways that the survey participants recognized the effects that long-term stressful work environment had on their physical and mental wellbeing.

5.3.3. Managing financial insecurity and planning for financial wellbeing

Some of the survey participants identified the specifics of older women’s financial concerns as having an effect on their overall health. The understanding that, as women

age they have a shorter work trajectory and, therefore, they may find it more difficult to overcome financial disadvantages, contributed to the inclusion of the need to plan for financial wellbeing in the instrumental needs category for older women workers. Survey participants who had experienced financial insecurity largely indicated that they were required to work in order to support themselves, as was mentioned by one participant who said, in regards to her overall health and wellbeing needs at work, “I don't give it much thought, I financially need to support myself.” Another participant discussed her need for health services such as dental care, yet such services were out of her price range and thus, her inability to pay for her basic healthcare needs caused her concern and increased stress and thus impacted on her overall health. This concern was reiterated by another participant who said, “I have absolutely no health benefits, no sick leave, and no life insurance. I would have much greater peace of mind knowing the cost of my eye glasses would be covered (or at least a portion), or that I could make a dental appointment without the worry of how I will afford it.” These concerns are representative of lower income survey participants for whom working was a necessity and who felt pressured to maintain their health for financial reasons because they otherwise may not have been able to afford the services that they required. Additionally, the financial insecurity that these participants experienced contributed to overall increased levels of stress and diminished their mental wellbeing.

However, some of the survey participants indicated that they chose to work and they did not rely on their job for financial stability, as mentioned by one participant who said, “I retired from a full-time job to work part-time... I collect a pension, so I don't have to work if I don't want to” and another who had previously owned a small business but was now retired said, “because I had built retirement funds, I had options.” These comments suggest that not all the participants had experienced financial insecurity in older age and supported the idea that planning for retirement in earlier years was valued and viewed as beneficial when participants reached older age.

Although not the case for all survey participants, some of the older women who did not have a pension or other financial support indicated experiencing high levels of anxiety when thinking about or planning for their retirement. The survey participants suggested

that as they reached older age and they became more aware of the risks of injury or experienced increased need for health services, their need for health benefits and retirement savings increased, such as one participant's concern regarding her lack of life insurance and anxiety of leaving the financial burden of funeral costs on her children in the event of her unexpected death. Unfortunately, not all participants were afforded the opportunity to save for retirement or gain employment that provided them with the required health benefits, and thus, they were reliant on their own ability to remain healthy and prevent injury or illness. As one survey participant said, "I think you will find that most single women who have raised and educated children on their own will not have any retirement savings and you will see more women such as myself working past sixty five." Furthermore, the survey participants who identified financial concerns suggested that their financial situation caused them stress and anxiety, potentially further impacting their health and wellbeing, both at work and at home.

5.3.4. Prioritizing non-work occupations

Many of the survey participants indicated that they felt they had too much work to do in too little time or suggested that as they aged they had tried to stop making work a priority in order to spend more time enjoying other meaningful occupations, such as spending time with family or participating in various leisure activities. As they aged, the survey participants expressed the desire to obtain work-life balance more than they had as younger women and many of them indicated that they had changed jobs or careers in order to achieve this. For these reasons, prioritizing non-work occupations was interpreted as being a more salient need for older women workers than for other types of workers; because the participants indicated that they had consciously made decisions to enable for the prioritization of other occupations. As articulated by one participant, "Now more than ever I have to set boundaries as to what I am prepared to do. Will I work additional hours, weekends, etc. if asked? As I get "older" I realize that my "me time" is dwindling. I can't put things off as easily as when I was younger because I may never get that chance again." Another survey participant reiterated these sentiments by saying, "my work, although important, no longer defines me as a person. Time with family and friends is becoming more important to me." These comments suggest that the participants

reflected on their choice of occupations and made an effort to participate in occupations that they found enjoyable as they aged, rather than feeling pressured to prioritize work as had previously been done as younger women.

Two survey participants also identified as being members of the “sandwich generation” in that they have many familial responsibilities and this, along with work obligations, takes away from their ability to spend time relaxing, focusing on their own health and wellbeing, or participating in other occupations of their choice. One participant explained that she was “often caught in the middle between family (kids and parents) and work - everybody wants a piece of [her], and sometimes [she has] nothing left for [herself].” The other said, “[I] also get to deal with the sandwich generation thing... worries about adult children and older parents” and she explained that it could be “hard to find time to focus on [her] own health issues/needs and planning for retirement.”

Some survey participants also said that they would prefer to reduce their work hours or work part-time in order to more fully enjoy other activities as they reached older age. However, this option was unavailable to some participants either due to the nature of their work or for financial reasons, as one participant said, “an option to go part-time would be helpful but not available.” Not all survey participants enjoyed the same level of autonomy regarding their work, and some participants focused more on how they managed their time within the workplace, rather than focusing on prioritizing their non-work occupations. In regards to what older women workers need to enable them to continue enjoying and contributing at work, many indicated that they either would prefer less work to do or more assistance in completing tasks. This attitude was reflected by many of the participants such as in a comment by one woman who said that there was simply “too much work for one person.” Another indicated that there was pressure to meet unreasonably high expectations that included working more than 8 hours per day on a regular basis. She suggested that without overachieving to meet these expectations, she would not be able to keep her job as expressed by her comment, “expectations for managers/directors are very high and one must meet these expectations to remain in the workforce.” Other survey participants reiterated this concept of high expectations and feeling pressured to perform, for example, another participant said, “I enjoy my work

except the hours and expectations are greater than I can give to stay healthy. There is little care as to your age and health as long as you can hold up your end of the work load.”

The survey findings identified instrumental needs for older women workers as health promoting factors that contributed to the health and wellbeing of survey participants. Four themes were interpreted to be instrumental needs. These themes were: active management of physical health and wellbeing needs, recognition of emotional and mental health needs, management of financial insecurity and planning for financial wellbeing, and the prioritization of time management and non-work occupations. Along with the fundamental needs that were identified from the survey data, the instrumental needs contribute to developing an understanding of the met and unmet needs of older women workers. In particular, the instrumental needs category identified factors that can improve the overall health and wellbeing of older women workers when these instrumental needs are appropriately met.

5.4. Conclusion

Throughout the research process, I aimed to identify the needs of older women workers and share these needs with the community such that future generations of older workers may not have the same concerns as women who participated in the current study. By sharing the findings with the participants, I hope to empower the participants and engage them by articulating their work-related health and wellbeing needs such that they can express themselves and share their concerns, thus making a positive change in their own lives. By giving a voice to current older women workers, and identifying ways that may assist in making workplaces more age-friendly, I will have initiated the action that this participatory research aims to do. Further conclusions connecting the advisory group findings and survey participant responses are explored in the discussion chapter of this thesis.

Chapter 6

6 Discussion

The final chapter of my thesis discusses the insights that I made from the study findings and their relevance to action and research needed to advance change. The Phase 1 and Phase 2 study findings were combined to inform three categories of needs and to contribute to elaborating on the unmet needs of older women workers. In congruence with the participatory action research methodology, the project's Phase 1 and Phase 2 findings revealed themes that were not overtly related to maintaining or promoting health, yet could relate to broader notions of wellbeing, such as recognizing experiences that contribute to shaping identity. Methodologically, I chose to represent the participants' voices by elaborating on the unmet needs expressed by the older women workers in this study. For these reasons, I focused the discussion chapter of my thesis on three themes that highlighted the unmet needs of older women workers: 1) the importance of recognizing the changing needs of older women workers, 2) the importance of recognizing the financial disadvantages that older women workers experience, and 3) the importance of participating in meaningful occupations. Insights from these categories into future action oriented steps and their relevance to workplace health promotion and occupational science fields are addressed. Suggestions for practical applications of the research are provided such that employers and employees may work to promote and maintain the health and wellbeing of older women workers. The chapter concludes with an overview of the strengths and limitations of the study and the thesis concludes with a final reflection on my experience in conducting this research.

6.1. Categories of Needs and the Focus on Unmet Needs of Older Women Workers

One of the aims of this study was to understand the unmet needs of older women workers. As such this study drew on a critical-constructivist paradigm because it looked at the different needs of older women workers, some of which were explicitly identified, such as the need for safe work environments and financial security; however, some implicit needs were also interpreted, and these implicit needs were used to unpack the

unmet needs of older women workers. Additionally, ensuring that the needs of older women workers are met was addressed in regards to the belief that there is a shared responsibility of employers and employees. These understandings draw on critical perspectives' of power relationships and control that exist within organizations (Kincheloe, 2008).

Themes in Phase 1 and Phase 2 were combined to further understand and unpack the unmet needs of the older woman worker and how the older woman worker's needs could be better met. This additional analysis helped to group insights into three categories of needs: fundamental, instrumental, and contextual needs of older women workers. These three categories of needs were used to inform the identification and interpretation of the unmet or implicit needs of the older woman worker. Figure 10 illustrates the categories of needs that were identified from the study findings and situates the themes within each category.

Fundamental needs referred to basic needs that were interpreted as being necessary for all employees, regardless of age or gender. Fundamental needs were not interpreted to be specific to the study participants, or older woman workers necessarily. The fundamental category included three themes that emerged from the study findings: recognizing the importance of education and skills development, understanding the importance of ecosystems of support at work, and recognizing non-age specific factors that contribute to health and wellbeing at work. Recognizing the importance of having opportunities for education and skills development was interpreted as a fundamental need because educational opportunities were understood to be beneficial in all career stages, not specific to the older woman worker, and educational opportunities were considered extremely important in both of the study phases for the continued success of the participants. The fundamental needs may support employers in proactively addressing health promotion and retention of older workers by encouraging diversity among work teams that will enable older women workers to feel comfortable and respected at work.

Instrumental needs referred to needs that promote the overall health and wellbeing of older women, particularly in managing their health as they age at work. This category of

needs included four themes: managing physical health, managing financial wellbeing, recognizing mental health needs, and prioritizing non-work occupations. Identification of met and unmet instrumental needs provided suggestions for older women workers to prioritize their own needs as they age at work to maintain long-term health in later life, both while at work and into retirement. Fundamental and instrumental needs were identified and discussed in the Phase 2 findings and two of the themes, managing financial wellbeing and recognizing the importance of ecosystems of support in the workplace, were common across the advisory group and survey findings.

When combining the advisory group and survey findings, a third category was identified; contextual needs that draw attention to the recognition and acceptance of aging as an older woman worker and indicate that the current and historical situation of women contributed to the experiences of the study participants as they aged at work. Contextual needs also included three themes that were identified in the advisory group findings: recognizing experiences that contribute to the shaping of an identity as an older woman worker, recognizing and drawing attention to the changing needs of the older woman worker, and recognizing the historical and cultural situation of older women workers. Contextual needs referred to needs that emerged from the experiences of the participants such that generational or historical influences may play a role in the experiences of the cohort of women who were included in this study. Research into the needs of women will require a contextual approach that considers the situated experiences of women as workers over time. Suggestions for this approach are provided to further help uncover the unmet needs of older women workers as these needs continue to change based on shifting workplace demographics, economic circumstances, and occupational goals of women in the workforce.

The unmet needs that were identified in this study emerged largely from two of the three categories of needs: instrumental and contextual needs. This separation may be because fundamental needs are largely explicit needs that affect all employees, and thus, organizations may be aware of these fundamental needs and work hard to ensure that such needs are being met, unlike the more implicit and unique needs of older women workers that employers may not be aware of as needing to be addressed in the workplace. For this reason, the remainder of this chapter focuses on the unmet needs of older women workers that were included in the instrumental and contextual needs categories.

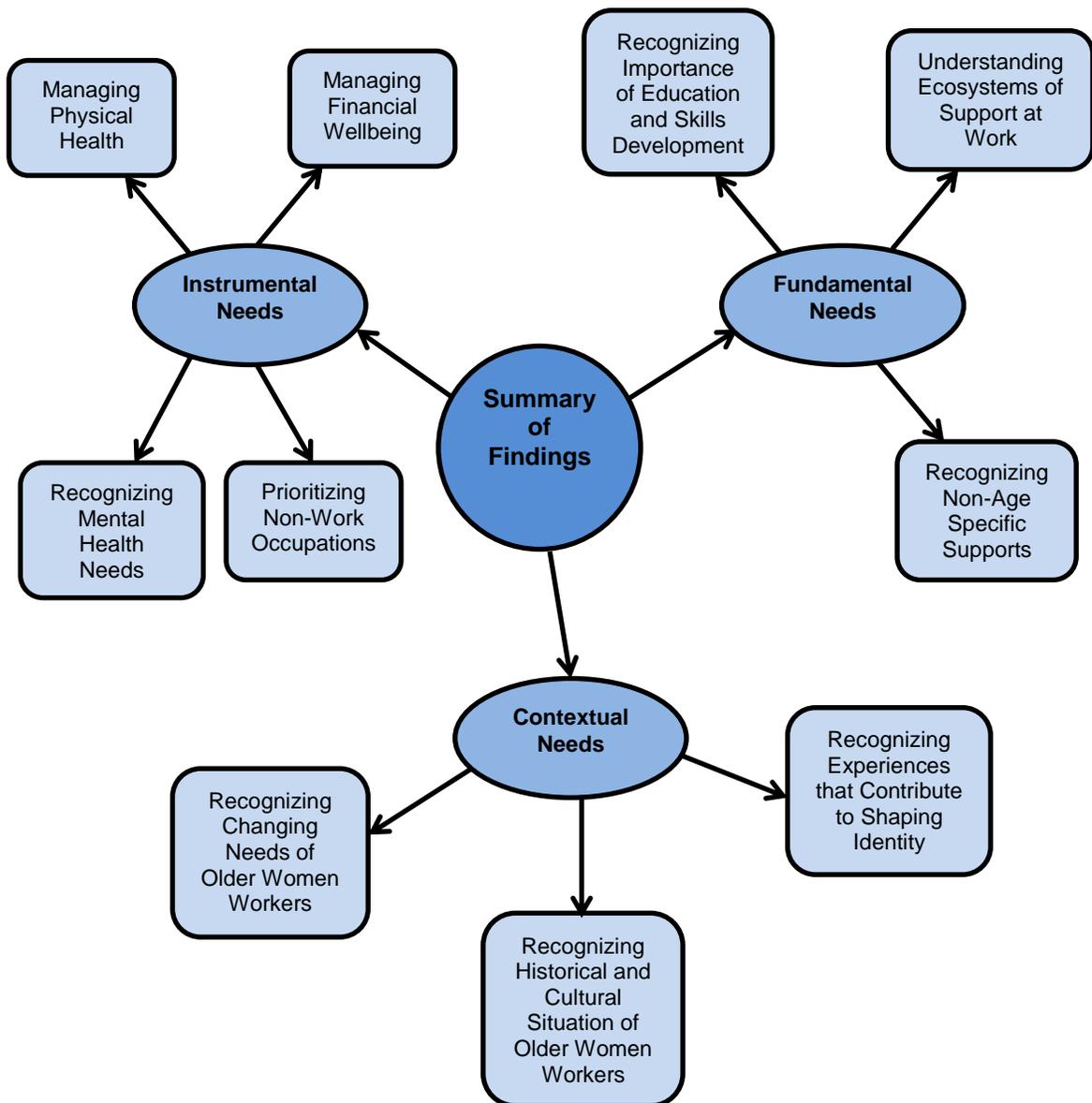


Figure 10. Summary of overall study findings, organized by categories of needs that were combined advisory group and survey participant findings.

