The New Late Life Career:

A mixed methods study of health workers. Understanding the workforce issues of today's older workers.

By

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CERTIFICATION

This thesis is submitted in fulfilment of the requirements of the degree of PhD in the Graduate School of Management, Macquarie University. This represents the original work and contribution of the author, except as acknowledged by general and specific references.

I hereby certify that this has not been submitted for a higher degree to any other university or institution.

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ABSTRACT

Increased life expectancy has not only contributed to an extended working life but also to an extension of other life roles. Along with the benefits of improved health and longer lives have come the conflicting demands and opportunities associated with the possibility of a greater number of life roles including those of worker, child, parent, grand-parent, spouse and friend. Existing career theories, both traditional and modern, do not adequately account for the careers of contemporary older workers. The purpose of this thesis is to understand the late life career choices of older workers and, as a result of this inquiry, contribute to an updating of careers theory.

This thesis is focused on the health sector and consists of two phases of data collection. Phase one is a qualitative study consisting of 57 semi structured in-depth interviews conducted with older experienced allied health workers drawn from metropolitan and regional areas of NSW, Victoria and Queensland. The results of the phase one interviews, particularly those concerning kaleidoscope career intentions (Mainiero & Sullivan, 2005), were used to shape the phase two survey. The phase two survey was piloted and distributed to 2000 employees of a private residential health care organisation. Regression analysis was used to explore the relationship between life roles and kaleidoscope career intentions of 215 respondents.

Phase one results suggest individuals' life roles greatly influence their late life career choices and of particular importance is a desire to increase leisure life role commitment and/or increase engagement with life roles outside of work. The results suggest that carer responsibilities play an influential role in late life career choices, particular those related to adult-children caring for ageing parents. Furthermore, phase one results indicate that retirement is a process rather than an event as all respondents desired to ramp down their career, rather than discontinue work in a single event. The results suggest some individuals pursue nonlinear protean and boundaryless encore and bridging careers during their late career stage which are distinctly different to their main careers. Furthermore, the phase one research findings indicate that older workers' kaleidoscope career intentions may be influenced by their different life role commitments.

Phase two results confirm that life roles have an impact on individuals' kaleidoscope career intentions as those with high volunteer leisure life role commitment seek authenticity in their late career stage, while those with high adult-child life role commitment seek balance. Furthermore,

individuals with high worker life role commitment seek challenge during their late and final career stage.

The findings confirm the nature of late life careers experienced by contemporary older workers is not reflected in existing career theories. Career theory needs to be updated to account for extended life expectancy and consequent extended life roles, including the worker life role and adult-child life role. Additionally, careers theory must acknowledge post-retirement nonlinear career choices, whereby individuals retire from their main career, yet continue to participate in either paid or unpaid employment of a different type from their main career. The findings of this research have considerable implications for both the expansion of careers theory and the development of public and business policies aimed at retention of human resources in a health sector that needs them.

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1. INTRODUCTION

The 1970s witnessed an explosion in intellectual activity as universities expanded to accommodate the post-war babies and the coming of a new knowledge based economy. It was in this context that careers became the focus of serious academic inquiry (Brown, Brooks, & Associates, 1996). The increased interest in understanding careers might also be explained in terms of academics' preoccupation with themselves and the traditional view that to have a career requires a degree of education and professionalism.

While there is some ambiguity as to its meaning, the term career generally means advancement and development through an occupation or a series of occupations (Patton & McMahon, 1999). Notable academics including Super (1980), Holland (1985), Dawis and Lofquist (1978) and Patton and McMahon (1999) have provided valuable insights to aspects of individuals' careers. Despite their substantial influence, these theories do not however fully explain the late career movement and choices of older workers in the context of contemporary society.

The phenomenon of later life careers of older and experienced workers is relatively new, being an outcome of factors such as improved health and longer lives as well as a significant increase in the availability of less physically demanding jobs. Older workers are delaying retirement and staying in the workforce longer (Sargent, Lee, Martin, & Zikic, 2013; Schlosser, Zinni, & Armstrong-Stassen, 2012). However, the factors motivating them to do so may differ from those that influence earlier career choices.

The aim of this thesis is to understand the factors that influence older workers' late life career choices and to contribute to updating careers theory. In understanding the factors that influence older workers career choices, this thesis focuses on the late life career choices of older allied health workers.

1.1. Background to the Research

The Australian population is ageing and while 8% of the Australian population were 65 years of age or older in 1947, by 2012 this age group had grown to represent 14% of the population (Australian Bureau of Statistics, 2013c; Australian Public Service Commission, 2012). An ageing population leads to challenging workforce issues. Between 1967 and 2012 the Australian workforce aged and those in the workforce under the age of 45 years of age fell from 70.5% to 56.1% (Australian Public Service

Commission, 2012). As the Australian population continues to age and the numbers exiting the workforce grows, Australia is likely to be faced with a skills shortage.

An ageing population presents Australia with a labour market problem and a subsequent challenge to encourage older, experienced workers to continue in employment to help sustain the workforce and the economy. The Australian government has initiated "carrot and stick" (Chomik & Piggott, 2012, p. ix) initiatives to encourage older workers to continue working, including changes to taxation, superannuation and pension schemes (Chomik & Piggott, 2012). Greater insights to the factors motivating older workers to remain in or leave the workforce would facilitate the development of appropriate public policy.

Staffing issues associated with the ageing population are particularly acute in the health sector. In addition to dealing with an ageing workforce, an also ageing Australian population has the potential to place greater demands on the health sector, with the age dependency ratio or the ratio of people aged 65 years and over to those aged 18–64 years predicted to increase from 19% in 2006 to 39% by 2041 (Australian Institute of Health and Welfare, 2011a). The number of people in need of health services associated with age related illnesses is predicted to increase (Australian Institute of Health and Welfare, 2011a). While attracting new staff to work in health is important to cater to this demand, any strategy will need to include efforts to retain existing and older workers. This thesis makes a valuable contribution to understanding the career choices of older workers in health.

1.2. Research Paradigm, Questions Hypotheses

This thesis is framed within a multi paradigm approach. Phase one of the research employs a combination of inductive and theoretical thematic analysis, allowing for new themes to emerge that have not been accounted for (Lincoln, Lynham, & Guba, 2011; Ponterotto, 2002). Phase two is set in a rigid positivist framework (Schrag, 1992). Following a multi paradigm approach, both research questions and hypotheses have been used. While research questions are suited to 'descriptive and inductive research' (Veal, 2005), hypotheses are appropriate for 'explanatory and deductive research' (Veal, 2005).

1.2.1. Research questions

Arising out of an extensive review of the relevant literature is this thesis' primary research question: What are the late life career choices of older workers? This central question gives rise to the following questions:

1. How do life roles influence the late life career choices of older workers? (Super 1980).

2. What are the non-linear career intentions of older workers? (Briscoe, Hall, & Frautschy DeMuth, 2005)

3. Why do individuals choose to delay retirement and continue to work?

1.2.2. Hypotheses

Based upon the literature review and the phase one data gathered to answer the research questions above, the following hypotheses have been developed:

H1: *Individuals with high leisure life role commitment seek authenticity more than individuals with high worker, adult-child or parental life role commitment.*

H2: *Individuals with high leisure life role commitment seek balance more than individuals with high adult-child, parental or worker life role commitment.*

H3. *Individuals with high carer life role commitment seek balance more than individuals with high leisure or worker life role commitment.*

H4: *Individuals with high worker life role commitment seek challenge more than individuals with high adult-child, parental or leisure life role commitment.*

1.3. Justification for the Research

This research is important because although there is significant literature that focuses on late life careers (Greller, 1999), little is known about late life career choices other than that to retire from paid work (Pleau & Shauman, 2013). Traditional career theories are dated and do not account for the modern late life career, which is the result of a number of factors including an extended life expectancy (World Health Organization, 2012), improved health, postponement of life roles such getting married and having children, as well as technological innovations both at home and at work.

Australia should address the labour market and other challenges associated with an aging population. One of the problems associated with the ageing population is labour shortages (Department of Health and Ageing, 1999; Parliament of Australia, 2005). While the Australian government has focused on the skilling of young people as one solution to the nation's labour shortage (Department of Education Employment and Workplace Relations, 2010), another solution is to increase the workforce participation rate of older workers by encouraging them to delay retirement. Increasing the Australian working-age population, lifting labour force participation rates and raising productivity have been identified by the Australian Treasury as critical to addressing the economic challenges posed by an ageing population (Australian Treasury, 2010). In the period 2002-2013, the labour force participation rate for men aged 65-74 years increased from 15% to 26% while for women increased from 6% to 13%. (Australian Bureau of Statistics, 2013b).

The adequacy of a nation's labour resources is also an important determinant of the productivity of organisations. If organisations aim to have or maintain competitive advantage, it is important that they understand their employees' motivations and career choices. An understanding of the factors influencing workers' career choices is needed to develop appropriate human resource management strategies (Schlosser, et al., 2012).

1.4. Methodology

A mixed methods approach to data collection is used as this not only allows rich opportunities for cross-validation (Brewer & Hunter, 1989), but also provides the opportunity to collect a larger body of data. The process of data collection in this thesis consists of a qualitative phase and a quantitative phase, each following an extensive critical engagement with the relevant literature. Phase one of this thesis is qualitative and uses semi-structured interviews informed by the literature to yield rich insights. Phase two of this thesis employs a quantitative survey developed from insights gleaned both from the literature and the data acquired from the phase one research.

In phase one, 57 semi-structured interviews are used to acquire descriptive accounts and narratives from individuals who work in relevant occupations (Boeije, 2010). This method enables the collection of rich data from participants with the aim of verifying the findings presented in the literature and identifying gaps in theory (Leedy & Ormrod, 2005; Ticehurst & Veal, 1999). The purpose of the phase two survey is to further explore the phase one findings. More specifically, the

survey focuses on the impact of life roles on the late-life career choices of older experienced (n = 215) workers and their desires to seek authenticity, balance and challenge (Sullivan, Forret, Carraher, & Mainiero, 2009). Figure 1 provides a visualisation of the phase one and phase two data collection.

Figure 1: Methodology and data collection phases
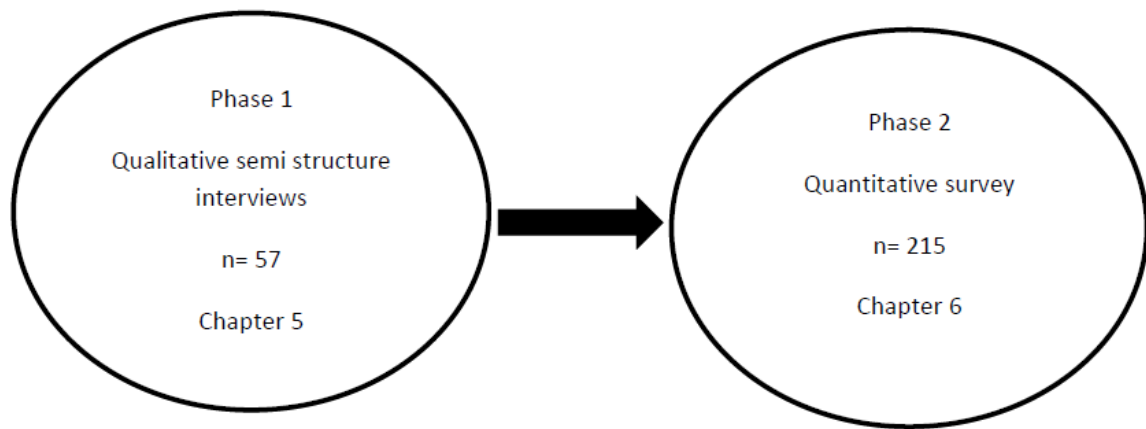
1.5. Definitions

In order to facilitate the reader's easy comprehension of the text, it was thought useful to provide here a listing of technical terms used in this thesis and their meanings:

- **Career:** The evolving sequence of a person's work experience over time (Arthur, Hall, & Lawrence, 1989, p. 8)

- **Career stage:** The different periods of a career, being early, middle and late (Cohen, 1991)

- **Career success:** The extrinsic and intrinsic achievements an individual has over their work experiences (Judge, Cable, Boudreau, & Bretz, 1995)

- **Corporate health organisations:** Private corporations that focus on selling or providing health products or services

- **Early career stage:** The beginning of an individual's career between the period of 20 and 30 years of age (Super, 1980)

- **Encore career or third career:** The career that an individual has after their main career and is distinctly different from their main career (Figgis, 2012).

- **Job satisfaction:** Extrinsic and intrinsic achievements from a particular role at a particular point in time (Schriesheim & Tsui, 1980)

- **Late career stage:** The final career stage before retirement, generally considered between the ages of 45 and 65 years of age (Super, 1980).

- **Life roles:** The different activities, functions or jobs that an individual engages in throughout a life span. Including child, adult-child, parent, worker, leisure and grandparent (Super, 1980).

- **Middle career stage:** The middle career stage, also known as maintenance. Generally considered between the ages of 31 and 44 years of age (Super, 1980)

- **Older worker:** Individuals aged 45 years of age or older (Australian Bureau of Statistics, 2008a, 2008b). This term is not well defined in the literature; see Chapter 3.

- **Primary carer:** The main carer of an individual (Australian Bureau of Statistics, 2013a). Examples of caring roles include: grandchildren, children, grandparents and spouses.

- **Ramping down:** The term used to describe the gradual process of exiting a career (Cabrera, 2009a; Hewlett, 2007).

- **Ramping up:** The term used to describe the process of entering or re-entry into a career (Cabrera, 2009a; Hewlett, 2007)

- **Sandwich generation:** Individuals that care for older family members while also caring for their children (Riley, 2005).

- **Third age:** The employment that individuals engage in during their transition into or during retirement (Davis, 2003b; Figgis, 2012; Gobeski & Beehr, 2009; Ryan & Sinning, 2010).

1.6. Thesis Structure

This chapter explains the focus of this thesis, justifies its importance and outlines the methodology used to answer its research questions. Chapter 2 presents the findings of an extensive literature review in the field of careers theory. Chapter 3 presents the contextual framework of the thesis and examines the contemporary situation of older workers in the workforce generally as well as in the health sector including issues associated with sex discrimination and gendered careers as well as carer roles.

Finally, this thesis' research questions are discussed. In Chapter 4, this thesis' overall research methodology comprised a mixed method approach is explained and the phase one qualitative interview methodology is extensively discussed. Chapter 5 presents the phase one qualitative findings from which are developed the hypotheses to be tested during the phase two quantitative research. Chapter 6 explains and justifies the research methodology of the phase two quantitative research and reports the findings of the phase two survey. Chapter 7 concludes the thesis by providing an integrated analysis and discussion of the phase one and phase two results as well as a discussion of the limitations and implication of this thesis' research findings. Table 2 provides a visual representation of the thesis.

Figure 2: Thesis structure

1. Introduction

2. Literature Review

3. Beyond Theory: Older Workers and the Health Context

4. Methodology

5. Phase One Results: Qualitative Interviews

6. Presentation of Phase Two Results: Quantitative Phase

7. Overall Discussion and Final Conclusions
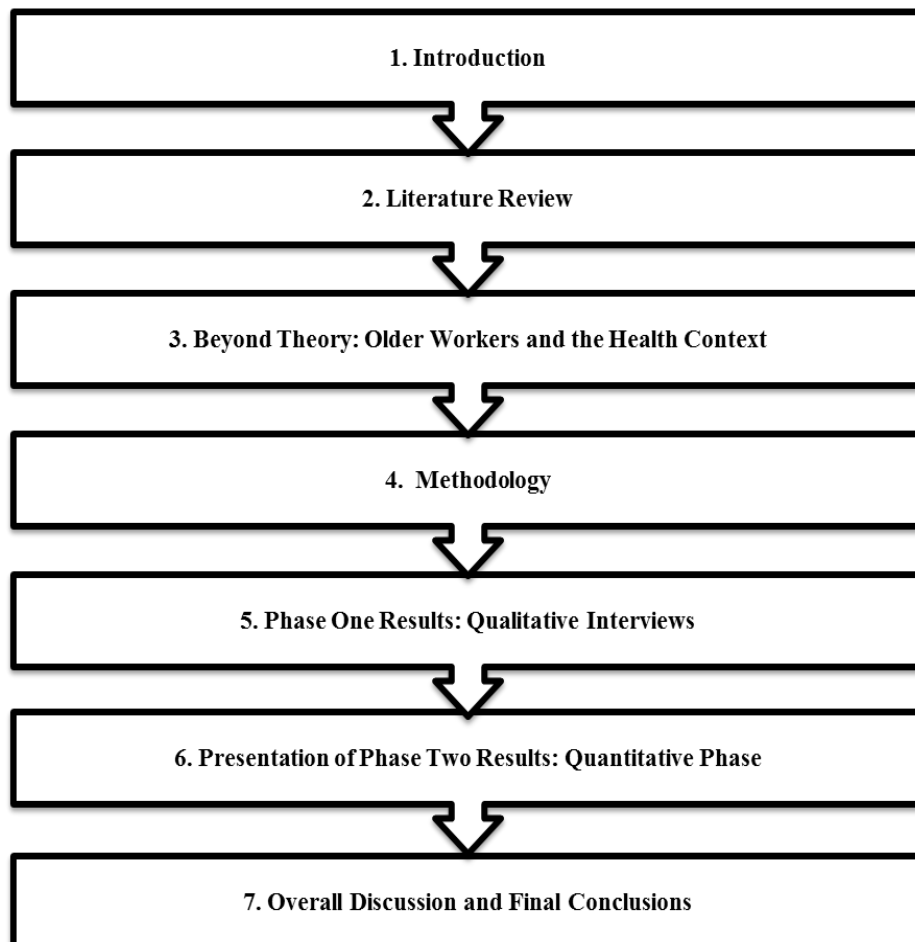
1.7. Conclusion

The findings of this thesis highlight the impact of carer responsibilities on older workers' career choices. Carer responsibilities include caring for ageing parents, children and grandchildren. While some older workers have single carer responsibilities, there has been an increase in older workers who have multiple carer responsibilities.

The findings provide insights to the possible alternative paths that older workers may choose to ramp down and exit their career. Current careers theory fails to acknowledge the alternative routes through which individuals may ramp down their career, including pursuing non-liner careers during their late and final career stage (Figgis, 2012; Pleau & Shauman, 2013).

These findings have identified a gap in modern careers theory and highlighted the need for such theory to be updated to reflect the modern working life of older workers. In updating career theory, there is a need to reflect the diversity and complexity of the careers of older workers and the factors that impact upon their career choices.

2. CAREERS THEORY LITERATURE REVIEW

This chapter provides a detailed review of traditional and modern career theories and finds there is a need for an updated careers theory to explain the modern late life career. The chapter begins with an introduction to the nature and purpose of theory as well as the process of building, modernising and updating theory. Following this introduction, an analysis of key relevant traditional career theories will be provided including Super's (1980; Super, Savickas, & Super, 1996) life-span, life-space theory, trait factor theories including Holland's (1985) person-environment fit theory and systems theory (Patton & McMahon, 1999). Literature dealing with modern nonlinear careers orientations including protean (Hall & Moss, 1998), boundaryless (Briscoe, et al., 2005) and kaleidoscope (Sullivan & Mainiero, 2008) will be discussed. At the end of this chapter, a summary matrix of the theories discussed is included to illustrate how career theories and orientations will be used in this thesis to explain the career choices of older health and allied health workers. The summary matrix outlines how traditional and modern career theories and orientations are applicable to this thesis and also identifies aspects of these theories that fail to reflect the modern late life career.

Figure 3 visually presents the structure of this chapter.

Figure 3: Literature review illustrative chapter summary

2.1. Introduction to Theory: Theory about Theory

2.2. Traditional Career Theory

2.3. Super's Theory

2.4. Trait Factor Theories

2.5. Systems Theory

2.6. Nonlinear Careers

2.6.1. Boundaryless and Protean

2.6.2. Kaleidoscope

2.7. Summary of Theory
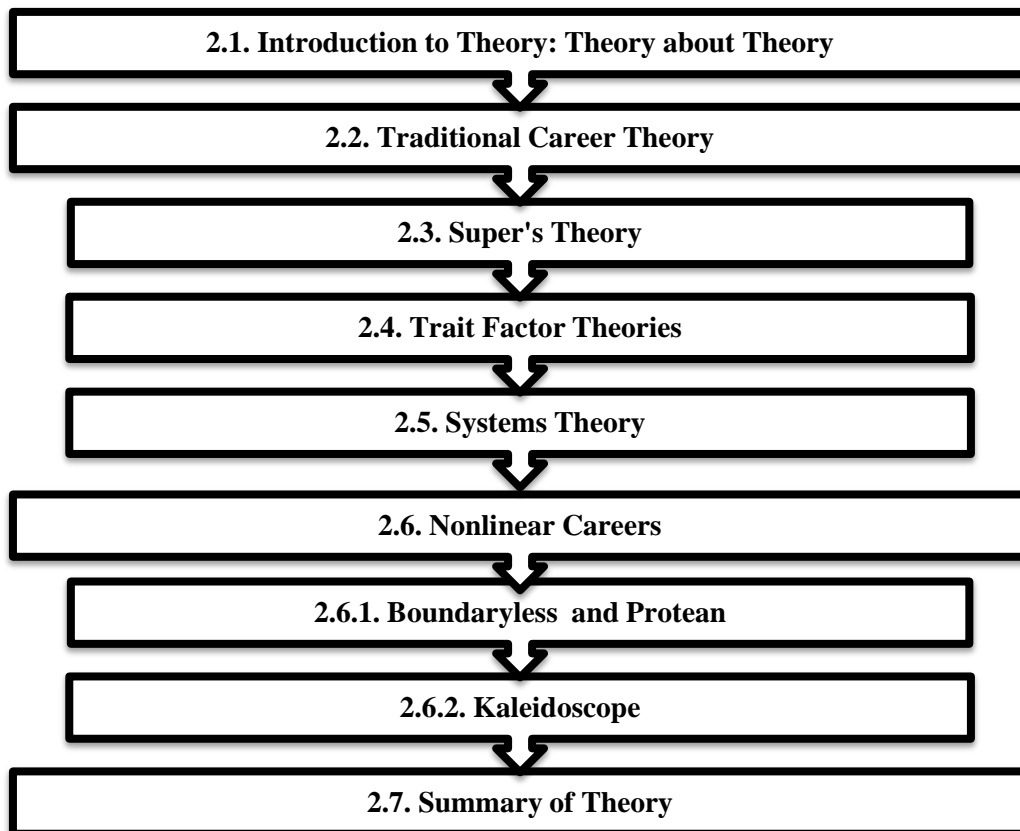
2.1. Theory about Theory- Extending Theory

In this section, the theory of theory is examined. The meaning of theory and what is considered a theoretical contribution, as well as the process of theory building and the associated pedagogical issues are considered. The importance of continually updating career theory to reflect changes in society and to ensure its relevance is explained.

Theory is defined as "a linguistic device used to organise a complex empirical world" to explain the relationship between constructs and variables (Bacharach, 1989, pp. 496-498). The objective of theory is to answer the how, when and why of a particular phenomenon and connect the empirical world with reality (Bacharach, 1989; Eisenhardt, 1989). It is not the intention of theory to explain the entire world phenomenon, just a particular element of it (Bacharach, 1989; Poole & Ven, 1989). It is for this reason that a theory should be set within boundaries and constraints (Bacharach, 1989).

There are two accepted criteria for assessing theory which are falsifiability and utility (Bacharach, 1989). It is accepted that theory can never be proven but only disproven (Bacharach, 1989; Popper, 1959). Theory should be useful and should be able to explain and predict a phenomenon (Bacharach, 1989). Bacharach (1989) has created a framework to evaluate theory and is shown in Figure 4. Within the framework, variables refer to the measurements used to operationalise a theory, while constructs are the unobservable behaviours which variables attempt to explain and relationships connect variables and constructs (Bacharach, 1989).

Figure 4: Framework for evaluating theories (Bacharach, 1989, p. 502)

	Falsifiability	Utility
Variables	**Measurements Issues**	**Variable Scope**
Constructs	**Construct Validity**	**Construct Scope**
Relationships	**Logical Adequacy** **Empirical Adequacy**	**Explanatory Potential** **Predictive Adequacy**

Good theory is also judged by its validity and quality (Weick, 1989). A theory must be plausible and support hypotheses (Weick, 1989). For theory to be good, it must not only make sense but also be of some importance rather than being "obvious, irrelevant, or absurd" (Weick, 1989, p. 517). Most theorists will not generate new theory from scratch, but rather expand, modernise and update already established theories (Whetten, 1989), often achieved by "combining observations from

previous literature, common sense and experience" (Eisenhardt, 1989, p. 532). When building theory, theorists generally "design, conduct, then interpret experiments" (Weick, 1989, p. 519). As theorists dictate the process, rather than nature directing it, theorising can be seen to be a process of artificial selection, rather than natural selection. It is through validation and experimentation that the process becomes more closely aligned with natural selection (Weick, 1989).

Theory building and modernising theory is important in the development and growth of any discipline (Lynham, 2000). Building theory allows disciplines to have a greater and deeper understanding of complex issues and phenomenon and is used to explain and predict behaviour. As the world is constantly changing, theory must also change and develop in order to stay relevant. New theory is often based on established ideas that have been subjected to empirical testing (Whetten, 1989).

The process of theory building is influenced by the purpose for which it is being used. It is therefore important to understand the paradigm in which the theory building has taken place. The interpretivist paradigm for example is concerned with creating theory that is able to "describe and explain, in order to diagnose and understand" (Gioia & Pitre, 1990, p. 591). Alternatively, the goal of a functionalist paradigm is to "search for regularities and test [them] in order to predict and control" (Gioia & Pitre, 1990, p. 591). It is argued that adopting a multi-paradigm approach to theory building is beneficial as taking a single research paradigm produces theory that is "too narrow to reflect the multifaceted nature of organisational reality" (Gioia & Pitre, 1990, p. 584). Hence, this thesis adopts a multi-paradigm approach. The paradigm approach of this thesis will be discussed in more detail in Chapter 3.

The theory of theory applies well to the case of career theory. If a career is defined as the evolving sequence of a person's work experience over time (Arthur, et al., 1989, p. 8), career theory should explain and predict careers. Career theory needs to be modernised to take account of the changing factors influencing individuals' career choices. The factors impacting on contemporary late life career choices will be examined in more detail in Chapter 3.

Career theory should encourage the study of both the individual and the institution, as well as include the properties of emergence and reality (Arthur, et al., 1989). While emergence attempts to explain "the way people experience time, reality is the way people experience social space" (Arthur, et

al., 1989, p. 11). In reflecting on the relationship between the individual and the institution, careers theory should provide some outline or suggestion as to how these two bodies relate, interact and influence each other. In considering the impact of emergence and reality, career theory needs to explain how individuals experience work within the context of time and social space.

New theory is needed when current theory fails to fully explain a phenomenon that is being observed (Sutton & Staw, 1995). In the case of this thesis, the phenomenon the late life career choices of older workers. It seems that due to an ageing population, declining fertility rate and legislative changes that encourage older workers to continue working, the nature of late life careers has changed. Current career theory does not seem to reflect the modern late life careers of older workers. As Cascio (2007, p. 549) states, "the career issues facing older workers requires greater theoretical and empirical elaboration than has been seen in the literature to date". While traditional theories may fail to fully explain the late life career phenomenon, they are still useful. Current career theory needs to be extended in order to reflect modern late life careers and the modern employment and workplace context.

Generating new career theory is an iterative and ongoing process, as highlighted by Arthur et al.'s (1989) four stage process of new career theory development (Figure 4). The first stage is routinisation, which is identified as both the start and end of the process. While routinisation demonstrates that a career theory has become successful in explaining the phenomenon it has set out to explain and that it is accepted as a legitimate theory to be used by academics and practitioners, it can also present a barrier to new career theory generation as some theorists may reject new ideas (Arthur, et al., 1989). The next step is initiation and uncertainty which refers to when researchers initially observe a phenomenon that is unable to be explained by current career theory. The third stage is possibilities of uncertainty and it is here that new theories and thoughts are further generated and developed. Often, it is the advancement of social science inquisitions that spark theoretical inquiry and development (Arthur, et al., 1989). For example, challenges to traditional human resource systems and the development of new organisational models may ignite fresh discussions on new careers theory. The fourth stage is social science reform which marks the process whereby ideas and concepts are tested, developed and refined. Further transformation of valid career theories should then push new theory into the stage of routinization, thus starting the process again (Arthur, et al., 1989).

Figure 5: Stages of generating new career theory (Arthur et al., 1989).
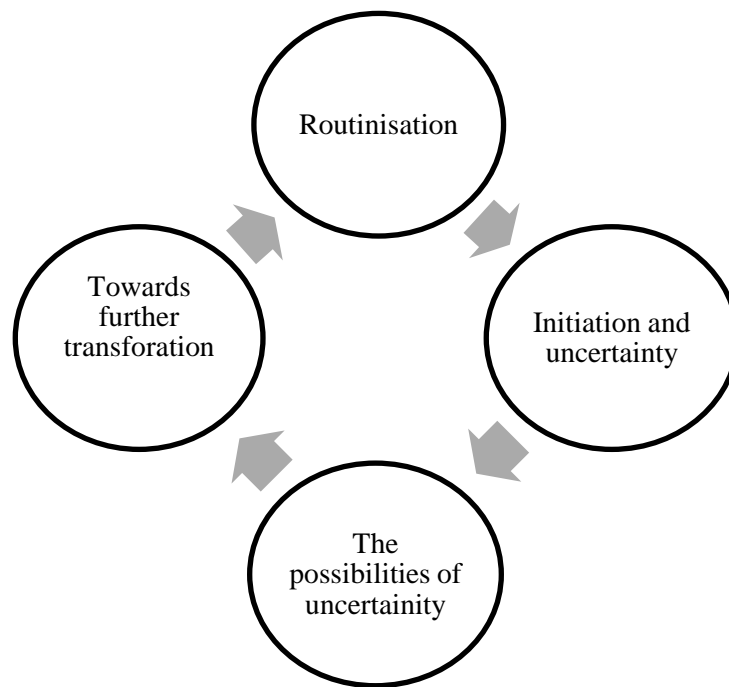
While the process to be followed in developing new and needed career theory has been discussed, it is important to ascertain the current state of career theory. The following sections will now discuss traditional and modern career theories, including nonlinear career models.

2.2. Traditional Career Theories

Traditional career theories are mainly linear and perceive careers as externally driven and managed by organisations with career success defined by organisational needs (Dillon, 2007). In contrast, modern career theories are nonlinear and focus on the individual's career choices (Derr & Briscoe, 2007). A career is a "pervasive concept" (Gunz, 2007, p. 6). While it is broadly understood to be the professional work in which individuals seek advancement, an individual's career is generally bound within their understanding of work (Gunz, 2007). Additionally, a career is further divided into subjective (personal experiences) and/or objective (institutional experiences) experiences (Derr & Briscoe, 2007).

The shifting focus of career theories since the 1980s is reflective of the way in which individuals' careers have changed (Derr & Briscoe, 2007). Traditional careers were based on the notion of a set linear period, commencing with educational attainment, through a period of paid work within a single organisation, then into a retirement phase at a prescribed age. Increased life expectancy, improvements in health technologies and the removal of legislative constraints have meant that not only are

individuals able to work for much longer, but they are also more likely to move in and out of the workforce (Cascio, 2007). Research conducted by Daniels and Vinzant (2000) has shown that by 31 years of age, the average worker has already gone through nine job changes, demonstrating the movement towards nonlinear careers.

In the following sections, linear and nonlinear career theories, orientations and career models are discussed and analysed. In subsequent sections, other important theoretical contributions will be examined. This chapter concludes with a summary matrix in which the contributions and deficiencies of each of the major theories relevant to this thesis are identified and presented.

2.3. Super's Theory

In this section, the extensive theoretical contribution to knowledge in the field of careers made by Super (1953, 1957, 1963, 1976, 1980; Super, et al., 1996; 1988) will be discussed. Of the many career theorists, Super is somewhat of a colossus. Although Super's contribution has in some respects become dated, the fundamentals of his theoretical contribution are relevant to this thesis.

Super's (1980; Super, et al., 1996) 'life-span, life-space' theory is a linear model of self-development which describes how the decisions individuals make are impacted by their wider context. Super's (1980; Super, et al., 1996) life-span, life-space theory provides an understanding of peoples' connection and involvement with their work in the context of other factors. Life roles such as mother, child and citizen, for example, can impact on an individual's interaction with his or her worker life role (Super, et al., 1996). Super (1980) provides insight to the contextual factors influencing individuals' departure from their occupations as well as their movement and entry into other occupations.

There has been empirical confirmation of two fundamental aspects of Super's (1980) life-span, life-space theory. First, career choice is the way in which individuals implement their self-concept (Super, 1963). Second, individuals, throughout their lifespan, are confronted with career development tasks which influence the vocational decisions they make (Osipow & Fitzgerald, 1996). Thus, individual career choices are both products of individuals' own self-concept as well as the opportunities and constraints offered within their environment. The life-span, life-space theory (Super, 1980) goes beyond Super's earlier development theory (Super, 1957) and development self-concept theory (Super, 1963) as the life-span, life-space theory highlights the constellation of the life roles and

the interaction between all of the individual's life roles. According to Super (1980), the theory is bound by the four main constructs of: life role determinants, life span, temporal importance and emotional involvement.