6.2. Study Findings Discussed in Relevance to Previous Literature

The study findings are largely consistent with findings identified in previous literature (Fraser et al., 2008; Payne & Doyal, 2010). In this section I discuss three needs within the instrumental and contextual needs categories with evidence from the literature. These needs are: the importance of recognizing the changing needs of older women workers and the shared responsibility in implementing retention strategies to meet these needs, the importance of recognizing financial disadvantages that older women workers may experience, and the importance of participating in meaningful occupations in later life. Findings from the literature were also used to inform and support the future actions that I posit as suggestions for employers and older woman workers to promote health and wellbeing at work.

6.2.1. The importance of recognizing the changing needs of older women workers and the shared responsibility of implementing retention strategies to meet these needs

The contextual needs category included the importance of recognizing the changing needs of women; included in this category is the need for women to feel comfortable disclosing their needs at work, particularly as their needs change due to age and the shared responsibility of employers and employees to retain older workers. Concerns surrounding job security and acceptance may contribute to women not disclosing their unique needs at work and as a result, these needs may remain implicit and unmet. By fore-fronting the changing needs of older women workers that are more difficult to identify or address, organizations can encourage disclosure and may become more aware of these needs, so they can work towards implementing strategies to help meet them. This could be done through policy changes on the organizational level or individual adaptations to improve the work experiences of the older woman worker. Advocating for the shaping of benefits that are flexible and that could be adjusted dependent on the individual's needs could also benefit individual employees and result in long-term benefits for organizations to have such options in place.

The study findings suggested that maintaining health and wellbeing became a more explicit need as women aged and neared retirement. The study findings did not signify one specific explanation for this trend; however, several possible explanations were supported in the literature. One such explanation was the increased number of health concerns that exist in older age and the importance that older adults place on maintaining their physical health (Pavalko et al., 2007). Maintenance of physical health and overall physical functioning were factors that participants in both phases indicated as playing a role in meeting the needs of older women within the workplace. Previous research found that retired or unemployed women were more likely to have health concerns and women who exercised regularly self-reported as being healthier than those who did not (O'Reilly, Thomlinson, & Castrey, 2003). In contrast, Pavalko et al.'s (2007) findings indicated in recent years, the health of working women has decreased. However, they also suggest that this may be explained by increases in employment of women with disabilities or other physical limitations, and not due to a decrease in the overall health of working women (Pavalko et al., 2007).

Another possible explanation was supported by Glaser, Evandrou, and Tomassini (2005), who suggest that older women workers may not have been afforded the opportunity to engage in self-care or health-promoting occupations due to other obligations, such as caring for others, as a product of the cultural/historical situation and potential lack of support for women at work. Previous literature discussed the relationship of dual roles on health and determined that women who participate in paid work and caregiving occupations are more likely to experience poor health than women who do not have both occupational obligations (Glaser et al., 2005). Chronic stress was also identified as a workplace hazard that contributed to poor health for older women workers (Payne & Doyal, 2010). The current study elaborated on these insights in that physical and mental wellbeing were found to contribute to the health-related needs and the subsequent work-related decisions of older women. For example, many of the survey participants identified changing careers later in life in order to participate in occupations that were more health promoting, rather than exiting the workforce altogether, or being influenced by their non-work occupations while at work, such as being members of the sandwich generation and supporting grown children and older parents, sometimes simultaneously. Maintenance of

physical health and wellbeing becomes a priority for older women workers, and some choose to focus on their personal health, rather than their career as they near retirement (Wicks, 2006).

A prospective plan for work retention may be essential to begin to consider the unique needs of older women workers on a larger scale, particularly in regards to maintaining the health and wellbeing of older woman workers. Participants in this study identified that they are more likely to try to adapt themselves or to things in the workplace without seeking help or sharing their approaches to make changes with their employer or coworkers. This self-reliance, while a natural way to address needs, is one approach that may contribute to information remaining hidden or unknown about what would assist other women or human resource planning to support work retention or accommodation. Thus, women who have difficulty in managing their changing needs do not have the necessary supports to overcome these challenges and the changing needs of older women workers remain unexposed and accommodated for (Wicks, 2006). When this occurs and older women workers' unique needs are not addressed, women may feel isolated at work and may not optimally perform, known as presenteeism in the workplace (Shaw, 2013).

The experiences from the study participants suggested that older women workers may feel it is their own responsibility to adjust to their changing health needs and the participants had various ways of coping with these changes (Olesen, Butterworth, & Rodgers, 2012). For example, older women workers might choose to leave a high-stress work environment in preference of a different job, rather than to actively address their concerns in their current position. In regards to management of physical health issues or concerns, older women may try to work more efficiently than when they were younger in order to prevent fatigue, rather than asking for special requests for a lighter workload (Altschuler, 2004). Other concerns such as being required to take more time off from work for doctors' appointments became more explicit as women aged as well (Altschuler, 2004). If older woman workers felt comfortable asking for assistance or sharing their health requirements at work, these concerns may be able to be addressed satisfactorily for both the employee and the employer.

The study findings also suggested there may be a social responsibility for organizations to assist and maintain the overall wellbeing of employees and this responsibility might be realized and acted upon within the workplace (Parris, Cowan, & Huggett, 2006). This social responsibility was emphasized based on the value that older women workers placed on the support systems that existed in their work environments and was supported by literature that indicated that supportive social exchanges contributed to wellbeing (Nahum-Shani et al., 2011) while discrimination or ageism in the workplace detracted from overall health and wellbeing (Chou & Choi, 2011). The present study identified ecosystems of support as contributing to feelings of acceptance at work and commitment to the organization, and helped to develop an understanding of what a supportive work environment means to older women. Recognition of when these supports are necessary may be important for implementing support systems and for advocating for the importance of social relationships at work that older women value (Nahum-Shani et al., 2011). To maintain ecosystems of support and promote collaboration between organizational levels in regards to the health promotion of older women workers, I posit that future research is needed to understand the diverse membership that make up support systems for older women workers and understand how women utilize these supports to maintain their health and wellbeing.

If the needs of the older worker are not being met, organizations may need to specifically focus on developing more diverse retention strategies for older their workers. This diversity is similar to accessibility accommodations for persons with disabilities and the accommodations that organizations are required to make in order to meet the unique needs of their employees with disabilities (Parris et al., 2006). However, initial disclosure is necessary from older workers to identify and share what they need to remain healthy and productive in the workplace. When management becomes more aware of the issues facing older workers they can begin to develop needs-based strategies that can promote worker retention.

I suggest that the development of retention approaches for older women workers include both top-down and bottom-up approaches. Possible opportunities may be to include older women workers on joint health and safety, wellbeing at work, and disability prevention

and management committees. By involving older women workers with these committees, the voices of women could be represented at the macro level when making organizational decisions regarding older worker health and safety that may more appropriately enable for the needs of older women workers to be met (Fok, Shaw, Jennings, & Cheesman, 2009). As well, leadership on the executive level that indicates a commitment to the development of work retention strategies to meet the diverse needs of older woman workers is important in promoting health at work and maintaining wellbeing of older workers (Parris et al., 2006; Fok et al., 2009). When women do not share their experiences and/or are compelled to hide their unique needs, it may be difficult to gauge if there are issues that could be addressed or how many people are experiencing the same difficulties. Further research could be done to identify the general contextualized needs of the older woman worker such that organizations could then implement work retention strategies to meet these needs.

6.2.2. The importance of recognizing financial disadvantages that older women workers may experience

An example of an unmet instrumental need stems from the financial circumstances that many older women workers experience as they age, as a result of their cultural and historical situation. Financial need is a commonly identified factor in regards to maintaining employment or returning to work, particularly for women approaching older age (Armstrong-Stassen & Staats, 2012). Many older women workers may have interrupted/disjointed work histories that contribute to smaller pensions and, sometimes, a lack of healthcare benefits in older age, when they may need this coverage the most (Armstrong-Stassen & Staats, 2012; Marshall et al., 2001). Although financial necessity was identified as more important for women than men, when making decisions related to continuing to work into older age or returning to work after a period of retirement, there was also variability between employment sector and level of responsibility amongst women (Armstrong-Stassen & Staats, 2012). This suggests that although gender may play a role, financial security, including individual income and ability to save for retirement, may be a more salient factor in older workers' decisions to continue working in later life (Armstrong-Stassen & Staats, 2012). Consistent with these findings, other

research supports the understanding that pre-retirement jobs and income levels influence financial need in older age (Bardasi & Jenkins, 2002). For example, Bardasi and Jenkins (2002) identified three factors contributing to work history and financial stability: time spent in employment, continuity of participation in employment, and type of occupation.

Women's history has not been conducive to participation in long-term paid work (Wicks, 2006). Although changing cultural contexts in Canadian society encourage the independence of women, many who are reaching older age and continuing to work now must financially support themselves without having had the consistent careers and contribution capacity to plan for retirement that is necessary for independence in older age (Armstrong-Stassen & Staats, 2012; Zimmerman et al., 2000). The current study provided insights suggesting that when women have not participated in paid work over the long-term, they may experience financial disadvantages that are not conducive to independently supporting themselves and thus experience greater financial hardship as they age.

It was suggested in the study findings that, based on the historical employment trajectory for women who raised a family and did not enter into work full-time, financial wellbeing may not be taken into consideration by women until they may find themselves in the difficult financial situation of supporting themselves in older age. Therefore, some of these older women workers may not be prepared for the financial insecurity that they are experiencing, and thus, they may have explicit financial needs that remain unmet as older women workers. Additionally, the lack of choice that older women workers may experience as a result of their limited employment options may contribute to a lack of knowledge about how best to support their health and wellbeing needs as older women workers when they experience financial insecurity and find themselves in the position where they must work (Marshall et al., 2001).

Financial independence for women as a result of increased gender equality has had both positive and negative impacts on the lives of many older women workers who may have previously relied on financial support from a spouse. The changes to the social and economic environment in recent history have affected the financial circumstances of

many women, in some cases, forcing them to continue working into later life, return to work in older age, or to retrain in order to remain valuable within the work environment (Altschuler, 2007; Greller & Stroh, 2004). In addition, Vickerstaff et al. (2003) addressed financial need from an organizational or governmental perspective indicating that employees often have only a vague understanding of pension and retirement plans provided by their organization. Employees typically trust large organizations to offer and provide them with fair pension plans, though employees may have difficulty explaining the details of these programs (Vickerstaff et al., 2003). Findings from the current study identified financial need as a major contributing factor for why women return to or remain in the workforce in later life, and those who did not continue working often indicated that they had concerns regarding their financial wellbeing and independence as they aged.

6.2.3. The importance of participating in meaningful occupations and enjoying feelings of accomplishment at work

The importance of participating in meaningful occupations was highlighted in the study findings as playing a role in the overall wellbeing of older women workers. Participation in meaningful occupations can be discussed twofold; meaningful occupations can refer to paid work occupations, or the term can refer to non-work occupations that are participated in in retirement or in addition to paid employment. The importance of participating in meaningful paid work was identified in the study findings by comments from participants regarding feeling valued in the workplace and enjoying their work, and recognizing that they had a social responsibility to uphold by mentoring others and contributing to the community. Engagement in paid work occupations is important for women because it makes them “feel that they contributed something of value to their fellow being and the society” (Forssen & Carlstedt, 2007, p. 916). These sentiments are consistent with findings from the current study and other literature that indicates that successful aging can be attributed to positive attitude, remaining engaged with life, and that work contributes to positive self-esteem and gives life purpose (Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010; Smyer & Pitt-Catsoupes, 2007). Negative work experiences have also been found to push women into retirement, however, when

women “find meaning in their work, who find it engaging and report high levels of job satisfaction, [they] are more likely to want to keep working” (Smyer & Pitt-Catsoupes, 2007, p. 26). In addition, the importance of continued personal growth and pursuing new interests at all ages whether or not that includes paid employment has been discussed in the literature, further emphasizing the importance of participation in meaningful occupations for women of all ages (Reichstadt et al., 2010). These findings support the current study in that many of the participants indicated that they had sought out meaningful careers and they had specifically chosen jobs in later life where they felt they would be intrinsically rewarded for their efforts.

The current study also found that as women aged, they made participation in non-work occupations more of a priority than they had as younger women. It was found that women desired to spend less time working, in favour of pursuing other leisure or obligatory occupations (McNamara et al., 2013; Payne & Doyal, 2010). However, without meaningful occupations to participate in, occupational deprivation could occur, and the restriction of participation in health promoting occupations could lead to social exclusion and isolation (Nilsson & Townsend, 2010; Wright-St. Clair, 2012). Other literature also illustrated these findings in discussions of retirement planning and transitions that exemplified the importance of “engaging in a range of [retirement] preparatory occupations” (Pettican & Prior, 2011, p. 15) that included identifying activities and experimenting with ways in which to fill ones time after leaving the workforce. The importance of having meaningful occupations outside of the workplace is supported by Wright-St. Clair (2012) who identified that participation in one personally meaningful occupation, particularly a long-standing leisure activity, in older age contributes to overall happiness, wellbeing, and content. Reichstadt et al. (2010) drew similar conclusions and identified general engagement with life through occupation as a contributing factor to maintaining health and wellbeing in older age. The current study supported these findings by identifying the need of older women workers to participate in meaningful occupations, whether that is through their paid work or not.

The current study findings were supported by Payne and Doyal (2010) in regards to the desire of older women workers to decrease time spent at work and decrease their overall

workload. The desire for occupational choices surrounding when and how to retire was supported by Altschuler (2007) and Armstrong-Stassen and Staats (2012) as well, who both suggested that individual choices to seek or participate in paid work contribute to overall wellbeing and perceptions of satisfaction garnered from occupational participation. The current study drew similar conclusions; however, the perspective of the current study was slightly different in that it focused on decisions to remain in the workforce, rather than decisions contributing to retirement.

Although participation in meaningful occupations was highlighted by the participants in the current study as being important for their health and wellbeing at work, the fact that not everyone chose to participate in work because it is meaningful was also an important finding from the study. Inability to exercise choice in regards to participation in work or an inability to obtain meaningful work, perhaps for financial reasons or lack of employment opportunities, were also identified in the study findings. This lack of occupational choice and the reality of financial obligations to continue working are consistent with much of the current literature that identified barriers to older workers and the challenging economic and employment circumstances for older women (Fraser et al., 2009; Payne & Doyal, 2010; McNamara & Williamson, 2004; Shacklock et al., 2009).

The unmet needs of older women workers that were elaborated upon from the study findings were consistent with previous literature and advanced knowledge in understanding the needs of older women workers and how these individuals can be better supported at work (Fraser et al., 2009; Payne & Doyal, 2010; Wicks, 2006). Three factors were discussed in relevance to the current study's contribution to the previous literature: the importance of recognizing the changing needs of older women workers and the shared responsibility in implementing retention strategies to meet these needs, the importance of recognizing financial disadvantages that older women workers may experience, and the importance of participating in meaningful occupations in later life. The unmet needs identified and discussed in relation to the previous literature contributed to and informed the actions that I have taken and the suggestions that I posit for employers and employees in regards to supporting the needs of older women workers.

6.3. Actions to Support the Participatory Action Methodology

To maintain coherence with the participatory action methodology, actions were taken throughout the research process to share knowledge, as it was co-constructed, and a list of suggestions were developed that could be implemented to improve the experiences of older women workers. These suggestions were developed from my analysis of the findings and from suggestions that were posited by the study participants. This section outlines the action steps I took during the research process and my intended actions to continue the PAR methodology. I also provide two lists of suggestions: one for employers and one for older women workers that are intended to help encourage social and organizational change in regards to meeting the needs of older women workers. By taking action through making recommendations for organizations and for employees, I will exemplify the importance of understanding the unique needs of older women workers and offer ways to address these needs such that these older women workers' needs may be better met within the workplace. There remains a disconnect between older women workers and organizations regarding overall health and wellbeing at work and thus it remains unclear who's responsibility it is to identify and meet the changing and unique needs of the older woman worker. I suggest that this responsibility belongs to both the individual worker and the organization and thus, I have provided opportunities for areas of change that will be made available to the study participants and to various organizations that I have been connected with through the research process.