The complexity of Super's life-span, life-space theory has limited its usage and scope for empirical research. Super has said that his theory is flawed due to "disparate segments of his theory having not been properly cemented together and that a comprehensive model of career choice must be left to future theorists" (Brown, 2002, p. 5). However, Super's contribution to understandng careers is significant and, in particular, his insights to individuals' careers in the context of life roles and stages is particularly useful for career theory building. In the following sections, key constructs of Super's career theory will be examined. In particular, the theortical constructs of life roles, life role determinates, life role commitment and life stages will each be examined. Super's career development propositions are then explored and the implications of his theorictical insights for this current research are examined.

2.3.1. *Life roles*

Life roles are defined as the various "jobs" people have in a life span and are often characterised by expectations and performance (Super, 1980). Expectations are the anticipated way in which an individual will perform a life role. Such expectations include not only those of the individual, but also of others including the parent's expectations of the child, the child's expectations of the parent and the employer's expectations of the employee. Performance is the enactment of life roles and is measured by an individual's satisfaction and satisfactoriness (Super, 1980).

Super (1980) has identified nine main life roles: child, student, leisure, citizen, worker, spouse, homemaker, parent and pensioner. However, an individual's life space is made up of more roles than Super (1980) has identified, such as sibling and uncle or aunt. Super's (1980) nine main life roles are those that most people experience in their life span. Individuals may identify with some life roles more than others and this becomes a basis for how individuals identify themselves and how they wish to be identified by others. Those roles most important to an individual are core roles and those that play a less significant part are referred to as peripheral roles (Super et al., 1996). According to Super et al. (1996, pp. 128-129), "usually two or three core roles hold a central place and other roles are peripheral or absent…" and that such roles "…constitute who we will become and are fundamental to our identity

and life satisfaction". It is expected that core life roles may also have a higher degree of temporal and emotional importance in comparison to the peripheral or absent life roles.

Individuals' life roles impact on each other and each life role influences and affects the other roles (Super, et al., 1996). It is a continuously interactive process whereby each role affects the other in a multi-streamed network. In order to understand why people behave in a particular way within a life role, we must also understand how a particular life role interacts within the "web" of all the other life roles (Super, et al., 1996, p. 128). Super's theory does not assume that any life role is central to a person's life, but rather that individual life roles are important in the context of the other life roles with which they interact (Super, et al., 1996). An individual's work life role and career choices may be influenced for example by their parental life role.

While each life role is traditionally performed in a single space or theatre, such as parent-home or work-office, some life roles are performed in multiple theatres, such as when an individual brings work home or a child to work (Super, 1980). The sharing of theatres is becoming more frequent as technological change enables people to work outside the traditional office space. Technological advances, such as mobile computer, internet and other communications technology have caused individuals to be geographically mobile yet accessible. One aim of the current research is to establish which life roles are most applicable to modern day older workers and, in particular, which roles impact upon their late life career choices.

2.3.2. Life role determinates

The life-span, life-space theory identifies numerous variables that influence an individual's involvement and commitment to their different life roles during their life stages. The variables that influence the extent of an individual's involvement and commitment to their different life roles are referred to as determinates and can be divided into two sets of variables (Super, 1980). Situational determinants, the first set of variables, are external to the individual and include social structure, historical change, socio-economic conditions, employment practices, school community and family. In contrast, personal determinants, the second set of variables, reflect aspects of an individual's personality and include awareness, attitude, interests, needs-values, achievement, general and specific aptitudes as well as biological heritage.

2.3.3. Measure of life role commitment

The importance of a life role to an individual, commonly referred to as the temporal and emotional importance of a role (Super, et al., 1996), is measured by the individual's commitment, participation and value expectations of a specific life role (Super, 1980). Temporal importance reflects an individual's participation in a role or how much time the individual allows a life role to consume, as well as the individual's value expectation of a life role or how important a life role is in someone's life. For example, "during the school years the life roles of child, student and leisure take up the whole of the then-utilised life space. As the individual matures, all of the life space is filled. When the individual starts to work, this new life role reduces the amount of life space available to one or more of the other roles" (Super, 1980, p. 289). Emotional involvement refers to the emotional connection or commitment that a person has to their life role (Super, 1980). During each life stage, individuals behave differently as a result of the interaction between their life roles; that is, a person's interest in their occupation and how they "feel" connected to their job (Super, 1980).

While peoples' level of commitment to their life role can change as a result of other life roles and life stages, the importance of these stages is also defined and shaped by the factors of time and emotion. Super (1980) has identified these two key factors as influencing a person's career path and considers them relevant to understanding career development and to tracking career progression and pathways. Measures of both temporal importance and emotional involvement are likely to change over time. For example, a job may be very important to someone when they are single and without children, but it may become less important after they get married and have children as family life takes on greater importance. Similarly, while an employee is young and ambitious they may have a deep connection with their occupation and love going to work, but as they grow older they may become resentful of the organisation and workplace as dreams and ambitions remain unfulfilled.

2.3.4. Life stages, the career rainbow and archway model

Life roles are experienced over a life span and during the course of a life span an individual experiences different life stages. The main life stages according to Super et al (1996) are growth, exploration, establishment, maintenance and disengagement. Within each stage, there are sub-stages that individuals pass through. As outlined in the career rainbow presented in Figure 6, the life stage of growth is experienced between the ages of 4-13 years and it is during this stage that individuals form

their occupational self-concept. The second stage is exploration which occurs when individuals are generally aged between 14 and 24 and it is during this period that that individuals aim to find their place in society. The establishment phase is experienced between the ages of 25 and 44 and is concerned with the implementation of self-concept and the establishment of effective cohesion between an individual's inner and outer worlds. Between the ages of 45-65, individuals are in the maintenance stage in which they decide whether to continue in their occupation or to change. Those who change return to the exploration stage, while individuals who continue with their occupation enter the maintenance stage wherein they may choose to update their skills and learn to work more efficiently. The final stage is disengagement and is experienced at 65+ years. This life stage refers to retirement and marks the separation from work (Super, 1980; Super, et al., 1996).

Figure 6: Super Life Career Rainbow (Super, 1980, p.289)
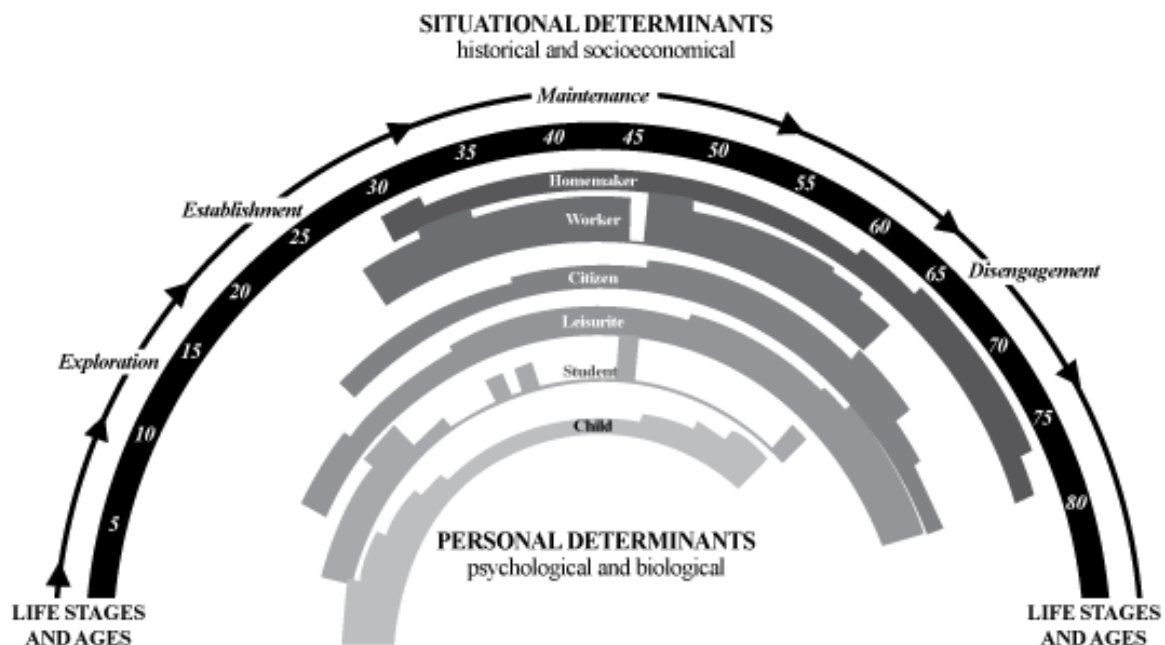
The life career rainbow can be used to track the linear process of career development. The rainbow demonstrates how life roles interact during a life stage (Super, et al., 1996). Super's (1976) original rainbow "lacked explicit recognition of the numerous determinants of decisions and seemed rigid in the uniformity of its arc even when varying bandwidth and colour depth were specified in the text " (Super, 1980, p. 283). Hence, personal and social determinants were introduced to explain factors that influence life roles over a life span. The career rainbow assumes that there is a distinct start and end to every life role; for example, the worker life role ends at age 65 and the child life role ends at 60 at the death of one's parents.

The archway model, however, goes beyond the career rainbow and incorporates psychological and contextual factors that the career rainbow model fails to acknowledge. The archway model includes the biographical and geographical factors at its base, while the two vertical columns represent the individual (left) and society (right). The two columns are united by the self and one's own decision making concepts (Super, et al., 1996). The archway model is intended to demonstrate the interaction between the different factors in the career decision making process (Allison & Cossette, 2007).

Figure 7: Super's Archway Model (Super, et al., 1996)

Figure 7.1. A Segmental Model of Career Development.
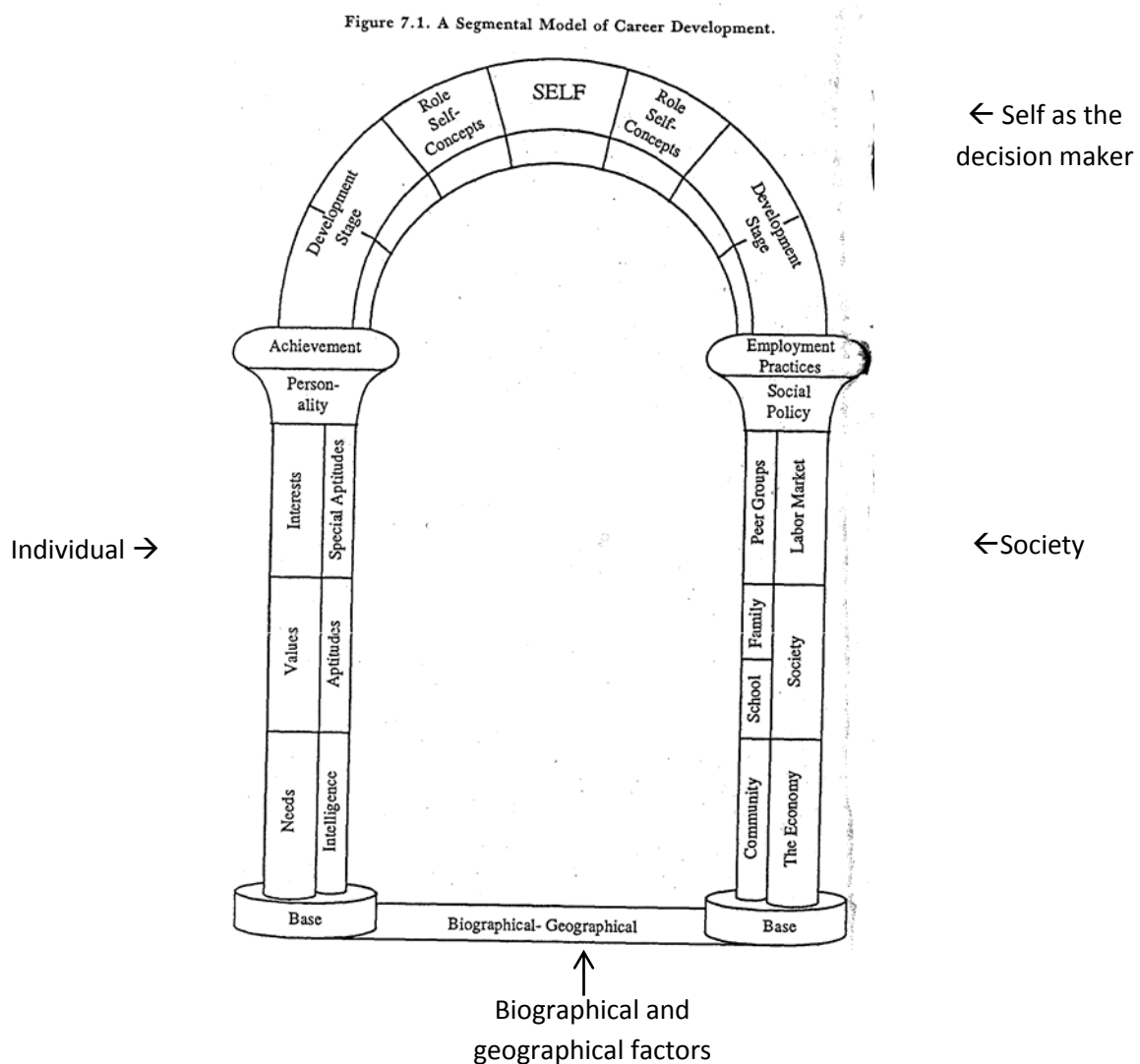
2.3.5.   Theoretical propositions

Super (1953) originally identified ten propositions in his career development theory. Subsequently, these were modified and expanded to fourteen theoretical propositions (Super, et al., 1996) as set out in Table 1. These theoretical propositions help to explain individuals' career development including individual career choice and the process of change experienced by individuals throughout their different life stages as well as the influence of internal and external variables. Super et al (1996) theoretical propositions concerning career development are important to this thesis as they underpin Super's career theory.

Table 1: Super's 14 theoretical propositions (Super, et al., 1996, pp. 123-126)

	Theoretical proposition
1.	People differ in their abilities and personalities, needs, values, interests, traits, and self-concepts.
2.	People are qualified, by virtue of these characteristics, for a number of occupations.
3.	Each occupation requires a characteristic pattern of abilities and personality traits, with tolerance wide enough to allow some variety of occupations for each individual as well as some variety of individuals in each occupation.
4.	Vocational preferences and competencies — the situation in which people live and work, and hence their self-concepts as products of social learning are increasingly stable from late adolescence until late maturity, providing some continuity in choice and adjustment.
5.	This process of change may be summed up in a series of life stages (a maxi cycle) characterised as a sequence of growth, exploration, establishment, maintenance, and disengagement, and these stages may in turn be subdivided into periods characterised by development tasks. A small (mini) cycle takes place during career transition from one stage to the next or each time an individual's career is destabilised by illness or injury, employer's reduction in force, social changes in human resource needs, or other socioeconomic or personal events, such as unstable or multiple-trial careers involving the recycling of new growth, exploration and re-establishment.
6.	The nature of the career pattern, that is the occupational level attained and the sequence, frequency, and duration of trial and stable jobs, is determined by the individual's parental socio-economic level, mental ability, education, skills, personality characteristics (needs, value, interests, and self concepts), and career maturity and by the opportunities to which he or she is exposed.
7.	Success in coping with the demands of the environment and the organism in that context at any given life career stage depends on the readiness of the individual to cope with these demands (that is, on his or her career maturity).
8.	Career maturity is a psychosocial construct that denotes an individual's degree of vocational development along the continuum of life stages and sub stages from growth to disengagement. From a social or societal perspective, career maturity can be operationally defined by comparing the development tasks being encountered to those expected based on the individual's chronological age. From a psychological perspective, career maturity can be operationally defined by comparing an individual's resources, both cogitative and affective, for coping with a current task to the resources needed to master the task.
9.	Development through the life stages can be guided, partly by facilitating the maturing of abilities, interests, and coping resources and partly by aiding in reality testing and in the development of self-concepts.
10.	The process of career development is essentially that of developing and implementing occupational self-concepts. It is a synthesising and compromising process in which the self-concept is a product of the interaction of inherited aptitudes, physical makeup, opportunity to observe and play various roles, and evaluations of the extent to which the results of role-playing meet with the approval of supervisors and peers.
11.	The process of synthesis or compromise between individual and social factors, between self-concepts and reality, is one of role-playing and of learning from feedback, whether the role is played in fantasy, in the counselling interview, or in such real-life activities as classes, clubs, part-time work, and/or entry jobs
12.	Work satisfactions and life satisfactions depend on the extent to which an individual finds adequate outlets for abilities, needs, values, interests, personality traits, and self-concepts. Satisfactions depend on establishment in a type of work, a work situation, and a way of life in which one can play the kind of role that growth and exploratory experiences have led one to consider congenial and appropriate.
13.	The degree of satisfaction people attain from work is proportional to the degree to which they have been able to implement self-concepts.
14.	Work and occupation provide a focus for personality organisation for most men and women, although for some individuals this focus is peripheral, incidental, or even non-existent. Then other foci, such as leisure activities and homemaking, may be central. Social traditions, such as sex-role stereotyping and modelling, racial and ethnic biases, and the opportunity structure, as well as individual differences are important determinants of preferences for such roles as worker, student, leisure, homemaker, and citizen.

2.3.6. Implications of Super's theory for this current research

As a linear model of self-development, Super's (1980; Super, et al., 1996) theory assumes that there is a distinct start and end to every life role which no longer reflects modern careers. Super's theory does not explain continual employment and re-employment past the decline life stage. Additionally, Super's theory assumes that the life role of worker ends at the age 65 and the life role of child ends at 60 upon the death of one's parents. Due to increased life span and life expectancy, the life career rainbow no longer reflects contemporary societal norms and the extension of various life roles. The theory also does not adequately take account of modern external factors influencing the decline stage of the worker life role including those associated with superannuation and increasing life expectancy.

However, Super's (1980; Super, et al., 1996) life-span, life-space theory is relevant and helpful in developing the conceptual framework for this thesis. Super's (1980) life-span, life-space theory will be used to explain individuals' connection and involvement in their career or worker life-role in the context of other factors, such as the parental, child and leisure life roles. By adopting this approach, the focus of research is on the contextual factors that influence an individual's departure from their career, as well as other factors that may influence their movement into other careers during their late career stage. Current literature suggests that older workers' late life careers are influenced by their desire to increase their leisure (Davis, 2003b) life role commitment. Other research suggests that ageing parental care responsibilities (Australian Bureau of Statistics, 2013a) may impact older workers' career choices.

The life-span, life-space theory will be used to help understand the late life career choices of workers within the health industry, who are the focus of this thesis. Super's (1980; Super, et al., 1996) theory will be used to understand the temporal and emotional importance of a career within people's lives and the factors that may contribute to their work or career choices in the late life career stage. Due to the limitations of Super's theory, it is necessary to draw on other theories that may also help to explain late life career choices.

2.4. Trait Factor Theories: Theory of Work Adjustment, Person Environment Fit and Gender

In the previous section, Super's (1980; Super, et al., 1996) life-span, life-space theory was examined. In the following section, career theories that are more broadly regarded as trait factor theories will be discussed. Trait factor theories focus on an individual's characteristics rather than the organisation's features. Two of the most researched and well known trait factor theories are the Theory of Work Adjustment (Dawis & Lofquist, 1976, 1978) and Person-Environment Fit theories (Caplan, 1987; Holland, 1959, 1968, 1973, 1985). Some theorists have focused on gender as an important determining trait in career theory. These theories will now be explored in detail and their usefulness for this thesis identified.

2.4.1. Theory of work adjustment

The Theory of Work Adjustment (TWA) (Dawis & Lofquist, 1976, 1978) argues that individuals and work environments impose requirements on each other that need to be fulfilled and that successful work relations are the result of adjustments intended to create a state of correspondence between individual and environmental characteristics. On the one hand, the work environment requires tasks to be fulfilled and employees are expected to have the skills and traits to be able to complete such tasks. On the other hand, employees require that their own needs, such as remuneration and job satisfaction, are also fulfilled. Therefore, the TWA is a model to conceptualise the relationship between individuals and their work environment (Dawis & Lofquist, 1978) .

The TWA is also based on the matching of people and jobs and the levels of correspondence that exist between an individual and their work environment (Betz, Fitzgerald, & Hill, 1989). The environment and the individual must continue to meet each other's requirements in order that a corresponsive relationship be maintained (Betz, et al., 1989). A corresponsive relationship is achieved when both the individuals' and the organisations' requirements are fulfilled (Betz, et al., 1989). The TWA assumes that living organisms behave in such a way as to satisfy their needs (Dawis, 1996). It posits that "…individuals and environments impose requirements upon one another and that successful work relations are the result of adjustments intended to create a state of correspondence between individual and environmental characteristics" (Bretz & Judge, 1994, p. 32). Therefore, the TWA

provides a "model that can be used to conceptualise the relationship between individuals and their work environment" (Dawis & Lofquist, 1978, p. 76) .

The TWA focuses on three stages of human development: differentiation, stability and decline. While differentiation most commonly refers to the beginning stages of a person's life, stability refers to adult life which is the major period of an individual's life. It is in this period that most people undergo relatively little change and it is perceived to be a period of consistency during which people undergo the least amount of change in their values and abilities (Betz, et al., 1989). Decline refers to the period of life when physical and physiological changes occur that are associated with ageing. In this way, the TWA is similar to Super's life-span, life-space theory (Super, 1980).

According to the TWA, personality is comprised of two entities: personality structure and personality style. While personality structure refers to the content characteristics of a personality, personality style includes pace, celerity, rhythm and endurance and refers to the "temporal characteristics of response" (Dawis, 1996). Personality is perceived as a "stimulus-response conceptualisation based on two premises: (1) personality is described in terms of typical or characteristic behaviour; and (2) behaviour is a response in a given stimulus context" (Dawis, 1996, p. 91). The focus on personality types is similar to aspects of Holland's (1985) theory which will be discussed shortly.

TWA is prized for its generalisability and its usefulness for both theorists and counsellors (Osipow & Fitzgerald, 1996). The development of specific instruments, including clear measures, means that the theory is able to be used in its complete application (Osipow & Fitzgerald, 1996). The focus of the theory is on tenure of the job. While tenure in a single job is reflective of traditional careers, it does not reflect modern careers where individuals are more likely to change jobs and careers throughout their life span (Hall, 1996a; Hall & Mirvis, 1995; Sullivan, 1999; Sullivan, Carden, & Martin, 1998). In addition, although the TWA assumes that as living organisms individuals behave in order to satisfy their needs (Dawis, 1996, p. 80), the theory does not account for the external factors that may influence career choices.

2.4.2. *Person environment fit theories including Holland's theory*

Person-environment fit (P-E Fit) theories are concerned with matching individuals to their working environments. While organisations seek to employ individuals who fit their organisational culture,

individuals want to be employed by organisations that are able to fulfil their particular needs (Caplan, 1987). In searching for a work environment, individuals seek a place of employment that allows them to exercise their skills and abilities and that reflects their values and attitudes (Edwards & Rothbard, 1999; Holland, 1959, 1985). Over time, an individual's behaviours and attitudes may changes to suit their work environment, possibly resulting in career success (Dawis & Lofquist, 1978). Alternatively, individuals may choose to leave an organisation or working environment when the fit is no longer optimal.

P-E Fit theory includes two variations of how fit is viewed. First, the theory distinguishes between the objective and subjective individual and the environment (Edwards & Rothbard, 1999; Harrison, 1978). The objective person refers to attributes of the person as they actually exist, whereas the subjective person is the individual's perception of his or her own attributes. The objective environment consists of actual situations and events as they exist independent of the person's perceptions, while the subjective environment is what the person perceives. According to P-E Fit theory, the objective person and the environment affect their subjective counterparts, although these effects are imperfect due to such barriers as limits on human information processing and limited access to objective information. Second, there are also variations as to the focus of fit. One version focuses on the fit between the values or needs of the individual and the environments' capacity to fulfil those values. The other version concerns the fit between the demands of the environment and the person's abilities (Edwards & Rothbard, 1999; Harrison, 1978).

One of the most important contributors to P-E Fit theory is Holland (1959, 1968, 1973, 1985) who identifies six personality or interest types and six corresponding environments: realistic, investigative, artistic, social, enterprising, or conventional. Holland (1973) created a hexagonal model that illustrates his theory. As shown in Figure 8, the personalities that are most similar are situated closest to each other around the hexagon, while those personalities which are dissimilar are further apart. According to Holland, individuals should seek work environments that closely correspond to their personality type and are located closer to them on the hexagon, rather than those that are dissimilar and located further away.

Figure 8: Holland's hexagonal model (Holland, 1985)
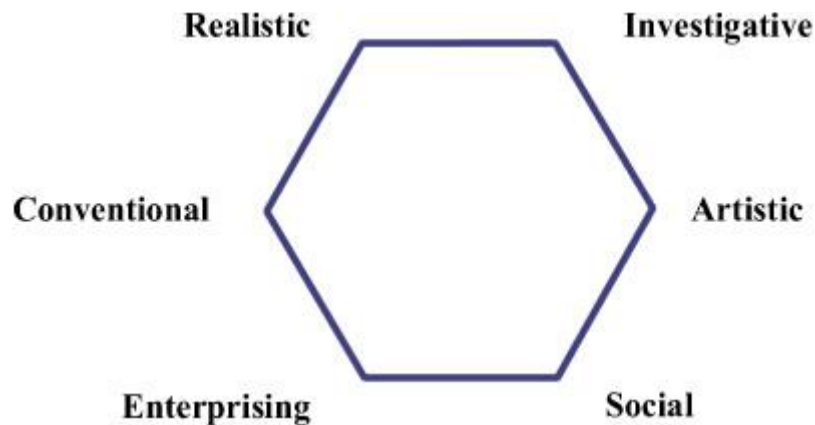
Research using Holland's (1985) theory shows that congruence results in positive career outcomes, notably tenure in a single organisation (Mount & Muchinsky, 1978; Smart, Elton, & McLaughlin, 1986; Spokane, 1985; Spokane, Meir, & Catalano, 2000). Little attention has been paid to the implications of incongruent workers (Spokane, 1996). Holland's (1985) theory suggests that socioeconomic, class and education factors determine career choices (Osipow & Fitzgerald, 1996). As such, it underestimates an individual's ability to determine their own future, additionally the theory does not account for chance encounters (Bright & Pryor, 2005). While Holland's theory is reflective of traditional career paths, in which individuals are more likely to work in a single organisation over their entire career span, it does not necessarily reflect modern careers in which individuals are likely more likely to not only change the organisation they work for, but also to change their career vocation.

2.4.3. *Gender specific theories*

Gender can be an important variable influencing career choice. Traditionally, paid work outside the home played a lesser role in the lives of many women for whom childrearing and domestic duties were the dominant career. As female workforce participation rates have increased, research suggests that many women view paid employment differently from men and that they generally perceive their work to be embedded in their personal and external life roles (Sullivan & Mainiero, 2007).

The importance of gender in understanding career choices has been recognised both directly and indirectly by a number of career theorists. Super's (1980) life-span, life-space theory provides useful insights to the interactions between different life roles and the conflicts which may occur including those common to women. Life-span, life-space theory (Super, 1980; Super, et al., 1996) can be used to understand the process of interaction between women's life roles and may be used to

identify the factors that influence late life career choices, including withdrawal from career (Super, 1980; Super, et al., 1996). Several theorists identify gender as a determining factor in career choices. Hackett and Betz (1981) for example posit a self-efficacy model to explain gender differences in vocational aspirations. Powell and Mainiero (1992) argue that women's careers are influenced by two factors; their concern for personal achievement and their concern about the non-work aspects of their life. Throughout their life span women choose to prioritise either their career or family, or attempt to balance both. Female focused career theories acknowledge that women's careers are embedded in their life as their career is influenced by and influences their broader life roles (Judge, Boudreau, & Bretz, 1994; Miller & Garrison, 1982; O'Neil & Bilimoria, 2005; Powell & Mainiero, 1992; Raskin, 2006).

It is important that differences between female and male careers be acknowledged as the majority of the allied health and nursing workforce are female (Allied Health Professionals Australia, 2012; Australian Bureau of Statistics, 2013d). Although this thesis has not taken a gendered approach to analysing career choices, it is recognised that the results of this thesis may be influenced by the gender of the respondents, as indeed they are influenced by many other internal and external factors.

2.4.4. Implications of trait factor theories for this current research

Trait factor theories focus on the traits of individuals and the environment and how these relate. The contribution of trait factor theories to understanding success and failure in careers is therefore significant. The focus of this thesis however, is not on success or failure in careers but the range of factors which may influence the career choices of older workers and the fit between the individual and the environment will be a source of some of these factors. Next, systems theory will be examined for its relevance and contribution to this thesis' conceptual framework for analysing the contemporary career choices of older workers.

2.5. Systems Theory: The Metatheory

Systems theory is thought to be the metatheory of career development theory as it encompasses and accounts for a broad range of theoretical traditions (McIlveen, 2007). Systems theory is complex as it attempts to account for all of the factors that may influence an individual's career during their life span. As such, it presents a person's career as a multifaceted and complex aspect of an individual's life

(Patton & McMahon, 1999, 2006). Patton and McMahon (1999) depict the individual as a central system operating within a broader system which is comprised of the social and environmental-societal systems. They argue that while the individual plays a central role in directing and constructing one's own behaviour and direction, an individual's choices are directed and influenced by their context.

The individual system is perceived as an open and active system, as the individual is influenced by external sources while simultaneously maintaining control over their own choices (Patton & McMahon, 1999). As illustrated in Figure 9, Patton and McMahon (1999) have identified the following influences within the individual system: gender, values, health, sexual orientation, disability, ability, interests, beliefs, skills, personality, world of work knowledge, age, self-concept, physical attributes, ethnicity and aptitude. The social system is comprised of family, media, community groups, workplace, educational institutions and peers, while the environmental-societal system consists of the employment market, geographical location, political decision, historical trends, globalisation and socioeconomic status (Patton & McMahon, 1999). Although the social factors are proximal to the individual as the individual has close interaction with them, the environmental-societal factors are argued to have a more distal relationship and lesser direct influence on the individual system (McIlveen, 2007).

Figure 9: Systems theory framework (Patton & McMahon, 1999)
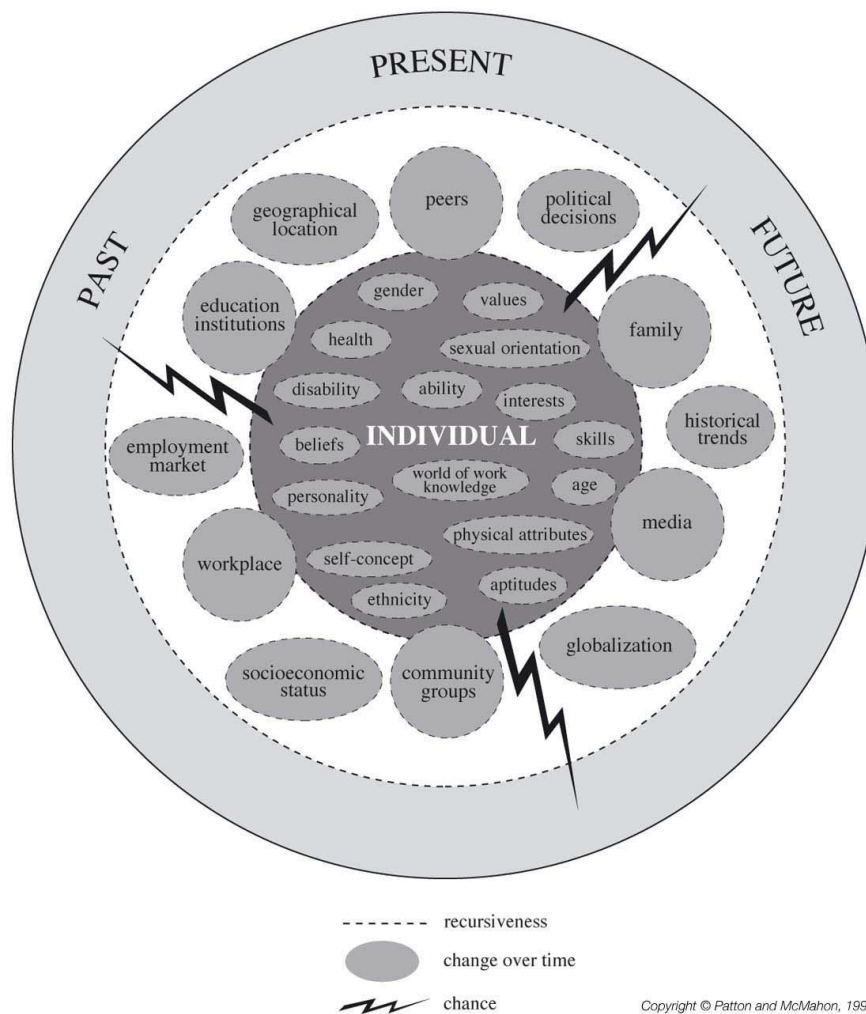
The factors that influence an individual's choices change over time, as does the extent of their influence (Patton & McMahon, 1999). In the model, some factors are static but others are reciprocal and broken lines are used to represent reciprocal interaction (Patton & McMahon, 1999).

While traditional career theories, such as Super's (1980; Super, et al., 1996) life-span, life-space theory frame career development in the context of age, systems theory perceives age as a "limiting variable" (Patton & McMahon, 1999, p. 157). Age is only included in the model because of its relationship with other constructs. The three stages used to define the periods in an individual's career are school leaving, ten years after school leaving and 20 years after school leaving. During these stages or mile-stones, dominant influences vary and change as does their relationship with the individuals, as some influences become reciprocal while others do not.