6.3.1. My contributions and next action steps to address the unmet needs of older women workers

Thus far, I have taken steps to highlight the needs of older women workers within the academic community at Western University based on my preliminary findings throughout the research process. I have also identified potential future actions that could be taken to contribute to informing policy changes regarding the implementation of accommodations for older women workers and by emphasizing the importance of recognizing this growing demographic of employees.

I assisted with a guest lecture at Western University in the Master's of Public Health program where I shared my advisory group findings and encouraged future public health graduates to think critically about the unique needs of the older woman worker. I also presented my preliminary findings in poster format at two research forums, the Health and Rehabilitation Sciences Graduate Research Forum and the Aging, Rehabilitation, and Geriatric Care/Faculty of Health Sciences Symposium at Western University. I plan to present my final findings to the human resources department and to the women's caucus at Western University to encourage inclusion of older workers and work towards making the university environment a more age-friendly place to work.

Throughout the research process, I have connected with the City of London's Age-friendly London Network, an organization that aims to promote healthy aging and improve the lives of older adults living in the City of London. I hope to share my findings at an upcoming network meeting and remain connected with the Networks' civic participation and employment sub-group such that my findings and suggestions can contribute to steps that this group will implement as part of a three-year action plan to maintain the City of London's Age-friendly City status.

I also plan to share my suggestions with the participants from my advisory group and the survey participants who indicated interest in being informed of the study findings by inviting them to a presentation of my findings that will be open to the public. A brief summary report of my findings will also be available to the study participants. In addition, I plan to contact the Conference Board of Canada to further share my suggestions with a broader scope of occupational health and safety committees across Canada.

I realize that the more actions that I implement, the more likely it is that change will occur and my findings will become accessible to organizations and individuals alike. The goal of this study was to empower women by providing them with a voice to share their needs and concerns as older women workers, and the final steps in this process will be for me to follow through on my commitment to the study participants by advertising the

study findings as a medium to implement changes to policies that will improve the experiences of older women who continue working into later life.

6.3.2. Suggestions for organizations

The following list provides suggestions on the organizational and governmental level to improve the experiences of older women workers and ensure that the needs of older women workers are being met. I have incorporated the voices of the study participants into this list to exemplify the co-construction that occurred in the development of this list and to further situate my study within the participatory methodology by including the voices of the participants throughout the research process.

- Take responsibility for the shared commitment to maintaining health and wellbeing of older employees: encourage physical activity or make accommodations for employees to ensure that their physical needs are being met such as by providing ergonomic assessments and encouraging physical activity throughout the workday. The study participants outlined the importance for improved physical fitness of employees by suggesting that “employers provide a proper gym for staff to use” and “HR can provide things like ergonomically correct chairs or voice enhancement systems.” By sharing the responsibility of maintaining health and wellbeing of older woman workers with employees, organizations can contribute to and enjoy the long-term benefits of a healthy and happy workforce. The benefits of physical activity on mental and physical functioning are highlighted in the literature (Adams et al., 2011) thus, investing in the health of employees can benefit organizations in the long-term; for example, healthier employees require fewer sick days and therefore will produce higher output.
- Make retirement planning information easily accessible for employees: provide information sessions, clear information online, and ensure that human resources representatives are aware of the programs that are in place and can reiterate these programs to staff. Older women workers may have difficulty navigating the path towards retirement and as such, may require extra assistance in regards to retirement and financial planning. These concerns were expressed throughout the

study such as by one participant who said, “when I retired I had *no* information on what the benefits would be.” Others expressed their concerns regarding financial security as older women and their need to continue working to support themselves, “I think you will find that most single women who have raised and educated children on their own will not have any retirement savings and you will see more women such as myself working past sixty-five.” Access to information regarding retirement savings plans becomes increasingly important for women as they work longer and have less time to save for their retirement.

- Changes to policies that support the aging worker, similar to affirmative action for older workers, could improve the experiences of older woman workers and encourage them to disclose their changing health and wellbeing needs without concern for the potential resultant workplace discrimination or marginalization. As one participant said, “the majority [of older women workers] don’t have obvious health issues... because if it were obvious then it would be that much more difficult to get hired.” This attitude reflects uncertainty among older women workers in regards to the level of acceptance of employers to make accommodations for older women.
- Accommodations striving for the inclusion of older woman workers could be implemented through the appointment of older women workers on workplace occupational health and safety committees or by incorporating an older worker clause into government policies to protect the rights of older workers such that they could feel comfortable disclosing their unique needs as older workers. Although some study participants expressed the opinion that “my health is my personal responsibility,” I believe that sharing the responsibility of maintaining health at work could result in the improved overall wellbeing of older women workers.
- Provide support for older employees to enhance the ecosystems of diversity within the organization: teambuilding workshops and leadership training can be beneficial to everyone, no matter age or career stage; older employees can provide valuable mentoring and leadership roles to younger employees when afforded these opportunities, as expressed by the participants in their desire to contribute to

the work team and feel valued at work. However, these leadership roles can also be stressful, as one participant described, “often experienced nurses are seen as leaders and always asked to train new recruits – stressful.” This attitude emphasizes the importance of participating in team-based approaches to training that can contribute to the overall wellbeing of all employees by sharing responsibilities and working together. By developing work environments that are conducive to mutual recognition and respect, productivity and positivity can be improved.

- Offer structured work opportunities to promote optimal capacity of older workers. Many older workers prefer to work part-time, thus job-sharing may be an option to promote the inclusion of increased numbers of older women in the workforce. The participants also indicated that as they aged, they required greater flexibility at work and as such, flextime options and the ability to reduce work hours or work from home was appreciated. For example, many participants expressed a desire for their workplace to “be more flexible with work hours.” To maintain wellbeing and promote longevity, flexible work opportunities were highlighted as being beneficial to the health of older women workers, many of whom changed careers as they aged to participate in jobs that they found to be more health promoting. Opportunities for part-time work and an ability to set one’s own hours were highly valued.

6.3.3. Suggestions for older women workers

The following list provides suggestions for the individual such that older women workers can work towards improving their own experiences and ensure that the needs of future generations of older women workers are being met. I have incorporated the voices of the study participants to exemplify the co-construction that occurred during the development of this list and to further situate my study within the participatory methodology by including the voices of the participants throughout the research process. By including the voices of the participants, I believe that the suggestions listed will carry more weight in empowering women to advocate for change such that they can strive to have all their health and wellbeing needs met in the workplace.

- Be willing to ask for and accept assistance at work when necessary. Teamwork contributes to wellbeing at work and social connections can be made by bonding with coworkers through helping one another. One participant identified the importance of developing social connections at work, “most of us feel a need to also feel accepted by our coworkers. I'm a very social person but I can see the struggle some of my very quiet colleagues go through.” Feel confident in offering to help others when you can and don't be afraid to ask for help when you need it. The support garnered from positive work environments and shared experiences have health-promoting effects, both physically and mentally, as expressed by the woman who said, “as long as I am supported by my superiors, I am healthy and feel well.”
- Conduct a personal assessment of your work-related needs and re-evaluate these needs as necessary. Be proactive in making adjustments at work in order to ensure that your health is being promoted and your needs are being met as one participant did by saying, “I have had some physical issues related to bad ergonomics in a former workplace. As such, I did discuss the need for a proper chair and computer set up in my orientation to a new job secured two years ago.” Encourage others to do the same and ask for specific accommodations if needed, such as ergonomic workstations or more frequent breaks to prevent injury or fatigue.
- Start a dialogue with other older women workers to share your experiences and provide support to others who may have similar needs or concerns. Be open to discussing ways of overcoming obstacles at work by offering your own suggestions and listen to how others have coped by tapping into the intellectual and emotional knowledge of others. One participant said, “Some of my coworkers are a similar age to myself and we are mutually supportive of one another.” By sharing your experiences with other women who have had similar experiences, you can work together to promote your own health and wellbeing and that of others. This type of dialogue could occur in your place of work, through social media, or other interpersonal relationships that will promote health

and productivity and sharing your own experiences can be beneficial to your own wellbeing as well.

- Act as an agent for change for yourself and for future generations by drawing attention to your needs and working together with your coworkers, supervisors, or organization to ensure that your needs are being met. Joining workplace health and safety committees, or starting one yourself if your organization does not already have such a committee, can enable you to work towards goals of becoming an agent for change. Workers' unions can also act as a medium to express your concerns as an older woman worker and ensure that your health and wellbeing needs are met at work.
- Plan for your long-term financial wellbeing. By actively managing your own finances and researching and planning for your financial future, you can take control and work towards financial security in older age and into retirement. Financial necessity is a major factor that contributes to older women's decisions to continue working, as was expressed by many of the study participants, such as by one woman who said, "I haven't given my health and wellbeing needs much thought, financially I need to support myself." Seek advice from a financial advisor and ensure that you understand the financial supports that your employer provides in regards to long-term financial planning such that you have the knowledge and ability to overcome financial obstacles if they arise. One participant highlighted the importance of retirement savings, saying "you must have a clearly defined method of financing your retirement."

Encourage younger employees to consider their needs now and how these needs may change as they age. By highlighting older workers now, organizations and individuals will more likely be able to implement changes that improve the experiences of future older workers. It's never too early, or too late, to start planning for your future and by encouraging other women to plan ahead, you can improve the experiences of future generations.

6.4. Strengths and Limitations

Overall, the present study acknowledged gaps in the literature on women's experiences of healthy aging at work. Although various studies have explored components of this area of study, few have combined these topics, and fewer still provided insights from the perspective of older women workers. The study contributed to the literature on healthy aging at work, and in particular to occupational science literature that had previously largely overlooked the experiences of women and older women's work-related choices. Within occupational science, the present study brought to light the occupational injustices that older women workers may experience. Occupational science perspectives were also highlighted through health promotion and the need for empowerment of women through opportunities for individual and systematic change to encourage participation in meaningful occupations.

6.4.1. Future research directions

The present study aimed to generate knowledge about older women workers by utilizing a two-part study design with a total of 77 participants. The use of participatory action research in the study broadened the scope of the research such that the advisory group participants were involved in the study design and expressed a personal interest and commitment to the research. Moreover, Phase 2 provided a space for women to anonymously express their needs and concerns as older women workers without judgment from others. These methods promoted the generation of co-constructed knowledge with informative results that could contribute to practical applications that may improve the experiences of older women workers.

Difficulty remains in identifying, addressing, and accommodating the unique needs of the older woman worker and thus, future research needs to further explore these concepts. A transferable and broadly accepted definition of supportive work environments is still lacking. However, this study contributed to expanding the understandings of what older women workers require in terms of support at work, including the ecosystems of support that exist in supportive workplaces and how these ecosystems can contribute to older

women worker's health and wellbeing at work, more research is required to expand, verify, and share these concepts.

This study contributed to the identification of the unique needs of the older woman worker and focused on uncovering implicit, unmet needs that older women workers may have. Future directions could focus on solutions to overcoming these unmet needs to improve the experiences of future older women workers. Alternatively, future research could study workplaces whose older workers reported that their needs are met and explore how such organizations differ from organizations with less-satisfied older workers. The exploratory nature of this study enabled the voices of older women workers to show through in the findings and recommendations, however, tangible and tested solutions have not been provided from this research.

6.4.2. Contributions to occupational science

This study contributed to the occupational science literature because previous research had not been published within this discipline that examined the unmet needs of older women workers. Furthermore, by studying women's experiences in paid work, this study examined interactions between older women and their work environments, conceptualizing the holistic perspective of the study of occupation that occupational scholars promote (Wilcock, 2007). By examining the unmet needs, this study applied Stadnyk et al.'s (2010) framework of occupational injustice to older women workers who experience occupational deprivation, marginalization, alienation, and/or imbalance. In contrast, this study also advanced knowledge in regards to the health promoting factors of participation in meaningful occupations, in the case of this study, the overarching occupation of participating in paid work. This study contributes to the occupational science literature because I have offered perspectives in regard to both the health promoting and health-demoting factors for older women worker, as has been highlighted as an important consideration in the study of occupation (Hocking, 2009; Wilcock, 2007).

When discussing the occupation of participating in work and the needs of older women workers that coincide with this occupation, the study findings could connect occupational injustices to the existence of older women workers' unmet needs. For example,

occupational imbalance was experienced by the study participants who expressed feeling overwhelmed by their workload and struggles to prioritize their time to engage in meaningful non-work occupations while maintaining full-time careers. Occupational marginalization was interpreted in the findings when participants expressed lack of control over their work and when they indicated that their needs could be better met if their efforts were acknowledged and appreciated more. Stadnyk's et al.'s (2010) framework is based on the concept of social exclusion and the occupational injustices that occur when various forms of social exclusion occur. The findings supported this theory of social exclusion in that the participants emphasized the need to belong and feel accepted within the work team or environment. Without this fundamental need of inclusivity being met, older women workers will experience more instrumental and contextual unmet needs at work, further contributing to occupational injustices.

In contrast to the deficit perspective of occupational injustice, the present study also contributed to occupational perspectives of health promotion in supporting the holistic understanding of the benefits of engagement in meaningful occupations on health and wellbeing (Wilcock, 2007). The interaction between occupational beings and their social and cultural environments were exhibited in the study by the participants' emphasis on valuing support at work and discussions of financial disadvantages as a result of the historical circumstances of older women workers. The relationship between occupations and health has been reviewed in the literature, with occupational science perspectives being largely focused on "the extent to which engagement in occupation influences perceived quality of life" (Hocking, 2000, p. 60). The present study explored engagement in work and the perceived influences that this engagement had on individuals' understandings of their changing health and wellbeing needs as older women workers.

As Yerxa (1993) proposed, humans are occupational beings who can overcome challenges by utilizing their skills and the capacity to adapt to changing environments to maintain health and wellbeing. This ability to adapt through engagement in occupation is the essence of the concept of occupational adaptation (Hocking, 2000; Nelson, 1988). Additionally, the present study provided insights for occupational science research in regards to the implicit impact of individual adaptation in the workplace, particularly in

regards to the undisclosed changing health needs of older women workers. The study findings highlighted the need to bring to light how women are approaching aging and health at work. Uncovering knowledge of silent adaptations and accommodations that older women undertake may assist others in managing health and wellbeing at work. The current study shed light on these subtle adaptations, in contrast to the more explicit occupational adaptations that are typically associated with overcoming obstacles due to acute incidents, such as trauma or illness (Hocking, 2000).

The participatory methodology utilized in this study provided a unique occupational science perspective in that, although “occupation may be conceptualized as the multiple, interwoven processes which occur as the actor and the environment interact” (Hocking, 2000, p. 61), few studies in the occupational science literature have incorporated participatory action research. Rather, empirical research has focused largely on specific aspects of occupation, unlike the present study that incorporated a holistic view that could empower the participants and older women workers as a group (Hocking, 2000; Wilcock, 2007). The unique methodology provided a space for women to voice their concerns, while empowering them to share their previously undisclosed needs at work. The goal of the final action of this study is to reveal these implicit needs, such that changes to policies on worker retention or health promotion can be reconsidered. As long as these problems remain hidden, there is no issue for policy to address and thus, the cycle of nondisclosure will continue, further stigmatizing the changing health and wellbeing needs of older women workers.