2.5.1. *Implications of systems theory for this research*

While systems theory is perceived as metatheory and is praised for attempting to reflect both traditional and modern career theories (McIlveen, 2007), this amalgamation of diverse theories has resulted in a complex theory that is difficult to articulate and operationalise. In addition, systems theory assumes that the last career stage is 30 years after leaving school (Patton & McMahon, 1999) at approximately 50 years of age. The theory does not adequately reflect the late career stage of many individuals who continue to work into their late 60s and beyond.

System theory may not account for an individuals' own identity nor how women in particular may identify with their family. Systems theory assumes that the family exists as part of the contextual system operating outside of the individual system (Patton & McMahon, 1999). The relationship between individuals and their families are often one of their key foci. While the theory identifies dominant influences in an individual's life, it makes no claims as to how these influences interact or how they change over time. It is assumed that some influences, such as physical attributes and skills, operating in the individual system become more or less important during a life span.

Additionally, while systems theory attempts to account for all environmental and social factors that may influence an individual, there are arguments as to the validity and the extent to which an individual is able to observe their own frames of reference (Patton & McMahon, 1999); that is, how does an individual know which contexts influence them? The following section will address nonlinear career orientations, theories and career models including the protean (Hall, 1996b), boundaryless (Briscoe & Hall, 2005) and kaleidoscope careers (Mainiero & Sullivan, 2005).

2.6. Nonlinear Careers

Modern nonlinear career orientations, theories and career models reflect the modern working life including the new psychological contract that exists between many organisations and employees. The relationship between employer and employee has changed as employees move away from long term and permanent work and assume part time and contractual work (Hall, 2002a). Work relationships are now generally shorter and more transactional than they have traditionally been (Rousseau, 1995). In addition, the careers of individuals are increasingly characterised by their mobility between jobs and organisations.

Careers have traditionally been viewed as linear and one-dimensional, as depicted by Baruch (2003) and his landscape model wherein individuals worked in one job and one organisation for most of their working life. Unlike traditional career theories that view tenure in a single organisation as the norm and upward mobility in a single organisation as career success, individuals' no longer perceive career success in these terms (Arthur, Khapova, & Wilderom, 2005). It was not until the end of the 20th century that organisations and employees started to develop a more fluid and flexible view of a career. This has been reflected in a decrease in the number of people staying in a single organisation and the increase in employment movement (Daniels & Vinzant, 2000). People now are not only more likely to work for multiple employers throughout their working life but they are also more likely to have multiple careers as their actual job may change significantly (Hall, 2002a; Hall & Mirvis, 1995; Sullivan, et al., 1998).

The term 'nonlinear career' covers a variety of theories including kaleidoscope (Mainiero & Sullivan, 2005), boundaryless (Arthur & Rousseau, 1996b; Defillippi & Arthur, 1994), protean (Hall, 1996b), cosmopolitan (Gouldner, 1957), expert (Brousseau, Driver, Eneroth, & Larson, 1996; Sturges, 1999) and transitory (Brousseau et al., 1996). The defining feature of these theoretical approaches is a focus on the individual's own journey of self-discovery, personal development and growth (Brousseau, et al., 1996; Heslin, 2005) with the individual taking ownership over their career agenda rather than it being determined by their employing organisation (Heslin, 2005).

Nonlinear careers often feature distinctly different jobs as individuals shift "between related occupational areas, specialties or disciplines, or regular changes between often seemingly unrelated careers" (Heslin, 2005, p. 126). Unlike traditional careers which may be depicted as the journey of "a single mountain climb, where the summit is the single most important aspiration and marking of success of which an individual may achieve, the nonlinear career is a far less rigid journey as individuals not only have the opportunity to change the mountain that they climb, but, in navigating their own career, are also able to define their own success" (Baruch, 2003, p. 61). The non-linear career features individuals focusing on subjective career success, rather than objective career success (Dries, Acker, & Verbruggen, 2013). Within this changed paradigm, the "path to the top" is replaced by a "path to the heart" (Shepard, 1984).

While it is apparent that a shift in the individual's psychological perception of what a career actually means has resulted in increased career mobility, nonlinear careers have also been the result of environmental factors. Environmental changes such as globalisation, workforce diversity, technological advances and economic factors have not only facilitated career mobility, but have also forced some people to reinvent themselves in order to become more employable (Sullivan, 1999). Boundaryless, protean and kaleidoscope frameworks will next be examined.

2.6.1. *The boundaryless and protean career orientations*

The boundaryless career is "independent from, rather than dependent on, traditional career arrangements" (Arthur & Rousseau, 1996a, p. 6). Unlike traditional linear careers that value upward success in a single organisation, the boundaryless career model recognises the movement of individuals between different organisations, as well as advocating that employers are independent of their employees' successes (Defillippi & Arthur, 1994). The model is further marked by a flexible employment relationship wherein the career movement of individuals is consistent with their own personal aspirations, goals and desires (Defillippi & Arthur, 1994). Those individuals who have a boundaryless career mindset are characterised by different levels of physical and psychological movement (Sullivan & Arthur, 2006), as they are inclined to have a career that is played out over several organisations or employers (Briscoe, et al., 2005). Boundaryless career individuals may even work for a single organisation but their perception of career success is determined by themselves (Baruch, 2006).

A defining feature of individuals with boundaryless career orientation is their perception of success which, for them, is defined beyond organisational walls (Baruch, 2006). The notion of success being individually defined is particularly relevant to this thesis as research shows that many allied health practitioners pursue a career in order to help people, in contrast to sales people for whom success is defined by the remuneration they receive (Arthur, et al., 2005). Rousseau and Wade-Bezoni (1994) have identified a number of professions that are prone to boundaryless careers. In the field of accounting for example, many new graduates pursue a career in one of the big six accounting firms and after a few years of experience move on (Defillippi & Arthur, 1994). Working in such firms provides graduates with the opportunity to gain extensive experience and establish networks with clients which they use to leverage new employment. Such boundaryless career movement is beneficial

to all parties as the big six retain clients while former employees simply become a part of the wider network "strategically positioned within their clients' firms" (Defillippi & Arthur, 1994). Similarly, working in public health provides graduates with the opportunity to be exposed to a diverse range of cases allowing them to expand and develop their skills. While some graduates stay in the public system, many move into other areas of employment due to limited career opportunities and lower levels of remuneration offered in the public system compared to private or corporate health (Allied Health Professionals Australia, 2012; Dodd, Saggers, & Wildy, 2009; Jepsen, Craig, & O'Neill, 2011)

Similar to the boundaryless career concept, protean career success does not necessarily value vertical movement within a single organisation. In a protean career orientation, success is about the lateral and vertical movement and the overall employability of an individual across a number of organisations or institutions. The protean career model is based on self-direction in the pursuit of psychological success (Hall, 2002b). Protean careers are marked by the emphasis on one's self and own career rather than organisational success. Employees independently manage their career which is defined and measured by their self-drive (Briscoe, et al., 2005). In addition, protean careers are marked by the autonomy and freedom that the individual is able to experience while following their career. It is for this reason that some occupations are more commonly linked with protean careers, such as law and medicine (Hall, 2002b).

Individuals with a protean career orientation tend to be adaptive and flexible, which may be further reflected in their employment contract. The nature of employment has moved away from long term and permanent career paths towards transitional short term career episodes with a trade-off between a decrease in job stability and an increase in job mobility (Rousseau, 1995). The characteristics of a protean career are set out in Table 2, each of the characteristics features a strong contrast with those of a traditional linear career. In particular, the characteristics of a protean career are strongly about self and self-directed purpose.

Table 2: Characteristics of protean careers (Hall, 1996b, p. 9)

Characteristics of a Protean Careers

1. A focus on psychological success rather than vertical success

2. A lifelong series of identity changes and continuous learning

3. The idea that career age counts, not chronological age

4. Job security is replaced by the goal of employability

5. Sources of development are work challenges and relationships, not necessarily training and retraining programs

6. The new career contract is not a pact with the organisation; rather, it is an agreement with one's self and one's work

7. A focus on learning meta skills (learning how to learn), i.e. how to develop self-knowledge (about one's identity) and adaptability

8. Adaptability and identity learning is best accomplished through interactions with other people (reflected in interdependence, mutuality, reciprocity, and learning from differences).

A defining feature of individuals who have protean and boundaryless careers is their state of mind. While skills transfer increases the likelihood of one's ability to transfer into other careers, it is the individual's ability to see beyond their prescribed career and how they are able to re-market their skills suited to other careers that is significant (Baruch, 2006). With a movement away from the organisation towards individuals being responsible for their career, both positive and potentially detrimental outcomes become possible. According to a study conducted by Granrose and Baccili (2005) although aspects of protean careers have been absorbed into the psychology of employees, there is still a desire to maintain job security and upward mobility. This is particularly the case for some employees who may not have the skills and knowhow required to manage their own careers. Moreover, there are questions regarding how organisations are impacted by managing employees with a protean orientation (Hall, 2002a).

2.6.2. Kaleidoscope careers

A kaleidoscope career is one that changes and moulds to suit an individual's multiple life roles and obligations. Like a kaleidoscope with multiple lenses, an individual's career is formed around their multiple roles and responsibilities, as well as their career desires at a point in time (Sullivan & Mainiero, 2007). An adult's career is defined by three parameters: authenticity, balance and challenge (Sullivan & Mainiero, 2007). As individuals' external life roles change, their emphasis on each of the parameters also changes (Sullivan & Mainiero, 2007). Authenticity, the first parameter, is about the

career choices that individuals make in order to be "true to themselves". Balance, the second parameter, is characterised by the choices individuals make in order to reach "equilibrium between work and non-work demands". Challenge, the third parameter, is about "seeking stimulating work as well as career advancement" (Sullivan & Mainiero, 2008, p. 34). Throughout a career span, individuals seek these three parameters. While they are not mutually exclusive, individuals tend to seek one parameter more than another during the span of their career, while the influence of other parameters lessen in intensity (Sullivan & Mainiero, 2008). When a woman has children, for example, her quest may be more for balance rather than for authenticity or challenge as she seeks to engage with her parental life role. In this way the Kaleidoscope Career Model is similar to Super's contribution, as he identifies the interplay and influence of different life roles on each other (Super, 1980; Super, et al., 1996).

One of the major contributions of Sullivan and Mainiero's (2008) work is that it reflects the complex differences between the career choices of men and women. Traditional career theories and models assume linear career paths that are generally modelled on male behaviour, which is not necessarily reflective of women's behaviour (Sullivan & Mainiero, 2008). The interrelationship between work and non-work in women's' lives has meant that they, more than men, have modelled their career around their external work life roles (Pienta, Burr, & Mutchler, 1994; Post, Schneer, Reitman, & Ogilvie, 2013). In addition, women are still mainly the primary caregiver and for the majority of women, childbearing and primary caregiving are defining elements of their non-work life role. Therefore, their careers are more likely to be interrupted and affected by external influences, subsequently pushing them towards non-linear careers (Hackett & Edward Watkins, 1995; Pleau, 2010; Raphael & Schlesinger, 1994).

Research by Cabrera (2009b) has found that men are more likely to follow what is described as an alpha kaleidoscope model seeking challenge in early- to mid-career and then authenticity and balance in their later career. In contrast, women are more likely to follow a beta pattern opting for challenge in their early career followed by balance and authenticity in their mid- to late-career, confirming research conducted by Sullivan and Mainiero (2008). Furthermore, women with higher education levels tend to have a greater desire to seek authenticity and challenge, while women with partners and dependent children tend to have a greater desire for balance (Sullivan, et al., 2009).

Sullivan and Mainiero (2006; 2008) discuss the impact of child caring on women, although they do not focus on the carer responsibilities associated with adult-children and ageing parents. Those who care for both dependent children and dependent parents are known as the sandwich generation (Chisholm, 1999; Höpflinger, 2005; Riley, 2005). This thesis examines the impact of dual carer responsibilities on late life career choices.

Research suggests that during late career, individuals are motivated to increase their leisure time and to increase their life role commitment beyond the worker life role (Davis, 2003b). Although a desire for increased leisure time suggests that individuals have a greater desire for balance, Sullivan (2011) suggests that individuals' desire for authenticity, balance and challenge may be reflected in the type of activities they engage in during their leisure time. Sullivan (2011) suggests that while hobbies and social activities may be motivated by a desire for balance, individuals who engage in volunteer work are more likely to be driven by a desire for authenticity.

2.6.3. Implications of nonlinear careers for this research

Literature regarding protean and boundaryless careers tends not to consider late life career choice. Nonlinear careers are a relatively new phenomena. The nature of protean and boundaryless career orientations is reflective of career choices pursued by those in their encore career (Figgis, 2012). The nature of encore careers is further explored in Chapter 3. While issues around job stability may have been of concern during individuals' early and mid-careers, job stability tends to be of lesser concern to individuals during late life as they generally have lesser financial constraints and are more motivated by a career that provides them with flexibility and mobility (Barbara & Gary, 2005; Figgis, 2012).

However, research suggests that older workers are less likely to exhibit aspects of protean career concepts. Such workers are less interested in managing their own career due to habituation (Warr, 2001) and a reduced expected value/effort balance (Kanfer & Ackerman, 2004). Despite this, older workers are more likely to pursue their own interests and are more value-driven (Briscoe & Hall, 2006; Warr, 2001). With regard to the boundaryless model, while older workers may desire less physical mobility (Sullivan, et al., 1998) their desire for autonomy increases (Inceoglu, Segers, Bartram, & Vloeberghs, 2008). However, there is research to suggest that age does not necessarily correlate with physical mobility (Segers, Vloeberghs, Bartram, & Henderick, 2008). The extent to

which older workers in allied health have experienced protean and boundaryless careers will be considered in this thesis.

As previously highlighted, this research aims to explore the relationship between life roles and career intention. Therefore, the Kaleidoscope Career Model is useful for understanding the changing needs of individuals as it is helpful in understanding the contextual factors that influence career choice, particularly differences between men and women (Sullivan & Mainiero, 2008). In conjunction with Super's (1980) life roles, the Kaleidoscope Career Model will be used to examine the career choices of older workers during their late career period and, in doing so, explore how life roles influence the intentions of older and experienced health workers.

2.7. Summary of Careers Literature

Chapter 2 has provided a discussion and analysis of many of the traditional linear and modern nonlinear career theories. It has provided evidence as to why it is necessary to modernise career theories as current theory does not adequately reflect the modern working life of older workers. The life-span, life-space theory does not take full account of increased life expectancy and extended life roles, including the adult-child life role. Trait factor theories do not reflect the interaction between the organisation and the individual in shaping individual careers. Although systems theory framework (Patton & McMahon, 1999) is argued to be the metatheory, it is too complex to operationalise which in turn reduces its practicality. Nonlinear careers orientations only explain a state of mind. By drawing upon multiple career theories, as well as literature on nonlinear careers orientations and older workers, this thesis aims to build and contribute to theory that recognises the increased life span and working life of individuals.

In recognising the benefits and limitations of traditional and modern theories and to facilitate understanding of the concepts, Table 3 presents a summary of the theories examined in this chapter. The information presented in Table 3 not only provides a summary of how modern and traditional careers theory may be used in this thesis, but also identifies gaps in these theories which need to be filled in order that career theory might explain the case of contemporary older workers.

In Chapter 2 career theories have been examined and their ability to explain the career choices of older workers in contemporary society has been explored. The following chapter will provide the context of this thesis by examining key aspects of older workers' careers in general as well as within an allied health setting. The insights derived from existing careers theory and from examining the careers of contemporary workers in allied health enable this thesis' research questions to be presented at the conclusion of the next chapter.

Table 3: Table of traditional and modern career theories

Theory	How theory applies to this research and health profession	Gap in theory
Life-span, life-space (Super, 1980; Super, et al., 1996)	• How do life roles affect late career choices of older health workers? • How does shift work impact life roles such as parent? • Health perceived as a "good job for a women" because it allows women to engage with carer life roles. • Availability of part time work and implications on life roles.	• Life roles may need to be extended beyond that which Super has identified as the current theory does not take into account extended life roles as a response to extended life span and expectancy.
Theory of work adjustment (TWA) (Dawis & Lofquist, 1976)	• Degree of correspondence. • What are the specific needs of older health workers? What can hospitals and institutions do to accommodate this? • Physiotherapists' thumbs have a five-year life span, • How do physiotherapists adjust to this?	• TWA only accounts for the employee relationship. It does not account for external factors that may influence the career choices of older workers in these prescribed occupations. • Modern day workers are less likely to work for a single organisation over time.
Person-Environment Fit (P-E Fit) (Bretz & Judge, 1994)	• What older workers are suited to work in health? Can the health sector change to become more accommodating to older health workers? • Are there other jobs/ occupations older workers health workers can transfer into if they are unable to fulfil their original occupations' tasks? • What makes 'health roles' attractive to stay instead of retirement?	• P-E Fit does not account for the 'third' career, when older, experienced workers decide to continue working rather then retire.
Holland's theory (Holland, 1959, 1968, 1973)	• How are health workers matched to their career? • Is there an ideal personality type for heath careers? • Does personality change over time? Or is it other factors that cause incongruent relationship?	• Does not reflect modern careers of working in diverse organisations and multiple careers is more common and accepted.
Gender specific theories (Hackett & Betz, 1981; Powell & Mainiero, 1992)	• Health as a feminised workforce. • How are female careers in health different to male careers? • Prior research shows that women in particular are attracted to AH due to the flexibility and mobility the career offers.	• Does not reflect modern society, where there is "blurring" of traditional roles. Such theories reaffirm the status quo that men and women should be treated differently and not as equals. Women traditionally being undermined and undervalued by men. Theories are reflective of a time when women were less represented in the workforce than they are currently.

Systems theory (Patton & McMahon, 1999)	• How systems influence older health workers late career choices until their last career phase (30 years after leaving school). • Prior research shows that some health occupations (nurses) find it relatively easy to change occupations with the skills they have acquired as a nurse. Beyond nursing, do allied health workers or other health workers experience career mobility because many have very specialised and specific skills?	• The theory does not adequately reflect the modern late life career as many individuals work well beyond the age of 60. While the theory identifies dominant influences in an individual's life, the theory makes no claims as to how these influences interact and how they change over time, i.e. how physical ability may affect career options. • Theory is complex and difficult to operationalise.
Protean career orientation (Hall, 1996b; Hall & Mirvis, 1995; Hall & Moss, 1998)	• Diverse career opportunities within health sector. • Prior research shows that individuals are attracted to nursing due to the flexibility and mobility the career offers. • Diverse career opportunity within allied health and broader. Prior research shows that women in particular are attracted to careers in health due to the flexibility and mobility the career offers. • Some health roles are seen as good stepping stone careers. • What are the protean careers of health workers? Flexible and mobile job? • Potentially, diverse career paths in health.	• Does not account for traditional notions of careers that individuals still follow. • Lack of literature that specifically looks at protean late life careers.
Boundaryless career orientation (Defillippi & Arthur, 1994; Mirvis & Hall, 1994; Sullivan & Arthur, 2006)	• Some health careers are seen as good stepping stone careers. • Evidence of some career movement between health careers; including movement of clinicians into corporate health.	• Does not account for traditional career paths that are still being followed. Lack of research exists looking specifically at boundaryless careers in late career life.
Kaleidoscope (Mainiero & Sullivan, 2005; Sullivan & Mainiero, 2007, 2008)	• Do health workers desire authenticity, balance and/or challenge? • Many health workers purse health careers due to a desire to help people (authenticity?). • Health as a good job for a woman (balance?). • Individuals leave health due to limited career opportunities (challenge?).	The theory does not adequately identify the factors that influence older workers' kaleidoscope career intentions.

3. CONTEXT: OLDER WORKERS AND THE HEALTH INDUSTRY

In Chapter 2 career theory was examined to identify how it might assist in understanding the career choices of older workers. In Chapter 3 the contextual framework for this thesis is developed in four sections. First, the literature concerning older workers' careers and retirement choices are examined. Second, the workforce characteristics of allied health workers and their career choices are explored. Third, factors relevant to understanding women's careers are considered including issues associated with women's role in society, their participation in the paid workforce and key factors influencing their career decisions. The chapter concludes with a presentation and discussion of this thesis' research questions which flow from the review of career theory conducted in Chapter 2 as well as the literature reviewed in this current chapter. The structure of this chapter is presented visually in Figure 10.

Figure 10: Beyond theory illustrative chapter summary


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│ 3. Context: Beyond Careers Theory, Older Workers and the Health   │
│    Context                                                         │
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│                      3.1 Older Workers                            │
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│            3.2. Allied Health Workforce Characteristics           │
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│                      3.3. Women's Careers                         │
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│                    3.4. Research Questions                        │
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│                        3.5. Conclusion                            │
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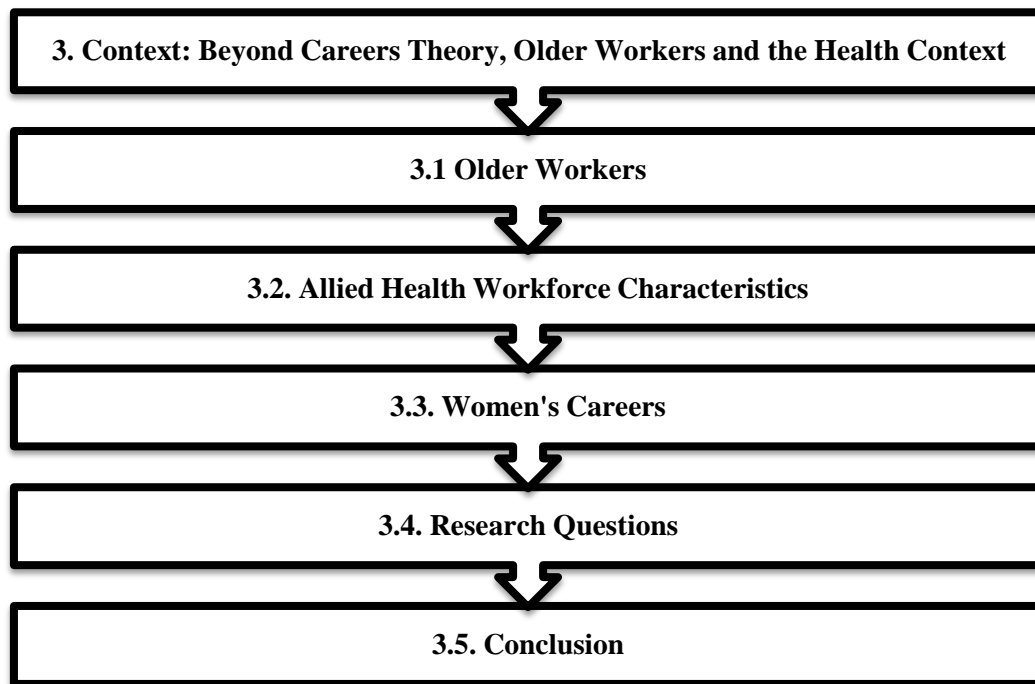
3.1. Older Workers' Career Choices and Retirement

The definition of older workers is unclear and may be considered somewhat controversial. According to the Australian Bureau of Statistics (ABS), the United Nations and the Commonwealth Age Discrimination Commission, individuals aged 45 years of age or more are classified as older workers (Australian Institute of Management, 2013). Alternative data from the ABS has also defined an older worker as being 55 years or older (Australian Bureau of Statistics, 2010). However, anecdotal information from 45 year olds confirm that they are uncomfortable with being defined as an older worker as they believe they are "not old" and far from their final phase of working life. In addition, most 45 year olds are generally making different career choices compared from those of 65 year olds (Australian Bureau of Statistics, 2008a), as very few 45 year olds are thinking about retirement in their immediate future.

The workforce participation rate of older Australians has increased in recent decades. In 1993, the labour force participation rate for men aged 65 years and older was 8%, increasing to 16% in 2011 (Organisation for Economic Co-operation and Development, 2013). Although the participation rate of women aged 65 years or more remains relatively low, it has risen from 4% in 1966 to 7% in 2011 (Organisation for Economic Co-operation and Development, 2013).

There is no mandatory retirement age in Australia and the *Age Discrimination Act* 2004 (Cth) (The Australian Government, 2004) is the Australian federal law that prohibits age discrimination (Patterson, 2004). Perceptions of the standard age of retirement in Australia vary. According to Ryan and Sinning (2010), 65 years is generally regarded as the standard age of retirement. They base this estimate on several factors including the number of people in full-time work and those who are unemployed or retired. Temple, Adair and Chavoshi (2011) suggest the idea of retiring before 65 years of age is mostly entrenched in the minds of younger Australians as individuals 60 and above generally do not intend to retire until after 65 years of age.

Retirement is difficult to define and operationalise. Ekerdt and DeViney (1990) have identified five ways to define retirement: separation from a career, exit from the labour force, reduced work hours, public or private pension receipt and self-definition. Ekerdt and DeViney's (1990) listing demonstrates the breath of meanings attached to the notion of retirement including those related to hours of work effort, sources of income and psychological factors.

The ambiguity around the definition of an older worker and the age of retirement combined with increased workforce participation by older workers supports the idea that age alone cannot explain retirement or non-retirement decisions. Older workers do not retire at a specified age but rather enter a stage in their working lives when their career choices are influenced by particular factors and career theory is needed to explain these dynamics.

In the following sub-sections the factors influencing individuals' decisions to retire or remain in employment, the career choices actually made by older workers including encore careers and the need for older workers to remain in the workforce and government initiatives to encourage this will be examined.

3.1.1. The factors that influence individuals to retire, continue to work or return to work.

Although career theories do not adequately explain late life career choices, scholars have addressed the motivation of individuals to retire or to remain in paid employment (Shacklock & Brunetto, 2005). Some literature attributes the decision to retire to four main factors: health, financial status, psychological factors and organisational policies and procedures (Sargent, et al., 2013; Shacklock & Brunetto, 2005). Other factors identified in the literature as influencing retirement decisions are a lack of career opportunities for older workers (Temple, et al., 2011), the nature of the work performed (McNamara et al., 2013; Ryan & Sinning, 2010; Szinovacz, Martin, & Davey, 2013) and the demands associated with caring roles. These factors need to be understood and they will each be explored.

Health has been identified as a factor influencing retirement decisions and an increased life expectancy has resulted in an extension of the working life (Shacklock & Brunetto, 2005). While traditionally many older workers were forced to leave the workforce due to declining health, individuals are now able to continue working for longer due to advances in health technology (Sargent, et al., 2013; Schlosser, et al., 2012). The life expectancy of individuals has continued to increase globally with the life expectancy of those living in developed nations experiencing the most increase (World Health Organization, 2012). In Australia, the average life expectancy of a women born in 2010 is 85 years and 79.5 years for men (Australian Bureau of Statistics, 2012a). In just over a decade, life expectancy has increased by more than two years (Australian Bureau of Statistics, 2012a). In addition, the residual life expectancy or the number of anticipated remaining years of life of a 65 year old

woman in 2010 is 21.8 years, while the male equivalent is 18.9 years; an increase of more than one year since 1999 (Australian Bureau of Statistics, 2012a). While 60 years ago, only around 7% of people who reached the age of 65 lived to 90; this figure is now 25% and is continuing to increase. With more individuals living to late life, a new life stage, the "third age" has been recognised (Figgis, 2012).

Financial status has also been identified as a factor influencing retirement decisions. Due to increased life expectancy, the longer term financial needs of retirees have increased (Shacklock & Brunetto, 2005). Moreover, many older workers have parents and/or children that they are required to care for in some capacity, adding to a potential financial need to continue working. Research has found that financial factors exert a strong influence on retirement and late life career choices (Australian Bureau of Statistics, 2010; Delpachitra & Beal, 2002; Schlosser, et al., 2012; Temple, et al., 2011). Individuals may believe that they do not have the financial support needed for retirement due to factors including lack of entitlement to an aged pension or adequate superannuation. The global financial crisis of 2008 resulted in a decline in the value of superannuation fund investments, which has influenced retirement decisions (O'Loughlin, Humpel, & Kendig, 2010; Sargent, et al., 2013). Superannuation entitlements have a direct influence on late life career choice and this issue is further explained later in this section.

Psychological factors have also been identified as influencing retirement decisions. An individual's work role may be an important source of self-definition and self-esteem (Sargent, et al., 2013; Shacklock & Brunetto, 2005). Some individuals choose to continue working because they desire not to be engaged in the retirement life role for an extended period of time (Sargent, et al., 2013; Schlosser, et al., 2012).

Organisational policies and procedures also influence retirement decisions (Sargent, et al., 2013; Shacklock & Brunetto, 2005). Despite the need to retain older workers, they are often exposed to significant discrimination, experience longer periods of unemployment and are less likely to obtain career progression (Australian Law Reform Commission, 2013; Shacklock & Brunetto, 2005). Loss of autonomy, career progression and job satisfaction are significant influences as to why older workers choose to discontinue working, retire or look beyond paid work for satisfaction and fulfilment (Shacklock & Brunetto, 2005). Older workers are likely to continue or return to work from retirement

if they are effectively motivated, most notably by career development. There is evidence to suggest that older workers face discrimination due to their age, unemployment status and out-dated skills sets (Biggs, Fredvang, & Haapala, 2013; Calo, Patterson, & Decker, 2013; Griffin & Beddie, 2011 ; Karpinska, Henkens, & Schippers, 2013; Sheen, 2001). Older workers are perceived to be less productive, adaptable and trainable in the modern economy and are often targeted for redundancy and retrenchment because they are regarded as "soft targets" (Sheen, 2001).

Lack of career opportunities for older workers is also a factor influencing retirement choice. Temple et al. (2011) identified 14 major factors that hinder the career opportunities of older workers, these are: discrimination in employment on the basis of age, care-giving responsibilities, flexibility of employment arrangements, issues around private recruitment firm practices, job search assistance, leisure time trade-off, mental health barriers, mismatch of skills and experience with industry demands, physical illness, injury and disability, re-entry issues barriers of the very long-term unemployed, re-training and up-skilling barriers, superannuation, tax-transfer system and workplace barriers. Following health and financial resources, the most important factor for older workers when considering working past retirement is access to part-time and flexible working hours, including having control over when they would like to start and finish work, working from home and working shorter hours (Schlosser, et al., 2012; Temple, et al., 2011).

The nature of work performed also influences retirement decisions. The difficulties encountered by older workers engaging in physically demanding work are obvious, as are the possibilities of working longer in less physically demanding jobs. Research by Ryan and Sinning (2010) has found that the most educated and least educated groups of workers are more likely to remain employed past the standard age of retirement. They found that individuals with vocation skills tend to retire around the standard retirement age, while individuals with higher levels of education tend to continue working and retire later (Ryan & Sinning, 2010). Their findings suggest that there is an interaction between the nature of the work performed and the individual's own needs which influences retirement choice. For those working in physically demanding roles, access to breaks during work is critical to their decision to continue working or return to work post retirement (Temple, et al., 2011).

Beyond paid work, older people contribute to society by providing unpaid care. Older workers are increasingly required to perform caring roles for aged parents as well as children and grand-

children and this influences their retirement decisions. While people over the age of 65 years comprise roughly 13% of the population, 20% of all carers are of this age, providing an unpaid contribution worth $3.9 billion (Australian Bureau of Statistics, 2013a). Although the proportion of older male and female carers is generally even, "44% of older female carers are primary carers compared with 32% of older male carers" (Australian Bureau of Statistics, 2013a). Older carers (91%) mainly care for a family member with whom they live, who is most often their spouse (77%) a child (9%) or a parent (8%) (Australian Bureau of Statistics, 2013).

While the majority of older carers are not in paid employment, 8% of older primary carers are employed and the majority work part-time (Australian Bureau of Statistics, 2013a). A 2009 indicated that 22% of older workers had left their job to become a carer (Australian Bureau of Statistics, 2013a; Rix, 2001; Smeaton, Vegeris, & Sahin-Dikmen, 2009). As the Australian population continues to age, there is an increased need for family members to provide care to help offset costs. However, there is some evidence (Australian Bureau of Statistics, 2013a; Rix, 2001; Smeaton, et al., 2009) that most caregivers are required to leave work in order to be full-time carers, because of a lack of flexible work opportunity.

The forgoing discussion of the factors influencing retirement decisions has provided useful insights into the career choices of older workers. However, Davis (2003b) argues that the choice to retire is actually the result of "push and pull" factors. While health concerns, changes to the work environment and the retirement of peers push individuals toward retirement, other factors such as free time and leisure, spouse and family responsibilities and career opportunities pull individuals towards continuing their career (Davis, 2003b). In addition, physically demanding roles contribute further to earlier retirement as older workers are unable to continue due to physical constraints (Schlosser, et al., 2012; Shacklock & Brunetto, 2005; Temple, et al., 2011).

A decision to retire does not preclude a subsequent decision to re-enter the paid workforce. The Australian Bureau of Statistics 2010-11 Multipurpose Household Survey (MPHS) revealed that 228,100 people aged 45 years and over who had previously retired from the labour force had returned to paid employment or were planning to (Australian Bureau of Statistics, 2010-2011). Around two fifths (41%) reported returning to work for financial needs, while 28% stated that they were bored and 18% returned to work because an 'interesting opportunity came up' (Australian Bureau of Statistics,

2010-2011). These results indicate some slight change from the ABS 2008 data that found 44% returned for financial reasons while 35% left retirement due to boredom (Australian Bureau of Statistics, 2008-09). The decision to return to the labour force after retiring is generally due to financial reasons, negativity towards retirement or the attractiveness of working again (Schlosser, et al., 2012). Furthermore, while individuals were once able to retire around the age of 55-60, the culmination of increased life expectancy and decreased savings has meant many individuals are either returning to work post retirement or working for longer if they wish to maintain their current standard of living. Alternatively, their savings need to last longer than may have been predicted (Cascio, 2007).

Sargent et al. (2013) have created a model that explains how they believe the notion of retirement has changed over time. As shown in Figure 11 the model illustrates how changes in institutional arrangements, social meanings and individuals' careers have caused different meanings and experiences of retirement.

Figure 11: Invention and reinvention of retirement (Sargent, et al., 2013)
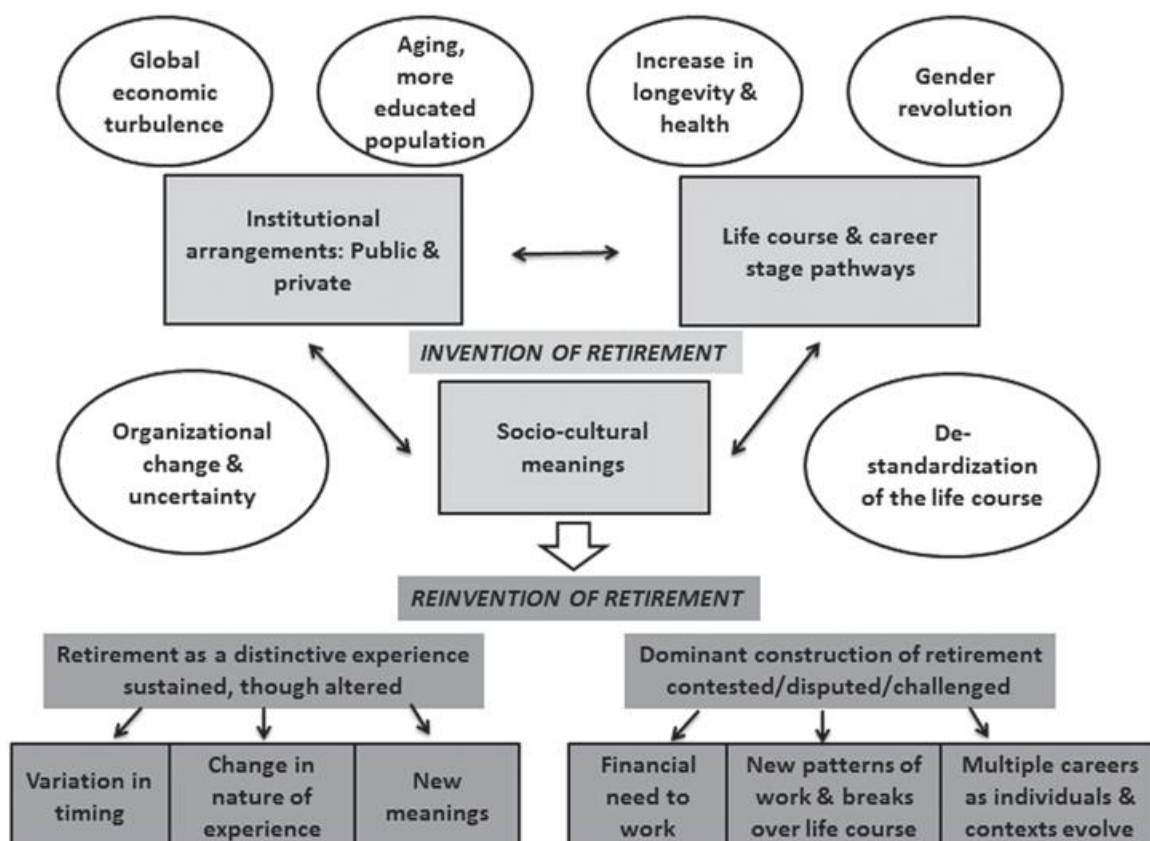
A substantial body of literature considers the factors influencing retirement choices (Australian Bureau of Statistics, 2008-09; Gobeski & Beehr, 2009; Jones, 2010; Lundberg & Marshallsay, 2007 ; Public Employment Office NSW Premier's Department, 2006; Ryan & Sinning,

2010). However, there is a lack of literature specifically considering the factors influencing late life career choice. In particular, there is a lack of empirical research examining the factors influencing older workers' careers choices beyond health and economic reasons. This thesis aims to fill that gap. It is apparent from the foregoing discussion that not all individuals choose to retire at a particular age but rather opt to stay in the workforce. The career options of older workers will next be examined.

3.1.2. *Career options of older workers and the encore career*

A stereotypical retirement epitomised by "the abrupt ceasing of all paid work and commencement of a life of leisure" is experienced by only half of all workers (Pleau & Shauman, 2013, p. 113). Beyond career theories literature, it is now accepted that older workers exit the workforce in diverse and complex ways (Han & Moen, 1999) and retirement is seen as a process rather than an event (Post, et al., 2013). However, post-retirement employment, including encore careers or bridging careers, is understudied (Pleau & Shauman, 2013).

Daniel and Vinzant (2000) estimate that 80% of baby boomers plan to do some paid work during their retirement period. While they desire to work, they also seek more balance in their life and plan to spend more time in leisure activities (Daniels & Vinzant, 2000; Kanfer, Beier, & Ackerman, 2012). Encore careers are defined as "work with a social purpose in the second half of life" and are generally commenced at the beginning of, or during, retirement in an individual's third age (Figgis, 2012, p. 3). These careers are characterised by flexibility, but they are not necessarily financially remunerated (Figgis, 2012). Although individuals may start to prepare for their encore career during their mid or late career stage, the encore career is distinctly different from their main career as an encore career reflects the new life stage of retirement (Alboher, 2012; Figgis, 2012). Although the work performed in an encore career is different from that undertaken during a person's main career, those that purse encore careers draw upon their previous skills, experiences and interests.

As an alternative to encore careers, bridge employment is part of the transitional process of moving from full-time work into full-time retirement and provides individuals with a transitional process as a way of ramping down from their main career (Davis, 2003a). Bridge employment can either be similar or different to the individuals' main career. However, there is research to suggest that retirees with specific high level skills are more likely to engage in a bridge career that is related to their main career (Gobeski & Beehr, 2009). Alternatively, individuals who experience low levels of work

satisfaction are likely to engage in a bridge career different to that of their main career. Moreover, individuals who formerly held main career jobs in which they were intrinsically motivated are more likely to engage in bridge careers than fully retire (Gobeski & Beehr, 2009). While bridge employment is not a new phenomenon, the transitional retirement career phase is yet to be acknowledged in late life career theory.

Late life careers are often more difficult to frame theoretically than early careers because there is less consistency in how older adults will proceed with their careers (Sterns, 1998). In early careers, for example, individuals must choose a career, but in later careers a person may continue a career, start a new career, modify a career or retire (Ulrieh & Brott, 2005). Late life career theory is yet to acknowledge the later careers of older workers, including what has been labelled as the third age or the employment that individuals engage in during their transition into or during retirement (Davis, 2003b; Figgis, 2012; Gobeski & Beehr, 2009; Ryan & Sinning, 2010). While it is acknowledged that the traditional notions of retirement are becoming obsolete and older workers are less likely to engage in traditional pathways, careers theory is yet to be updated to reflect this changed lifestyle. The importance of updating careers theory is supported by society's need for older workers to maintain a productive role in the economy and associated government policy, which will now be considered.

3.1.3. *The need for older workers and government policy*

The Australian population is ageing. Between 1947 and 2011 the percentage of the Australian population aged 65 years or older increased from 8% to 14% (Australian Public Service Commission, 2012) and is anticipated to continue to increase to 23% by June 2050 (Australian Treasury, 2010). In addition, the median age of the labour force is increasing (Post, et al., 2013) presenting multiple economic challenges including maintaining skilled and experienced staff while also managing the careers of younger workers. In order for organisations to avoid skills shortages and capitalise on their workforce investments, they must respond to these challenges (Post, et al., 2013). Increased participation by older Australians in the productive workforce has been identified as a public policy priority by Australian Government (Australian Treasury, 2010). The two main policy areas used by Australian government to encourage older workers to remain in the workforce have been those focussed on the incomes of older people and those addressing issues of age discrimination.

In addition to peoples' own assets, Australia's retirement income system is comprised of a means-tested Age Pension, compulsory savings through employer superannuation contributions known as the Superannuation Guarantee and voluntary superannuation contributions by employees (The Treasury, 2009, p. 8). In addressing the income needs of older Australians, government has developed policies aimed at delaying access to aged pension benefits and also increasing the savings of older Australia's through superannuation. To qualify for the Age Pension in Australia, individuals must satisfy age and residence requirements and the rate of entitlement depends on applicants' income, assets and other circumstances. Women born before 1 January 1949 reach qualifying age at 64 and a half, while women born between 1 January 1949 and 30 June 1952 reach qualifying age at 65. Men born before 1 July 1952 reach qualifying age at 65. From 1 July 2017, the qualifying age for the Age Pension will increase from 65 years to 65 and a half years and will rise by six months every two years, reaching 67 by 1 July 2023. The maximum entitlement as at September 2013 for a single person is $827.10 per fortnight and for a couple $1246.80 combined (Department of Human Services, 2013).

Superannuation in Australia refers to the arrangements people make to have funds available for them in retirement. While superannuation has existed in some form in Australia for more than a century, until the 1970s it was mainly exclusive to white collar higher paid employees. As a result of industrial action from the 1970s, superannuation was gradually extended to the wider Australian population through the establishment of workplace award provisions. Superannuation became an entitlement for all employees when the Australian Government introduced the *Superannuation Industry (Supervision) Act 1993* (The Australian Government, 1993) establishing the Superannuation Guarantee. The guarantee required that employers had to make tax deductible superannuation contributions, set in 1993 at 4% of the employee's wage, on behalf of their employees and this was enforceable through the Australian taxation system. Prior to the introduction of the guarantee, only 68% of the private sector employees had superannuation (Australian Prudential Regulation Authority, 2007).

The mandatory level of payments under the Superannuation Guarantee increased over time and at 30 June 2013 employers paid 9% of the ordinary time earnings of their employees, including part-time and casual employees, who are aged over 18 and who are paid $450 before tax a month, into a complying superannuation fund or retirement savings account (CCH, 2012/2013). While the

Superannuation Guarantee rate was set to increase to 9.25% from 1 July 2013 and will continue to rise over the next few years until it reaches 12% in 2018, this plan has now been paused under the newly elected Liberal Abbot Government (Crowe, 2013). From 1 July 2013, the age limit of 70 years applying to employer contributions under the Superannuation Guarantee has been removed (NSW Business Chamber, 2013). As part of the superannuation scheme in Australia, individuals are encouraged to contribute to their superannuation through a tax offset system. Additionally, employee co-contributions up to $1000 per year are supported by government contributions of equal value (CCH, 2012/2013).

In order to address policy concerns associated with the ageing population and to encourage individuals to work longer, the preservation age or age at which employees may access their superannuation savings in Australia has been extended. While individuals born before the 1st of July 1960 have a preservation age of 55 years of age, individuals born after the 1st of July 1964 have a preservation age of 60 years of age. Individuals are allowed to access their superannuation before their preservation age under extenuating circumstances, including when permanently incapacitated and unable to work.

A number of changes to Australian government superannuation policy have been made in recent years to encourage older workers to continue working and delay retirement (Delpachitra & Beal, 2002). First, in 2005, a transition to retirement plan was introduced. The plan allows workers to ramp down their employment and move into part-time work and access their superannuation as a means of offsetting and supplementing their income (CCH, 2012/2013; Kim & DeVaney, 2005). While the scheme is intended to help people transition towards retirement, there is no requirement that individuals must reduce their working hours. Second, individuals aged 60 years or older are able to withdraw lump sums of their superannuation tax-free (CCH, 2012/2013). As outlined in Table 4, while individuals may have reached their preservation age, they are still required to pay tax on their superannuation payouts until they reach 60 years of age. Therefore, it may be more financially viable for individuals to continue working past their preservation age, until the age of 60 as they may pay less tax. Additionally, individuals over the age of 60 are allowed to return to paid work, while also receiving their superannuation payments. At 65 years of age there is no restriction on the way persons

may access their superannuation benefits (Australian Government, 1993; Australian Law Reform Commission, 2013; CCH, 2012/2013).

Table 4: Taxation on superannuation benefits according to age (CCH, 2012/2013, p. 1146)

Age of recipient	Lump sum withdrawals	Income stream
60 and over	Tax free	Tax free
Preservation age to age 59	No tax payable on amounts below the low-cap rate ($175,000 for 2011/12) 15% on any amount over $175,000	Marginal tax rates apply but eligibility for the 15% tax offset
Under preservation age	Taxed at 20%	Marginal tax rates apply but not eligibility for tax offset. (15% tax offset available for a disabled superannuation benefit)

Beyond superannuation, other initiatives have been introduced in Australia to encourage older workers to continue working longer including, for example, the mature age worker tax offset (MAWTO). According to this scheme, once individuals born on or after 1 July 1957 turn 55 and are still working, a tax offset of up to $500 per year for those earning $63,000 per year or less is provided (CCH, 2012/2013). Australian government policy has also focussed on addressing age discrimination and other initiatives aimed at removing barriers to older workers remaining in paid employment. The Age Discrimination Act 2004 made age discrimination, including discrimination in employment unlawful and in 2011, the first Age Discrimination Commissioner was appointed to be a dedicated advocate for all affected by age discrimination (Australian Human Rights Commission, 2012).

So far in this chapter the factors influencing older workers career choices and retirement have been discussed in the context of the population generally. In the next section of this chapter the workforce characteristics including careers of those workers who are the focus of this thesis will be examined.

3.2. Allied health Workforce Characteristics

The purpose of this thesis is to understand the factors influencing older workers' career choices and the focus of this research are workers primarily engaged in allied health. It is therefore important to understand the nature of the allied health workforce. The health sector is experiencing pressure both from an ageing workforce and from an ageing population generally which is placing greater demands on the sector. A brief sector profile will be provided, including what is known about allied health careers. This is followed by an examination of literature focused on allied health careers and then an examination of the workforce profile of Health Organisation X, which is the focus of this thesis' phase two survey.

3.2.1. *Allied health workforce in Australia*

The allied health workforce constitutes 18% of the Australian health workforce, more than medical (10%), but less than nursing (35%) (Australian Institute of Health and Welfare, 2012). The allied health workforce grew by 35.3% between 2003 and 2008, greater than both medical (33.5%) and nursing (15.5%) (Allied Health Professionals Australia, 2012). Allied health is an umbrella term used to describe health professionals who are not doctors or nurses. The list of allied health professionals includes, but is not limited to audiologists, dieticians, massage therapists, sonographers, radiographers, occupational therapists, optometrists, orthotists, paramedics, podiatrist, perfusionists, pharmacists, psychologists, radiation therapists, respiratory therapists and speech pathologists (Nursing Careers Allied Health, 2010).

Seventy two per cent of the allied health workforce is comprised of women, while 17% of the allied health population are over the age of 55 (Allied Health Professionals Australia, 2012). Australia, like other developed countries, faces the prospect of a rapidly ageing population in conjunction with a relatively high turnover of younger allied health workers (Dodd, et al., 2009). As the Australian population ages and increased demands are placed on the health care system, it is imperative that skilled and experienced staff be motivated to stay in the workforce in order to fulfil these demands.

One of the major factors influencing the attraction and retention of allied health workers is the nature of employment conditions applying to workers in the sector. The wages and conditions applying to allied health workers in aged care are not competitive with those offered in other sectors of the economy resulting in this sector facing staffing difficulties (Kaine, 2009). Attracting and retaining staff

in the health care industry is of particular importance as an ageing population presents future demands on this sector (Novak, Berg, & Wilson, 2010). The following section will review literature in the area of allied health careers and identify any relevant gaps.

3.2.2. *Allied health careers literature*

The majority of literature in the area of allied health concerns clinical trials. The literature that does exist in the area of careers is mainly concerned with the attraction of staff (Dodd, et al., 2009; Patterson, Janice, Katherine, Sara, & Powell, 2005), graduate careers (Alphonso & Augustine, 2003; Blau et al., 2009; Palumbo, Rambur, McIntosh, & Naud, 2008; Stewart, Pool, & Winn, 2002; Testoff & Aronoff, 1983; Verma et al., 2009) and retention of staff (Balogun, Titiloye, Balogun, Oyeyemi, & Katz, 2002; Dalton, Gilbride, & Weisberg, 1993; Dodd, et al., 2009; Swafford & Legg, 2009).

Only a small amount of literature looks at the career choices of allied health workers. One example is the research undertaken by Perry (1969) which considered the career mobility of allied health workers. This research found that while career mobility was sought by employees, it was unable to confirm whether allied health workers actually experienced career mobility. Perry's (1969) research has yet to be modernised as there has been no replication or similar research undertaken in allied health in recent years. Dodd et al (2009) also considered the career choices of allied health workers and found that salary, lack of career progression and professional development were the most influential career factors for allied health employees changing careers. The research found that the expectation of employees varied according to age with employees over the age of 40 seeking roles that provided work life balance and flexibility, those 30-39 years old seeking to broaden their experience and those 20-29 year old aiming to work with a particular client group and to broaden their experience. Supporting these findings, Jepsen et al. (2011) report that lack of career progression, professional development and salary are significant factors that influence career choices, particularly regarding leaving specific work roles and occupation.

This thesis aims to contribute to research in the area of allied health careers, particularly those of older and experienced allied health workers. Using theory concerning nonlinear career orientations and life roles, this research aims to understand the factors that influence late life career choice which may assist in developing policies to retain experienced staff in the health industry.

3.2.3. *Health organisation x workforce profile*

Health Organisation X is the subject of this thesis' phase two survey. This organisation is a privately owned aged and residential care provider with over 2000 employees nationally and offers a wide range of services to help the aged and disabled remain comfortable and independent in their own home. These services include personal care services, home care services such as cooking and cleaning as well as community care services such as transport and social support. Some of the organisation's aged care services are provided on a fee-for-service basis, others are subsidised by a variety of government programs (Health Organisation X, 2012a). Table 5 shows the services offered by Health Organisation X.

Table 5: Services delivered at Health Organisation X (Health Organisation X, 2012a)

Name of Service	Description of service
Domestic Assistance	• Domestic assistance services can assist with a variety of household tasks including general cleaning and garden maintenance.
Personal Care	• Personal care services assist with personal hygiene, grooming and mobility. • Can assist with getting in and out of bed, dressing and undressing, showering, toileting, shaving and personal grooming
Community Aged Care (CACP)	• Services can include domestic assistance, personal care, respite, monitoring of medication, transport for appointments, shopping and bill-paying, light gardening and social activities
Extended Aged Care at Home (EACH)	• Extended Aged Care at Home Packages is an Australian Government Initiative. • The EACH Program supports to people who are eligible for high level residential aged care. • Services include: domestic assistance, personal care, nursing services, allied health services, social activities, companionship, transport, basic home and garden maintenance and 'Vital Call' installation
Extended Aged Care at Home Dementia (EACH- Dementia)	• Available to older people with multiple and complex support needs and additional needs associated with their dementia. • Services include: domestic assistance, personal care, nursing services, allied health services, social activities, companionship, transport, basic home and garden maintenance and 'Vital Call' installation
Live-in Respite and Flexible Respite	• Health Organisation X live-in respite care service enables carers of people with dementia and behaviours of concern who have difficulty accessing residential respite to have an extended break. • Health Organisation X provides a substitute carer to stay with the client while the primary carer takes a break.

Around 90% of staff at Health Organisation X are fieldworkers providing direct care and support to the elderly and disabled. Less than 10% of the staff work in head office providing administrative support and management. Ninety per cent of the staff at Health Organisation X are female and only 10% are male. Staff range from 20 to 70 years of age and approximately 50% of the workforce is over the age of 45 years (Health Organisation X, 2012b). Fieldworker roles provide

medical support such as respite and nursing care, as well as residential support which includes gardening, cleaning and shopping. Fieldworker roles include employee community care assistants, registered nurses and enrolled nurses. The remaining staff working at Health Organisation X provide administrative and head office support with roles including program manager, case managers, business and customer service, scheduling, data processing, finance, human resources and staff management, information technology and administration.

Due to the relatively high turnover rate at Health Organisation X, which is attributed to the casualisation of the workforce, little data is kept regarding employee profiles. The average skill level at Health Organisation X is a Grade One Certificate, which is an entry level basic health qualification. Some staff are also university graduates, with degrees mainly from the disciplines of nursing and administration. Due to variable funding arrangements, 90% of employees are casual and work less than full time hours. While fieldworkers are generally employed on a part-time, casual or contractual basis, administrative and head office staff are usually employed on a permanent full-time basis. Funding for programs comes from Australian federal and state governments and varies in amount depending on client needs.

The health industry is regarded as a feminised industry as women represent approximately 80% of the workforce (Australian Bureau of Statistics, 2011; Australian Institute of Health and Welfare, 2011b, 2011c). While it is not the intention of this study to present a gendered thesis, it is acknowledged that the data collected is representative of the health sector and consequently, the voices of women may overshadow that of men. It is therefore appropriate that this chapter includes a section that explicitly addresses the careers of women.

3.3. Women's Careers

Women are deciding to remain in the workforce longer. In 1983, 11% per cent of women aged 60 to 64 were in the workforce, by 2008 this figured had reached 38% and in 2013 46% of woman aged 60-64 are in the workforce (Colebatch, 2013). In the period between 2008 and 2013, the number of women over 60 in employment has almost doubled from 280,000 to 423,000 and a quarter of all job growth has gone to women aged 55 and over (Colebatch, 2013).

Despite literature asserting that gender does not play a role in a person's career attitude (Hall, 2004), there is research to suggest that the career choices of women are often different from those of men (Cabrera, 2007; Mainiero & Sullivan, 2006; Pleau, 2010; Segers, et al., 2008). Women have traditionally viewed employment differently from men as they generally perceive their work to be embedded into their personal life (Pienta, et al., 1994; Post, et al., 2013). Women are more likely than men, for example, to modify their work to accommodate external life roles such as parenthood (Cabrera, 2007). This is further supported by the evidence that women generally perceive retirement as an opportunity to engage in life roles that they have missed out on when working and their midlife career crises are often the result of issues and events related to the private sphere such as marital dissolution (Cascio, 2007; Pienta, et al., 1994). A review of the literature suggests that women's career choices are likely to be different from those of men as a consequence of sex discrimination and gendered carers' roles. These factors will now be considered.

3.3.1. *Sex discrimination*

Sex discrimination in the Australian labour market is evident in the nature of women's employment and in their earnings (The Australian Human Rights Commission, 2013a). The Australian Workplace Gender Equality Agency (WGEA) found that in 2012 there was a $266 difference in the pay received by men and women in Australia (Workplace Gender Equality Agency, 2013a). The gender wage gap in Australia has increased from 15% in 2004 to 17.5% in 2012 (Workplace Gender Equality Agency, 2013a). It is estimated that university educated men with children earn around $3.3 million in a working life which is double the $1.8 million earned by women in the same demographic group (Sunny, 2013). Further adding to wage disparity, women are more likely to be under employed and working part time. Of the 3.4 million part-time workers in Australia, 71% or 2.4 million are women

(Australian Bureau of Statistics, 2012c). Twenty four per cent of part-time workers would prefer to work more hours, 64% of whom are women (Australian Bureau of Statistics, 2012c).

Australian women are also less likely to be promoted and hold senior leadership roles in organisations with men outnumbering women across the public and private sectors, as well as in the upper and lower houses of federal parliament (Australian Bureau of Statistics, 2012d). While women make up more than half (57%) of all Commonwealth public servants, in 2012 only 39% of the Senior Executive Service were female, an increase from 28% in 2002 (Australian Bureau of Statistics, 2012d). In 2012 women comprise only 3.5% of private sector CEOs, an increase from 1.3% in 2002 (Australian Bureau of Statistics, 2012d).

Traditionally, Australian working women have not been legislatively supported in their dual roles of worker and mother as the Australian approach to maternity has been that of a welfare approach (O'Neill & Johns, 2009). It is only in recent years with the introduction of government funded paid maternity leave that all working women have access to paid maternity leave (Whitehouse, Martin, & Baird, 2013). Prior to this, only women working in organisations that chose to provide paid maternity leave had access to such entitlements. Women were however provided with a one-off welfare payment known as the baby bonus. While this recognised the direct financial costs associated with having children, it did not address the impact of having children on careers, including absence from the workforce and reduced superannuation entitlements.

Throughout their career, women experience disruptions and absences from the workforce as a result of pregnancy, childrearing and other carer roles resulting in fewer years of job tenure, less accumulated wealth and lower earnings compared with men of the same age (Pleau, 2010; Post, et al., 2013). Women are also more likely to work part-time and are more likely to move in and out of paid work to care for family members (Moen, Robison, & Fields, 1994). There is a large gap between the superannuation savings of Australian men and women. In 2010 the average superannuation balance for men between the ages of 58 and 62 years was approximately $210,000, compared to $95,000 for women (Australian Institute of Superannuation Trustees, 2012). Women are more likely to delay retirement due to economic constraints or return to paid employment post retirement (Pleau, 2010).

3.3.2. Gendered carer roles

Some of the major differences between men's and women's careers can be explained in terms of childrearing (Cahill, Giandrea, & Quinn, 2006; Choi, 2002). While the careers of childless women tend to mirror those of men, women who have children generally experience quite different careers (Pleau, 2010). Caregiving roles can have a multitude of implications on the early, mid and late career choices of women. Despite the increasing role of women in the public sphere, they remain the primary caregivers responsible for the household (Hackett & Edward Watkins, 1995; Pleau, 2010; Raphael & Schlesinger, 1994). This has resulted in many women deliberately choosing careers that allow them to engage with their multiple life roles.

The main focus of the caregiving literature is on traditional caregiver roles associated with children with little attention paid to the caregiving between spouses (Ackerman & Banks, 2007). Most research considers caregiving within the context of a traditional family unit, with most literature assuming that women are heterosexual and married to men (Ackerman & Banks, 2007). Most research assumes women have positive role commitment to their family life roles (Post, et al., 2013). There is a lack of literature acknowledging women who perceive caregiver and dependency life roles in a negative way or examining the implications of this on late life career choice. Research shows that individuals who perceive caregiving as a burden often experience and suffer from depression and other mental health issues (Ackerman & Banks, 2007). In addition, women who provide care to ageing parents while also caring for children have been identified as being at high risk for emotional problems (Riley, 2005).

Although women's late life career choices have traditionally been understudied, there is an increase in research specifically examining this issue (Pienta, et al., 1994). The Kaleidoscope Career Model, for example, was specifically developed to help understand how women's career goals change depending on their life roles during their early, middle and late career stages (Mainiero & Sullivan, 2005). As previously discussed, the Kaleidoscope Career Model argues that during a career span, career choices are bound by three parameters: authenticity, balance and challenge. Research by Mainiero and Sullivan (2006) demonstrate that women tend to follow what they call a Beta pattern whereby women seek challenge in early career, balance during their midcareer and authenticity during

their late career. In comparison, men generally follow what is regarded as an Alpha model whereby they seek challenge in early career, authenticity in mid-career and balance in late career.

In later life, the direct caring of children tends to take a back seat as other carer roles present themselves including caring for elderly parents, grandchildren or sick spouses (Moen, Robison & Fields, 1994). There are an increasing number of women in their later life who are now commonly known as the 'sandwich generation'. The sandwich generation is defined as those "women who care for an older family member while also caring for children" (Riley, 2005, p. 52). The sandwich generation is faced with extra challenges and issues as they must balance the needs of their own children with the needs of ageing parents (Riley, 2005). These challenges include financial drain, lack of role clarity and disruption to plans and activities (Raphael & Schlesinger, 1994). Late life full-time caregiving can result in limited employment for the caregiver, resulting in increased financial pressure during a time when family may also be faced with increased healthcare costs (Ackerman & Banks, 2007). For those who are engaged in work and managing their own career, the added responsibility of caring for parents presents them with another life role they must engage in while also managing their own development. In addition, unlike the traditional childrearing roles, caring for ageing parents can be unpredictable as elderly parents experience functional decline in their health, creating extra stress for their children who must also deal with this emotionally (Raphael & Schlesinger, 1994).

As more women refrain from having children and men increase their carer responsibilities, the careers of both men and women continue to change reflecting the interplay of the different life roles, including the coordination of retirement with spouses. While traditionally married women have tended to coordinate their retirements with their husbands' (Henretta, Angela, & Chan, 1993), research shows that this may be changing as many women are continuing to work after their partners retire (O'Rand & Farkas, 2002; Pleau, 2010).

The foregoing discussion has considered the factors influencing the career choices of older workers in general, the particular characteristics of work shaping career choice in the allied health field and the distinguishing characteristics of women's employment which influence career choices. This discussion together with insights gleaned from the literature review conducted in Chapter 2 give rise to this thesis' research questions which will next be discussed.

3.4. Research Questions

The primary research question addressed in this thesis is: What are the late life career choices of older workers? In addressing this primary research question, a number of subsidiary questions were developed. These questions aim to provide an understanding of how life roles influence the late life career choices of older workers, the non-linear career intentions of older workers and why older workers choose to delay retirement and continue to work.

Figure 12 is included to visually demonstrate how the subsidiary research questions aid in addressing the primary research question. In the following section, the supplementary research questions will be explained.

Figure 12: Understanding older workers career choices
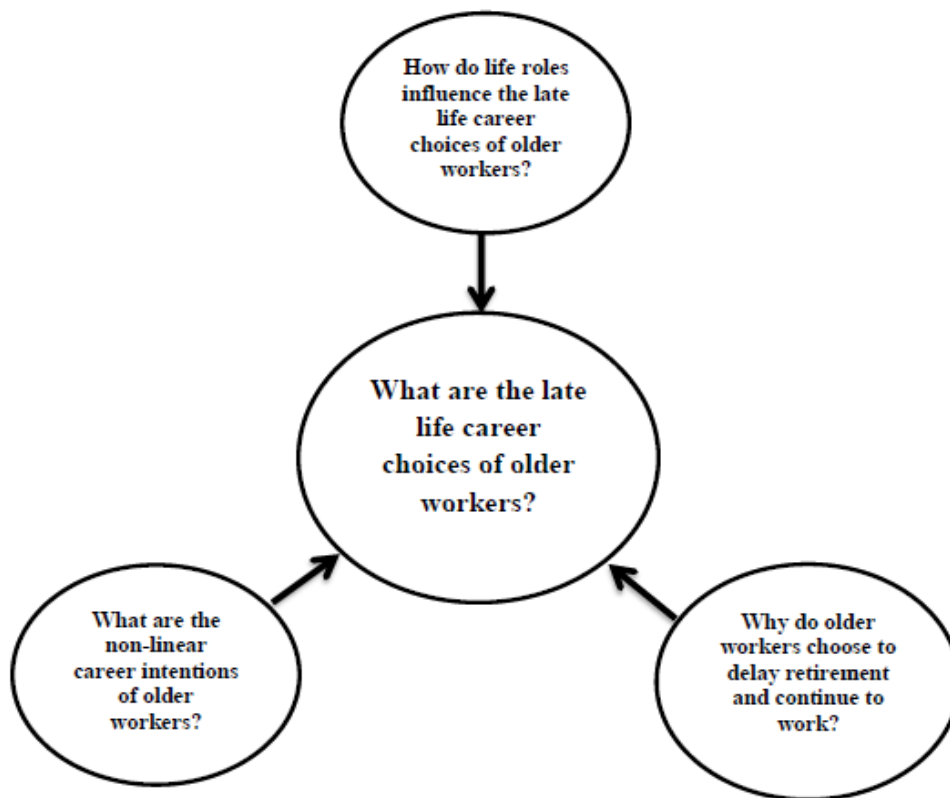
3.4.1. *Life roles and career choice*

Super's (1980) life-span, life-space theory suggests that the worker life role ends at 65 years of age, while the child life role ends at 50 years. As demonstrated in the literature review, the child life role and the worker life role have been extended for many individuals as both they and their parents live longer. It has also been identified that there is limited research aimed at understanding the relationship between life roles and late life career choice. The following research question has been developed in

order to explore the changes and developments in life roles and their influence on older workers' career choice, in particular life roles beyond work.

1. How do life roles influence the late life career choices of older workers?

3.4.2. Nonlinear careers

There is limited research concerning the late life nonlinear careers of older workers. Research in the area of encore and bridging careers (Davis, 2003a; Figgis, 2012; Pleau & Shauman, 2013) suggest that some older workers purse careers in their late life that are distinctly different to the careers they have pursed during their early and mid-career. However, there has been little application of this research to career theory development. The following research question has been developed to explore the type of careers older workers pursue in their late life.

2. What are the non-linear career intentions of older workers?

3.4.3. Retirement vs. work

Significant research has been conducted in the areas of economics and human resources concerning the influences shaping older workers' decisions to retire or remain in employment and this research has identified the importance of financial considerations, health issues and a desire for leisure (Sargent, et al., 2013; Shacklock & Brunetto, 2005). However, the degree to which such research is reflected in late life career literature is limited and there is a need to integrate these two bodies of literature. The following research question aims to identify why older workers continue to work rather than retire.

3. Why do older workers choose to delay retirement and continue to work?

3.5. Conclusion

Chapters 2 and 3 have provided the conceptual framework for this thesis through their examination of careers theory and the factors shaping older workers' career choices including those engaged in allied health. The research questions to be addressed in this thesis have been discussed. In the following chapter the research methodology used to answer these research questions is presented.