6.4.3. Limitations of the research

This study was limited in scope because a western worldview perspective influenced the participants and the researchers. Data was not collected on the specific employment or life histories of the participants and thus, it is impossible to know to whom these findings could relate or if the study findings are generalizable beyond the specific participants. Key insights are revealed that may be useful in rethinking what older women need to remain healthy and productive as they age at work. The findings from the study supported previous research and incorporated the voice of the participants, unlike previous literature (Fraser et al., 2009; Payne & Doyal, 2010; McNamara & Williamson,

2004; Shacklock et al., 2009). Therefore, by providing older women workers with a voice within the academic literature, I believe that the study findings provide an important contribution to the current body of literature. As well, the findings could be used as a basis to provide suggestions to organizations to better support their older workers and provide suggestions for older women workers themselves. These suggestions will be distributed to the participants who indicated an interest in receiving this information for their own personal information and use.

There was some difficulty with recruitment of participants in that the advisory group was smaller than I had originally hoped due to difficulty in accessing potential participants and scheduling conflicts. A larger advisory group may have led the study in a different direction and a broader knowledge base from advisory group participants may have resulted in larger variation in the experiences of the survey participants because recruitment for the survey was reliant on the advisory group members and thus limited to the employment sectors that the advisory group members were privy to.

Another limitation of the study is that, although the study is considered participatory action research, the only participants who were included in the design and development of the study were the advisory group members. If the survey participants had been included in the design, more rich data may have been gathered. However, the inclusion of the advisory group in the design process and the interest garnered from this study both from the advisory group and survey participants suggests that the research design was appropriate for this study and the findings could be used to inform organizational practices. The forthcoming challenge for me will be to gain access to these organizations such that they will be encouraged to implement the recommendations that stemmed from the study findings, continuing the action portion of the study. Connecting with a community organization may have expanded the scope of the research and resulted in greater application of the study findings and inclusion of the participants both in the design and action portions of the study.

6.5. My Final Reflection and Conclusion

This participatory action research study aimed to define and examine strategies for promoting health and wellbeing of women who remain at work past the age of 55. The study findings exemplified the diverse situational contexts of older women workers and the variety of experiences that these women have, as members of this initial cohort of women who are working into later life, were highlighted in my research. Throughout this process I have spent much time thinking about the aging woman worker and reflecting on how the knowledge I have gained by studying this topic can inform my life, as a woman who is just embarking on my career. Three main messages stood out to me and to conclude this chapter and this thesis, I will summarize these messages in the form of advice that I received from the study participants that I believe are applicable to all women workers, not just as one nears older age or retirement.

Promote occupational purposefulness in work – the importance of participating in work that is personally rewarding and meaningful resonated with me throughout this process. The findings from this study highlighted this ideal, from the literature review and previous research that emphasized the importance of meaningful work to the survey participant who said, “set your sites on your dream job but be prepared for obstacles.” There are so many options for work that everyone is entitled to a job that they enjoy and although no job is perfect, I will strive to find work that I like. As one survey participant said, “if it’s still (mostly) fun, you should be doing it.” This attitude resonates with me and I plan to always remember these words of wisdom as I embark on my career.

Map pathway strategies towards end of work – the importance of planning for the future was emphasized throughout this thesis. Financial planning was addressed multiple times by the participants, including one participant who provided a goal budget to strive to have saved in order to retire comfortably, however, the importance of healthy active living as a younger adult also stood out to me because many participants offered advice regarding diet and physical activity and the importance of prioritizing these occupations as well as paid work for younger adults in order to be as healthy as possible when they reach older age. As well, I will aim to incorporate leisure and relaxation activities into my

routine as a younger person to prevent stress so I can enjoy work-life balance throughout my career.

Engage a collective strategy – the last take-home message that really resonated with me was the idea that everyone has something to contribute and no one can succeed on his or her own. The wisdom that comes from experience and age are as equally important as new ideas and high energy that younger workers contribute at work. This emphasis on teamwork and collaboration throughout the study resonated with me because of the collaboration that I have experienced throughout this process and the support that I received from my supervisory and advisory committee. As well, the advice that I received from the participants and the responses to the survey questions revealed to me that it is important to ask for help when needed. It is okay to rely on others in difficult situations, and because historically, women have only recently begun to experience aging at work it is even more important to support one another.

My attitudes and understandings of women in the workforce have changed throughout the course of conducting this study. It was my goal to provide a voice to older women workers and to co-create solutions to the challenges they face in work. By listening to what the study participants said, and focusing on the meaning behind their experiences and the ways they expressed themselves, I identified explicit and implicit needs of older women workers. The resultant actions now aim to inform their needs, both met and unmet, such that the findings and action-oriented suggestions from this study can positively influence the experiences of older women workers', both for women who are currently working into older age and for future generations, as women continue to engage in paid work occupations.

References

- Adams, K. B., Leibbrandt, S., & Moon, H. (2011). A critical review of the literature on social and leisure activity and wellbeing in later life. *Ageing and Society*, 31(4), 683-712.
- Aldrich R., & Callanan, Y. (2011). Insights about researching discouraged workers. *Journal of Occupational Science*, 18(2), 153-166.
- Altschuler, J. (2004). Beyond money and survival: The meaning of paid work among older women. *International Journal of Aging and Human Development*, 58(3), 223-239.
- Arksey, H. & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19-32.
- Armstrong-Stassen, M., & Staats, S. (2012). Gender differences in how retirees perceive factors influencing unretirement. *The International Journal of Aging and Human Development*, 75(1), 45-69.
- Au, D. W., Crossley, T. F., & Schellhorn, M. (2005). The effect of health changes and long-term health on the work activity of older Canadians. *Health Economics*, 14, 999-1018.
- Bardasi, E., & Jenkins, S. (2002). *Income in later life: Work history matters*. Bristol, UK: The Policy Press.
- Bellaby, P. (2006). Can then carry on working? Later retirement, health, and social inequality in an aging population. *International Journal of Health Services*, 36(1), 1-23.
- Berecki-Gisolf, J., Lucke, J., Hockey, R., & Dobson, A. (2008). Transitions into informal caregiving and out of paid employment of women in their 50s. *Social Science and Medicine*, 67, 122-127.

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Brydon-Miller, M., Kral, M., Maguire, P., Noffke, S., & Sabhlok, A. (2011). Jazz and the Banyan Tree: Roots and riffs on participatory action research. In N.K. Denzin & Y.S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research*, 4th edition (pp. 387-400). Los Angeles, CA: Sage.
- Buckley, C., Angel, J., & Donahue, D. (2000). Nativity and older women's health: Constructed reliance in the health and retirement study. *Journal of Women & Aging*, 12(3), 21-37.
- Buerhaus, P., Staiger, D., & Auerbach, D. (2000). Implications of an aging registered nurse workforce. *Journal of American Medical Association*, 283(22), 2948-2954.
- Cai, L., & Kalb, G. (2006). Health status and labour force participation: Evidence from Australia. *Health Economics*, 15(3), 241–261.
- Canada's Top 100 Employers. (2014). Retrieved from <http://www.canadastop100.com/national/>
- Canadian Longitudinal Study on Aging. (2009). Retrieved from <http://www.clsa-elcv.ca/>
- Canadian Society of Occupational Scientists. (2013). *What is occupational science?* Retrieved from <https://sites.google.com/site/occupationalsciencecanada/occupational-science/what-is-occupational-science>
- Charmaz, K. (2003). Grounded Theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.). *Strategies of qualitative inquiry* (2nd edition). (pp. 249-291). Thousand Oaks, CA: Sage.
- Chevalier, J., & Buckles, D. (2013). *Participatory Action Research: Theory and methods of engaged inquiry*. UK: Routledge.

- Chou, R. J.-A., & Choi, N. G. (2011). Prevalence and correlates of perceived workplace discrimination among older workers in the United States of America. *Ageing and Society, 31*(6), 1051-1070.
- City of London (2012). *Age friendly London: A three year action plan*. London, ON: Age Friendly London Task Force.
- Coffey, A., & Atkinson, P. (1996). Concepts and coding. In A. Coffey & P. Atkinson, *Making sense of qualitative data* (pp. 26-53). Thousand Oaks, CA: Sage.
- Conen, W. S., Henkens, K., & Schippers, J. J. (2011). Are employers changing their behavior toward older workers? An analysis of employers' surveys 2000-2009. *Journal of Aging Social Policy, 23*, 141-158.
- Creswell J. W., & Miller D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice, 39*, 124-130.
- De Cieri, H., Holmes, B., Abbott, J., & Pettit, T. (2005). Achievements and challenges for work/life balance strategies in Australian organizations. *The International Journal of Human Resource Management, 16*(1), 90-103.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107-115.
- Encel, S., & Studencki, H. (2004). Older workers: Can they succeed in the job market? *Australasian Journal on Ageing, 23*(1), 33-37.
- Everingham, C., Warner-Smith, P., & Byles, J. (2007). Transforming retirement: Re-thinking models of retirement to accommodate the experiences of women. *Women's Studies International Forum, 30*, 512-522.
- Fok, D., Shaw, L., Jennings, M. B., Cheesman, M. (2009). Towards a comprehensive approach for managing transitions of older workers with hearing loss. *Work, 32*, 365-376.

- Forssen, A. S., & Carlstedt, G. (2007). Health-promoting aspects of a paid job: Findings in a qualitative interview study with elderly women in Sweden. *Health Care for Women International*, 28, 909-929.
- Fraser, L., McKenna, K., Turpin, M., Allen, S., & Liddle, J. (2009). Older workers: An exploration of the benefits, barriers and adaptations for older people in the workforce. *Work*, 33, 261-272.
- Glaser, K., Evandrou, M., & Tomassini, C. (2005). The health consequences of multiple roles at older ages in the UK. *Health and Social Care in the Community*, 13(5), 470-477.
- Gower, D. (1997). Measuring the age of retirement. *Perspectives on Labour and Income*, 9, 11-17.
- Greller, M. M., & Stroh, L. K. (2004). Making the most of “late-career” for employers and workers themselves. *Organizational Dynamics*, 33(2), 202-214.
- Guba, E.G. & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp.105-119). Thousand Oaks, CA: Sage.
- Health and Retirement Study. (2013). Retrieved from <http://hrsonline.isr.umich.edu/index.php>
- Hocking, C. (2000). Occupational science: A stock take of accumulated insights. *Journal of Occupational Science*, 7(2), 58-67.
- Hocking, C. (2009). The challenge of occupation: Describing the things people do. *Journal of Occupational Science*, 16(3), 14-150.
- Kelloway, E., & Day, A. (2005). Building healthy workplaces: What we know so far. *Canadian Journal of Behavioural Science*, 37(4), 223-249.

- Kemmis, S. (2007). Proceedings from Spanish Collaborative Action Research Network Conference: *Action Research as a Practice-Changing Practice*. Valladolid, Mexico: University of Valladolid.
- Kim, J., & Moen, P. (2002). Retirement transitions, gender, and psychological well-being: A life-course, ecological model. *Journal of Gerontology*, *57B*(3), 212-222.
- Kincheloe, J. L. (2005). *Critical constructivism*. New York, NY: Peter Lang Publishing.
- Kincheloe, J. L. (2008). *Knowledge and critical pedagogy: An introduction*. Dordrecht, London: Springer.
- Kirgan, M., & Golembeski, S. (2010). Retaining an aging workforce by giving voice to older and experienced nurses. *Nurse Leader*, 34-36.
- Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied research* (3rd ed.). Thousand Oaks, CA: Sage.
- Laliberte Rudman, D. (2005). Understand political influences on occupational possibilities: An analysis of newspaper constructions of retirement. *Journal of Occupational Science*, *12*(3), 149-160.
- Laliberte Rudman, D. (2013). Enacting the critical potential of occupational science: Problematizing the 'individualizing of occupation'. *Journal of Occupational Science*, *20*(4), 298-313.
- Lee, C., & Gramotnev, H. (2007). Transitions into and out of caregiving: Health and social characteristics of mid-age Australian women. *Psychology and Health*, *22*(2), 193-209.
- Lievre, A., Jusot, F., Barnay, T., Sermet, C., Brouard, N., Robine, J., . . . Forette, F. (2007). Healthy working life expectancies at age 50 in Europe: A new indicator. *The Journal of Nutrition, Health & Aging*, *11*(6), 508-514.

- Lincoln, Y. S., & Guba, E. G. (2003). Paradigmatic controversies, contradictions, and emerging confluences. In N.K. Denzin & Y.S. Lincoln (Eds.), *The landscape of qualitative research: Theories and issues* (2nd edition) (pp. 253-291). Thousand Oaks, CA: Sage.
- Lips, H. M., & Hastings, S. L. (2012). Competing discourses for older women: Agency/leadership vs. disengagement/retirement. *Women & Therapy, 35*(3), 145-164.
- Loi, J. L. P., & Shultz, K. S. (2007). Why older adults seek employment: Differing motivations among subgroups. *Journal of Applied Gerontology, 26*(3), 274-289.
- Loretto, W., & White, P. (2006). Work, more work and retirement: Older workers' perspectives. *Social Policy and Society, 5*(4), 495-506.
- Marshall, V., Clarke, P., & Ballantyne, P. (2001). Instability in the retirement transition. *Research on Aging, 23*(4), 379-409.
- McMunn, A., Nazroo, J., Wahrendorf, M., Breeze, E., & Zaninotto, P. (2009). Participation in socially-productive activities, reciprocity and wellbeing in later life: Baseline results in England. *Ageing and Society, 29*(5), 765-782.
- McNamara, T. K., Brown, M., Aumann, K., Pitt-Catsouphes, M., Galinsky, E., & Bond, J. T. (2011). Working in retirement: A brief report. *Journal of Applied Gerontology, 32*(1), 120-132.
- McNamara, T. K., & Williamson, J. B. (2004). Race, gender, and the retirement decisions of people aged 60 to 80: Prospects for age integration in employment. *International Journal of Aging and Human Development, 59*(3), 255-286.
- Messe, P.-J. (2012). Do discriminatory attitudes to older workers at work affect their retirement intentions? *International Journal of Manpower, 33*(4), 405-423.
- Morgan, D. L. (1988). *Focus groups as qualitative research*. Newbury Park, CA: Sage.

- Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). Newbury Park, CA: Sage.
- Nahum-Shani, I., Bamberger, P. A., & Bacharach, S. B. (2011). Social support and employee well-being: The conditioning effect of perceived patterns of supportive exchange. *Journal of Health and Social Behavior*, 52(1), 123-139.
- Nelson, D. (1988). Occupation: Form and performance. *American Journal of Occupational Therapy*, 42(10), 633-641.
- Nilsson, I., & Townsend, E. (2010). Occupational Justice: Bridging theory and practice. *Scandinavian Journal of Occupational Therapy*, 17(1), 57-63.
- Nordenmark, M., & Stattin, M. (2009). Psychosocial wellbeing and reasons for retirement in Sweden. *Ageing and Society*, 29(3), 413-430.
- NuÑEz, I. (2009). The effects of age on health problems that affect the capacity to work: An analysis of United Kingdom labour-force data. *Ageing and Society*, 30, 491-510.
- Olesen, S. C., Butterworth, P., & Rodgers, B. (2012). Is poor mental health a risk factor for retirement? Findings from a longitudinal population survey. *Social Psychiatry Psychiatry Epidemiology*, 47, 735-744.
- O'Reilly, N., Thomlinson, R., & Castrey, M. (2003). Women's aging benchmarks in relation to their health habits and concerns. *American Journal of Health and Behavior*, 27(3), 268-277.
- Oxford Dictionary (2014). Retrieved from <http://www.oxforddictionaries.com/definition/english/>
- Park, P. (2001). Knowledge and participatory research. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp.81–90). London: Sage.