4. METHODOLOGY

In Chapter 2 career theories were examined and assessed to identify their relevance for explaining the career choices of older workers. In Chapter 3 the literature focusing on the work, retirement and carer choices of older workers, including those in a health setting. Chapter 3 concluded with the presentation of this thesis' research questions. Chapter 4 begins by explaining the multi paradigm framework through which this thesis' research questions and hypothesis are view. The methodologies used in each phase of the research is then explained and justified. Figure 13 has been included to visually demonstrate the structure of Chapter 4.

Figure 13: Methodology illustrative chapter summary

4.1. Overview
4.2. Research Paradigm
4.3. Mixed Methods
4.4. Preliminary
4.5. Phase One Interviews

4.5.1. Recruitment of interviewees
4.5.2. Procedure
4.5.3. Analysis
4.5.4. Coding
4.5.5. Interpreting and Presentation

4.6. Brief Description of the Phase Two Survey
4.7. Ethical clearance
4.8. Summary
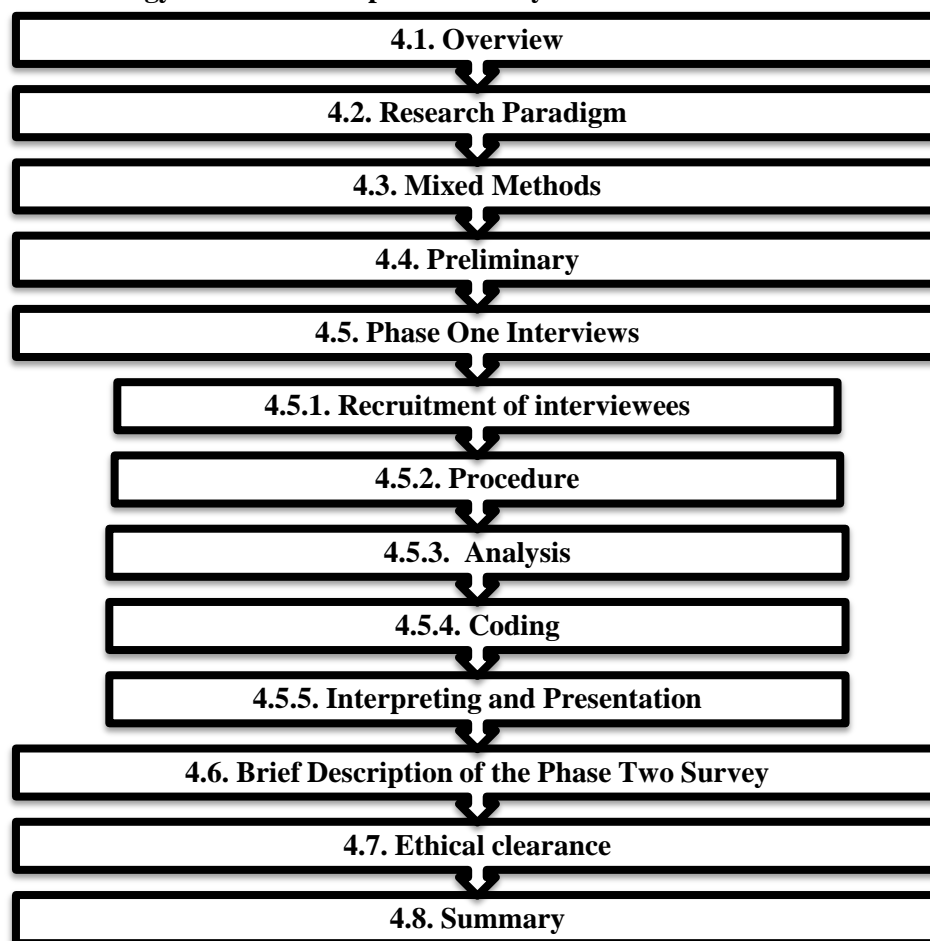
4.1. Overview

The aim of this research is to identify the factors that influence late life career choices and attempt to modernise traditional career theories. The purpose of this chapter is to explain the paradigm framework used in this thesis and the research methodology used to answer this thesis' research questions and hypotheses. A mixed methods approach to data collection was used as it not only allows rich opportunities for cross-validation (Brewer & Hunter, 1989), but also provides a larger scope and sounder collection of data. The process of data collection in this thesis consists of a qualitative phase and a quantitative phase, each following extensive critical engagement with the relevant literature. Phase one of this thesis is qualitative and uses in-depth semi-structured interviews, informed by the literature to yield rich insights. Phase two of the thesis involves a quantitative survey which was developed from questions arising from both the literature and from phase one results. Next, the paradigm framework for this thesis is explained.

4.2. Research Paradigm: A Multi Paradigm Approach

As explained in Chapter 3 the primary research question addressed in thesis is: What are the career choices of older workers? This research is framed in three main bodies of literature which are concentrated around life roles, non-linear career intentions and older workers. The research is set in a multi-paradigm framework of both constructivist and positivist approaches. The paradigm framework of this thesis is depicted in Figure 14.

Figure 14: Conceptual framework
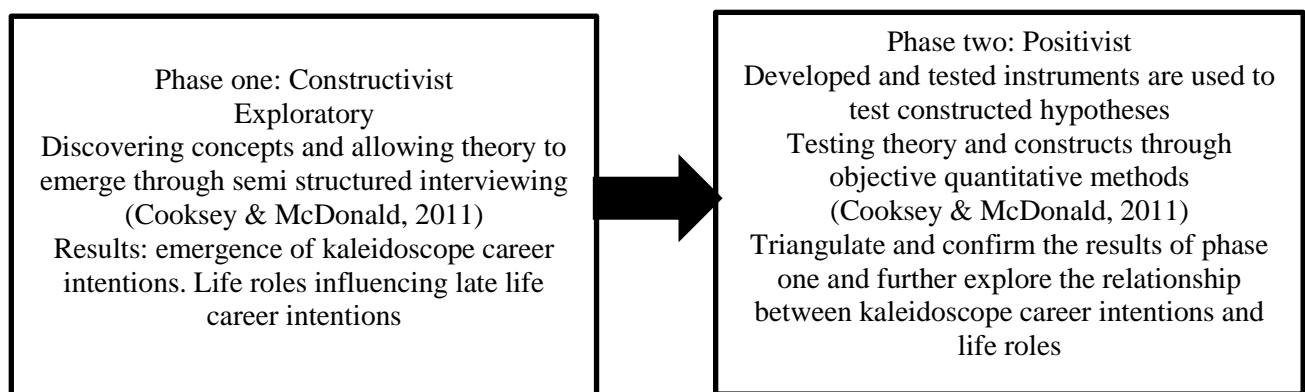
While the paradigm framework is detached and separate from the methodology, the two are not mutually exclusive as constructivist and positivist paradigms are traditionally embedded in the

methodology. As this thesis is using a mixed methods approach to data collection, this multi-paradigm approach potentially raises some complex issues regarding the appropriate paradigm with which this research should be framed. Although there is some contention regarding paradigms in mixed methods research, there is growing consensus that mixed methods research does not necessarily constitute a single research paradigm but is instead founded in multiple paradigms (Denscombe, 2008; Morgan, 2007).

One problem regarding the use of multi paradigms derives from the research design. While the first phase of the research is exploratory and is consistent with an interpretivist and constructivist paradigm, the second phase of data collection is a quantitative survey and, although informed by the phase one data, is framed in a positivist paradigm. The current research uses a multi paradigm approach (Gioia & Pitre, 1990) which recognises the use of mixed methods and multiple paradigms (Sommer Harrits, 2011) as a natural process, particularly in initial exploratory research that evolves into deliberate and multi-phase research.

The aim of the phase one research is to identify the factors that contribute to the late life careers of older workers in order to understanding how life roles impact on the late life career choices and the nonlinear career intentions of older workers. Phase one is exploratory in nature and looks for new themes and topics to emerge that have not been accounted for previously. The objective of phase one is supported by a constructivist paradigm as this allows for the freedom to explore the research questions, issues and key concepts (Ponterotto, 2002). Additionally, the constructivist paradigm values multiple truths and the narratives of individuals (Lincoln, et al., 2011). As the aim of phase one research is to explore the topic, the multiple perspectives and experiences of individuals are of great interest and value during this stage of the research.

In phase two, the paradigm shifts towards the positivist. The positivist paradigm is defined by four main components: "(a) it conceptualises the research question, (b) it tries to account for the rich and unpredictable complexity of human interaction, (c) it employs instrumental reasoning; and (d) it considers the question of causation to be independent of the question of value" (Schrag, 1992, p. 5). Unlike the constructivist paradigm, the positivist paradigm uses theories and models that have been developed to guide the research (Ticehurst & Veal, 1999). Therefore, the justification for this

paradigm shift is that as the research develops, there is less ambiguity as to what is being researched so more control can be taken (Schrag, 1992).

The analysis of the phase one and phase two data reflects the multi paradigm approach. Phase one uses a combination of inductive and theoretical thematic analysis. While accounting for the themes that have emerged from the literature review, new themes are also allowed to emerge that have not been accounted for (Chartrand, Strong, & Weitzman, 1995). In comparison, phase two follows a more rigid positivist framework (Schrag, 1992) as the data analysis is based on hypotheses from the literature review and the phase one results. In addition, while phase one data collection is being used to explore the research questions, the aim of phase two is to triangulate and further explore the phase one results.

4.3. Mixed Methods

A mixed methods approach involves the use of different research methods, which might include using qualitative and quantitative data collection (Shacklock & Brunetto, 2005; Teddlie & Tashakkori, 2011). According to Teddlie and Tashakkori (2011) the mixed methods approach is in many cases the most effective research method to be used in human sciences. This thesis uses a mixed method approach of both qualitative and quantitative data collection.

Despite the extensive use of mixed methods in research data collection, there remains confusion and dissent as to how it should be employed and what paradigms should frame this type of research (Tashakkori & Teddlie, 2010). Somewhere between qualitative and quantitative research, mixed methods research still has some associated unresolved and contentious issues such as the use of paradigms, design issues, analysis, utility, logistics and the use of language (Tashakkori & Teddlie, 2010). There is also no consensus as to the structure of mixed methods research. Driedger, Gallois, Sanders and Santesso (2006) for example, found that quantitative and qualitative researchers working together on large-scale mixed methods projects often face the challenge of finding epistemological and ontological common ground.

One of the major criticisms directed toward the mixed methods approach is concerned with the use of conflicting paradigms (Teddlie & Tashakkori, 2011). Positivism and interpretivism sit at polar ends of the paradigms typology. Positivism is concerned with the generation of objective knowledge and one truth (Ticehurst & Veal, 1999), while interpretivism acknowledges that there are multiple truths

and interpretations (De Vaus, 2001). Each paradigm is defined by the methods with which data is collected and analysed and are incompatible (Howe, 1988). However, Howe's (1988) criticism of mixed methods is regarded as dated as there is growing acceptance of the use of multi-paradigms and mixed methods due to the value added by triangulating data (Sommer Harrits, 2011; Teddlie & Tashakkori, 2011).

According to Hesse-Biber (2010), mixed methods are used to triangulate, complement or develop research findings. Triangulation is used in social science research as a means of checking the validity of data and findings (Pope & Mays, 1995). Pope and Mays (1995) argue that qualitative and quantitative data should not be viewed as exclusive to each other, or contradicting each other, but rather to complement each other. Complementary or embedded design means that the qualitative and quantitative methods are used to enhance the research questions (Hesse-Biber, 2010). Following a complementary design allows the researcher to gain a "fuller understanding of the research problem and clarify a given research result" (Hesse-Biber, 2010, p. 4).

Using a developmental approach, the results of one method inform and develop the strategies and techniques of the other allowing researchers to gain a greater understanding of the research problem (Hesse-Biber, 2010). For example, interview data informs survey items and vice versa. Researchers often use mixed methods research tools as a way of informing and building on research projects (Duffield, Aitken, O'Brien Pallas, & Wise, 2004; Duffield, Pallas, & Aitken, 2004).

The motivation to use a mixed methods approach derives from the perceived strengths and weaknesses of the collection of qualitative and quantitative data. While qualitative research can delve into elements of complex human behaviours such as attitudes and interactions, quantitative data provides reliability, objectivity and generalisability. The use of these different approaches allows the researcher to explore the topic in a more holistic way, therefore providing greater understanding of complex issues (Shacklock & Brunetto, 2005) and rich opportunities for cross-validation (Brewer & Hunter, 1989).

4.4. Preliminary Phase: Critical Engagement with Literature and Work Placements

The preliminary phase of this thesis consists of a critical engagement with career theories and relevant literature to identify gaps in career theories. The literature review revealed that theories pertaining to late-life careers are inadequate in explaining the career choices of older workers in modern times. As such, traditional career theories need to be updated to reflect the different factors that shape decisions to retire or continue working, particularly those associated with life roles and situational circumstances.

In addition to critically engaging with the literature, the preliminary phase of this research also consisted of the researcher undertaking work placements with selected allied health professionals, such as audiologists, speech therapists and occupational therapists. These work placements provided an opportunity to gain deeper, personal insights to the health and allied health sector and the day-to-day routines of its workers (Leedy & Ormrod, 2005; Yin, 2011). During the work placements the researcher observed the behaviour of the allied health professionals, listened to them and asked questions. During each placement extensive field notes were collected. Table 6 outlines the activities performed at each of the allied health work placements.

Table 6: Activities performed at allied health professions

Allied Health Profession	Activities performed at placement
Audiologist (Public clinic)	• 8am-3pm • Observed the audiology testing of children • Observed the audiology testing of adults • Meeting with the audiologists, opportunity to ask questions • Took extensive field notes
Speech therapist (Self run, small business owner)	• 9am-3pm • Observed three client sessions • Observed the management and administrative work • Meeting with speech therapist, opportunity to ask questions • Took extensive field notes
Occupational Therapist (OT) (Public, community health)	• 9am-4pm • Observed OT session with geriatrics • Observed OT session with children • Meeting with OT, opportunity to ask questions • Took extensive field notes

Allied Health Profession	Activities performed at placement
Occupational Therapist, turned insurance QBE	9am- 4pm - Observed day to day routine - Attended meetings - Meet other allied heath workers who had left their profession to work in corporate - Meetings with co-workers, opportunity to ask questions

By being embedded in the workforce, the researcher was able to gather information that might otherwise have been missed if only interviews and surveys had been used. Moreover, insights gained from the work placements were useful in planning and undertaking the interviews and surveys. Table 7 illustrates the sequential research method used in this thesis.

Table 7: Description of phases

Phase	Objectives
Preliminary phase	- Identification of research topic - The aim of this phase is for the researcher to become deeply entrenched into the research surrounding, including becoming familiar with the known, as well as identifying gaps in the literature and the research context - Critical engagement with literature - Four work placements - Different allied health professions - Spending full day with different allied health professions
Phase one	- In-depth interviews - The aim of phase one is to explore the concepts identified in the literature and answer the research questions - Confirm and refute prior research and findings
Phase two	- Quantitative surveys - The aim of this phase is to triangulate phase one findings - Further explore the relationship between life roles and kaleidoscope career intentions

4.5. Phase One: Interviews

In phase one, in-depth semi-structured interviews are used to acquire descriptive accounts and narratives of people who work in relevant occupations (Boeije, 2010). Interviews serve to collect rich data from participants with the aim of confirming the issues established in the literature, to identify gaps in theory and to better understand the issues from the personal perspective of the interviewees (Leedy & Ormrod, 2005; Ticehurst & Veal, 1999)

One advantage of undertaking interviews is that the researcher has the opportunity to uncover information that can lead to a deeper understanding of the topic being studied (Crandall, 1998). Interviewing is a flexible and powerful tool that can open up many new areas of research. By conducting interviews in unexplored areas, researchers are able to investigate research topics that had been previously difficult to penetrate (Britten, 1995). Interviews allow the researchers to be in direct contact with the respondents and to uncover subjective and individual experiences that would have been lost using a quantitative research method (Perakyla & Ruusuvuori, 2011). Moreover, the aim of qualitative research is not necessarily to find answers to set questions but rather to explore phenomena and develop ideas and hypotheses in areas that have previously lacked attention (Crandall, 1998; Mathers, Fox, & Hunn, 2002; Pope & Mays, 1995).

For the purpose of this research, interviewing is the first phase of data collection because it enables an exploration of the issues that are relevant and applicable (Denzin & Lincoln, 2000). While there is criticism of the use of qualitative research due to its perceived subjective nature and its viable use only for exploratory means (Denzin & Lincoln, 2000, pp. 7-8), it is these characteristics that makes it appropriate to this thesis. A list of the interview questions is included in Appendix 1.

4.5.1. Recruitment and sample: how participants were selected

As explained earlier in this thesis, the allied health sector is experiencing pressure both from an ageing workforce and from an ageing population generally which is placing greater demands on the sector. Allied health was selected as the focus for this research because of the importance of older workers' careers choices for the effective staffing of this important sector. The healthcare sector is faced with issues associated with an ageing population, even more than other Australian industries (Australian Institute of Health and Welfare, 2013; Scott, 2009).

Since the allied health workforce is extensive, it was decided to focus on only a select number of allied health occupations. It was recognised that a sufficient number of staff were needed to be interviewed in order to provide the breadth of data required but that the size of the sample also needed to be manageable. Allied health professionals needed to be accessible so the researcher was able to communicate with them. As the research aims to positively impact the allied health sector, allied health professions that experienced difficulties or problems were prioritised. Conforming with Macquarie University Ethics requirements and as a subset of a wider study, only those allied health professions willing to participate in the research were selected. Occupations, as well as participants, were selected based on criteria shown in Table 8.

Table 8: Allied health recruitment criteria

Criteria	Explanation
Sample Size	• The number of participating organisations and respondents need to be sufficient and manageable
Accessibility	• Relevant sites should be accessible for ease of recruitment of participants and the collection of data
Definition	• Participating organisations and participants need to fall under terminology recognised as allied health — the term allied health worker is commonly used to describe all health workers except doctors and nurses.

Significance	• Participating organisations need to be significant in terms of:
	  • The total size of the workforce: sample size needed to be substantial in order to obtain a suitable amount of respondents
	  • The impact on organisational functionality: it is important that this research has the potential to positively impact on organisational functionality; and
	  • The impact on care-delivery processes and the healthcare system, particularly in relation to ageing population and chronic disease management: it is important that the research can potentially positively impact the health care system

Shortages	• The disciplines are already experiencing workforce shortages: this research aims to benefit the occupations that participate in this thesis and to assist in the retention of older experienced skilled staff.
Compliance	• The organisation participants were willing to participate in the thesis: in accordance with Macquarie Ethics Committee it is unethical to force organisations to participate in research.

Based on these criteria, the Australian Association of Social Workers and Australian Physiotherapist Association were contacted agreed to participate in the research. Furthermore, Sydney West Area Health, Victorian Health and Queensland Health also agreed to participate in the research.

Prospective participants were contacted through a number of processes. First, representatives from participating organisations were asked to communicate the study, its purpose and goals, to potential candidates. This included HR Managers as well as professional bodies, such as the Australian Physiotherapist Association, issuing invitations to employees or members. Information about the

study was included in organisations' newsletters. Second, after potential candidates were identified, a written and/or verbal invitation was issued. Third, snowballing was used as individuals who participated in the study were asked to invite colleagues and friends to also participate.

4.5.2. The procedure: in-depth semi-structured interviewing

In-depth semi-structured interviews provide the researcher with the opportunity to probe respondents and obtain deeper and more meaning information. In depth semi structured interviews are used as they are "less structured than a questionnaire based interview — every interview in a study, although dealing with the same issues, yields different results" (Ticehurst & Veal, 1999, p. 97). Therefore, in-depth semi structured interviews facilitate diverse narratives from respondents despite asking similar questions.

Prior to conducting the interviews, participants were given an interview consent form and an information sheet detailing the project and the use of the data. Participants were advised of the purpose of the research, assured of their confidentiality and the voluntary nature of their participation. The respondents were told that they could withdraw at any time. A copy of the interview consent form can be found in Appendix 2.

Although conducting face-to-face interviews is time-consuming, the process presents an opportunity to build trust and rapport with participants (Crandall, 1998). Interviews are mostly not anonymous in the sense that the researcher generally knows who the participants are. So in order to get participants to feel comfortable in talking about sensitive and personal topics, they must trust the researcher. Through a process of ramping – which involves initially asking questions that are "soft" in nature and gradually building up to "hard" ones, interviewees can be eased into answering sensitive questions (Briggs, 1986; Garven, Wood, Malpass, & Shaw, 1998; Word, Zanna, & Cooper, 1974). When participants trust the researcher and are comfortable during the process, more accurate and useful information can potentially be acquired (Mathers, et al., 2002).

Interviews were conducted in the workplace of the participants, in private rooms provided by the employer. It was recognised that conducting interviews in such settings may have some implications for the accuracy of the information given. For instance, participants may fear that the organisation is listening to the interview or they may find talking about personal matters in their workplace uncomfortable, therefore potentially affecting the responses they provide. Despite this

possibility, the workplace was the most convenient place to undertake the interview. As such, participants were assured of their confidentiality.

As interviews were exploratory in nature, it was important they were analysed using an iterative approach wherein data that was collected was reflected on many times. Hence, interviews were undertaken, analysed and refined in stages. Following an iterative process requires that time is spent reflecting on the data collected and this provides the opportunity for themes and issues that emerged from initial interviews to inform later interviews (Jepsen & Rodwell, 2008).

For this thesis, interviews were recorded using a digital recording device. Digital recordings were transcribed by an external transcription service provider. Transcriptions were checked to ensure they had been transcribed verbatim and correctly. All the collected data, including the audio recordings of the interviews, were stored in NVivo to be analysed. NVivo is a computer program used to sort, code and analyse qualitative data (Yin, 2011). Coding is conducted through NVivo by the creation of nodes and tree nodes. NVivo 8 and NVivo 9 were used for this research due to compulsory computer upgrades at Macquarie University. Using NVivo, individual interview data is stored as a single case, allowing all of the information gathered for each respondent to be stored together. Each case includes the interview transcription and the audio recording, as well as field notes for each interview. Each case also includes all of the demographic information including age, sex and occupation of each participant. Demographic information is gathered in order to conduct high level matrix analysis.

4.5.3. The analysis procedure

Thematic analysis was used to analyse the phase one qualitative results. Thematic analysis is a method of analysing patterns or themes with data (Braun & Clarke, 2006). There are six phases of thematic analysis (Braun & Clarke, 2006) . These are detailed in Table 9.

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Table 9: Phases of thematic analysis (Braun & Clarke, 2006)

Phase	Description of the process
1. Familiarising yourself with your data	• Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas
2. Generating initial codes	• Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	• Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	• Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic "map" of the analysis.
5. Defining and naming themes	• Ongoing analysis to refine the specifics of each theme and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	• The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back to the research questions and literature, producing a scholarly report of the analysis.

4.5.4. Coding

A code is a label that depicts the core topic of a segment (Boeije, 2010). Codes are based on key themes that emerged from the literature, as well as those that emerged from the data. Coding is conducted using key terms and concepts in an attempt to enhance the interpretative analysis. A theme is defined as an idea that "captures something important about the data in relation to the research question… [and] is not necessarily dependent on a quantifiable measure" (Braun & Clarke, 2006, p. 82). When identifying themes, the researcher needs to be aware of new themes that may emerge from the data which were not originally anticipated. This may require a return to the literature and the theory. As the first phase of data collection is exploratory in nature it is important that new themes are allowed to emerge.

A combination of inductive and theoretical thematic analysis was used to analyse the data. The primary analysis is conducted using theoretical thematic analysis driven by the research questions and themes identified in the literature review. Theoretical thematic analysis was conducted in conjunction

with inductive analysis as the data was coded freely, allowing the emergence of themes that were not identified in the literature review (Braun & Clarke, 2006).

Stage one of coding is defined by Grbich (2007) as open coding which is the initial and preliminary stage of coding. The data was analysed based on key concepts and variables (Blaikie, 2003). While some of the concepts and variables are those that have evolved from the literature and follow theoretical thematic coding, others naturally and unexpectedly evolved from data consequently resulting in inductive coding. In the first stage of coding, specific interview questions were coded. Coding questions is recognised as a lower order form of coding and thus is always the first and preliminary process (Yin, 2011). It should be noted that questions asked in the interview were informed by the literature and therefore related back to the thesis research questions. A sample of the coding used in this thesis is provided in Appendix 9.

During the second stage of analysis, the data was analysed for themes. Codes that were identified in the first stage were sorted into themes and were considered within the wider context of the thesis and the relationship that exists between the different themes (Braun & Clarke, 2006). The second stage and higher order level of data analysis is the coding of data specific to theory. The data was coded based on its connections or resonance with theories. New theoretical connections were also allowed to emerge. Using NVivo, the first stage of coding was accomplished using free nodes. As the coding echoed or become specific to theory, the free nodes were converted into tree nodes and that data was refined and is specific to higher order theory. As broad codes and free nodes were refined, they become tree nodes.

Finally, in stage three of Braun and Clarke's (2006) procedure, coding was undertaken in an iterative way in which the researcher re-coded interviews multiple times to ensure that all aspects of the interviews were coded. Braun and Clark (2006) refer to this stage as reviewing themes, while Yin (2011) refers to it as the reassembling process. During stage three, themes were reviewed for their legitimacy and to identify whether the data supports the themes identified (Braun & Clarke, 2006).

The reassembling process involves playing with the data, which involves considering the data under different arrangements and themes and "altering and re-altering them" (Yin, 2011, p. 190). It is during this stage that matrix analysis is conducted on the data using NVivo. A matrix is a table of rows and columns in which the rows represent one dimension and the columns represent another. By

conducting a matrix analysis in NVivo, a numerical table is produced that identifies the number of times questions, nodes and tree nodes were coded. It allows for comparison of the responses of the interviewees according to factors such as demographic context and enabled the identification of dominant themes and issues in an objective way. A copy of the full NVivo matrix code is included in Appendix 10**.**

The following possible codes are derived from the literature:

- Life roles including, child, parent, leisure, worker/breadwinner, grandparent and spouse (Super, 1980). Coding of life roles is concerned with research question one: What impact do life roles have on the late life career choices of older workers?

- Non-linear careers being kaleidoscope, protean and boundaryless. (Briscoe & Hall, 2006; Sullivan & Mainiero, 2007). Coding of non-linear careers is concerned with research question two: What are the non-linear career intentions of older workers?

- Future career choices including, retirement and or paid employment. Coding of future career choices is related to research question three. Why do individuals choose to delay retirement and continue to work?

4.5.5.   *Interpreting and presentation of interviews*

Unlike quantitative methods, there is no set or agreed practice for presenting qualitative research (Pratt, 2008). This lack of consensus poses challenges for researchers aiming for best practice, particularly with regard to formatting qualitative research (Pratt, 2008). Yin (2011) recognised three ways through which qualitative data can be interpreted: descriptive, descriptive plus call-for-action and explanation. Descriptive analysis is recognised as a primary and lower order form of interpretation, while explanation is higher order since it goes beyond describing what respondents have said. For the purpose of this thesis a combination of descriptive and explanatory interpretation has been used. While short vignettes are used to describe the experiences of individual respondents, theory is used to explain these experiences further.

A narrative structure is used to explain the data and findings and quotes are provided in each section to illustrate the findings. Stablein (1996) states that "a successful representation process provides data that organisational scholars can interpret and analyse in ways that increase their shared

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understanding of an empirical reality" (1996, p. 512). Data must maintain a two-way correspondence between organisational reality and the data represented. Power and proof quotes are therefore used to represent the data. According to Pratt (2008), illustrative quotes are used to provide power and proof. Power quotes are those where the informant is so poetic, concise, or insightful, that the author could not do a better job of making the same point and should appear in the body of the text. Proof quotes are often used to show the prevalence of a point and may be presented as a bundle of short quotes that are used to illustrate the prevalent finding (Pratt, 2008).

The data gathered in phase one was rich and meaningful but by using a mixed method approach it is possible to develop further understanding and insights to the research problem. Phase two of the research involved a survey of larger sample of health workers and the methodology associated with this phase of the research is presented at the beginning of Chapter 6 for ease of reading and because the phase two research in large part flows from the phase one research. A brief justification of the of the survey will now be provided.

4.6. Phase Two: Survey. A Brief Description

Surveys allow for large amount of desirable and useful data to be collected from large population-based samples. The collected data can be used to describe characteristics of a large population which in turn increases the finding's generalisability (Alderman, 2010). By having a survey component to data collection, issues and themes that emerged during the interviews are able to be examined more closely, adding rigour to the qualitative findings (Nagy Hesse-Biber, 2008). Therefore, the motivation to conduct a survey was geared towards validating and confirming the results of phase one data collection. The phase two survey will be discussed in detail at the beginning of Chapter 6. The ethical clearance gained for this thesis will now be discussed.

4.7. Ethical Clearance

An ethical clearance from Macquarie University's Human Ethics Committee was obtained for both the qualitative phase and the quantitative phase of the thesis. Ethical clearance was obtained on April 2010 from the university under reference number 5201000936. In addition to the ethical clearance obtained from the university, an ethics application was submitted to Sydney West Area Health Service to conduct employee interviews at hospitals in the area. With regard to maintaining confidentiality, the names of the respondents were replaced by pseudonyms and codes and transcriptions have been saved in a password protected computer. Only de-identified results have been reported.

4.8. Chapter Summary

Chapter 4 provided details of the research methodology. The justification and use of mixed methods, including qualitative and quantitative data collection, were discussed. This chapter detailed phase one of the thesis, particularly the use of in-depth semi-structured interviews as the primary tool for data collection. It also briefly introduced the phase two survey, to be discussed in more detail in Chapter 6. Chapter 5 will now present the phase one results and justification for phase two hypotheses.

5. PHASE ONE RESULTS: QUALITATIVE INTERVIEWS

In Chapter 4, the mixed methods research methodology used in this thesis, was outlined and justified. In the phase one research, interviews were conducted with allied health workers and in the phase two of research a quantitative survey method was used. In this chapter, the phase one qualitative results are presented and in Chapter 6 the quantitative survey methodology and results will be examined. In Chapter 4 the methods used to analyse the interviews were extensively discussed and the results of these interviews will now be presented. The implications of the data for this thesis' primary and subsidiary research questions will be examined. As previously outlined in Chapter 4, illustrative quotes are used to support the research findings. Power quotes (Pratt, 2008) that are insightful and, where the author could not do a better job of making the same point, are provided in text, while proof quotes are presented at the end of each section "as a bundle of short quotes that are used to illustrate the prevalent finding" (Pratt, 2008). The structure of Chapter 5 is presented visually in Figure 15.

Figure 15: Phase one results illustrative chapter summary

> **5.1. Introduction**
>
> **5.2. Demographics and Sample**
>
> **5.3. Research Questions**
>
> **5.4. Life Roles**
>
> **5.5. Nonlinear Careers**
>
> **5.6. Beyond Theory**
>
> **5.7. Phase One Discussion**
>
> **5.8. Research Model**
>
> **5.9. Phase One Summary**
>
> **5.10. Developing Hypotheses**
>
> **5.11. Conclusion**
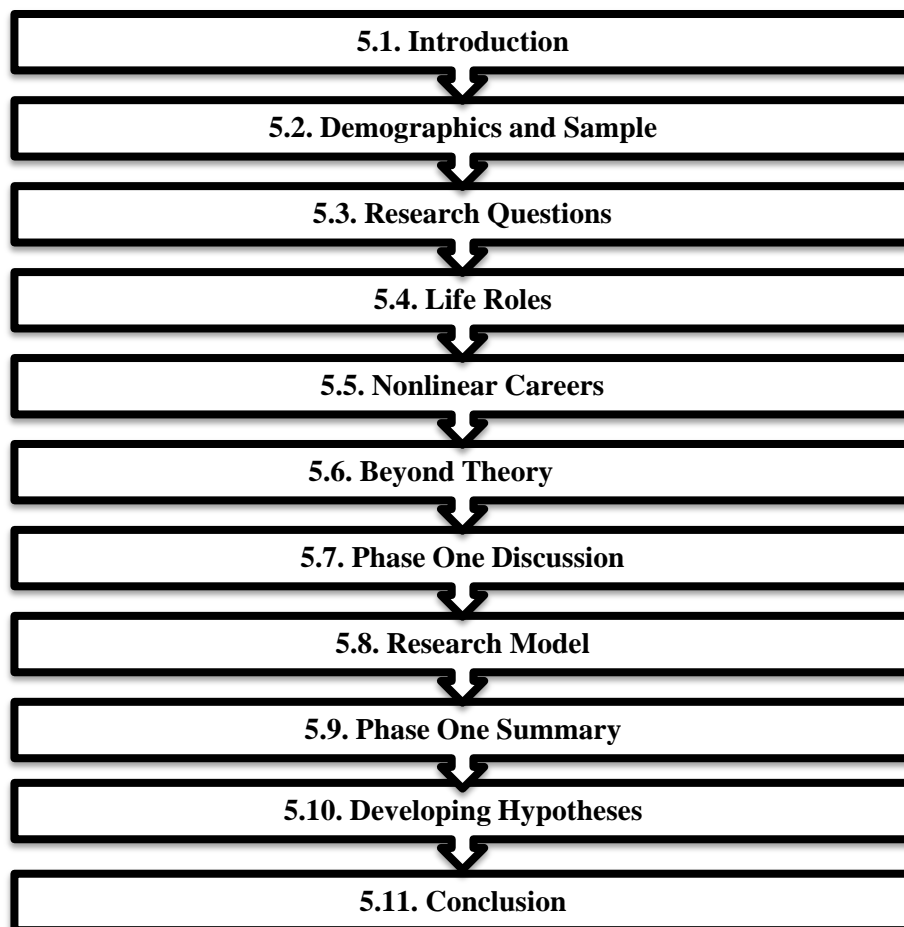
5.1. Introduction: Presentation of Results

The results of phase one qualitative interviews are presented in a narrative form and direct illustrative quotes are used to add rigour and to support the findings presented in this chapter. The findings are organised and presented according to emerging themes. Power and proof quotes are included to represent the data and support the findings (Stablein, 1996). Power quotes include short vignettes to help frame the research and provide context for the reader. Each quote is followed by a code that represents one of the respondents. This code includes the interview number, as well as the respondents' demographic information such as sex, age, occupation and location [IV11 Radio M50s Metro]. The names of the respondents are replaced by pseudonyms to maintain confidentiality.

Each section includes a summary table that details the emergent themes and concepts and addresses selected research questions. While transcripts of the interviews are not included in this thesis, they are available on request. Appendix 1 includes the set of questions that the respondents were asked. A complete copy of the high level numerical matrix coding from NVivo has also been included in Appendix 10. A copy of the interview consent form is included in Appendix 2.

5.2. Demographics and Sample

A total of 57 interviews were conducted using an in depth semi-structured interviewing style. Of the 57 participants, 11 (19%) were male and 46 (81%) were female. While the majority of participants were females, the split of male to female is representative of the population in the health industry as men represent approximately 20% of the health workforce (Workplace Gender Equality Agency, 2013b). Participants were aged between 45 and 70 and were in either mid (n = 5, 9%) or late careers (n = 52, 91%) (Cohen, 1991). Twenty four (42%) respondents were from regional or rural Australia and 33(58%) were from a metropolitan city. It was important to gather data from metropolitan and regional areas as the career experiences of allied health workers may be different due to the opportunities and restrictions offered in each area offers. Table 10 presents a summary of the demographics of the interview respondents. Table 11 presents the demographic details of the interview respondents including age, sex, career stage, dependents, education, location and occupation.

Table 10: Overall phase one interview demographics

Category	n	Percentage
Sex		
Men	11	19%
Women	46	81%
Career stage		
Mid-career	5	9%
Late career	52	91%
Age		
40s	25	44%
50s	20	35%
60s	12	21%
Dependents		
Children	34	60%
Parents	3	5.3%
Grandchildren	2	3.5%
Multiple	7	12.3%
None	11	19.3%

Table 11: Individual phase one interview demographics

Pseudonyms	Case	Age	Sex	Career Stage	Dependents	Education	Location	Occupation
Mary	IV01	56-60	F	Late	Multiple	Undergrad	Reg/Rural	OT
Tania	IV03	66-70	F	Late	None	Undergrad	Reg/Rural	Pharmacist
Matthew	IV04	61-65	M	Late	Children	Masters	Reg/Rural	Physiotherapist
Peter	IV06	56-60	M	Late	Children	Undergrad	Reg/Rural	Pharmacist
Katarina	IV09	51-55	F	Late	Children	Undergrad	Reg/ Rural	SW/Psy
Marie	IV10	56-60	F	Late	None	PhD	Metro	Physiotherapist
William	IV11	51-55	M	Late	Children	Undergrad	Reg/ Rural	Radio
Rob	IV12	51-55	M	Late	Children	PhD	Metro	HSP
Rebecca	IV13	46-50	F	Late	Children	Undergrad	Metro	Physiotherapist
Samantha	IV15	51-55	F	Late	Multiple	Undergrad	Metro	Physiotherapist
Melinda	IV16	56-60	F	Late	Children	Undergrad	Reg/ Rural	Physiotherapist
Jessica	IV17	46-50	F	Late	Children	Undergrad	Metro	HSP
Barbara	IV18	51-55	F	Late	Children	Masters	Metro	SW/Psy
Brianna	IV19	40-45	F	Late	Children	Masters	Metro	OT
Kate	IV20	56-60	F	Late	Children	Undergrad	Reg/ Rural	OT
Carry	IV21	61-65	F	Late	None	Undergrad	Metro	OT
Linzi	IV23	51-55	F	Late	Children	Masters	Reg/Rural	SW/Psy
Sara	IV24	46-50	F	Late	Children	Undergrad	Metro	Pharmacist
Bridget	IV27	46-50	F	Late	Children	Masters	Metro	OT
Coral	IV28	46-50	F	Late	Children	Undergrad	Metro	SW/Psy
Claire	IV29	61-65	F	Late	Multiple	Undergrad	Reg/ Rural	Pharmacist
Alexandra	IV30	56-60	F	Late	Children	Undergrad	Metro	Physiotherapist
Tara	IV32	46-50	F	Late	Children	Masters	Reg/Rural	Physiotherapist
Michelle	IV33	40-45	M	Late	None	Undergrad	Reg/ Rural	Pharmacist
Jordana	IV34	46-50	F	Late	Children	Undergrad	Metro	SW/Psy
Daniel	IV36	66-70	M	Late	Children	Undergrad	Metro	SW/Psy
Hannah	IV37	40-45	F	Late	Children	Undergrad	Metro	Pharmacist
Josie	IV38	61-65	F	Late	None	Masters	Metro	SW/Psy
Denise	IV41	40-45	F	Mid	Children	Cert/Dip	Reg/Rural	Other
John	IV42	46-50	M	Mid	None	Undergrad	Reg/Rural	Radio
Alison	IV43	56-60	F	Late	Children	Masters	Metro	Physiotherapist
Nichole	IV44	46-50	F	Late	Children	Undergrad	Regional	OT
Amanda	IV45	51-55	F	Late	None	PhD	Metro	Physiotherapist
Patrick	IV46	51-55	M	Late	Multiple	Masters	Metro	Other
Meg	IV48	61-65	F	Late	Children	Cert /Dip	Reg/ Rural	OT
Louise	IV49	46-50	F	Late	Children	Undergrad	Metro	Other
Jenny	IV54	46-50	F	Late	Children	Undergrad	Reg/Rural	SW/Psy
Kim	IV56	46-50	M	Late	Multiple	Masters	Reg/Rural	OT
Leone	IV57	46-50	F	Late	Children	Undergrad	Reg/Rural	OT
Victoria	IV58	46-50	F	Late	Children	Undergrad	Metro	Nurse
Stephanie	IV59	51-55	F	Late	Children	Masters	Reg/Rural	Pharmacist
Marta	IV60	46-50	F	Mid	Children	Undergrad	Metro	Pharmacist
Peta	IV61	46-50	F	Late	None	Masters	Metro	Nurse
Mark	IV63	46-50	M	Late	Children	Undergrad	Metro	SW/Psy
Matilda	IV64	66-70	F	Late	None	Undergrad	Metro	SW/Psy
Luke	IV65	46-50	M	Late	Children	Undergrad	Metro	Physiotherapist

Pseudonyms	Case	Age	Sex	Career Stage	Dependents	Education	Location	Occupation
Laura	IV66	46-50	F	Mid	Children	Undergrad	Regional	OT
Annabel	IV67	61-65	F	Late	None	Undergrad	Metro	SW/Psy
Elizabeth	IV68	56-60	F	Late	Multiple	Cert/ Dip	Reg/Rural	Radio
Kimba	IV69	46-50	F	Late	Children	Undergrad	Metro	SW/Psy
Sally	IV71	51-55	F	Late	Parents	PhD	Metro	Other
Roisen	IV80	66-70	F	Late	Grandchildren	Undergrad	Reg/Rural	Nurse
Asha	IV81	51-55	F	Late	Children	Masters	Metro	Nurse
Keri	IV82	61-65	F	Late	Grandchildren	Undergrad	Reg/Rural	Nurse
Justine	IV83	46-50	F	Mid	None	Undergrad	Metro	Other
Alice	IV84	51-55	F	Late	Children	Undergrad	Metro	Physiotherapist
Margaret	IV85	61-65	F	Late	Other	PhD	Metro	Nurse

*HSP Health Sales Professional

**SW/Psy Social Worker Psychologist

*** OT Occupational Therapist

5.3. Research Questions

This thesis' research questions were discussed in Chapter 4. Data from the phase one interviews is used to answer each of these research questions. Table 12 shows the section of this chapter in which the data relating to each research question is presented.

Table 12: Sections in which research questions are addressed

Research questions	Section in which research question is addressed
1. How do life roles influence the late life career choices of older workers? (Super 1980).	5.5: Life roles
2. What are the non-linear career intentions of older workers? (Briscoe, et al., 2005)	5.6 Nonlinear Careers
3. Why do individuals choose to delay retirement and continue to work?	5.7 Beyond Theory

5.4. Life Roles

In the following section of this thesis, the first research question "How do life roles influence the late life career choices of older workers?" is addressed through an analyses of the interview data concerning life role commitment including the worker life role, adult-child life role, parental life role and leisure life role and how these influence late life career choices. In order to address this research question, respondents were asked questions regarding the impact and influence of these different life roles on their career choices.

5.4.1. Leisure

Some respondents expressed increased leisure life role commitment and this was reflected in a desire to decrease their worker life role commitment in order to increase the amount of time they can spend on leisure activities. Respondents seeking to increase their leisure life role commitment were seeking to ramp down their career and wanted to do things such as travel, write and spend more time with family and friends. Ramping down is a term used to describe the gradual transitioning to retirement (Cabrera, 2009a; Hewlett, 2007), providing the respondents with the time to do things that they have missed out on while they were engaged in full-time employment. Despite a desire to ramp down their career, most respondents do not wish to discontinue working altogether but rather they just wish to be working less.

William is a radiographer in a metropolitan area. Although he does not want to retire, he does want more free time to do things he enjoys outside of work:

> *Well, I'm 55 and obviously I can't see myself retiring. And what I mean by that is I will*
> *retire from full-time work probably cause it's, you know, it's time to enjoy a little bit*
> *myself. I've worked hard and worked all my life sort of thing, done on-call and*
> *weekends and things like that. It's time to be a little bit more social. One thing about my*
> *job is that I have become antisocial in that the demands of the job sort of always put*
> *forward, put first before anything else. [IV11 Radio M50s Metro]*

Marta is a pharmacist and works part-time in a public hospital. She has three children under the age of six, for whom she is the main carer. Her special interest area is education, but she has difficulty finding flexible work. Marta is looking forward to a time when she will be working less:

> *Yeah, I think I am just so tired at the moment so to think it would be great to be at the*
> *time in your life when you could sit back and enjoy and go back doing all the things you*
> *haven't had time to do before. [IV60 Pharma F40s Metro]*

The interviews suggest that during the final career stage, older workers wish to increase their leisure life role commitment while decreasing their worker life role commitment. It seems that older workers do not necessarily want to terminate their worker life role. However, they want work to play a less important role as they allow other life roles such as leisure to play a more significant role in their later life. A person's life role commitment is reflected in temporal importance and emotional involvement (Super, 1980). The interviews suggest that the leisure life role in the later life starts to have more temporal importance and emotional involvement in their life span, while worker life role begins to have less temporal importance and emotional involvement.

5.4.2. *Parent and grandparent*

Respondents who identified themselves as older parents recognised that they are required to work longer and delay retirement as a result of delaying the parental life role. They recognised that being an older parent coincides with younger generations staying at home longer and remaining semi dependent for longer. The parental life role impacted respondents financially. As respondents felt the need to work close to home, their mobility and access to jobs was also affected.

Respondents also spoke about how their family affected their career choices. Some were not only caring for their children and grandchildren, but also their parents. These respondents required outlets away from their carer responsibilities, but also wanted working environments that allowed them the freedom to engage with their multiple carer/dependent life roles.

Sara is a pharmacist in her late 40s and describes herself as an older parent. She has two children under the age of 12 and lives in metropolitan Sydney. Her husband has recently recovered from a life threatening illness. Here she reflects on her perceived inability to retire:

> *Retirement for me is impossible. I am an older parent, I will be working forever – but*
>
> *the concept of retirement, yes, I would like to retire but I think pharmacists sort of don't*
>
> *retire. They sort of tend to turn their toes up I think. [IV24 Pharma F40s Metro]*

Katarina is a pharmacist working part-time in regional Australia. All of her children are completing their university studies. Here she reflects on the ongoing financial support she provides to help her adult-children complete their university studies:

> *They've probably kept me working here. At times I've tossed around the idea of doing*
>
> *casual relieving work 'round the district which there was always a demand for, but with*
>
> *the kids at uni, I'm still supporting them so regular income is important. I don't think*
>
> *I'll take on any new careers, but when my children finish university I might scale down*
>
> *my hours somewhat. [IV32 Pharma F40s Reg]*

Clare is a pharmacist working in regional Australia. Here Claire talks about children making her less mobile and her being unable to accept some roles because she is unable to move locations:

> *That's why I've been in Hamilton for so long. Once they were settled in the school*
>
> *system, I wasn't prepared to move and disrupt them. I actually got head-hunted for a*
>
> *job in another state about this time last year, but they wouldn't consider me because I*
>
> *wouldn't move until my son had finished his VCE last year. [IV29 Pharma F60s Reg]*

Alexandra is a physiotherapist in her 50s. She has now decided to cut back her working hours to care for her grandchild and help support her own children by providing childcare:

> *I'm now a grandmother of three weeks so that has affected me. I'm moving down to four*
>
> *days a week towards the end of this year when my daughter goes back to work to look*
>
> *after her little boy. [IV30 F50s Metro]*

Clare is in her 60s and works full-time as a pharmacist. She is what is considered to be part of the sandwich generation. Here she speaks about her desire to engage in the future with her multiple carer life roles, including parent, child/adult-child and spouse and the influence of these roles on her late life career choices:

Well, I would like to do a little more travel you know, because my son lives in New York

so… and, of course, he will be there for a while. It is just the future depends on what

happens with my parents. Also, my husband is not well, so I need to take that into

consideration. [IV29 Pharma F60s Reg]

Keri has recently retired but has chosen to maintain her nursing registration so she can return to work if she feels like it. Here she talks about her daughters' influence on her retirement:

My daughters have all moved away. I wanted to be able to visit them. One was

married at the beginning of the year. [IV82 Nurse F60s Reg]

The interviews suggest that during the final career stage older workers' career choices are influenced by their parental and grandparent life role. The interviews show that late life career choices involve competing desires to satisfy parental and family obligations while also maintaining some independence and autonomy. Furthermore, the interviews suggest that some respondents want to decrease their worker life role commitment in order to maintain relationships with children and grandchildren.

5.4.3. Adult-child

As life expectancy increases, adult-children may be required to care for ageing parents. The impact of this life role is complex as individuals may be required to withdraw from work, yet also ensure that they maintain their independence from their parents. While not discussed in detail, some respondents expressed the view that as health professionals they are more likely to take on the caring of their parents than are other siblings who do not work in health and are therefore less suited to the task.

Alexandra is a pharmacist in her late 60s. She moved from her metropolitan house to rural NSW to be closer to her ageing parents so that she is able to care for them. Alexandra now works two days a week in her local community pharmacy providing intervention advice:

My mum has got dementia and I need an outlet. My dad is still around, but it is a

struggle so he's looking to a nursing home soon. So yeah, that is a worry because

there's only me, you know, so they depend a lot on me for, you know, all the minutia of

my life. They want to know what am I doing, what are you doing tomorrow and will you

be over to see us? You have got to be careful not to go every day, otherwise you are

making a rod for your own back. They are sort of OK now, but they are pretty

dependent. [IV29 Pharma F60s Reg]

Sally is a former physiotherapist who made a career change during her late 20s. She is now an academic in her 50s. While she currently has no direct dependents, she feels responsible for her parents. While her parents do not require any direct care at this point in time, her parents have constrained her career choices as she feels that she is unable to leave the Sydney area:

I feel some responsibility for my mum. She is still in good health, but as my parents

have aged, I think it has constrained my career choices. When I was thinking about

promotion it would have been fairly easy for me to get promotion out of Sydney, but as

they were getting older, I thought I am one of six children and they are independent. So

I simply could have gone, but I thought they would miss me a lot and I knew that it was

the years when they could die at any stage. So I didn't feel comfortable about moving

out of Sydney and that has really been the same like since my father died two years ago.

[IV71 Other F50s Metro]

Interviewees shared similar stories as they reflected on parents who they care for or will potentially care for. Justine is another example of the implications of parental carer responsibilities on late life career choices.

Justine is a single audiologist living in Sydney. Justine currently has no dependents,

except her cat. During the interview Justine reflected on the possibility that she may

have to move back to her country town at some point in time in the future to help care

for her parents. In order to care for her parents, Justine must maintain her clinical

skills as there is less managerial work available in country towns. [IV83 Other F40s

Metro]

Tara is a pharmacist who works full-time in a regional town. She has three dependent children aged between 6 and 14. She returned to full-time work once her children all started school. Here she reflects on the likely possibility that she will once again have to take on full-time caring responsibilities:

Both my parents are still alive. They live in a home. Currently they are independent, but

they are getting to a point where I, as the eldest and the only female (child), am fully

expecting that I will have caring duties. [IV32 Pharma F40s Reg]

The interviews indicate that older workers' career choices are impacted by their need to support ageing parents. Older workers appear to be particularly restricted in terms of their geographic movement when having to meet adult-child life role responsibilities. It seems that such responsibilities often also result in a desire to reduce working hours.

5.4.4. *Spouse*

The spousal life role was shown to influence the choices respondents make regarding continuing or withdrawing from paid employment. The spousal relationship appears to influence respondents' career choices in ways. Respondents reflected not only on their own experiences, but also their friend's experiences and how the spousal life role influences their worker life roles and career choices. Respondents who had established their partner as a central focus in their life had also tended to plan their retirement with this in mind. The termination of the spousal relationship can disrupt retirement plans and respondents need to re-plan their retirement intentions. Other respondents spoke about how their spousal life role influenced their desire to continue working.

Louise owns and operates her own private speech pathology business. She is happily married to her second husband. The absence of this relationship would affect Louise's retirement intentions and may prolong her commitment to her worker life role:

Yeah, for example, if my husband died then I wouldn't stop when I was 60 because I

don't know what I would do with myself. [IV49 Other F40s Metro]

Alternatively, some respondents reflected on delaying retirement and continuing to work as a way of avoiding their spouse. Alexandra has moved to the country to be closer to her parents so she can help care for them. Her husband is retired and she works part-time in a local pharmacy three days a week:

I don't want to be stuck at home with my husband, you know. We have 10 acres, so it is

just a little bit of independence and to keep the mind going. And it is not about money

because I don't really need any money. [IV29 Pharma F60s Reg]

The results presented here demonstrate that the spousal life role is complex and can have diverse influences on late life career choices. Due to the complexity and diversity of the impact of the

spousal life role, it is difficult to predict any single effect this life role has on late life career choice. Naturally enough for many older workers the spousal life role is the most central and consuming non-working life role. Therefore, it seems that the spousal life role may have a more direct and significant impact on retirement decisions than any other life roles.

5.4.5. *The illustrative life role proof quotes*

Table 13 presents illustrative proof quotes (Pratt, 2008) to further demonstrate the impact of life roles on late life career choices. Additional illustrative proof quotes are provided to add rigour and validity to the results already presented in this section.

Table 13: Illustrative life role proof

Life role and quotes illustrating findings

Leisure life role

- *I would just like to spend more time with family, spend more time with friends, travel, certainly. IV23 SW F50s Reg*

- *Retirement means being able to do a million things that I can't do now. It's not like I'm hanging out to stop doing the work that I'm doing, but there's not enough hours or days and the week to do things that I'm interested in. IV13 Physio F50s Metro*

- *I think as I have gotten older, I have come to think that it's not all about work. It's about work-life balance. Children have made me appreciate that a lot more that there is a need for work life balance and there's quite a great deal of life outside of work. IV24 Pharma F40s Metro*

Parental life role

- *That's why I've been in Hamilton for so long, once they were settled in the school system, I wasn't prepared to move and disrupt them. I actually got head-hunted for a job in another state about this time last year, but they wouldn't consider me because I wouldn't move until my son had finished his VCE last year. IV29 Pharma F60s Reg*

- *Having children mean that I wasn't able to move around. I used to move every two years, took a different job and tried new things and get well paid. When I had the kids I became more settled. IV23 SW F50s Reg*

- *I would never want to work too far away from home, but I would be prepared to move if it was somewhere that I really wanted to work. IV34 SW F40s Metro*

- *My daughters have all moved away. I wanted to be able to visit them. One was married at the beginning of the year. IV82 Nurse F60s Reg*

- *I honestly don't think about retirement, I see myself as working certainly until my kids are you know, are well and truly out the door so, I don't really think about it or plan for it. IV37 Pharma F40s Metro*

- *Possibly like if he is going to go to Uni then there is a bit of ongoing financial commitment because my other two… both done university degrees. I feel that they would support him through a degree as long as he doesn't choose some 10 year thing. IV25 Physio F40S Metro*

- *I would like to take on the role of grandmother, you know, having time to look after my grandkids. My parents did that for me. I was very fortunate. I haven't been asked and there aren't any on the horizon, but I would be happy to offer and I know the other grandmother the one who is getting married she looks after her other*

grandchildren one day a week so I'm quite happy to do that. Yeah, quite happy. IV15 Physio F50s Metro

Adult-child and other carer life roles

- *My parents and Tony's mother all live independently in Sydney, but we do keep in mind that we might have a "pick me up" with Tony's mum. IV56 OT F50s Reg*

- *My parents are now in their 60s and so if they did need care I would provide the care for them. IV27 OT F40s Metro*

- *I feel some responsibility for my mum. She is still in good health, but as my parents have aged I think it is constrained my career choices. When I was thinking about promotion it would have been fairly easy for me to get promotion out of Sydney, but as they were getting older, I thought I am one of 6 children and they are independent. So I simply could have gone, but I thought they would miss me a lot and I knew that it was the years when they could die as in a stage. So I didn't feel comfortable about moving out of Sydney and that has really been the same like since my father died 2 years ago. IV71 Other F50s Metro*

- *In the future, I may need to be spending time at home with hubby kind of thing. We talked about dependence before. I'll probably be feeling that my husband is dependent by then because he is very affected by arthritis. I am not sure what he is going to be able to do in the next few years. So, I have to consider what he is going to be doing and how mobile he is. IV68 Radio F50s Reg*

- *My parents are quite elderly and I have to keep an eye on them. IV01 OT F50s Reg*

- *The biggest impact my parents have had on my career is not wanting to move out of Sydney. There have been jobs in rural areas and other states and things, but I wanted to stay close to them and they certainly wanted me to stay in Sydney. IV14 Pharma F40s Metro*

- *My father was quite elderly and I his carer. My mother doesn't drive and so from the time I was 22 he needed medical attention and driving to places and stuff so that probably more than anything was huge. Now, I look after my mum one day a week on my day off. IV15 Physio F50s Metro*

- *My dad is still around, but it is a struggle so we are looking at putting mum looking into a nursing home soon. It's a worry because there's only me, you know, so they depend a lot on me. IV29 Pharma F60s Reg*

Spousal life role

- *Retirement is not something that I think of. When I am, as soon as I am 65, I will have enough money and I am not focused on that sort of thing like I sort of imagine that when I physically just can't cope with the work really. Yeah, because I suppose, yeah, I just sort of think marriage to be a bit more of a challenge when you stop work. IV44 OT F40s Reg*

- *If my husband retires I'll probably want to work full-time just so it would drive me crazy just being home. IV56 OT F50s Reg*

- *I know one woman who is not a social worker, she is events management consultant type of person, she works freelance and she is older than me, she is about 65. She is still madly looking for work for self-esteem reasons and because she was at home with her husband who is retired had too much contact 24x7 with her husband. IV67 SW F60s Metro*

- *One of the guys I used to share with years ago his mum was an old…oh gosh, she must have been in her late 60s. She was fabulous. She worked in all sorts of places. But basically she couldn't bear being around her husband. It was part of the reason she used to come off to work. IV81 Nurse F60s Metro*

5.4.6. *Summary of life role influence career stage*

Table 14 presents reflective examples of how life roles influence career choices at different career stages and ages as expressed by the respondents.

Table 14: Summary of life role influences on career stage

	Child/ Adult-child	Parent	Grandparent	Leisure	Breadwinner/ Work	Spouse
20-30 Early	• Mobility: Single, no dependents Location: Want to live close to family	• Availability of part-time and shift work ("good job for women")		• Want a balance between work and play	• Career focused	
31-45: Middle	• Mobility: Stay close to family either for support or career responsibilities	• Move into part-time roles and work hours that allow them to be "active parents". Absence of paid employment		• Work-life balance: choosing a job that is not "full on'" and allows for flexibility	• Financial necessity to work. • Return to work after absence from having children	• Supportive of career choice
46- 65: Late	• Care for parents Impact location and may have to move to be near parents	• Semi-dependent children still require financial support. • Able to work more as children have grown up			• Work as another sense of identity outside of the home	• Continue to work so they are not around spouse all the time
65+	• Care for parents. • May have to move to be near parents	• Help children out and take on grandparent life role	• Look after grandchildren • Want access to flexible work in arrangements • Work part time	• Want more leisure time. Start to dedicate more time to leisure life role. Ramp down career	• Less career focused. • Want to work for stimulation but not in full-time capacity	• Care for spouse • Don't want to be around spouse all the time. • Spouse has passed away; look for alternative ways to spend retirement.

5.4.7. Life roles discussion

According to the interviewees, individuals in their middle and late career stages are influenced by five major life roles: parent, child, grand parent, leisure, worker and spouse. Life roles are defined by Super (1980) as the roles or activities that individuals engage with throughout their life span. As discussed previously, an individual's life role varies in importance throughout their life span and this is reflected in the amount of time that it consumes in a person's day-to-day life. Life role commitment is reflected by temporal importance and emotional involvement.

While Super (1980) views the worker life role ceasing at 65 with the retiree life role taking over, the interviews do not necessarily support Super's life-span, life-space theory as many respondents intend to work well beyond the age of 65. The interviews suggest that many older workers wish to continue working in their late life. The interview findings demonstrate that the conceptualisation of worker life role needs to be extended to reflect the modern career span. However, despite a desire to continue working many individuals seem to also want to increase the amount of their leisure time and engage in activities they have been unable to participate in while engaged in full time employment.

However, older workers may seek to withdraw from paid employment or spend less time working in order to fulfil parental or grandparent life role obligations including caring for children and grandchildren. Furthermore, due to delayed childrearing many older parents have dependent children forcing them to continue working and delay retirement due to ongoing financial commitments. The impact and influence of multiple carer and dependent life roles on late life career choices is not reflected in Super's (1980) life span- life space theory.

Although Super (1980) states that the child life role ends at 50, the interviews revealed that the child/adult-child life role may continue well into the 60s and beyond. As parents grow older ageing children may feel obligated to take on a carer life role similar to that of the parental life role, known as the adult-child life role. Adult-children in a carer life role may need to have access to flexible working arrangements in order to meet the demands of ageing parents, including but not limited to being able to take parents to medical appointments and being "on call" depending on the severity of their parents' care needs.

Erdwins (2001) found that spousal support accounts for significant variations in women's work-family conflict and the research reported in this thesis indicates that the spousal life role has a direct and significant impact on retirement decisions. For many older workers the spousal relationship is the most intimate and enduring life role they experience in a life span, however, unlike other life roles, individuals choose their spouse and they normally live with them through the majority of their adult life.

In reflecting on the interviews, the following inferences are drawn concerning the impact of the different life roles on late life career choices. The different carer life roles appear to impact late life career choice in similar ways and some of the life roles overlap in their impact on older workers career choices. Examples of how different life roles influence the older workers' financial responsibilities, mobility, need for flexible workplace practices, as well as decisions concerning withdrawing or ramping down from work and delaying retirement will be next considered.

1. Financial responsibilities:

The extension of the parental life role forces some individuals to work longer as they continue to financially support their dependent children or grandchildren. The extension of the child life role into adult-child life role also influences career choices as individuals may need to provide financial or care support to ageing parents. Indeed, older workers may be required to continue working to meet their financial obligations as a sandwich generation required to support both older and younger generations.

2. Mobility:

Individual's career mobility may be limited due to children, spouses and parental life roles. Lack of career mobility may limit individual's access to promotion.

Older workers' career choices are affected by such diverse and pervasive pressures as the need to move or the need to stay put in order to satisfy life role commitments including, for example, being close to children who have moved away from home in adult life or not moving to stay closer to parents who are in need of care.

3. Need for flexible workplace practices:

Older workers may require more flexible work arrangements and ramp down their career in order to meet their other life role commitments. In particular, older workers require part time work, flexible starting and finishing times and other forms of flexible work practices in order to care for ageing parents, children and grandchildren. Older workers also want to work in less structured ways in order to spend more time undertaking leisure activities.

4. Delay retirement

Older workers wish to continue working for a variety of life role associated reasons including escaping from carer life roles and maintaining a sense of independence and self. Older workers may wish to continue working into late life, delaying retirement, but may wish to be working less than they had been previously. Older workers in their final career stage may become more committed to the leisure life role and aim to ramp down their career.

5.5. Non-Linear Career Intentions

This section addresses research Question 2 "What are the non-linear career intentions of older workers?" In order to understand the respondents' non-linear career intentions, they were asked to provide a summary of their career history and were asked about their motivations for particular career choices. In order to identify future career intentions, respondents were asked to think about themselves in 10 years' time and consider how they would like to spend their retirement. While specific questions pertaining to protean and boundaryless careers were asked, questions relating to kaleidoscope career intentions were not. The information regarding kaleidoscope careers emerged during analysis of the data. A full set of the interview questions can be found in Appendix 1. Insights to research Question 2 concerning protean and boundaryless careers will now be discussed and this is followed by an analysis of the implications of the data for understanding kaleidoscope career intentions.

5.5.1. *Protean and boundaryless careers*

This section discusses the protean and boundaryless career orientations of older workers and specifically addresses research Question 2 "What are the non-linear career intentions of older workers?" Protean and boundaryless careers are non-linear career orientations and are defined by

individuals who reinvent and transform their skills and experience to pursue different careers. The interviews reveal that some older workers have non-linear career orientations during their late and final career. The responses presented here detail the future career intention of respondents and how they desire to spend their retirement or semi-retirement. Table 15 provides a summary of examples and the associated rationale of protean and boundaryless career choices that older workers make in their final career stage, as expressed by the interview respondents.

Table 15: Summary of protean and boundaryless career examples and rationale

Protean	Boundaryless
Examples	
• Working in extremely different areas	• Changing organisations
• Physiotherapist turned pop star	• Volunteer work in health
• Social worker turned realtor	• Board work in health
• Health Sales Person turned writer	• Hospital pharmacist turned community pharmacist
Rationale	
• Re-inventing oneself	• Using existing skills to work in a different setting

5.5.1.1. Protean

People who repackage their skills to work in environments different from that in which they spent their main career demonstrate protean career orientations. Protean career choices may be perceived as extreme career choices as individuals seek careers that are dramatically different from their main career. Interviewees were asked about their future career choices and such career choices may be perceived as fantasy careers as respondents are expressing an interest in pursuing a career they imagine they can do without having any practical experience in the role.

Daniel is currently a full-time social worker. Here, he reflects on his future career intentions and how he would like to spend his retirement:

> *I sort of see that, when I get to retirement stage, I may become a real estate agent and sell properties. Part of it is a bit of a joke and a part of it is sincere. I wouldn't mind. So if you like, if I get to a stage where I can buy a property, I mean, renovation, do it up and sell it. I would really like to be able to do that. [IV36 SW M60s Metro]*

Patrick is a full-time health sales professional. When Patrick retires he would like to write a

book:

> *I might write a book. I have always had this other ambition of writing a book. Never got*
>
> *down to it because writing a book takes a lot of time. Yeah, I'd like to write a book.*
>
> *[IV46 HSP M50s Metro]*

The interviews suggest some respondents may pursue protean careers in their final career/retirement or encore or bridge careers as they desire dramatic change. In order to gain greater insights to the motivations behind protean career choices, the interviewees' responses should be considered in terms of other theories, such as the kaleidoscope. By examining interviewees' future career choices only in terms of protean orientations, there may be an interpretation that individuals are making irrational and erratic career changes in their final career stage. By considering protean career choices in light of kaleidoscope careers, such choices may be explained through an understanding of authenticity, balance and/or challenge. Moreover, respondents who reflected on making protean career choices in their final career stage engaged in linear main careers. However, the interviews are unable to provide any concrete insights as to the catalyst for respondents' changing career orientations.

5.5.1.2. Boundaryless

Individuals who seek career opportunities that span beyond their immediate employer demonstrate boundaryless career intentions. Overall, more respondents expressed a desire for boundaryless careers than for protean careers in their final career stage. Boundaryless career choices may be perceived as less extreme career choices than that of protean career choices as the individual aims to continue using the skills or knowledge gained in their main career. Some respondents seeking boundaryless careers expressed an interest in volunteer work.

Carry is a full-time social worker who is starting to think about how she would like to spend her retirement:

> *The other thing I would do when I retire is put myself up for board work. [IV21 OT*
>
> *F60s Metro]*

Peter is a full-time hospital pharmacist. When asked about how he would like to spend his retirement, he spoke about the possibility of doing re-entry training and transitioning into community pharmacy:

I wouldn't mind doing a re-entry course. You can do that. And working in community

pharmacy, it's less busy than hospitals! I don't want to retire. I just don't want to keep

working the way I am. [IV06 Pharma M50s Reg]

Leone is an occupational therapist working in a regional town. During retirement Leone wants to use the skills she has acquired as an occupational therapist to volunteer and help people:

My vision of retirement is being free to volunteer so I might even go and help in a

school somewhere. They can utilise my skills and life experience. [IV57 OT F40s Reg]

The interviews suggest that individuals who seek boundaryless careers are seeking less dramatic change than those respondents who seek protean retirement careers or encore and bridge careers. Boundaryless career changes seem like a more natural career change than that of protean careers because the former uses the respondents' skills built up over their main career.