- Parris, S., Cowan, A., & Huggett, N. (2006). *Report on diversity: Priorities, practices and performance in Canadian organizations*. Canada: The Conference Board of Canada.
- Paton, N. (2002). An age-old problem. *Occupational Health*, 54(12), 18-20.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pavalko, E., Gong, F., & Long, J. (2007). Women's work, cohort change, and health. *Journal of Health and Social Behavior*, 48(4), 352-368.
- Payne, S., & Doyal, L. (2010). Older women, work and health. *Occupational Medicine*, 60, 172-177.
- Pettican, A., & Prior, S. (2011). It's a new way of life: An exploration of the occupational transition of retirement. *The British Journal of Occupational Therapy*, 74(1), 12-19.
- Phelan, E., Anderson, L., LaCroix, A., & Larson, E. (2004). Older adults' views of successful aging: How do they compare with researchers' definitions? *Journal American Geriatric Society*, 52, 211-216.
- Pinquart, M., & Sorensen, S. (2003). Differences between caregivers and noncaregivers in psychological health and physical health: A meta-analysis. *Psychology and Aging*, 18(2), 250-267.
- Platman, K. (2006). Age myths must be confronted. *Occupational Health*, 58(4), 20-22.
- Portney, L., & Watkins, M. (2000) *Foundations of clinical research; Application to practice* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall Inc.

- Raymo, J. M., Warren, J. R., Sweeney, M. M., Hauser, R. M., & Ho, J. H. (2010). Later-life Employment preferences and outcomes: The role of mid-life work experiences. *Research on Aging, 32*(4), 419-466.
- Reavley, N., Livingston, J., Buchbinder, R., Bennell, K., Stecki, C., & Osborne, R. H. (2010). A systematic grounded approach to the development of complex interventions: The Australian work/health program - arthritis as a case study. *Social Science and Medicine, 70*, 342-350.
- Reichstadt, J., Sengupta, G., Depp, C., Palinkas, L., & Jeste, D. (2010). Older adults' perspectives on successful aging: Qualitative interviews. *The American Journal of Geriatric Psychiatry, 18*(7), 567-575.
- Riel, M. (2010). Understanding Action Research, Center for Collaborative Action Research. Pepperdine University. Accessed online on April 2013 from <http://cadres.pepperdine.edu/ccar/define.html>
- Saba, T., & Guerin, G. (2005). Extending employment beyond retirement age: The case of health care managers in Quebec. *Public Personnel Management, 34*(2), 195-214.
- Saldhana, J. (2009). *The coding manual for qualitative researchers*. Los Angeles, CA: Sage.
- Service Canada. (2012). *Placing old age security on a sustainable path*. Retrieved from <http://www.servicecanada.gc.ca/eng/isp/oas/changes/index.shtml>
- Shacklock, K., Brunetto, Y., & Nelson, S. (2009). The different variables that affect older males' and females' intentions to continue working. *Asia Pacific Journal of Human Resources, 47*(1), 79-101.
- Shaw, L. (2013). Are we ready to address the new expectations of work and workers in the transforming world of work? *Work, 44*, 2-9.

- Shaw, L., & Laliberte Rudman, D. (2009). Using occupational science to study occupational transitions in the realm of work: From micro to macro levels. *Work*, 32, 361-364.
- Smyer, M., & Pitt-Catsouphes, M. (2007). The meanings of work for older workers. *Generations*, 31(1), 23-30.
- Soer, R., Brouwer, S., Geertzen, J. H., van der Schans, C. P., Groothoff, J. W., & Reneman, M. F. (2012). Decline of functional capacity in healthy aging workers. *Archives of Physical Medicine and Rehabilitation*, 93, 2326-2332.
- Stadnyk, R., Townsend, E., & Wilcock, A. (2010). Occupational justice. In C. Christiansen & E. Townsend (Eds.). *Introduction to Occupation: The Art and Science of Living* (2nd ed.) p. 329-358. Upper Saddle River, NJ: Prentice Hall.
- Statistics Canada. (2012). *Canadian socioeconomic database*. Retrieved from <http://www5.statcan.gc.ca/cansim/a05>
- Szanton, S. L., Gill, J. M., & Thorpe, J. R. J. (2010). The society-to-cells model of resilience in older adults. *Annual Review of Gerontology and Geriatrics*, 30(1), 5-34.
- Tracy, S. J. (2010). Qualitative quality: Eight “big tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837-851.
- Urbanowski, R., Shaw, L., & Chelagat Chemmuttut, L. (2013). Occupational science value propositions in the field of public policy. *Journal of Occupational Science*, 20(4), 314-325.
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, 15, 398-405.
- Vickerstaff, S., Cox, J., & Keen, L. (2003). Employers and the management of retirement. *Social Policy and Administration*, 37I(3), 271-287.

- Wells, Y., de Vaus, D., Kendig, H., & Quine, S. (2009). Health and wellbeing through work and retirement transitions in mature age: Understanding pre-post and retrospective measures of change. *The International Journal of Aging and Human Development, 69*(4), 287-310.
- Wicks, A. (2006). Older women's "ways of doing": Strategies for successful ageing. *Ageing International, 31*(4), 263-275.
- Wilcock, A. (2007). Occupation and health: Are they one and the same? *Journal of Occupational Science, 14*(1), 3-8.
- World Health Organization (1946). Proceedings from International Health Conference: *Preamble to the Constitution*. New York, NY: World Health Organization.
- Wright-St Clair, V. (2012). Being occupied with what matters in advanced age. *Journal of Occupational Science, 19*(1), 44-53.
- Yerxa, E. J. (1993). Occupational science: A new source of power for participants in occupational therapy. *Journal of Occupational Science: Australia, 1*(1), 3-10.
- Zimmerman, L., Mitchell, B., Wister, A., & Gutman, G. (2000). Unanticipated consequences: A comparison of expected and actual retirement timing among older women. *Journal of Women and Aging, 12*(1), 109-128.
- Zissimopoulos, J., & Karoly, L. (2009). Labour-force dynamics at older ages. *Research on Aging, 31*(1), 89-111.

Appendices

Appendix A Articles Included in the Scoping Review

Article Reference Number	Author(s)	Title	Year	Journal	Type of Article	Location	Keywords/ Reason For Inclusion
1	Adams, Leibbrandt, Moon	A critical review of the literature on social and leisure activity and wellbeing in later life	2011	Ageing and Society	Review, exploratory	US	aging, health/ wellbeing
2	Altschuler	Beyond money and survival: The meaning of paid work among older women	2004	International Journal of Aging and Human Development	Qualitative, exploratory	US	older women workers
3	Armstrong-Stessen, Staats	Gender differences in how retirees perceive factors influencing unretirement	2012	The International Journal of Aging and Human Development	Quantitative, exploratory	Canada	women workers, retirement
4	Au, Crossley, Schellhorn	The effect of health changes and long-term health on the work activity of older Canadians	2005	Health Economics	Quantitative, exploratory	Canada	older workers, health/ wellbeing
5	Bellaby	Can they carry on working? Later retirement, health, and social inequality in an aging population	2006	International Journal of Health Services	Quantitative, exploratory	UK	older workers, retirement, health/ wellbeing
6	Berecki-Gisolf, Lucke, Hockey, Dobson	Transitions into informal caregiving and out of paid employment of women in their 50s	2008	Social Science and Medicine	Quantitative, descriptive	Australia	women workers
7	Buckley, Angel, Donahue	Nativity and older women's health: Constructed reliance in the health and retirement study	2000	Journal of Women and Aging	Quantitative, exploratory	US	older women, retirement, health/ wellbeing
8	Buerhaus, Staiger, Auerbach	Implications of an aging registered nurse workforce	2000	Journal of American Medical Association	Quantitative, experimental	US	older workers, retirement
9	Chou, Choi	Prevalence and correlate of perceived workplace discrimination among older workers in the United States of America	2011	Ageing and Society	Quantitative, exploratory	US	older workers
10	Conen, Henskens, Schippers	Are employers changing their behaviour toward older workers? An analysis of employers' surveys 2000-2009	2011	Journal of Aging and Social Policy	Quantitative, exploratory	The Netherlands	older workers
11	Encel, Studencki	Older workers: Can they succeed in the job market?	2004	Australasian Journal on Ageing	Mixed methods, exploratory	Australia	older workers
12	Everingham, Warner-Smith, Byles	Transforming retirement: Re-thinking models of retirement to accommodate the experiences of women	2007	Women's Studies International Forum	Qualitative, exploratory	Australia	women workers, retirement

13	Forssen, Carlstedt	Health-promoting aspects of a paid job: Findings in a qualitative interview study with elderly women in Sweden	2007	Health Care for Women International	Qualitative, exploratory	Sweden	older women workers, health/ wellbeing
14	Fraser, McKenna, Turpin, Allen, Liddle	Older workers: An exploration of the benefits, barriers, and adaptations for older people in the workforce	2009	Work	Qualitative, exploratory	Australia	older workers, health/ wellbeing
15	Glaser, Evandrou, Tomassini	The health consequences of multiple roles at older ages in the UK	2005	Health and Social Care in the Community	Mixed methods, descriptive	UK	older workers, retirement, health/ wellbeing
16	Greller, Stroh	Making the most of "late-career" for employers and workers themselves	2004	Organizational Dynamics	Review, descriptive	US	older workers, retirement
17	Kelloway, Day	Building healthy workplaces: What we know so far	2005	Canadian Journal of Behavioural Science	Special issue, exploratory	Canada	work, health/ wellbeing
18	Kim, Moen	Retirement transitions, gender, and psychological wellbeing: A life-course, ecological model	2002	Journal of Gerontology	Quantitative, exploratory	US	retirement, health/ wellbeing
19	Kirgan, Golembeski	Retaining an aging workforce by giving voice to older and experienced nurses	2010	Nurse Leader	Qualitative, exploratory	US	aging women workers
20	Lievre, Jusot, Sermet, Brouard, Robine, Brieu, Forette	Healthy working life expectancies at age 50 in Europe: A new indicator	2007	The Journal of Nutrition, Health, and Aging	Quantitative, descriptive	Europe (various)	older workers, health/ wellbeing
21	Lips, Hastings	Competing discourses for older women: Agency/leadership vs. disengagement/retirement	2012	Women and Therapy	Review, exploratory	US	older women workers, retirement, health/ wellbeing
22	Loi, Shultz	Why older adults seek employment: Differing motivations among subgroups	2007	Journal of Applied Gerontology	Quantitative, exploratory	US	older workers
23	Marshall, Clarke, Ballantyne	Instability in the retirement transition	2001	Research on Aging	Quantitative, exploratory	Canada	work, retirement, health/ wellbeing
24	McMunn, Nazroo, Wahrendorf, Breese, Zaninotto	Participation in socially-productive activities, reciprocity and wellbeing in later life: baseline results in England	2009	Ageing and Society	Quantitative, exploratory	UK	work, retirement, health/ wellbeing
25	McNamara, Brown, Aumann, Pitt-Catsouphes, Galinsky, Bond	Working in retirement: A brief report	2011	Journal of Applied Gerontology	Quantitative, exploratory	US	older workers, retirement
26	McNamara, Williamson	Race, gender, and the retirement decisions of people ages 60 to 80: Prospects for age integration in employment	2004	International Journal of Aging and Human Development	Quantitative, experimental	US	older workers, health/ wellbeing
27	Messe	Do discriminatory attitudes to older workers at work affect their retirement intentions?	2012	International Journal of Manpower	Quantitative, exploratory	US	older women workers, retirement
28	Nahum-Shani, Bamberger, Bacharach	Social support and employee well-being: The conditioning effect of perceived patterns of supportive exchange	2011	Journal of Health and Social Behaviour	Quantitative, exploratory	US	older workers, health/ wellbeing

29	Nordenmark, Stattin	Psychological wellbeing and reasons for retirement in Sweden	2009	Ageing and Society	Quantitative, exploratory	Sweden	retirement, health/ wellbeing
30	Nunez	The effects of age on health problems that affect the capacity to work: An analysis of United Kingdom labour-force data	2009	Ageing and Society	Quantitative, exploratory	UK	older workers, health/ wellbeing
31	Olesen, Butterworth	Is poor mental health a risk factor for retirement? Findings from a longitudinal population survey	2012	Social Psychiatry and Psychiatric Epidemiology	Quantitative, exploratory	Australia	retirement, health/ wellbeing
32	O'Reilly, Thomlinson, Castrey	Women's aging benchmarks in relation to their health habits and concerns	2003	American Journal of Health and Behaviour	Quantitative, descriptive	US	older women, health/ wellbeing
33	Paton	An age-old problem	2002	Occupational Health	Special issue, descriptive	UK	older workers older women workers, health/ wellbeing
34	Payne, Doyal	Older women, work, and health	2010	Occupational Medicine	Review, descriptive	UK	retirement, health/ wellbeing
35	Pettican, Prior	It's a new way of life: An exploration of the occupational transition of retirement	2011	The British Journal of Occupational Therapy	Qualitative, descriptive	UK	aging, health/ wellbeing
36	Phelan, Anderson, LaCroix, Larson	Older adults' views of "successful aging" - How do they compare with researchers' definitions?	2004	Journal of American Geriatric Society	Quantitative, exploratory	US	older workers, retirement
37	Platman	Age myths must be confronted	2006	Occupational Health	Special issue, descriptive	Europe (UK)	work, retirement
38	Raymo, Warren, Sweeney, Hauser, Ho	Later-life employment preferences and outcomes: The role of midlife work experiences	2010	Research on Aging	Quantitative, exploratory	US	work, health/ wellbeing
39	Reavly, Linvingston, Buchbinder, Bennell, Stecki, Osborne	A systematic grounded approach to the development of complex intervention: The Australian Work Health Program - Arthritis as a case study	2010	Social Science and Medicine	Qualitative, experimental	Australia	work, health/ wellbeing
40	Reichstadt, Sengupta, Depp, Palinkas, Jeste	Older adults perspectives on successful aging: Qualitative Interviews	2010	The American Journal of Geriatric Psychiatry	Qualitative, exploratory	US	older workers, retirement
41	Saba, Guerin	Extending employment beyond retirement age: The case of health care workers in Quebec	2005	Public Personnel Management	Quantitative, exploratory	Canada	older women workers
42	Shacklock, Brunetto, Nelson	The different variables that affect older males' and females' intentions to continue working	2009	Asia Pacific Journal of Human Resources	Quantitative, exploratory	Australia	older workers, health/ wellbeing
43	Smyer, Pitt-Catsouphes	The meanings of work for older workers	2007	Generations	Guest editorial, exploratory	US	older workers, health/ wellbeing
44	Soer, Brouwer, Geertzen, van der Schans, Groothoff, Reneman	Decline of functional capacity in healthy aging workers	2012	Archives of Physical Medicine and Rehabilitation Annual Review of Gerontology and Geriatrics	Quantitative, experimental	The Netherlands	aging, health/ wellbeing
45	Szanton, Gill, Thorpe Jr.	The society-to-cells model of resilience in older adults	2010	The International Journal of Aging and Human Development	Theoretical, descriptive	US	retirement, health/ wellbeing
46	Wells, De Vaus, Kendig, Quine	Health and wellbeing through work and retirement transitions in mature age: Understanding pre-post and retrospective measures of change	2009		Quantitative, exploratory	Australia	

47	Wicks	Older women's "ways of doing": Strategies for successful ageing	2006	Ageing International	Qualitative, descriptive	Australia	older women, health/ wellbeing
48	Wright-St. Clair	Being occupied with what matters in advanced age	2012	Journal of Occupational Science	Qualitative, exploratory	New Zealand	older women
49	Zimmerman, Mitchell, Wister, Gutman	Unanticipated consequences: A comparison of expected and actual retirement timing among older women	2000	Journal of Women and Aging	Quantitative, exploratory	Canada	women, retirement
50	Zissimopoulos, Karoly	Labour-force dynamics at older ages	2009	Research on Aging	Quantitative, exploratory	US	older workers, retirement

Appendix B Phase 1 Recruitment Script

Email Script for Recruitment - Subject Line: Invitation to participate in research

You are being invited to participate in a research study that we, Dr. Lynn Shaw and Gillian Gorfine, are conducting. The study involves participating in an advisory group that will identify and define a research strategy to support the health and wellbeing of women over the age of 55 who work. You have been selectively recruited as a potential member of the advisory group because you have been identified as someone who has knowledge and expertise related to employment practices and/or health promotion of older workers. By participating in the study you will assist in the design and development of a series of educational sessions for older women workers. Participation in the study will require a commitment of approximately 1.5 hours in the upcoming months. I have created a Doodle Calendar with potential dates to hold the focus group discussions. Please follow the link: <http://doodle.com/y73eukdduna4ehwm> and indicate your preferred dates by Tuesday, October 1. The sessions will take place at Western University and light refreshments will be served.