Respondents' spoke about engaging in boundaryless careers that provide them with internal satisfaction. This may suggest that they are also motivated and driven by authenticity in making their career choices as they desire a further career which utilises the person they already are and being true to themselves. Individuals seeking boundaryless careers are not seeking just any role and this would suggest that there are other factors influencing those with boundaryless career orientations in their final and encore career. Further research is suggested in this area in Chapter 7.

5.5.1.3.   Protean and boundaryless illustrative proof quotes

In Table 16 further illustrative proof quotes (Pratt, 2008) for protean and boundaryless career orientation are presented. Proof quotes are provided to add rigour and validity to the results already presented in this section.

Table 16: Illustrative Protean and Boundaryless career quotes

Nonlinear career orientation and illustrative quotes supporting findings

Protean

- *I am in the process now of establishing a performance CV, my aim is that I can sing semi-professionally which would then allow me to reduce my hours of physio and supplement my income from Jazz singing. It is more compatible to my age and physical capability, [and] is something I really, really enjoy. I might become the first 50 year old Jazz recording star and started earning a fortune. IV65 Physio M40s Metro*

- *I sort of see that when I get to retirement stage, even though I do I like what I do, I think I will explore something else, you know? I may become a real estate agent and sell properties. I do so and part of it is a bit of a joke and a part of it is sincere. I wouldn't mind. So if you like, if I get to a stage where I can buy a property, I mean, renovation and doing up houses is fun, I would really like to be able to do that. IV63 SW M50s Metro*

- *Retirement just means getting back to farming which is what I was doing before the drought hit. IV16 Physio F50s Reg*

Boundaryless

- *The other thing I would do when I retire probably is put myself up for board work. IV21 OT F60s Metro*

- *Yeah, I probably would need to take on something else. It's nice to have a bit of routine in your life as long as it's not too fixed. IV32 Pharma F40s Reg*

- *When I retire would be looking at engaging interests that I haven't had a chance to do simply because I have been doing my career. So whether that might be, for example, a literature degree or simply doing more arts would be the things that I look at ... I certainly don't have the concept of retirement as being retirement goal, I would almost say the retirement is a transfer to the next career. IV12 HSP M50s Metro*

- *When I retire I would like to I'd like to get back to my writing and do some genealogy research IV03 Pharma F60s Reg*

- *In retirement, I have sometimes wondered about setting up a private practice. IV09 SW F50s Reg*

- *So what I would quite like to do is set up language programs for schools. I have got a lot of PowerPoint resources now. I should be making myself go to people like, the independent schools, it is like, "Here I am, I am a consultant speech language pathologist and I can give you a package on x for your teachers. IV49 Other F40s Metro*

- *When I retire I would like to travel and to do some voluntary work IV01 OT F50s Reg*

- *When I retire I would do something. Maybe I would volunteer. I would fill in my day very rigidly. I would plan my day and make myself needed. IV04 Physio M60s Reg*

5.5.2. *Kaleidoscope career intentions*

This section discusses the kaleidoscope career orientations of older workers and specifically, it addresses research Question 2 "What are the non-linear career intentions of older workers?" kaleidoscope career intentions are defined by the three parameters of authenticity, balance and challenge. As individuals' external life roles change, their emphasis on each of the parameters also changes (Sullivan & Mainiero, 2007). Table 17 illustrates the different factors and life roles that influence individuals to seek authenticity, balance and challenge during their career. Table 17 includes examples of kaleidoscope career intentions and specific career choices respondents have made

Table 17 Summary of kaleidoscope career intentions

Authenticity	Balance	Challenge
• Want to work in health due to a desire to help people	• Want work-life balance	• High worker life role commitment and desire for career progression and a fulfilling job
• Provides them with internal satisfaction and fulfilment	• Parental life role commitment ("good job for women")	• Desire a role that is challenging and want career progression in final career stage
• Job is seen as a vocation	• Take on part-time work	
• Working in an area they have always wanted to work in	• Open own private practice for flexibility	
• Fulfilling childhood fantasy	• Choosing roles based on location	• Want to continue learning and using skills developed over a life span
• Increase in leisure volunteer life role commitment	• Cutting back on work to increase leisure life role commitment	• Opportunity for career change and progression
• Choosing roles based around values and not just financial remuneration	• Increase in adult-child life role commitment as adult-children look after ageing parents	• Lateral and horizontal movement
• Giving back to their profession through mentoring and volunteering		

The following section presents the results of phase one interviews concerning kaleidoscope career choices. The results are presented according to the dimensions of authenticity, balance and challenge.

5.5.2.1. Authenticity

Respondents demonstrated their desire to seek authenticity by pursuing careers that are internally motivated. Most reflected on how their work provides them with enjoyment, satisfaction and joy. They

spoke about making deliberate career choices in terms of fulfilling childhood dreams and they reflected on their career as though it was a vocation. Respondents who desired authenticity were seeking more than just financial remunarion from their career as they described career success in terms of patient outcomes and helping people rather than financial remuneration or upward career progression. Authenticity was further demonstrated by respondents' desire to increase their volunteer leisure life role commitment and engage in volunteer work during their free time, late career stage and/ or retirement.

Beyond their immediate career, some respondents were committed to using the skills they have acquired and giving back to their profession during retirement through volunteering activities. Respondents also desired to volunteer as an opportunity to maintain their skills. For example, Katarina is a regional social worker in her late career. Here, she reflects on how she would like to spend her retirement:

> *I would like to volunteer in social work once I am retired, you know and keep my hand*
>
> *in that way. [IV09 SW F50s Reg]*

Respondents spoke about moving into a career that is associated with intrinsic rewards, rather than extrinsic rewards. Luke, for example, is a physiotherapist who works full-time and owns his own private practice. Working full-time doing manipulative work is starting to take a toll on his body, so he is thinking about moving into another career in an area where his real passion lies:

> *I am in the process now of establishing a performance CV, but my aim is to sing semi-*
>
> *professionally, which would then allow me to reduce my hours of physio and*
>
> *supplement my income from Jazz singing. It is more compatible to my age and physical*
>
> *capability and it is something I really, really enjoy. [IV65 Physio M40s Metro]*

Respondents seeking authenticity reflected on their perception of career success which they measured through patient outcomes and helping people. For example, Bridget is an occupational therapist in her 40s and here she reflects on her perception of career success:

For me, career success is if I am actually making a difference to someone's life. That is how I like to think of it. I go home and think I have had a good day when I felt that I helped someone that day. It is not about pay rises or anything like that. [IV27 OT F40s Metro]

Interviewees revealed that they may seek authenticity in their final career stage by changing careers or jobs. The respondents desired careers, jobs and specific roles that provided them with internal satisfaction rather than fulfilling extrinsic goals. Respondents seeking authenticity did not seek traditional career success of upward movement, but rather non-traditional success that is measured by internal satisfaction and intangible measures.

5.5.2.2. Balance

Respondents spoke about making career choices that allowed them to have work-life balance and engage with other life roles beyond work. The most common reason for seeking balance was to increase carer life role commitments, specifically with regard to parent, adult-child and spouse life roles. For example, Kim is an Occupational Therapist who loves her job, here she reflects on how her career choices have been made to suit her parental life role:

I've always looked for work that fitted in my family life. I finished my job when I was pregnant with my son. They offered for me to come back and I said I didn't want to do that because I wanted to have the flexibility to decide what works best for me. So when I had 3 kids, I was flat out. So I didn't want to squeeze in work as well. I'd rather have less money and more time to spend with my family. [IV56 OT F50s Reg]

Beyond carer life roles, respondents also sought balance during the stages of ramping down and transitioning to retirement. Respondents in their late career who were seeking to increase their leisure life role commitment were seeking jobs that provided them with flexibility and freedom. Moreover, they sought jobs that were less demanding on their time and body so that they could have

the energy to engage with their other life roles. For example, Luke currently works full-time as a physiotherapist and here he reflects on his future career intentions and ramping down his career:

In the future, I would like to be working less. As I said before, not necessarily stopping

work, but certainly working less. [IV65 Physio M40s Metro]

Victoria is a nurse who works full-time in a metropolitan hospital. She has no desire to retire, but in the future she would like a job that provides her with greater flexibility, freedom and less stress so she can engage with her life roles beyond work:

In the future, I would like to cut down my workload and have a less physical job where I

can sort of have more time to do other things and being a little bit less stressed. [IV58

Nurse F50s Metro]

Jordana is a social worker in her 40s in a metropolitan city and here, she reflects on her perception of career success and the balance between work and home:

Career success means enjoying what I do and having that nice balance between the

time you spend at work and the time you spend at home. [IV34SW F40s Metro]

The findings demonstrate that those respondents seeking balance generally described career success and their personal career choices in terms of an ability to engage with their multiple life roles. The results support Sullivan and Mainiero's (2008, p. 363) argument that women in particular aim to "achieve equilibrium between work and non-work demands" and individuals seeking balance are happiest when being able to actively engage in multiple life roles, particularly those related to carer and leisure activities.

5.5.2.3. Challenge

Unlike balance, respondents seeking challenge in their working life are willing to make sacrifices in their personal life in order to pursue career goals and new challenges. Individuals seeking challenge in their late career have high worker life role commitment as reflected in their desire for continual career advancement. For example, Peter is a pharmacist in regional Australia and here, Peter talks about being ready to take on a more senior management role and move away from his clinical activities:

It was the time in my career when I was ready to take on the challenge of a

management, in charge, role. [IV06 Pharma M50s Reg]

Lee is a pharmacist working in a metropolitan city. After completing her master's degree, she wanted to ensure that she used the skills and knowledge she acquired by pursuing work that tests her abilities and challenges her:

Since I have done my MBA, I quite like change and I quite like challenging work and I

like having a bit of autonomy in my work. [IV14 Pharma F40s Metro]

Brianna is an Occupational Therapist working in a metropolitan city. Here, she talks about challenging herself and expanding her skills and competencies before she travels overseas so she is a more desirable employee candidate:

I went from Bankstown to Prince Henry [hospitals] *in 1990, because I knew that I was*

going to be travelling overseas and I wanted to go to a bigger, broader general hospital

to get some more experience. So that was a particular choice. [IV19 OT F40s Metro]

Sara is a physiotherapist in a metropolitan hospital. She believes her career success is measured through her upward career progression:

Career success is the ability to have a progressive career. I think that is one of the big

things as why I wanted to go into management is you can step up. [IV24 Pharma F40s

Metro]

The results suggest that individuals who seek challenge want to expand their skills and advance their career. This suggests that those who seek challenge in their late life career are individuals with high worker life role commitment. In contrast, individuals with low worker life role commitment are less likely to seek challenge in their career as they are more highly committed to other life roles.

5.5.2.4. The illustrative kaleidoscope proof quotes

Table 18 presents illustrative proof quotes (Pratt, 2008) to further demonstrate individuals late life kaleidoscope career intentions. Additional illustrative proof quotes are provided to add rigour and validity to the results already presented in this section.

Table 18: Illustrative quotes to support the findings of authenticity, balance and challenge

Kaleidoscope parameters and example quotes illustrating findings

Authenticity

- *I absolutely loved it and it was a calling. IV28 SW F40s Reg*

- *Wanting to be in a job that I find stimulating and challenging and of service to my fellow human beings. A sense of vocation in a way. IV33 Pharma M40s Reg*

- *When I was 7 or 8 years this is exactly what I wanted and that is what I loved doing. IV60 Pharma*

- *I always wanted to be a nurse. IV82 Nurse F60 Reg*

- *I was approached by quite a few surgeons to start working in private practice and so forth, but it is more to do with… but I like the public service one thing and also I didn't think I couldn't charge people. IV43 Physio F50s Metro*

- *I do sometimes joke like they all saying, "Once a Catholic, always a Catholic". "Once a physio, always a physio". IV71 Other F50s Metro*

- *I can't imagine a day without OT in my life IV21 OT F60s Metro*

- *I really get good satisfaction through my work, I feel that I – you know, monetary side of them I do need the money, but I really feel I am able to do service to people that is the main thing that drives me. IV43 Physio F50s Metro*

- *I was always interested in child protection and I think that probably goes back to my childhood and having a sense of being a child who was abandoned, but I was also always a sort of person who was interested in others and animal welfare as well so when I went into social work. IV38 SW F60s Metro*

- *In the future I see myself doing a mixture of paid employment, a mixture of voluntary stuff. Certainly involved in learning, certainly involved in education somehow and certainly involved in career development. IV28 SW F40s Reg*

- *My vision of retirement is being free to volunteer. Somewhere where they can utilise my life experience and my skills. IV57 OT F40s Reg*

- *I see down the track as probably being a volunteer unpaid. Like I would like to go and volunteer in China. I have also spoken with the GP and I am offering my services to our local clinic for people without means and can't afford it. IV10 Physio F50s Metro*

- *No I don't think often about retirement as I worry about not having anything to do. I do have some hobbies. I like horse racing. I will do a little bit of volunteer work. IV06 Pharma M50s Reg*

- *In retirement, I will still maintain some sort of contribution to the community in a pay capacity or a voluntary capacity. IV11 Radio M50s Metro*

- *My vision of retirement is being free to volunteer so I might even go and help in a school. Somewhere they can utilise my skills and life experience. IV57 OT F40s Reg*

- *I would like to volunteer in a local hospital or… I am sort of quite passionate about animals and maybe*

volunteering animal rescue or WIRES or something like that. IV29 Pharma F60s Reg

- *For me, it is not the level of career you have, but the enjoyment you have. I see my career as successful because I enjoy every day I work. I could be a truck driver or executive, but when you enjoy your work you make a big change to your life and to other lives. IV04 Physio M60s Reg*

- *Success for me means being happy, I'm still learning so I'm not aiming for success in management at this stage. IV07 OT F20s Reg*

- *Career success is about being fulfilled in the things that you do and the roles that you have and work is part of that. It's a big part of it, but it is really just part. But yeah, it's about fulfilment. IV28 SW F40s Reg*

- *I suppose for me it's being able to successfully treat client but also to be happy in my work, enjoy doing my job would be my success criteria. IV41 Other F40s Reg*

- *I guess I would say career success is about positive outcomes. The outcomes like seeing children improve. IV25Physio F40sMetro*

- *I have never really been that interested in managing. I have made choices so that I have actually always stayed with the coal face of what I am doing I suppose. Although I am sort of removed from patients now, I am still sort of… I am still the worker bee. There are times I think I expand on my management skills, maybe that, you know… that is more element of success. But I suppose, from my perspective, it isn't really important. IV60Pharma F40 Metro*

Balance

- *It is easier to have balance in private practice when you have little kids. You have complete control and autonomy. IV18 SW F50s Metro*

- *That was probably one of the reasons why I kept going in private practice was because it gave me the flexibility of time. IV01 OT F50s Reg*

- *So I've always chosen to work part-time because it's too exhausting! IV56 OT F50s Reg*

- *All my work choices after 1979-80 when Amy was born was to fit in with hours or work that my husband did and whatever worked. IV58 Nurse F50s Metro*

- *I did midwifery for more choice of work with children so that gives you a diverse choice of work, but most of the jobs I have taken just sort of fit in with the hours, especially with when I worked at the Kids' Hospital. IV58 Nurse F50s Metro*

- *I was told it was a great job for girl because you can work part-time. IV29 Pharma F60s Reg*

- *I was very keen after I had the kids to find work that I could do part-time. I saw it as important that I had some afternoons off so I could pick them up and that they weren't in after school care five days a week. IV37 Pharma F40s Metro*

- *The major factors that have influenced my career choices are just flexibility of times and proximity to my home. IV30 Physio F50s Metro*

- *I always wanted to be a parent, so I always wanted to have kids. And because I came from a family, I always wanted to provide that for my kids and I have felt that my career would always be… you know, come second to that and that has been what has happened in reality. IV60 Pharma F40s Metro*

- *For financial reasons, I needed to return to work and the children went to school at Strathfield and a locum job became available here close to home which was ideal. IV69 SW F40s Metro (*Locum is part-time, casual*

work)

- *I would say family has had the biggest impact of me, I wouldn't describe myself as a career oriented person. IV25 Physio F40s Metro*

- *So, whilst I have always worked once I had children it has always has been a part-time. IV25 Physio F40s Metro*

- *I suppose it's having the ability to do what I really want to do. It's not necessarily about not working, but being able to do things freely when you want to do them. IV41 Other F40s Reg*

- *I may work part-time later in my career if I feel the need to slow down and can afford to take on a pay cut. However, part-time work has drawbacks, such as lack of ability to follow patient progress, which would affect my job satisfaction. IV33 Pharma M40s Reg*

- *I don't want to retire. I just don't want to keep working the way I am. IV06 Pharma M50s Reg*

- *I'm 55 and obviously I can't see myself retiring. And what I mean by that is I will retire from full-time work probably cause it's, you know... it's time to enjoy a little bit myself. I've worked hard and worked all my life sort of thing, done on call and weekends and things like that. It's time to be a little bit more social. IV11 Radio M50s Metro*

- *Retirement will mean being able to do a million things that I can't do now. It's not like I'm hanging out to stop doing the work that I'm doing. But there's not enough hours in the day to do the things that I'm interested in. IV13 Physio F40s Metro*

- *Retirement doesn't necessarily mean the absence of an employment. To me, it's not getting up at 6 o'clock and getting here by 7:30 and... Having a more relaxed sort of version of a working. IV15 Physio F50s Metro*

- *I just measure it on how you enjoy your job, whether it provides with the lifestyle you want to lead. I wouldn't say that I have a career, I have a job so if it provides enough for my myself and my family to live where we want, go where and do what we want, then that's success to me. It's nice to move up eventually, but it's something that really has to happen. As long you are moving forward and improving yourself a little it's a win. IV42 Radio M40 Reg*

- *That means enjoying what I do and having that nice balance between the time you spend at work and the time you spend at home. IV34 SW40s Metro*

Challenge

- *Sometimes it can take some toll on you and your wife. The kids were at school so I think I been away every single weekend sort of thing, but I was enjoying what I was doing here. I was enjoying the challenges that I had so I was probably a bit selfish you know honestly. My wife knew that I wanted to take the challenge on and she was gracious enough to say okay, that's what you really want to do have a go. IV11 Radio M50s Metro*

- *I don't know, but when I moved from Western Health to the Community, I just thought, as you know, I have been in that role for a while and saw just as an opportunity applied and just fortunate to get job. It was the first time I have done any community OT and so that was purely just, you know, an opportunity that presented itself. But through you know when I went there and was fortunate. IV57 OT F40s Reg*

- *I've chosen to work in across different area for more experience, different opportunities, seeing how other people do things and I have tried never to say no to higher duties or, you know, standing in for people and that seems interesting. IV21 OT F60s Metro*

Kaleidoscope parameters and example quotes illustrating findings

- *I'm not challenged in my home environment, you know. I don't really like the idea of home, but that's just a personal issue. I still have something to offer of my remaining few years and I've got to keep up with the challenges of the hospital. IV66 OT F40s Metro*

- *I like working in an area where it's a learning environment. Every day I would learn something. Every day! Not one day would go past without learning a medical thing or anything. You learn a lot about yourself. IV82 Nurse F60 Reg*

- *I wanted more experience, different opportunities, seeing how other people do things. And I have tried never to say no to higher duties or, you know, standing in for people and that seems interesting. IV21 OT F60s Metro*

- *When I moved from Western Health to the Community, I have been in that role for a while and saw just it as an opportunity to try something different. It was the first time I have done any community OT. The opportunity to try this presented itself and I thought I was very fortunate. IV57 OT40s Reg*

- *Career success is anything you feel you've been rewarded for. Professionally and financially, that is important too. IV03 Pharma F60s Reg*

- *Career success is about status and receiving the appropriate remuneration. IV24Pharna F40s Metro*

- *When I started out I didn't ever want to stay as a base grade OT. So for the first couple of years I was working towards getting my skills up so that I could become a senior. And I guess in the field I am still doing working towards improving myself so that if ever I wanted to pursue a department management role or something like that that I could do that. IV27 OT F40s Metro*

5.5.3. Non-linear careers: Protean, boundaryless and kaleidoscope

In the previous section the phase one interview data concerning non-linear career decisions was presented and discussed. The implications of this data will now be more fully analysed, particularly in regard to how this data helps to address research Question 2 concerning "What are the non-linear career intentions of older workers?" The implications of data draw from the interviews for research Question 2 will now be addressed beginning with protean and boundaryless career followed by kaleidoscope.

5.5.3.1.   Protean and Boundaryless

The interviews reveal that retirement may be perceived as a period in which individuals make non-linear career choices as they pursue careers that are dramatically different from their primary career. While respondents were referring to retirement, they were essentially describing what is better known as encore or bridging careers (Figgis, 2012; Pleau & Shauman, 2013). Retirement in this context is a label used to mark a period of time, which is the end of one working life and the beginning of another. It is a time in which respondents end their main career and start a new career. The diversity of responses suggests that there are multiple paths that individuals can take to transition into retirement.

The career that some individuals seek during retirement may be interpreted as a fantasy career as those individuals demonstrating protean career intentions desire to pursue careers that are dramatically different from their main career and of which they have little knowledge. Further research is recommended in order to understand the factors motivating protean and boundaryless career choices and why individuals are waiting until retirement to pursue these careers. Individuals entering the retirement phase may be less affected by the life roles of breadwinner and parent and more able to take career risks as they do not have the same financial responsibilities they once had.

Protean and boundaryless careers theory alone is unable to provide further insight as to why some individuals desire protean careers while others express boundaryless career orientations. Using only protean and boundaryless theory, is it suggested that career choices are differentiated by personality. Those who desire boundaryless careers (Arthur & Rousseau, 1996c) are more conservative in their career decision making than those who desire protean careers (Hall, 2004).

Alternatively, when considering protean and boundaryless career choices in light of

kaleidoscope careers, what might appear as a fantasy or irrational choice can be explained in terms of a quest for authenticity, balance and challenge. In other words, freed from the need to exercise caution and make safe career choices which protect employment and income, the older worker is free to be authentic and pursue the career they had sometimes long dreamt of, such as the physiotherapist wanting to be a singer.

The quotes from interviewees presented above demonstrate how different factors, such as life roles, influence non-linear career intentions. The results show that older workers do have non-linear career intentions and orientations. The interviews suggest that while individuals may engage in a linear career for the majority of their working life, during their final career stage or "retirement", they may pursue a protean or boundaryless non-linear career. The results demonstrate that respondents make career choices based on their different life role commitment at any point and may seek authenticity, balance and challenge during their late career stage.

Gathering data regarding retirement and future career intentions proved to be more difficult than anticipated. Many respondents were unable to provide insightful details as to how they anticipated or wished to spend their retirement. Respondents were asked to reflect on their future career intentions including how they would like to spend their retirement and where they see themselves in ten years. Most respondents found this question difficult to answer and admitted that they didn't know or had not thought that far ahead. The results suggest that not all respondents are forward thinking with regard to their retirement or future career intentions.

5.5.3.2. Kaleidoscope

The results indicate that an individual's desire for authenticity may be represented in their yearning to engage in volunteering and other community activities during their leisure time. Individuals pursue authenticity by making deliberate career changes which are motivated by internal goals and ambitions. When considering authenticity, the issue of why respondents chose to work in their occupation needs also to be considered. As discussed in the literature review, the desire to help people and make a difference is a strong contributing factor to why individuals choose to work in health. Therefore, there is a need to recognise that the interviewees for this thesis may already have a strong affinity to authenticity.

The phase one results demonstrate that women seek balance in their career in order to engage in

their carer life roles. Such individuals pursue careers, jobs or roles that provide them with the ability to engage in carer life roles by doing part-time work, having flexible working arrangements, establishing private businesses or choosing jobs/roles close to home. Moreover, the desire to seek balance is also common to individuals seeking to increase their leisure time as they ramp down their career and transition towards retirement. Individuals seek balance by pursuing part-time and flexible work, as well as moving into mentoring or other less physically demanding roles that provide them with autonomy and freedom.

The results show that individuals seeking challenge in their career desire career advancement as respondents noted their desire for promotion as well as their desire to expand their skills. Hence, career advancement may be upward or horizontal. The results further demonstrate that "challenge" in a career is pursued when opportunities present themselves. Opportunities may arise in the form of job opportunities, spouses willing to support them in taking on a new role and the departure of dependents.

In this particular sample the respondents generally have a stronger affinity to authenticity and balance than to challenge. The data is unable to provide any definite results regarding the under-representation of challenge compared to that of authenticity and balance and may be sample-specific. Alternatively, the under-representation of challenge may be associated with the over-representation of balance and authenticity. The demographic information collected regarding interviewees suggests their age, career stage and dependent/carer responsibilities may be contributing to their lower affinity to challenge. In order to address this further, the phase two survey examines the kaleidoscope career intentions of older experienced workers.

5.5.4. *Summary of non-linear careers findings*

In reflecting on the data from interviews, the following inferences are drawn concerning the type of non-linear careers older workers pursue. As shown, older workers are likely to pursue protean or boundaryless careers in their late life, while seeking authenticity, balance or challenge. As demonstrated, older workers who had engaged in a linear main career may seek non-linear careers during their final phase. Examples of why older workers pursue non-linear careers include:

1. Protean

Older workers pursuing protean careers in retirement use their skills to reinvent themselves and seek careers in entirely different occupations from that of their main career. Protean careers may be

driven by a desire for authenticity as individuals want to make a career change and pursue careers they have long wanted.

2. Boundaryless

Older workers pursuing boundaryless careers seek jobs outside of their main career, during their retirement phase using existing skills in a different way. Boundaryless careers may be driven by a desire for balance or challenge as individuals seek new careers in a different setting to that of their main career. Alternatively, individuals may desire authenticity as they want to volunteer in their specific profession.

3. Authenticity

Older workers seeking authenticity in their late career stage wish to engage in volunteering and other community activities during their leisure time or pursue careers that are driven by internal satisfaction rather than just financial remuneration.

4. Balance

Older workers seek balance in their late career stage wish and may wish to increase their leisure life role commitment. Older workers desire to pursue careers that are less time intensive, leaving them time to pursue other activities they were unable to engage in whilst employed full time. Older workers desire balance as they manage their carer obligations. Older workers seek careers that provide them with flexibility so they can care for others such as aging parents, grandchildren and spouses. Some individuals expressed the view that health careers are suitable for balancing multiple life roles, because shift work and seven day working weeks potentially provide more flexible working arrangements.

5. Challenge

Older workers continue to seeking challenge in their final career stage, wanting to expand their skills and pursue roles that are stimulating. Older worker desire a horizontal or lateral career change as they wish to learn and do new things.

5.6. Beyond Theory: Continuing to Work vs. Retirement

This section addresses research Question 3: "Why do older workers delay retirement and continue to work?" In order to address this question, respondents were asked to detail their future career and retirement intentions. Respondents were asked to explain the factors that they perceive would influence their future choices and to reflect upon what they believed to be the standard age of retirement. Table 19 provides a summary of the findings and illustrates the reason why older workers continue to work.

Table 19: Summary as to why individuals continue to work

Identity	Motivation to work	Health	Negative perceptions of retirement	Skills	Financial Security
• Their work as a defining factor as to who they are • Remaining in their profession as a volunteer	• Money and lack of financial security • Job satisfaction received from working	• Working as a way of staying young and being active	• Boredom • Growing old • Health issues	• Maintain registration • Career options • Availability of work • Valued experience	• Financially secure • Financially supporting dependents • Not enough Superannuation

5.6.1. Identity

Some respondents revealed that a major reason they delayed their retirement is their worker identity. Those who have built a significant part of their personal identity around their work find it hard to imagine life without their career. For example, Victoria finished school after grade 10 and went into nursing. Currently in her 40s, retirement is not something she is thinking about in her immediate future. She finds it hard to imagine life beyond nursing as it has played a significant part in her life over the past 35 years:

> *I think I will always work, just for interest and something to do, to be part of*
>
> *something. I don't know what I will do once I stop. I have been part of the work force*
>
> *for so long, I don't know what I will do with myself. All I know is how to get up and go*
>
> *to work because I have been doing it since I was 15. I can't imagine not going to work.*
>
> *[IV58 Nurse F50s Metro]*

Without work, there is a sense that respondents seem lost as they are unable to comprehend how they will spend their time. The absence of work may force individuals to re-evaluate their purpose and sense of worth. Without work, who are they? And what purpose do they have?

5.6.2. Job satisfaction

For some respondents, the desire to continue working is influenced by their level of job satisfaction. Those who continue to have high levels of job satisfaction in their final career stage desire to continue working. For example, Carol is an Occupational Therapist in her 50s. If given the opportunity, she would not stop working due to the immense satisfaction she receives from her work:

> *Even if I won the lotto I would still work for that social interaction because I like*
>
> *helping people. I still try to get into a section where you are helping people and you*
>
> *have interaction with other people. [IV72 Physio F50s Reg]*

Rob works in corporate health. During the interview, he was adamant in his rejection of the traditional notion of retirement:

> *I don't have that traditional concept of retirement. I get a lot of engagement and mental*
>
> *satisfaction from the work I do. Working is not something you think, you know. I am*
>
> *putting in hours because I am getting paid for it. [IV12 HSP M50s Metro]*

Carry is in her late 60s. When asked why she has chosen to continue working her response was:

> *I keep working because I love it. I like to be busy and I love the work. [IV21 OT F60s*
>
> *Metro]*

It is not surprising to see that individuals who have high levels of job satisfaction and enjoy their work want to continue doing what they like. The interviews reveal that individuals will continue working into late life if they enjoy their work.

5.6.3. Health

A number of respondents feared that in retirement the lack of stimulation associated with the absence of work could have detrimental effects on their health. By continuing to work, respondents feel that they are able to stay active. For example, Patrick is in his 50s and works in corporate health. Here, Patrick reflects on the health fears associated with retiring:

> *I believe that if you retire and sit on your backside doing nothing, then you are asking*
>
> *for trouble. Work kind of stimulates me, you know and I like to work. [IV46 HSP M50s*
>
> *Metro]*

Meg is an occupational therapist working in a regional town. Work provides her with mental and physical stimulation. Despite being in her 60s, she continues to work not only because she loves her job, but she fears that retirement may have detrimental effects on her health:

> *I think, for me, keeping myself mentally alert and interested doing something purposeful*
>
> *with my life are all things that don't encourage me to retire. [IV48 OT F60s Reg]*

Retirement for some individuals is associated with negative connotations including declining health. There is a perception that retirement is the last stop before the death bed. Work or being active is therefore perceived as a "youth agent" that keeps people mentally alert and gives them a purpose. As health professionals, the respondents may be more aware of or at least focused on the health issues associated with retirement than the general public.

5.6.4. *Negative perceptions of retirement*

Some respondents reflected on their negative perceptions of retirement and how this motivates them to continue working. While some negative perceptions of retirement were associated with identity and health factors, respondents' negative association with retirement went beyond these. Respondents reflected on retirement as a period of loss. Issues raised by respondents include lack of routine, loss of social interaction, lack of financial security and lack of purpose. Respondents fear that the absence of work will create a void that will require filling. Some envisage they will be bored and are unable to imagine what they would do with their time once retired.

Kim is a full-time Occupational Therapist in her final career stage. Here, she reflects on her perception of retirement:

I don't want to retire, it would be boring. [IV56 OT F50s Reg]

Peter is a pharmacist working in regional Australia. Despite being in his final career stage, he doesn't think about retirement very often:

I don't think often about retirement because I worry about having nothing to do. [IV06

Pharma M50s Reg]

Carry is an occupational therapist working in a metropolitan city. Here, she reflects on retirement and her perceptions of other people who are retired and 'doing nothing':

It depresses me enormously when I go for a walk in the morning and I see people

coming out of their house, dressed in their pyjamas, getting the paper and walking back

inside. I just think, you know, what you are going to do? What you are going to do? I

don't want to be like that. [IV21 OT F60s Metro]

Work provides respondents with an outlet that makes them feel needed and worthwhile. Identity is of particular importance for those who work in health as many respondents expressed that their motivation to work in this sector is driven by their desire to help people and their worker satisfaction and career success is measured by outcomes.

5.6.5. Skills and registration

Some respondents reflected on their desire to continue working as a means of maintaining their skills. In order to practice, clinicians must maintain their occupational registration. Once individuals let their professional registration lapse it can be extremely difficult for them to have their occupational registration reinstated. The consequence is that individuals may continue to work longer as they fear that retirement may not be exactly what they desire.