See the attached letter of information and consent form for further details regarding this study. Prior to participating, you will be required to sign the consent form indicating that you have read the letter of information. Please print off the consent form and bring it with you to the first research session. If you can recommend other female members of the London community who may be interested in participating in this research or should you require further information, please contact Gillian Gorfine at [REDACTED].

Thank you,

Lynn Shaw, PhD, OT Reg (Ont)
Associate Professor
Western University

Gillian Gorfine, BA
MSc Candidate
Western University

Appendix C Phase 1 Letter of Information

Project Title: Healthy Aging at Work: Women's Perspectives

Principal Investigator: Lynn Shaw, PhD, OT Reg (Ont) Associate Professor, Western University

Letter of Information

1. Invitation to Participate

You are being invited to participate in this research study about the experiences of older women workers (55 years of age and older). You are being invited because you have knowledge or expertise on health promotion or employment practices, standards, and policies that involve older women workers, or because you are an older woman who is currently working, or has worked past the age of 55.

2. Purpose of the Letter

The purpose of this letter is to provide you with information such that you can make an informed decision regarding participation in this research.

3. Purpose of this Study

The aim of this study is engage women in an action-oriented research approach to define and examine strategies for promoting the health and wellbeing of women who remain at work past 55. The need for this study is to address the current gap in the literature and knowledge base on the barriers and facilitators in promoting health and wellbeing of older women in the workplace and to support women in achieving their occupational potential as they age at work.

4. Inclusion Criteria

1. Individuals who work with older women in Canada and have knowledge and expertise related to employment practices and/or health promotion.
2. English-speaking women who participated in paid work beyond the age of 55 and women who are currently working past the age of 55.

5. Exclusion Criteria

Women who do not speak English and those who are not or have not worked past the age of 55 are not eligible to participate in this study.

6. Study Procedures

This study is a two-part study. You may be invited to participate in the Phase 1, which involves sitting on an advisory board (6-10 women) to identify the key problems and areas of focus for this research to engage women's perspectives on ways to support the health and wellbeing of older women who work. Development of the key problems and research strategy will occur over two 1.5-hour sessions on Western University campus in Elborn College, room 2534. The session will begin with a brief presentation regarding the current state of knowledge on the health and wellbeing of older women workers and the need for action research. The presentation will be followed by a focus group discussion to identify the key problems and strategies to engage and empower older women and to explore barriers to, and opportunities that might facilitate health and wellbeing. Both the presentation and following discussion will be audio and/or video recorded to allow the research team to review the focus group. We, the researchers, propose that in Phase 1 the advisory group may identify up to 4-6 topics of interest that may serve to promote discussion among older women workers on ways that health and wellbeing may be promoted as they age at work. These topics will then be used as the basis for Phase 2 of the study that will involve subsequent focus groups where participants will be women workers over the age of 55. If you agree to participate on the advisory committee, you may also be asked to present one of the topics at the focus groups. If you are invited to participate in Phase 2 of the study, you will be asked to complete an online survey that will further identify the needs of women working past the age of 55.

7. Possible Risks and Harms

There are no known or anticipated risks or discomforts associated with participating in this study.

8. Possible Benefits

You may not directly benefit from participating in this study but information gathered may provide benefits to society as a whole which include increased knowledge regarding the importance of health promotion for older working women.

9. Compensation

You will not be compensated for your participation in this research.

10. Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time with no effect on your future employment.

11. Confidentiality

All data collected will remain confidential and anonymous, and accessible only to the investigators of this study. Your research records will be stored in the following manner:

locked in a cabinet in a secure office; only members of the research team will review audio and video recordings and they will be destroyed after five years. If the results are published, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. Representatives of The University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

12. Contacts for Further Information

If you require any further information regarding this research project or your participation in the study you may contact Dr. Lynn Shaw at [REDACTED] or Gillian Gorfine at [REDACTED]. If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics at [REDACTED].

13. Publication

If the results of the study are published, your name will not be used. If you would like to receive a copy of any potential study results, please contact Dr. Lynn Shaw at [REDACTED] or Gillian Gorfine at [REDACTED].

This letter is yours to keep for future reference.

Appendix D Phase 1 Demographic Questionnaire

1. Age: _____
2. Current Job/Position: _____
3. Employment background, select all that apply:
 - Health and safety
 - Health promotion
 - Policy
 - Research and development
 - Mental health
 - Physical health
 - Other, please specify: _____
4. What approaches are you aware of that promote the health and wellbeing when working with women over the age of 55?
5. Please identify three things that you consider important for women to maintain their health and wellbeing at work.
 - a. _____
 - b. _____
 - c. _____

Appendix E Phase 2 Recruitment Email and Letter of Information

Proposed Script for Email to Organizations and Gatekeepers to Support Recruitment

Subject Recruitment for participation in a research project on the needs of women working over 55

Thank you for agreeing to assist me in the recruitment of women to participate in an online survey on the needs of women who are working into later life. Please see the attached letter of information for further explanation on this research study. The following text can be provided to people whom you think may be interested in participating in the study, or posted on your website for indirect recruitment. In order for timely completion of this research study, please forward this message and letter of information to your contacts at your earliest convenience as the response deadline for the survey is May 8, 2014.

Proposed Script for Email, Websites, or for Interested Participants who Contact Gillian Direct From Advertisements:

You are being invited to participate in a research project on the healthy aging of women who work beyond the age of 55. We, Dr. Lynn Shaw and Gillian Gorfine, consulted an advisory group and developed a survey about the needs of women who are working past the age of 55. Women who are recently retired or are currently working beyond the age of 55 are invited to participate. In this research project we invite you to complete a short online survey that asks questions regarding your needs as a woman who is working into later life. The aim of this study is to develop an understanding of the met and unmet needs of women who are working into later life. Participation in the study will require a commitment of approximately 5-7 minutes.

Attached you will find a letter of information with further details regarding this study. If you are interested in participating, please complete the survey by May 8, 2014.

Thank you,

Lynn Shaw, PhD, OT Reg (Ont)
Associate Professor
Western University

Gillian Gorfine, BA
MSc Candidate
Western University

Letter of Information

Project Title: Healthy Aging at Work: Women's Perspectives

Principal Investigator:

Lynn Shaw, PhD, OT Reg (Ont) Associate Professor, Western University

Letter of Information

14. Invitation to Participate

You are being invited to participate in this research study about the experiences of older women workers (55 years of age and older). You are being invited because you have self-identified as an older woman who is currently participating in paid employment, or has worked past the age of 55.

15. Purpose of the Letter

The purpose of this letter is to provide you with information such that you can make an informed decision regarding participation in this research.

16. Purpose of this Study

The aim of this study is engage women in an action-oriented research approach to examine the needs of needs of women in order to promote their health and wellbeing as they age in the workplace.

17. Inclusion Criteria

English-speaking women who participated in paid work for at least ten hours per week within the past year and who are beyond the age of 55 or women who are currently working at least ten hours per week and at are at least 55 years of age.

18. Exclusion Criteria

Women who do not speak English and those who are not or have not participated in paid employment past the age of 55 within the past year are not eligible to participate in this study.

19. Study Procedures

This study is a two-part study. Phase 1 consisted of developing an advisory group of four women who recommended the researchers administer a survey to women over the age of

55 who are working in order to develop a deeper understanding of the health and wellbeing needs of older women workers.

Currently in Phase 2 of the study, you are being asked to complete the online survey that has been developed to further identify the needs of women working past the age of 55.

20. Possible Risks and Harms

There are no known or anticipated risks or discomforts associated with participating in this study.

21. Possible Benefits

You may not directly benefit from participating in this study but information gathered may provide benefits to society as a whole which include increased knowledge regarding the importance of health promotion for older working women.

22. Compensation

You will not be compensated for your participation in this research.

23. Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time with no effect on your future employment.

24. Confidentiality

All data collected will remain confidential and anonymous, and accessible only to the investigators of this study. Data storage and security measures are in place: Any electronic data or files will be password protected and or stored in password-protected computers. Identifying information collected will not be retained and information from this study will be destroyed upon completion of the study. Only individuals directly involved with this study will have access to any information that would reveal your identity. If you choose to withdraw from this study, your data will be removed and destroyed from our database. If the results of the study are published no information that discloses your identity will be released or published. Representatives of The University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

25. Contacts for Further Information

If you require any further information regarding this research project or your participation in the study you may contact Dr. Lynn Shaw at [REDACTED] or Gillian Gorfine at [REDACTED].

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics [REDACTED]
[REDACTED]

26. Publication

If the results of the study are published, your name will not be used. If you would like to receive a copy of any potential study results, please contact Dr. Lynn Shaw at [REDACTED] or Gillian Gorfine at [REDACTED].

27. Consent

Completion of the survey is indication of your consent to participate. We ask that you read this letter of information and consent and if you agree to participate please click on the link at the end of the document that will take you directly to the online survey or complete the hard copy of the survey that is attached to this letter. Completing the survey will indicate your consent to take part in the research.

This letter is yours to keep for future reference.

If you are interested in participating in the study, please follow the link:
<http://goo.gl/Pqadhq>

Appendix F Older Woman Worker Survey

You are being invited to participate in this research study about the experiences of older women workers (55 years of age and older). You are being invited because you have self-identified as an older woman who is currently participating in paid employment, or has worked past the age of 55. The aim of this study is engage women in an action-oriented research approach to examine the needs of women in order to promote their health and wellbeing as they age in the workplace.

English-speaking women who participated in paid work for at least ten hours per week within the past year and who are beyond the age of 55 or women who are currently working at least ten hours per week and at are at least 55 years of age are invited to participate in this survey.

If you do not speak English or have not participated in paid employment past the age of 55 within the past year you are not eligible to participate in this study.

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time with no effect on your future employment.

All data collected will remain confidential and anonymous, and accessible only to the investigators of this study. Your research records will be password protected online and will be stored in a locked cabinet in a secure office. Only members of research team will review the data and it will be destroyed after five years. If the results are published, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. Representatives of The University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

If you require any further information regarding this research project or your participation in the study you may contact Dr. Lynn Shaw at [REDACTED] or Gillian Gorfine at [REDACTED].

Completion of the survey is indication of your consent to participate.

Introductory Questions for all Participants

Demographic Information: Please select your age range

- 55-59
- 60-64
- 65+

Employment History: Please select all that apply

- I have reduced my work hours as I prepare for retirement
- I have applied for a new job since turning 55
- I have returned to work after taking some time off
- Other:

Are you currently working? Please select the most appropriate response

- Currently working
- Recently retired

What type of job do you have? Please provide your employment sector and/or job title

Needs-Based Questions for Older Women Currently Working

Have you ever thought about your health and wellbeing needs at work?

- Yes
- No

What do you think about your overall sense of health and wellbeing as an older woman worker?

Do you have any unmet needs that you would like addressed at work to improve your overall health and wellbeing? If so, please explain

Who contributes to your overall health and wellbeing at work? Please select all that apply.

- coworkers
- supervisors
- family
- friends
- Other:

What are the ways that others can meet your overall needs for health and wellbeing at work? Eg: coworkers, supervisors, etc.

Needs-Based Questions for Recent Retirees

Did you ever think about your health and wellbeing needs as an older woman worker when you were working?

- Yes
 No

What do you think about your overall sense of health and wellbeing when you were an older woman worker?

Did you have any unmet needs that you would have liked addressed at work to improve your overall health and wellbeing? If so, please explain.

Who contributed to your overall health and wellbeing at work? Please select all that apply.

- coworkers
 supervisors
 family
 friends
 Other:

What are the ways that others could have met your overall needs for health and wellbeing while at work? Eg: coworkers, supervisors, etc.

Concluding Questions for all Participants

What advice would you give to women about managing their health and sense of wellbeing who are continuing to work into later life?

What other questions, if any, would you include or add to this survey on the needs of older women workers?

If you would like to be informed about the results of this research, please provide your email address:

Appendix G Raw Survey Data

Age Range	Working or Retired	Employment Sector	What do you think about your overall sense of health and wellbeing as an older woman worker?	Do you have any unmet needs that you would like addressed at work to improve your overall health and wellbeing?	What are the ways that others can meet your overall needs for health and wellbeing at work?	What other questions, if any, would you include or add to this survey on the needs of older women workers?	What advice would you give to women about managing their health and overall sense of wellbeing who are continuing to work into later life?
55-59	working	N/A	I find that as long as I am supported by my superiors, I am healthy and feel well. I have worked in the past, with direct supervisors who did not support you in the work environment when the organization was going through a tough time, or when there is unhappiness in the office. This is when I 'crash' and become depressed. I am a healthy older woman who remains active. I have had some physical issues related to bad ergonomics in a former workplace. As such, I did discuss the need for a proper chair and computer set up in my orientation to a new job secured two years ago.	Not at this job.	not sure.	N/A	Be fussy about the job you accept and make sure it fits with your philosophies and morals. Make sure you are clear about your expectations for the job and interactions with all levels of employees.
55-59	working	N/A	I try to be as healthy as possible. I eat properly and exercise on a daily basis. Living healthy means that I can be more productive at work and in my personal life. Being positive and feeling good about myself.	No	By acknowledging my skills, networking and experience as an integral part of our organization's success. Also, by affording me an opportunity to continue to learn new skills and knowledge, as part of my role on the team.	What has been your biggest challenge as an older woman in the workplace? What has been your greatest success as an older woman in the workplace? Have you experienced difficulty in being hired? If so, please outline any obstacles.	Be proud of your accomplishments and experience - it carries great value for any staff team. It took years of hard work to reach this point in your career, so embrace the opportunity to shine and share with colleagues who are younger and less experienced.
55-59	working	Government Director	I try to be as healthy as possible. I eat properly and exercise on a daily basis. Living healthy means that I can be more productive at work and in my personal life. Being positive and feeling good about myself.	To improve my Co-workers health and wellbeing. Try to help them being positive would be a better working environment for myself and my co-workers	N/A	N/A	To think positive and try to be as healthy as possible and feel good about yourself then everything else will fall in place in your life

55-59	working	Professor	I must consistently engage in things that promote my personal wellness- exercise, sleep, good diet- because as I age, I don't have the resiliency to overcome the negative effects of letting these things slide. If I want to have enough energy for a full personal and work life, I realize I have to plan for health.	The work is great, but there is so much of it. One thing that would help address my overall health and wellbeing is more time at work to focus on the things only I can do and less time on things that administrative support could help with. We have great admin support staff but these things are not in their job description, and we are told there is no budget to support more help.	A sense of shared purpose, commitment and effort, being respectful of each person's particular strengths and their contributions, the ability to be authentic and feel welcomed.	questions about the other things in life- commitment to helping out in the community, taking care of aging parents, children, grandchildren- and how women balance all the demands.	You need to pay attention; work will take your health only if you give it to them. So, take the time to plan for wellness and realize that you are worth it.
55-59	working	Nurse	often caught in the middle between family and work - everybody wants a piece of me, and sometimes I have nothing left for me physically, I spend far too much time sitting	more flexibility to be able to manage all my responsibilities information on what accommodations are available	drag me away from my desk to take lunch invite me along for walks outside during breaks, buddy me at corporate wellness events	what do you think your health and wellness needs are?	believe you deserve to have your needs supported speak up about what you need
55-59	working	Professor	It is pretty normal in my profession to be working post 55. I have many similarly aged (& older) female colleagues; not a "special" issue (as of yet)	Nothing comes to mind	Although I work FT (& beyond some weeks), have a lot of control over my work and how I spent my working time; I suspect that helps at any age.	N/A	Same advice most of us should follow; eat right; exercise; de-stress; control your weight
55-59	working	Community Support Supervisor	I believe that staying in the workforce fulfills me and keeps me motivated.	None	Support my decisions and work closely as a team encourage taking a walk on brake or at lunch time be supportive	N/A	Be sure that if you decide to continue working that you enjoy your job, and not just working to live.
55-59	working	Program Coordinator	N/A	N/A		N/A	take time for your own needs
55-59	working	Health Care	I worry about the day to day stress of the job and my long term health	too much work for one person	assisting me when work load get overwhelming Communicating on a regular basis, checking equipment constantly	Do you have to work? what are your fears about not working?	work only part time and make sure it isn't more than 3 days per week. This gives you the opportunity time to have down time and do things for you.
55-59	working	Fitness Instructor	Very good Often experienced nurses get extra tasks added to their workload-seen as leaders and always asked to be training new recruits-stressful. They also get to deal with the sandwich generation thing..... worries about	no		N/A	Exercise, eat healthy Woman continue to do the same work as men and not get the same pay....then they get to have a bigger share of the responsibilities at home.....not fair. Dye your hair....a lot of ageism in the workplace and older women are not always
55-59	working	Nurse		Need to start earlier to prepare for aging and tips for health and wellbeing. Maybe more could be done in the workplace.	Provide information and links to opportunities and resources.	N/A	

			adult children and older parents. Hard to find time to focus on their own health issues/needs and planning for retirement.				valued. Need to meet with others in the same age group for support and information sharing.
55-59	working	Nurse	Larger font on computer screens. Need for exercise for all age groups. Exercise programs for 55 +	Information sessions on healthy aging	Benefit programs that include more funding for those diagnosed with osteoporosis, massage, and physiotherapy. More sessions on retirement and the transition to retirement. More opportunity to work part time or casual.	N/A	Take time to de-stress if needed. Manage stress...take care of yourself first ...put yourself on a exercise/distress program
55-59	working	Fitness Instructor	I feel my job is an advantage for me as I age	No	NA	Exercise programs in the workplace...longer lunch	The advice I find it hard to take myself - find the time to exercise and relax. Try to get into something you enjoy. That is the most important thing. Try to allow yourself time to look after yourself i.e. exercise and eating well.
55-59	working	HR Director	I wish I had more time to work on that as I know I should!	Workplace exercise and meditation programs would be great.	Better tracking of workloads. More worksite opportunities to learn about balance, health, etc.	N/A	
55-59	working	Fitness Specialist	I feel my needs are met. This is a 2nd career so have picked something I enjoy doing	N/A	N/A	N/A	
55-59	working	Staff Coordinator	Absolutely, health is most important, both mental and physical. Just recently changed jobs for that very reason. Gets me out in the community. Makes me feel that I am contributing positively to the world. Always learning new things,	Only in new job less than a week.... too early to tell.	The atmosphere/ environment and language used to communicate, both professionally and personally provide a positive atmosphere. Provide options for personal diet choices (kitchen for brown baggers) etc. Flexibility to allow scheduling of doctors appointments, lunch outings for fresh air/exercise, etc.	Would you prefer to work part-time if a suitable job was available?	Ensure you keep a balance of work/home/personal. Exercise and diet seem to be the most important and drives the success of keeping balanced.
55-59	working	Personal Support Worker	I don't give it much thought I financially need to support myself	Exercise more. Work less night shifts.	Support and give advice when needed. ex. when I hurt my back doing my job I did not feel that I got sufficient advice as how to deal with WSIB.	Many women who work in the health care field suffer from arthritis, muscle pain or back and joint pain. How do we address this problem?	You do not have the stamina that you had when you were younger, so go easy on yourself. Work part-time instead of full-time. Reduce stress.
55-59	working	Personal Support Worker		N/A	N/A	N/A	N/A

55-59	working	Financial Services	feel I am in great shape but it takes a lot of work to fit in time to exercise, eat right, engage good sleeping habits and maintain the work/life balance	would like to reduce hours at work	co workers that are able to be part of a team and accept each other for their unique style of dealing with situations provide a stable and happy working environment	N/A	I don't consider myself in later life and find work more exciting and refreshing now than ever. Retiring too early does not necessarily produce great outcomes. One has to be diligent in maintaining their fitness level, weight and health and focus on positive relationships and healthy eating. We have the ability to change the conditions in which we operate and work. Move forward and take the initiative.
55-59	working	Administrative Assistant	Physically, I have retrained so I could continue to work without the physical demands. I am very thankful for the health care benefits that we have. As far as emotional wellbeing, I find that the younger workers in more important positions than mine do not afford me the respect for my past experience or knowledge. I find they constantly try to undermine my efforts and constantly take credit for work that I have done.	I think more of an effort from the workplace to see that all people (clients included) are treated the same and with respect. I also think the workplace could make more of an effort to create a job secure atmosphere so one would not have to constantly be worried about being fired by other undermining workers.	Give credit where credit is due. Stop trying to belittle people to make themselves look more important.	N/A	Start to think early about your physical abilities. Start a transition early into a career that will be manageable. Try not to get into a position where you are the major or only breadwinner in your household. Set your sites on your dream job but be prepared for obstacles. Try to enjoy a work life balance where you are not carrying the stress of how you are treated in the workplace home with you.
55-59	working	Medical Secretary	health and wellbeing is more of an issue now that I am getting older. I have more doctor's appointments and tastings that I have to fit into my schedule	I work in the health field so my employer is understanding of my needs.	I may have to miss more work because of illness or testing so be more understanding. I do not learn things or remember things as quickly as I used to so be more patient	ask how menopause affects your personal and work life	try to find some time to do what you want (hobbies, exercise) even if it difficult to get "off the couch"
60-64	working	Professor	I do not have the energy and stamina I had in my 50s and (particularly) in my 40s. I still happily work 60 hour plus work weeks because I really love my work. I am productive and focused because of my experience. It's a different but no less satisfying time in my work life compared to the high energy but	I think my workplace should recognize the different stages of an individual's work life, The workplace seems to think of its workers as homogenous with a late 30s / early 40s model as the norm. We all contribute across our life spans, just differently at different times in our lives.	Recognize and celebrate the mature skill set and wisdom older workers bring to the workplace. Get rid of notions of the ideal worker as someone who should look and act like they are 40. The media might construct healthy aging in this way but most of us are healthy, happy and look like we are 60 something (or 70	N/A	Ignore the antics of the younger set who can't see you. Remember the fables of the tortoise and the hare and the lion and the mouse.

			frenziered and do-sleep earlier years.		something) without having to run a marathon.		
60-64	working	Health Care	Working keeps me mentally alert but I deal with a little stiffness, a little cognitive difficulties, sometimes wishing I had more time for me to explore my interests in life, how to support myself after retirement	better retirement benefits	continue to be friendly, supportive	if interested, how do you have time to meet new potential partners in life	I don't have the advice but would like to hear some
60-64	working	Researcher	I don't consider myself as an 'older woman worker' although my body may tell me otherwise. My coworkers don't ever refer to me as 'dear' or use any form of derogatory expressions which may in any way imply that I'm old. I feel (most of the time) and act as I'm still in my early fifties. It's just when I look in the mirror that I realize I'm not!	No. My workplace is a very good place to work with supports to take care of everything from IT problems, ergonomics, retirement information sessions etc. I work in a social services setting and my coworkers are very much tuned to looking after others as well as our fellow workers. We also have excellent wellness programs such as yoga and pilates type programs available to us within the building.	I'm lucky enough to have a supportive manager but most of us feel a need to also feel accepted by our coworkers. I'm a very social person but I can see the struggle some of my very quiet colleagues go through... some probably feel a little left out at times. I'll be the first to recognize that it's all my supportive coworkers and management who are the main reason for my wellbeing.	You may want to ask about transportation - how the older women get to work. We're not all lucky enough to have our own car and a long journey to and from work can take its toll on your health.	keep nurturing your friendship with your coworkers and above all use the information and access to wellness programs that is available to you from your organization. Go for walks at lunchtime if possible and always have access to healthy food. Be active! Take courses to learn more and overall Be Flexible both in mind and body (if possible). Not sure it is gender specific at all; if not satisfied move on, Only do what you can do, Ask for help either at home or in the work place, No one can do it all including men who go to work - they miss out on all kinds of family occasions so do not buy into this nonsense we have it so much tougher than men. Not true.
60-64	working	Communications Analyst	Excellent	No	Working with people who bring 100% to the job. Working with people who don't complain Working with people who appreciate the employer we have	N/A	
60-64	working	Lawyer	very good	no - we have a gym and trainer available at work as well as nutrition seminars etc. I just need to make time to make use of them.	N/A	N/A	Make time for yourself - exercise and eat well. If you have managed your health and overall sense of wellbeing all your life you will not likely experience problems later in life.
60-64	working	Nurse	I am very healthy	No	nothing comes to mind	N/A	

60-64	working	Fitness Specialist	It is my profession to train people and help with health concerns.	No	Validate my work, enjoy the classes, improve their health, joy and wellbeing	Do you practice mindfulness or meditation. Do you embrace the age you are now and share the wisdom you acquired.	Take charge of your health. Own the responsibility to eat, move and live with health and joy. Spread the happiness to people you live with and meet through the day be aware of your needs. only work your hours to balance home and work, lower your expectations, use you sick time as you cannot take it with you
60-64	working	Health Care	more doctor appointments more aches and pains more difficulty concentrating and remembering all the tasks There is limited consideration for the biomechanics needs of doing computer work or having appropriate seating There are poor working conditions poor ventilation and lighting	more support for the work that I do. more respect for the older worker acknowledgment of my experience and contribution to the organization	going for walks friendship laughter Managers could respect older staff	add a question about generational differences in the workplace	
60-64	working	Recreation Program Management	The intensity of my work and the amount of work has increased over the last couple of years. The fact that I have less physical energy has been compensated for by greater efficiency at work and a sense that I now know what I am doing. i get more tired and stressed easy compared to ten years ago but feel satisfied and generally capable	See previous	Support when upset plan to be available around my schedule The response from those in the programs	N/A	Be sure you are healthy and get exercise take care of self
60-64	working	Nurse		no	Some of my co-workers are a similar age to myself and we are mutually supportive of one another.	N/A	It is important to enjoy what one does.
60-64	working	Nurse		no	listening	none	look after your own health and rest
60-64	working	Nurse	Overall sense of health fairly good with changes occurring Wellbeing...very stressed due to personal obligations increasing & difficulty coping I enjoy my work except the hours and expectation are greater than I can give to stay healthy. There is little care as to your age and health as long as you can hold up your end of the work load.	Cannot be addressed at work.....however an option to go part time would be helpful but not available	emotional support as some of them are in the same boat....	not sure The organization offers lots of fitness classes etc. but would be helpful if they offered specific for women over the age of f55 - too difficult to do fitness with women 20 - 40 years younger than	not sure as my circumstances are different....However what I am finding is that younger co-workers are not thinking, planning or informing themselves of retirement & retirement options
60-64	working	Health Care		Respect of effort and time given that it is appreciated but not very often acknowledged	More appreciation of the work effort and taking time to say thank you and showing that you being here still is of value		work what you are capable of and start to care more about yourself than the job

						you are - the needs are very different	
60-64	working	Companion sitter	fairly good. a few aches in my knees but on average good	N/A	less heavy cases of lifting and transferring the elderly	N/A	delegate. You're not super women. Take 1 day of pampering
60-64	working	Fitness Instructor	working with seniors reminds me everyday that I need to take care of myself. I am lucky to be working in a supportive environment and feel fortunate that my health and wellbeing are encouraged by management and coworkers.	I don't think so.	My supervisor and coworkers work together as a team to cover each other during illness or holidays. We are encouraged to take the time we need.	Financial questions - If an older person is unhappy in their job and needs to work - are they able to change careers? (I was lucky because I had a partner who supported me when I changed my career). Are older women working because they need \$\$\$ or because it keeps life interesting?	Start a new career...reassess your interests and strengths, look for positions in an area that interests you. Take courses in your area of interest. Volunteer...it may lead to a job. Surround yourself with positive people who believe in you, especially your workplace.
60-64	working	Teacher	I believe my mental health is enhanced by being in the workplace. My brain stays active as I prepare and deliver lesson plans and also interact with younger teachers. In the past few years, our school has had a huge increase in technology so I have increased my proficiency there as well. As for physical health issues, I don't like to sit while I am teaching, but because of feet and leg issues, I must be cognizant of the need to sit periodically.	N/A	There have been no concerns, but admin. and coworkers are all very supportive. HR can provide things like ergonomically correct chairs or voice enhancement systems if they are needed. Others have used these, but I have not had a need.	Do you feel valued in the workplace?	Pace yourself. Take time for yourself and don't let work consume you, just because everything seems at a faster pace these days. Put things in perspective. It's not a race. Of course the younger workers are more efficient in some ways, but wisdom and experience are very valuable as well. find a job that either pays enough to retire early or have a pension plan Stressful jobs are killing workers. We should only be working past retirement age if we wish. Our pensions should provide enough income that we don't have to work. I maintain a very healthy lifestyle and my full time, stressful job was making me very ill
60-64	retired	Fitness Instructor, older adult specialist	I retired from a full time job to work part-time as a fitness instructor. This work keeps me healthy and fit. I collect a pension, so I don't have to work if I don't want to.	I wish that more retirees were participating in fitness programs. I wish that there were also more programs available for them. I wish that their doctor's were sending them to fitness programs instead of medicating them.	If employers want their employees to be more productive (healthier) they need to provide a healthier work environment- healthier meals on site and exercise programs with appropriate breaks (it pays off, too short sited to understand this)	N/A	

60-64	retired	Principal	I try to maintain a healthy lifestyle. I watch what I eat and exercise regularly. I did have concerns about the stress of the job and long hours and what impact they would have on my health.	No	N/A	How much stress was associated with the job?	Maintain an appropriate balance of personal and professional life. Keep a healthy lifestyle. Be sure you like what you are doing.
60-64	retired	N/A	Up until my retirement date my overall sense of health and well being was excellent. There were no mental, physical or emotional issues. My position was senior and I enjoyed very much my position and the job specifications within it. Found it difficult to do everything that I wanted to do while working full time.	No.	No	N/A	Do not set yourself apart from individuals who may be younger and have different work habits or life expectations. Have a positive and productive view of life in general. Portraying yourself as a victim is counter-productive. Everyone is 'busy'. that is not a valid excuse to perceive that you should have special treatment or your job should be altered. Life goes on. Speak your opinion based upon your experiences but let it go after. It is their choice to agree or disagree. Live your life..... stop complaining.... because we are very blessed to live in Canada.
60-64	retired	Office Manager		No	N/A	Are you working because you want to or because you need to for financial or other reasons?	Find a way to make it balance.
60-64	retired	Nurse	Generally good health. Work became more physically and emotionally demanding while the time needed for greater physical activity was not available and with the same level of work hours needed, physical activity was lesser priority. As one gets closer to retirement, the frustrations of the job	Opportunity to reduce work day or at least just keep a normal work day. Increased demands required longer work days and the stress level was difficult to manage.	Keep workday to an 8 hour day. Expectations for managers/directors are very high and one must meet these expectations to remain in the workforce.	N/A	Try to find work that you love, meets your level of energy and ensures you have time to eat healthy and exercise!
60-64	retired	Business Owner		not really .As the owner the responsibility was completely mine. because I had built retirement funds I had options.	More education and consideration to an exit plan and or strategy	N/A	you must have a clearly defined method of financing your retirement You should seriously consider your options at age 40 to 45 define an exit strategy By age sixty you need to focus on increasing physical activity to just feel normal and to increase energy level back to a normal level

			increase ten fold thus increasing the pressure of the job. There was a loss of the drive to win in the job setting.				Join a group of your on age group not one with thirty yr olds with whom you will never keep up
65+	working	Sales Associate	I feel good about it. I think my health and well being is my personal responsibility. Having said that, my workplace is not conducive to mental well being as there is a total lack of privacy (no office) other than the women's washroom for a short respite. The noise, other people standing around talking on top of their voices, contributes to the constant stress in the work space.	N/A	N/A	N/A	Maintain a healthy balance between your work and home life.
65+	working	Program Coordinator	I move slower and need more breaks at work. But I work on my own timing anyway so it doesn't matter.	Please give me my office space back - the room is sitting empty The things that drive me crazy are a result of inadequate funding for support services (administrative), not specific to my age.	I do not think that anybody really cares. Most people are engrossed with themselves and complain a lot. It would help if there is less complaining and more compliance with the rules and regulations that are in place instead of trying to bypass them	I would want to know how older women balance work/life Also have they learnt to say "no" and learnt to put their mental and emotional well being ahead of work.	I would suggest taking charge of one's own health and overall well-being... HAVE A LIFE outside the office. Volunteer in the community and build a support community, members of which you may find things to do
65+	working	Professor	I recognize that I must pace myself more consciously than when I was younger.	Not really. Phasing my retirement has allowed me to match my energy levels to my responsibilities.	Good admin support throughout the organization	N/A If you are past normal retirement age, what factors contributed to your decision to continue paid employment? How do factors outside the workplace, e.g. family responsibilities, volunteer commitments, etc., influence your health at this time of your life?	If it's still (mostly) fun, you should be doing it. Don't assume that good health and high energy will continue indefinitely and, since these are finite resources, make conscious and deliberate choices about where you want to expend them.

			As an employee in a low paying job, my needs were generally not considered beyond a reasonably comfortable chair, and lunch and two other breaks. It was a high pressure to perform situation, and I knew I should not have been in it, but had bills to pay. There was no respect for age and the accompanying wisdom that could potentially also be a contributor to the work. I am now self-employed, and call my own hours, so am able to include my morning fitness regime, and prepare healthy and nourishing meals. My wisdom is now highly respected in my circle of influence.	A higher Old Age Security payout would certainly be welcomed. For those of us who are self-employed and come from traumatic backgrounds, living in survivor mode, extra healthcare needs and access to services such as dental, are priced out of our range. These healthcare issues impact on overall health.	Access to reasonably priced dental services would be great. Otherwise, I am pretty much solely responsible for maintaining my (so far) great health.	Do you have supportive people in your life outside of work? Do you regularly do something (however small) to honour yourself?	Take good care of yourself first. Exercise and eat healthy and regular meals. Breathe deeply and perhaps do some meditation - whatever will release stress. Stop worrying about what others think about you. You are special, and you deserve to concern yourself with what makes YOU happy and healthy. Change the inner critic voice in your head, to more positively support you and the great progress you have already made in your life. LOVE YOURSELF!
65+	working	Life Coach	I am quite comfortable at work. An ergonomist assessed my work station to be sure I was not being injured.	No	N/A	N/A	Be sure that your work station has been ergonomically assessed to deter any work related injuries.
65+	working	Self-employed, bookkeeper	Healthy	Indoor exercise room	Avoiding overloading	Do you deal with ageism?	Take time off as you need
65+	working	Municipality	I enjoy working and being with people. I need to keep busy for my health and wellbeing.	It would be nice to go down to 3 days a week instead of 5.	Our employer needs a proper gym for staff to use. Staff can be more fit. Being flexible with work hours when possible.	N/A	If you like your job and you are not too stressed, I would say stay as long as you feel well and can manage the job. Keep fit.
65+	working	Program Coordinator	Excellent	N/A	N/A	N/A	N/A
65+	working	Personal Trainer	I have needed physiotherapy as I have aged to continue to do my job. I feel that I am generally healthy and I now set aside time to exercise.		encouragement, appreciation and gratitude for the way I do my jobs.	Should job sharing be widely available?	Exercise. Reduce your work load and stress as you age. Continue to do the jobs you enjoy.
65+	working	Musician	I did not feel i had the time when I was younger.	No.			

65+	working	Health Care	<p>These things concern me as I continue to work: will my health be stable, will my husband's health be stable? will I have time to enjoy retirement when it finally comes? not much opportunity to connect with older workers like myself</p> <p>- most of my co-workers are younger and wanting to know when am I going to leave and create an opportunity for them BUT I love what I am doing and see no reason why I cannot continue until I want to leave the workforce</p>	<p>My working environment is great except for the constantly hovering deadlines but all of our staff have to deal with those</p>	<p>Not sure they can - it really depends on me and my expectations I think. Now more than ever I have to set boundaries as to what I am prepared to do. Will I work additional hours, weekends etc. if asked? As I get "older" I realize that my "me time" is dwindling. I can't put things off as easily as when I was younger because I may never get that chance again. My work although important no longer defines me as a person. Time with family and friends is becoming more important to me.</p>	<p>Can't really think of any.</p>	<p>If you are lucky enough to have a job that inspires you and allows you to give back to others then that job will fulfil you. Work because you want to not because you feel you must. Make certain that your life is filled with everything that is important to you. I guess BALANCE is the important word. As I age I realize that as much as I like my job it's really just a job. No one person or thing can meet all of your needs. Keep that in mind if you choose to continue to work into your senior years.</p>
65+	working	Vice- Principal	<p>We I prefer to be considered a mature woman in the workforce providing all of the wisdom that comes with experience. I resent the term older women in the workforce</p>	<p>None!</p>	<p>Support and assistance when asked!</p>	<p>N/A</p>	<p>I suggest that they consider the wisdom they bring to the job. I suggest that there are no down sides to working given a health mind and body which would apply to all workers.</p>
65+	working	Music Director	<p>I realize that I think about pacing myself a little more than when I was younger and working full time. I think I am as effective as when I was working before but am certainly a bit more fatigued after a performance.</p>	<p>N/A</p>	<p>Generally I consider reactions and comments about an event and plan differently or use good praise or critiquing to plan and pace future rehearsal strategies.</p>	<p>N/A</p>	<p>To stay active, exercising regularly and choose to be stimulated mentally through lots of reading and interacting with a variety of people of all ages.</p>
65+	working	Caregiver	<p>My health will likely decrease as I age, but it is important to remain active, productive, and engaged socially. It is also important to feel needed, and that I am doing something worthwhile.</p> <p>It is very healthy to continue working for my own sense of worth and continued health. Inactivity breeds greater inactivity, and a decrease in range of motion both</p>	<p>I have absolutely no health benefits, no sick leave, and no life insurance. I would have much greater peace of mind knowing the cost of my eye glasses would be covered (or at least a portion), or that I could make a dental appointment without the worry of how I will afford it. In the event of my death, I don't have the cost of my funeral covered. I don't want to leave that expense on the shoulders of my children.</p>	<p>My employer is great in this area. If I'm not feeling well I can call in and book off and a replacement will be dispatched immediately. They understand and want us to take the time we need to recover. Both myself and my employer realise that we need not infect our senior clients with whatever "bug" we have, and need to protect them by staying home to recover.</p>	<p>N/A</p>	<p>It is a real learning curve to simply "pace yourself".... When I feel tired, I make sure I get extra rest. If I don't, my body will do it for me... but for a longer period of time. So by pacing myself, and giving some extra planning of special events or trips, get-togethers etc. I can go stronger, longer, better, happier, and be more useful while having fun at the same time.</p>

			physically and mentally, not to mention positive attitude. I have no time to be depressed when I'm doing something useful, keeping busy, and having fun.				
65+	working	Caregiver	I do have some health issues but they are not serious therefore work does not hurt.	N/A	My needs are all met	Why are you still working? I would address any feelings of age discrimination. Or possible judgment because you are taking a job that a younger person could use, a job that is not essential for your financial well-being.	Make money so you can afford to stay healthy by paying for healthy food or medication
65+	working	Teacher	I feel very positive. I do not feel at all compromised or discriminated against as an older female worker.	No.	Showing interest in what I'm doing. Offering to help even when it's not asked for. Showing concern for my well-being. Offering simple recognition for a job well done.		Seek out help as soon as you realize that you need it. Seek out friends and family who are positive and supportive. Take time for yourself - put it into your daily routine.
65+	working	Caregiver	I know that despite my age I personally am reasonably healthy, not on any medications and keep up (pretty much!) a regular exercise regimen (running - 5K up to 4 times/weekly). I also watch what I eat to prevent weight gain, common in post-menopausal women.	hard to think of anything off the top of my heads right now	No smoking,	can't think of anything right now.	Walk or exercise as much as you can to stay flexible and supple. As we age, consume less calories, fat, sugar or the pounds will pile on. Stay healthy and fit by enrolling in a fitness program with similar aged women/men that you identify with and is suited to your age (challenging but not over the top). Exercising regularly contributes not only to a higher fitness level but also contributes to good mental health/positive outlook on life. If one's "work" is tedious and monotonous then I would suggest looking outside the work environment for a volunteer field that is of interest.
65+	working	Fitness Instructor	I am in excellent health (according to my yearly physicals). My job contributes to my good health and wellbeing. I feel is necessary for me to enjoy what I do. Keeps me fit; enjoy the social connection; I am directly helping people get fit and stay fit...it is very rewarding. Love what I do.	No. I mentioned in the previous answer that all my criteria for a job that I like to do is met in this particular field.	They do meet my particular needs in that they are supportive and encouraging. I really cannot fault anyone. Honest opinion here. Guess I'm lucky.	I might suggest to probe more into the mental health of older women workers who have experienced sudden loss. I guess this comes under "well-being"? Perhaps being more specific...are you widowed, married, single? Has this affected your desire/ability to work? Would the older woman worker be working if she hadn't become widowed? Is it a financial necessity?	

65+	working	Health Care	I enjoy what I do. However, the needs of my partner who is losing his sight are curtailing my ability to take on more work.	My partner needs to deal with his disability!!! And not take out his frustrations on me.	N/A	N/A	Keep a balance that is good for YOU.
65+	working	Seniors Fitness Instructor	I've purposefully chosen a post retirement job which is in line with my interest in healthy aging. The challenge is to avoid over extending myself.	No	I feel that I am making a difference. My efforts are appreciated.	I am fortunate in that I do not NEED to work; I choose to do so. Perhaps you would get a different perspective from someone who relies on their income in later life. Therefore, perhaps a question to determine motivation/reason for continuing to work?	Maintaining balance is key. Also, it is important to work in a field which is in line with your interests. If you are passionate about your work it will be very rewarding, but it is necessary to maintain a healthy balance between your job and your life outside of your work.
65+	working	Housekeeping Manager	You get tired easily	N/A	you might be not able to complete tasks as quickly as someone younger	N/A	stop and take time out don't forget your breaks
65+	working	Canada Post	To recognize my limitations due to the aging process....which sometimes I have a hard time dealing with. I was recently diagnosed with cancer and went through chemo and radiation and took very little time off. It was healthy for my mind to keep active. Also aging sleep patterns change and I'm lucky if I get six hours of sleep a night which concerns me.	I do feel that as an older woman worker...an eight hour shift of manual labour and heavy lifting can be quite a toll....I love the idea of not having to take my work home. I think you will find that most single women who have raised and educated children on their own will not have any retirement savings and you will see more women such as myself working past sixty five. I like to see more job sharing be made available...also hours to reflect change of sleep patterns would be nice.	Being cheerful....and working as a team is what I enjoy most. If you're on an eight hour shift....and its repetitive....a rotation would be great. Be considerate....the elderly worker usually has wonderful work ethics and time management skills...that could be difficult when working in a union environment...when you have worked for years without looking at the clock and then...it all changes when you can be penalized for starting early.	N/A	Job sharing is great. Choose something you love to do. Know your limitations...be selective and think about yourself.
65+	working	Caregiver	With the present employment the stress factor is greatly reduced.	Prefer to have some more clinical involvement.	Provide assisted devices where possible to prevent any major injuries.	From the employer constant reminder of safety and service on innovative and new ideas.	It provides an outlet and tends to create a drive to remain mobile and active and mentally alert.
65+	working	Nurse	Good thought about the people who were sick due to job stress	Reduced workload	Be conscious of ageism comments.	Do you experience ageism comments and how do you handle this? take time for your self; get out of the office etc. at lunch time	Closely monitor health concerns and remember not to try and achieve as much as you did when you were younger
65+	retired	N/A		N/A	N/A		N/A

65+	retired	Occupational Therapist	As an older worker, I was fortunate in maintaining good health and also had the advantage of being employed by a treatment centre which stressed "wellness" in the work place. The healthy lifestyle regarding diet, exercise and sleep become really important as one ages.	With the technological changes that have occurred over the past couple of decades, it has been challenging to keep up with the rapid evolution of internet and its use in the workplace.	I spent 30 years employed at the same workplace and was fortunate to have a supportive group of co-workers and supervisors.	The ability to prioritize tasks, to leave work at the workplace and to balance leisure with work becomes more important as one ages. It is important to understand that the stress involved with constantly being available becomes more difficult as one ages.	N/A
65+	retired	Home Economist	The older worker needs exercise to suit her needs. Also computer chairs and offices need to be designed to help backs. Food service is lacking in most office environments.	N/A	N/A	Have nutritious food available, day-care for small children at place of work and a gym	N/A
65+	retired	NA	I always tried to eat healthy & exercised because it made me feel good.	No.	N/A	To eat well and exercise, for me it made a lot of difference in my attitude and health.	I can't think of any.
65+	retired	Professor	My field was nutrition very related to health. Watched my health because it was part of my resources and necessary to everything I did	No	Nothing	Take care of yourself - even if others aren't interested in helping you. This is important for your current working situation and for your life after retirement.	N/A

Curriculum Vitae

Name: Gillian Gorfine

Post-secondary Education and Degrees: Western University
London, Ontario, Canada
2012-2014 M.Sc.

University of Ottawa
Ottawa, Ontario, Canada
2008-2012 B.A. (Hon.)

Honours and Awards: Western University Faculty of Health Sciences Study Abroad Support Fund
2013

Western University Global Opportunities Award
2013

Western University Health Sciences Graduate Student Conference Award
2013

University of Ottawa Student Mobility Scholarship
2010

Related Work Experience: Project Coordinator, Canadian Centre for Activity and Aging
Western University
2013-2014

Research Assistant
Western University
2013-2014

Teaching Assistant
Western University
2012-2014

Research Assistant
University of Ottawa
2010-2012

**Poster
Presentations**

Faculty of Health Sciences Symposium
Western University
2014

Health and Rehabilitation Graduate Research Forum (poster)
Western University
2014

Education and Occupation Conference
Society for the Study of Occupation: USA
2013

Publications

Shaw, L., Daraz, L., Bezzina, M., Gorfine, G., Patel, A. (2014). Examining macro and meso level barriers to hiring persons with disabilities: A scoping review. *Research in Social Science and Disability*, 8, 187-212.