Keri is a recently retired nurse. She was pushed into retirement due to a hospital restructure. During the interview, she said that if she had not been offered the redundancy package she would have kept working. Keri is unsure how she feels about retirement and is working hard to maintain her registration just in case she decides to go back to nursing. When asked why she has maintained her registration:

> *I retired in September which was only due to the closure of the hospital. I just wanted*
> *to keep my options open in case I felt that I didn't want to be retired, that I wanted to go*
> *back into the workforce. If an opportunity came up with work that I liked, I would do it.*
> *At this stage, nothing has come. [IV82 Nurse F60s Reg]*

Barbara is a social worker. Here, she reflects on her sought-after skills and her experience in the health sector:

> *In my profession the older you are, the more valuable you are so that it is the good*
> *thing about private practice. There is a sort of premium on grey hair, in a way you have*
> *a lot of status being older in my profession and more experienced and all that sort of*
> *stuff. [IV18 SW F50s Metro]*

Claire has moved to regional NSW so she is able to help her father care for her mother. Prior to moving, Claire was formally retired for three months. She has now decided to go back to work part-time in a community pharmacy as a means of maintaining her skills and registration:

> *My mum has got dementia and I need that sort of outlet. I also want to keep my skills*
> *up.* [IV29 Pharma F60s Reg]

Maintaining skills registration is not unique to health, but is not a requirement of most jobs. Maintaining registration provides individuals with late life career options, as maintaining registration enables individuals to re-enter the workforce after a period of absence. Furthermore, maintaining registration despite retiring possibly signifies how individuals' identity is tied to their work. It is

suggested that some respondents are unable to let registration lapse as their professional identity significantly influences how they define themselves.

5.6.6. *Financial Security*

While money and financial security have not been explored in detail in this thesis, they are important factors influencing retirement decisions. Financial security and maintaining a standard of living is important for most people and the absence of paid employment may influence this.

Louise owns her own small business. Here she reflects on what she thinks is the most important factor when considering retirement:

> *That sounds so boring, but I still think it all comes down to money. I mean you go to work to earn money. As soon as you got enough money you retire. [IV49 Other F40s Metro]*

Below, two female regional allied health workers in their late careers reflect on how financial security will influence their final career stage. Brenda is an Occupational Therapist in her late-mid career. Here, Brenda reflects on how money would influence her retirement intentions:

> *If I had plenty of money I'd retire at 50*. [IV07 OT F40s Reg]

Tara is a hospital pharmacist in her late-mid career. Here, she discusses the influence financial security plays in her future career intentions and how she sees it will impact her lifestyle:

> *I probably think about it more that I used to. I've been watching my superannuation balance, monthly or so. My vision is to have enough time and a bit of money to do a bit of travelling, enough money to live on without being too miserable. [IV32 Pharma F40s Reg]*

The interviews reveal that financial status continues to be important in the late life career choices of older workers. While respondents' comments discussed in previous sections have shown that some individuals will continue working "even if they won the lotto", others will discontinue working if they felt financially secure. The differences in responses suggest that the fundamental reasons why some people work in very late life while others do not can be very different. While some people work for fun, others work for money. Table 20 contains the illustrative proof quotes used to support these findings.

5.6.7. Illustrative proof quotes showing why people continue to work vs. retire

Table 20 presents illustrative proof quotes (Pratt, 2008) to further demonstrate why individuals continue working or choose to retire. Additional illustrative proof quotes are provided to add rigour and validity to the results already presented in this section.

Table 20: Illustrative quotes used to show why individuals continue to work or choose to retire

Factors influencing individuals to continue work or retire and illustrative quotes supporting findings

Identity

- *I think people don't cope well with drastic change. Work is a reason to get up in the morning for a lot of people. You see, people who have retired still wanting to get out and about like doing volunteer work.* IV36 SW M60s Metro

- *No, I think that I see myself when I retire that I would still be available for driver assessments. I don't see retirement as finishing on a Friday and never working again. IV20 OT F50s Reg*

- *I mean I could be wrong, but I would like to think that my kids see me as a bit of a role model. Like, you know, mom is just doing this when she is 60 and mom is going to be traveling over China and going to some rural community when she is 63, or whatever. And, you know, going to be going over with a, you know, like it is worth doing and there are still lots of life left. Yeah, before you happen to pack your bags and say that's it. IV10 Physio F50s Metro*

- *I do sometimes joke like they all saying, "Once a Catholic, always a Catholic. Once a physio, always a physio". IV71 Other F50s Metro*

- *I don't know what I will do if I don't work. Actually because the role of work is my main thing at the moment IV43 Physio F50s Metro*

Motivation: Job satisfaction

- *It's not so much getting bored because there are other things I am interested in that keep me from getting bored. But I think it's... I think it's back to the team work and working with people who you know you can make a difference. IV10 Physio F50s Metro*

- *I work for the love of it. You can't say it's for the money; it is the love of the job. IV04 Physio M60s Reg*

- *It's never been driven by financial. Like we intentionally chose not to go into bigger mortgage that I would be obliged to work. So I needed to work and for my own sanity and for my own interest. IV56 OT F50s Reg*

- *Well, I'm well. I can get here every morning. I haven't got any pain in joints and I figure at the moment. I can see there is purpose in what I'm doing and it seems to be making a difference so I'll keep doing it. IV15 Physio F50s Metro*

- *I mean 84 is an exception not the rule, but there are lots of guys in their mid-70s and stuff. You know, that keeps them healthy, that keeps them fit physically and mentally, you know... And obviously they love their jobs as well otherwise they wouldn't be doing it. I mean it's not money or anything. I mean, being scared of their house and they are quite comfortable, you know, their kids are well settled, because, you know, they enjoy working. IV46 HSP M50s Metro*

- *I've often asked myself, "If I won a lot of money, would I just retire?" I believe I'm too young to retire. I also believe I still have something to offer the workforce, but I enjoy that sense of camaraderie. I enjoy using my skills. Yeah, it still supplies something that I need. My job still supplies something that I need at this point in time. IV81 Nurse F50s Metro*

Health

- *The most terrible thing is thinking about waking up at 8.30am and thinking will I get out of bed or not and then at 9.30 going to talk to the milk-bar owner for half an hour… otherwise you have to go back home. It's terrible to lose the skills of somebody aged 65 not because of ability… dumping them just because of age, determining if someone is redundant! I like to think I can go on for a while before that concept gets to me and I feel I have to retire and go around in my caravan or play golf or something. What a waste of skills! IV04 Physio M60s Reg*

- *People like to work and like to be engaged in the community that we're living to an older age they are saying, you know? So that health might make it possible, our own personal health, we might feel young enough just to keep working. IV09 SW F50s Reg*

- *Everything I read about people, you know, they are just more engaged in life if they keep working. Sure, you don't want to be working 5 days a week, but I think, you know, a couple of days you got to have an interest and it is really important for, you know, your wellbeing retirement. IV29 Pharma F60s Reg*

Skills

- *My vision of retirement is being free to volunteer. Somewhere where they can utilise my life experience and my skills. IV57 OT F40s Reg*

- *I like to think I can go on for a while before that concept gets to me and I feel I have to retire and go around in my caravan or play golf or something. What a waste of skills! IV04 Physio M60s Reg*

Financial security

- *I am just turning 50 this year so the interest into retirement in ten years time I think. But, I am really financially able to, because we moved country, you know…. So financially would not be in a position to. I do not have any money. IV54 Nurse F50s Metro*

- *Retirement for me is impossible. I am an older parent, I will be working forever so… but the concept of retirement, yes, I would like to retire, but I think pharmacist sort of don't retire. They sort of tend to turn their toes up I think. There are so many pharmacists. IV24 Pharma F40s Metro*

- *I honestly don't think about retirement. And like I just see myself as working certainly into my kids are, you know, like well and truly out the door so I will just you know… I don't really think about it or plan for it. IV37 Pharma F40s Metro*

- *Possibly like if he is going to go to uni then there is a bit of ongoing financial commitment, because my other two both done university degrees. I feel that they would support him through a degree as long as he doesn't choose some 10 year thing. IV25 Physio F40S Metro*

5.6.8. *Continuing to work vs. retirement preliminary discussion*

This research has focused on the factors influencing late life career choices and this section has been directed to research Question 3 concerning "Why do older workers delay retirement and continue to work?" The factors identified by respondents as being important to their decision making have been systematically identified and discussed in the proceeding pages. The results presented here show that the motivations to continue working include job satisfaction, health, money and the negative perceptions of retirement.

The interviews reveal that the health worker identity may be an important factor as to why some older workers continue working. The absence of their career creates or potentially creates a void and some are unable to comprehend who they are without their profession. Due to professional registration health professionals have a formal and legal professional identity. The importance of the professional identity is further reflected in individuals maintaining their registration, despite not working in the profession. Individuals who establish their identity around work are likely to continue working due to the self- esteem they receive from work.

Some individuals are motivated to continue working as their work provides them with satisfaction and joy which they are unable to receive through other avenues. Basically, individuals continue to work because it makes them feel good. There is research to suggest job satisfaction is the single most important factor for predicting tenure in a single organisation (Hausknecht, Rodda, & Howard, 2008; Lambert, Lynne Hogan, & Barton, 2001). It is also suggested that older workers with less financial pressures and scarcity consciousness of residual lifespan may take more career risks and be less willing to stay in a job they hate.

There is widespread belief in the Australian community that retirement from work can result in people dying sooner (Mikulincer & Florian, 1995). Furthermore, information that is readily available in popular media supports the idea that Alzheimer's is associated with retirement (Elliott, 2012; Kearney, 2013). Interview data shows that respondent's associate retirement with poor health outcomes and that this knowledge influences their retirement decisions. As health workers, the respondents may be more aware of the relationship between health and retirement than other workers.

A number of respondents are willing to continue working until their health dictates that they stop. Allied health roles can be physically demanding and respondents may be forced to leave their occupation or immediate role due to their physical limitations which may prevent them completing their work. To retain skilled and experienced staff, organisations may need to accommodate the particular physical needs of older workers. However, while administrative and training positions may provide employees with less physically demanding roles, there is shortage of such roles in hospitals.

Some respondents expressed negative views about retirement including some associated with other factors already identified as important such as identity and health. A key concern appears to be associated with the need to spend time meaningfully. Respondents are skilled workers performing a role important to the community and they want to spend their time engaged in meaningful activity.

Some respondents want to delay their retirement in order to maintain professional registration. Some respondents must retain their registration in order to transition into part-time or casual work and to ramp down their career. Other respondents also require registration in order to work in volunteer positions due to Occupational Health and Safety and other employment factors. However, skilled and experienced staff can become frustrated with the complexity of registration and may leave the health industry (Jepsen, et al., 2011) . A desire to maintain registration also overlaps with the identity factor as professional registration appears to be closely linked to individuals identity and self-esteem.

Financial security plays an important role in late life career choices. The 2008 Global Financial Crisis (O'Loughlin, et al., 2010) may have had a direct influence on the superannuation savings of some respondents, forcing them to continue working in order to rebuild their retirement funds. Delaying life roles and extended life expectancy has caused many individuals to be financially responsible at least to some extent for ageing parents and children.

In reflecting on the interviews, the following inferences are made concerning the factors influencing older workers to continue working or to retire. Beyond the theories used to frame this thesis, six main factors have been identified as influencing individuals desire to either continue working in late life, or retire, those being individual worker identity, job satisfaction, health reasons, negative perceptions of retirement, maintaining skills and financial reasons.

1. Identity

Some individuals continue to work as their sense of identity is established through their work. The prospect of not working therefore eludes some individuals' as they are unable comprehend a sense of purpose or self-worth if they retired.

2. Job satisfaction

Individuals who receive satisfaction in doing their job are more likely to continue working, while individuals who cease to enjoy their work are more likely to discontinue working and retire from their profession.

3. Health

Individuals may continue to work due to the perceived health benefits associated with working. Alternatively, health and physical limitations cause some older workers to seek a career change or retirement.

4. Negative perceptions of retirement

Some individuals continue to work due to the negative perceptions of retirement, such as fear of boredom and loss of life purpose or meaning. Negative perceptions of retirement also include issues associated with other influential factors including identity and health.

5. Skills

Maintaining professional registration provides individuals with late life career options and enables individuals to re-enter the workforce after a period of absence. However, some individuals continue to work and delay retirement for fear of losing professional registration. The possession of skills and professional registration is important to individuals' sense of worth and identity.

6. Financial

The research suggests that financial reasons are an important factor explaining why some individuals continue to work with some people arguing that they are only working until they are financially able to retire. For others however, financial issues do not appear to impact on retirement decisions. These differences suggest that financial matters interact with other factors to influence retirement decisions.

In the proceeding section of this thesis, factors influencing individuals' decisions to continue to work or retire have been discussed and analysed. Previous sections of this chapter examined other

aspects of the phase one research findings. In the next section key learning's from the phase one data will be discussed.

5.7. Phase One Discussion

In this section an integrated discussion of the phase one interviews will now be provided. It is already well established that children have a significant influence on careers, particularly those of women's careers (Carless & Bernath, 2007; Gjerdingen, McGovern, Bekker, Lundberg, & Willemsen, 2001; Hardill & Watson, 2004). The phase one interviews have contributed to career theory by identifying the dependency of ageing parents as an influence on career choice. The sandwich generation have dependents continuing through their late life as they care for children, grandchildren and ageing parents. Having dependents influences career choices in numerous ways including increased financial responsibilities, lack of geographic mobility and emotional demands.

Phase one results suggest that life roles are influential in the choices that respondents make concerning their late life careers. Many respondents wanted to continue developing their career in a way that allowed them to engage with their other life roles that had been neglected during their early and mid-career. Other respondents however wanted to develop their career so as to restrict to the extent to which they would have to engage with one or other life role.

The diversity in career orientations and different ways of ramping down careers has shown that there may be alternative paths to retirement. First, some respondents sought a traditional ramping down of their career by transitioning to part-time and casual work in the same occupation. Second, some respondents sought boundaryless careers during retirement and want to transfer their skills to work in different organisations. Thirdly, some respondents focused on having a protean career in which they could reinvent themselves and work in occupations and jobs different from those in which they spent their main career.

The changing work patterns and shifting career choices that individuals make during their transition into retirement has strong links with kaleidoscope careers. The interview results suggest that kaleidoscope career intentions may be influenced by life roles as individuals seek authenticity, balance and challenge in accordance with their commitment to life roles. Prior to conducting the interviews, kaleidoscope careers had not been considered. It was during the interviews that data emerged which supported this theory.

The key factors influencing individual's decision to continue working or retire have been identified as personal identity, job satisfaction, health issues, perceived negative perceptions of retirement, professional registration requirements and financial reasons. How these factors influence older workers' late life career decision making is complex. It is also evident that while these factors each play an independent and direct role in shaping the late life career choices of older workers, some of the factors inter-relate in their influence.

While the results are unable to produce a definitive explanation to why individuals differ in their approach to ramping down, it is possible to identify from the interview data some likely explanations. Individuals who experience high levels of job satisfaction are more likely to engage in traditional ramping down, because individuals who enjoy their work and like the organisation they work for are self-evidently more likely to continue working in the same organisation. Alternatively, individuals who experience low job satisfaction are more likely to engage in protean or boundaryless careers as they want to work elsewhere. The extent of an individual's financial obligations are thought to influence whether they are able and willing to take career risks associated with protean and boundaryless ramping down. Professionalism and credentials also help to shape strong identity and therefore workers with these job characteristics are thought less likely to seek a protean form of ramping down.

5.8. Research Model: Late Life Careers and Alternative Route to Retirement

All individuals experience a kaleidoscope career as they seek authenticity, balance and challenge throughout their career. During mid and late career, individuals' work and retirement choices are influenced by their various life roles including parent, adult-child, spouse and leisure as well as the extent of job satisfaction, their skills and registration, health and financial situation. These factors were all identified by respondents to the phase one interviews as influencing their career choices. However, the availability of work is a factor which will ultimately determine whether a person choice to remain in or return to work is realised. Table 21shows the factors influencing late life career choice and how these factors influence late life career choice and examples are given to illustrate how these factors may work.

Table 21: Factors that influence on late life career choice and examples

External factor	How factors may influence individual career choice
Availability of work	• While the individual may want to continue working, is their work available? Either within their immediate organisation or beyond • Unemployment rate • Redundancies • Do their skills provide them with career options?
Life roles	• Withdrawal from work, ramp down career to increase life role commitment (leisure, adult-child, parental, spouse) Need an escape from life roles (adult-child) • Mobility (adult-child, parental) • Continue to work for financial reasons (adult-child, parental)
Job satisfaction	• Do they like where they work? • Those who experience job satisfaction are more likely to want to stay
Skills, Registration and Education	• Maintaining skills and • What general and specialist skills does the individual have? • Are these transferable to any other career? • The more skills an individual has their greater ability for career movement
Health	• Is the individual physically able to work?
Financial	• Superannuation • Pension

A conceptual model as shown in Figure 16 has been developed to reflect the phase one findings and the literature review. The dark blue line in the middle represents an individual's career. The conceptual model has been included to demonstrate how these factors may influence late life decision making.

Figure 16: Conceptual model based upon phase one data and literature review
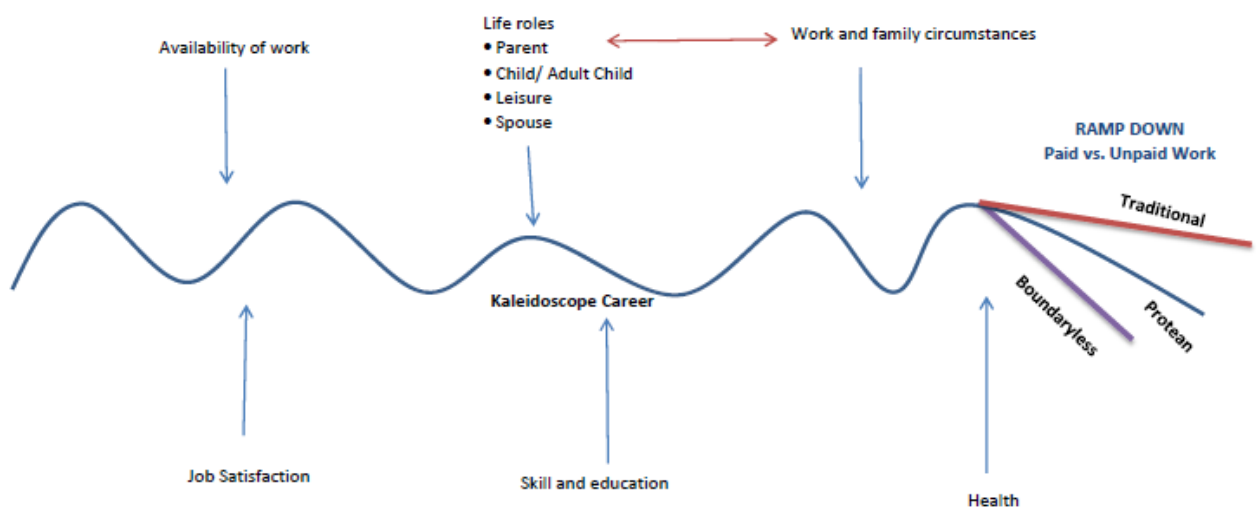
As individuals ramp down their career there are three paths they are likely to take. Based on the phase one research findings, individuals traditionally ramp down their career, pursue protean encore or bridging careers, or undertake boundaryless encore or bridging careers. While individuals following a traditional ramping down approach move to part-time and casual work in their same career, individuals who pursue protean encore careers repackage their skills to work in different working environments from that in which they spent their main career. Alternatively, individuals who pursue boundaryless encore careers seek career opportunities that span beyond their immediate employer. Ramping down is not limited to paid or unpaid work as individuals may purse either or both.

5.9. Phase One Summary and Addressing the Research Questions

The follow section addresses the research questions and provides insights derived from the phase one data collection.

1. How do life roles influence the late life career choices of older workers?

The way in which life roles influence late life career choice is complex. The extension of life roles such as child and parent may force individuals to work longer due to financial burdens. The life role of adult-child may force individuals to withdraw from work or seek flexible work arrangements so that they are able to care for their parents. Also, some individuals during their late life wish to increase their leisure life role commitment and withdraw or and ramp down their work life role commitment.

2. What are the non-linear career intentions of older workers?

Interviews reveal that individuals seek authenticity, balance and/or challenge during different life and career stages. Individuals seek authenticity by pursuing careers that are intrinsically motivated, such as volunteering. Individuals seek balance as they pursue careers and positions that allow them to engage with life roles beyond work, such as caring life role and leisure life role. Finally, individuals seek challenge as they continually invest in their career through training and development, as well as pursing career advancement. The findings also indicate that individuals may pursue protean or

boundaryless encore or bridging careers during the new final career phase of retirement as they seek different careers from that which pursed during the majority of their life.

The interviews revealed that individuals may make non-linear career changes during retirement, despite having a linear main career. However, during their main career individuals' desire for authenticity, balance or challenge is influenced by their life roles. The results suggest that nonlinear orientations may be taught or developed in older workers.

3. Why do individuals choose to delay retirement and continue to work?

Individuals are choosing to continue working for a variety of reasons including financial considerations, identity, job satisfaction, health and skills. Individuals may continue to work as it provides them with as escape and sense of self outside the private sphere which can be filled with many obligations to parents, spouse, children and grandchildren. Individuals are more likely to continue working and delay retirement if they are continuing to receive job satisfaction from their career. For some people work performs a central and worthwhile role in their lives which is perceived as not being replaced by other life roles.

5.10. Developing Hypotheses

Following the phase one results, a survey was developed to be used for the second phase of this research. The aim of the phase two survey is to test and explore aspects of the phase one findings in more detail. More specifically, the phase two survey is aimed at further exploring the specific relationship between life roles (Super, 1980) and kaleidoscope career intentions (Sullivan & Mainiero, 2008).

Sullivan (2011) suggests that leisure activities such as volunteering may be indicators of authenticity. Results of phase one demonstrated that during the final career stage, some individuals desired to ramp down or withdraw from their career and pursue volunteer activities. It is therefore predicted that individuals with high leisure life role commitment desire authenticity in their late life career. If this assumption is true then the following hypothesis will produce a significant result:

H1: *Individuals with high leisure life role commitment seek authenticity more than individuals with high worker, adult-child or parental life role commitment.*

Conversely, phase one findings also suggest that individuals desire balance in their career as they increase their leisure life role commitment. A desire for balance is represented in the form of moving into part-time and casual work as a means of increasing leisure life role commitment. It is therefore predicted that individuals with high leisure life role commitment may also seek balance in their career. If this assumption is true, the following hypothesis will produce a significant result:

H2: *Individuals with high leisure life role commitment seek balance more than individuals with high adult-child, parental or worker life role commitment.*

Phase one results suggest that older workers with carer responsibilities seek jobs that provide them with an opportunity to balance and engage with both their worker life role in addition to any carer life roles they have. It is therefore predicted that individuals with high parental or adult-child life role commitment desire balance in their career. It is also suggested that individuals with multiple carer life roles will desire a greater degree of balance than those individuals with single carer life roles. If these assumptions are true, the following hypothesis will produce a significant result:

H3. *Individuals with high carer life role commitment seek balance more than individuals with high leisure or worker life role commitment.*

Phase one results suggest that some older workers in their late life career continue to seek challenge and advancement in their career. Some older workers continue to invest in their education and training and desire both horizontal and lateral career movement as they seek new career challenges. It is therefore predicted that individuals who are committed to their worker life role desire challenge in their career. If this assumption is true, the following hypothesis will produce a significant result:

H4: *Individuals with high worker life role commitment seek challenge more than individuals with high adult-child, parental or leisure life role commitment.*

5.11.   Conclusion

Chapter 5 has provided the phase one results of 57 interviews. Based on these results, four hypotheses were developed in order to further explore the relationship between kaleidoscope career intentions and life roles. Chapter 6 will next elaborate on the phase two survey methods and present the results of the phase two survey.

6. PHASE TWO RESULTS: QUANTITATIVE SURVEY

Chapter 4 explained that the research questions would be addressed using a mixed methods approach. In Chapter 5 results of the phase one in-depth semi-structured interviews were presented and analysed. From insights gained from the literature review and the interviews, a survey was developed and distributed to a sample of health workers from one organisation. The purpose of the survey was to explore the relationship between life roles and kaleidoscope career intentions in detail. The survey focused on the impact of life roles on the late-life career choices of older experienced workers and their desire to seek authenticity, balance and challenge (Sullivan, et al., 2009). Based on the findings from the phase one interviews and the literature review, five hypotheses were developed and presented at the end of Chapter 5. These hypotheses, which were tested using regression analysis, concern the relationship between life roles and kaleidoscope career intentions:

H1: *Individuals with high leisure life role commitment seek authenticity more than individuals with high worker, adult-child or parental life role commitment.*

H2: *Individuals with high leisure life role commitment seek balance more than individuals with high adult-child, parental or worker life role commitment.*

H3. *Individuals with high carer life role commitment seek balance more than individuals with high leisure or worker life role commitment.*

H4: *Individuals with high worker life role commitment seek challenge more than individuals with high adult-child, parental or leisure life role commitment.*

Chapter 6 provides the results of the phase two quantitative survey. First, the research methodology will be explained and justified. The quantitative measures used to test the hypotheses are then described. Next, how the data was cleaned and screened and issues of normality are discussed. The phase two data is then analysed. The structure of Chapter 6 is presented visually in Figure 17.

Figure 17: Phase two illustrative chapter summary

| 6.1. Phase Two Research Methodology |

| 6.1.1. Justification |

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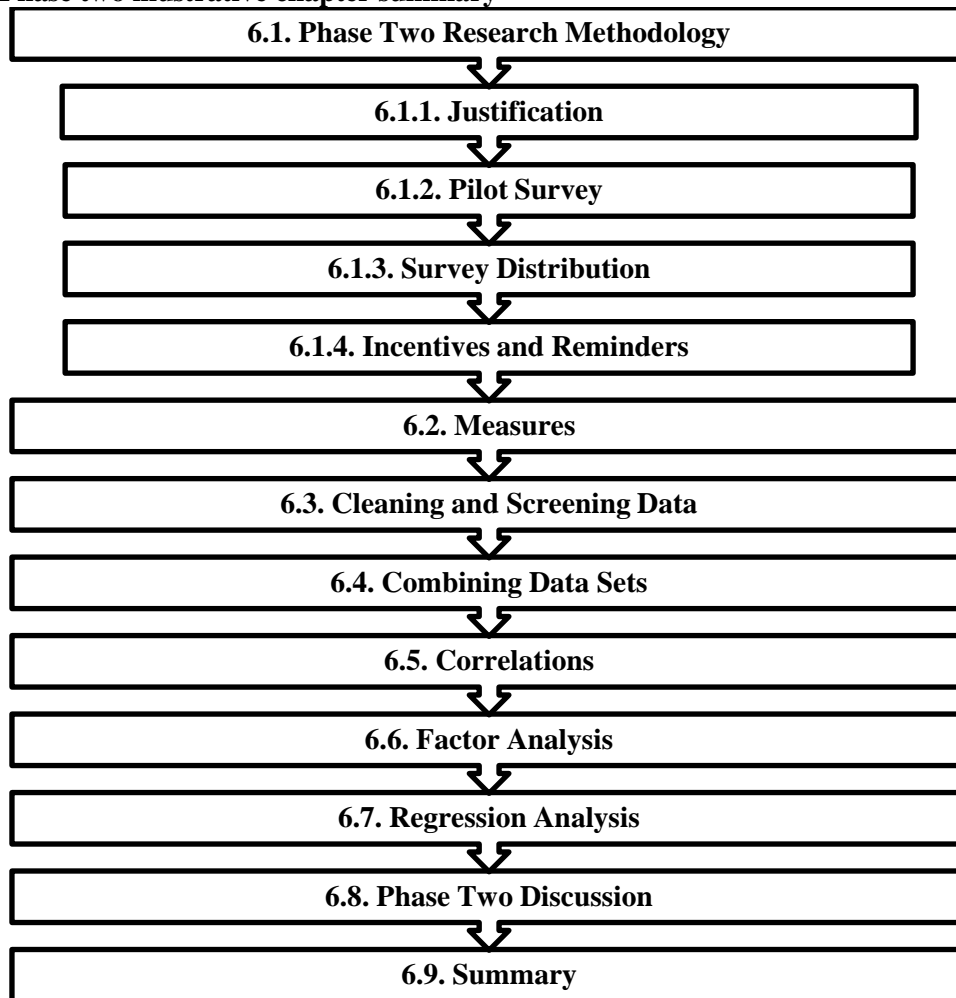
6.1. Phase Two Research Methodology

The purpose of this section is to justify the surveying of Health Organisation X and to explain the use of a pilot survey, how the survey was distributed and the use of incentives as well as reminders. As detailed in Section 4.2, this thesis is following a mixed method approach consisting of a qualitative and quantitative phases of research. A mixed method approach is being used as it allows the researcher to explore the topic in a more holistic way, therefore providing greater understanding of complex issues (Shacklock & Brunetto, 2005) and rich opportunities for cross-validation (Brewer & Hunter, 1989)

6.1.1. *Justification for surveying health organisation X:*

As discussed in Chapter 3, Health Organisation X is a privately owned aged and residential care provider. The organisation provided a convenient large sample of allied health employees and this occupational group has been mainly neglected by researchers. While health professionals and hospitals are well researched, semi-skilled part-time casual health workers are generally not the focus of research but such workers are present within Health Organisation X. Aged and residential care providers are becoming increasingly important as organisations such as Health Organisation X offer a range of services to help keep the aged and disabled out of the expensive hospital system. Health Organisation X provided a context in which findings acquired during phase one could be tested across a diverse group of employees.

6.1.2. *Pilot survey*

According to Saris and Gallhorfer (2007), it is important to test the quality of a survey before it is distributed. A pilot survey was distributed to 11 Health Organisation X employees for review. The reason for conducting a pilot survey was to evaluate the terminology and language being used and the length of time it took to answer the survey. The pilot survey provided an opportunity for Health Organisation X to review the survey and provide approval for the research to proceed before the survey was distributed to the entire organisation.

A heterogeneous sample of Health Organisation X staff was selected to complete the pilot survey. The employees chosen to complete the survey represented staff from across the organisation and included both fieldworkers and head office staff. Employees varied in age and sex. The youngest

employee to participate was 20 years of age and the eldest was 65 years of age. Employees participating in the pilot were provided with a sheet of paper and were asked to give an opinion of the survey. As fieldworkers are rarely in head office, the pilot was conducted on a day in which head office held a total organisation meeting. The pilot sample was representative of Health Organisation X as 90% of those who completed the survey were fieldworkers and 90% of respondents were female. The pilot survey also provided a useful opportunity to check various aspects of the proposed survey. Those aspects of conducting the survey which were confirmed as appropriate as well as those which were changed as a result of feedback from the pilot study are set out in Table 22.

Table 22: Implications of pilot survey for proposed survey

Aspect of survey	Action
Time	Confirmation of the time it would take to complete the survey. Each pilot survey was timed.
Language and terminology of demographics	Confirmation that the language and terminology were suitable to the audience: - Changing the terminology in some instances to reflect modern relationship status (for instance, replace "marriage" with "long-term relationship"). - Extending the definition of "dependents" to include grandchildren.
Operation of Qualtrics	Confirmation that the online survey software functioned properly and was able to be easily distributed via email.
Promotion	Discussed and promoted survey with employees.
Incentives	Consulted with employees and discussed what they believed to be appropriate incentives.

6.1.3. Survey distribution

Health Organisation X has a total of 2110 employees, of whom 1110 have access to email, while 1000 use other methods of communication such as telephone and mail. Therefore, it was deemed important that both online and paper-based surveys be distributed to employees to gain the best possible response.

Both paper and online versions of the survey were distributed to employees with a cover letter which provided information detailing the nature of the project. This letter aimed to assure respondents of the confidentiality of their responses, advised that participation in the research was voluntary, that

they could withdraw from the study at any time and that their participation would not affect their employment status. A copy of the cover letter is provided in Appendix 7.

Online surveys are becoming more popular due to the availability of technology both inside and outside of the workplace. There are numerous online survey design sites that aid in the building of online surveys. For the purpose of this research, Qualtrics (qualtrics.com.au) was used to design and distribute the survey. There are several advantages to using an online survey. For researchers, online surveys not only cost less to produce and distribute than the hardcopy alternative, but also reduce the need for data entry as responses are directly entered into a database. For participants, online surveys are generally more convenient to do (Van Selm & Jankowski, 2006).

Individuals who were not able to access the online survey or preferred doing it by hand were given a hard copy version. At Health Organisation X, the survey and return post-paid envelope was mailed to 1000 employees with their pay slips. Surveys were distributed with an organisational support letter that detailed the purpose of the survey. A copy of the letter of support can be found in Appendix 6.

6.1.4. Incentives and reminders

One of the consequences of using a survey is the potential for a low response rate. It is estimated that only 30% of respondents respond to a mail-in survey (Ticehurst & Veal, 1999). In order to boost the survey response rate, incentives were used which were thought to be the most appropriate for the employees concerned. Research has shown that ethics, socioeconomic and other social factors need to be taken into consideration when choosing incentives as they may have little or even the opposite intended effect (Singer, 2002; Ulrich, Danis, Koziol, Hubbard, & Grady, 2005).

Research by Ulrich et al. (2005) has shown that allied health workers are more likely to participate when provided with an incentive. They found that the odds of responding were twice as high with the use of a financial incentive. Therefore, employees who submitted a completed survey were given the opportunity to win one of ten $50 gift vouchers. The incentive was chosen based on feedback from staff during the pilot study.

Multiple reminders were sent out due to a poor initial response rate, which had been anticipated due to the high part-time employment rate within the organisation. A further difficulty was created

when Health Organisation X distributed the survey the day after Australia Day, a public holiday and before a three day long weekend.

6.2. Measures

Eight measures were used to test the hypotheses. The hypotheses were tested using multiple validated item scales based on reliable and valid measures that had previously been reported in the literature. A full copy of the measures can be found in Appendix 8.

6.2.1. *Kaleidoscope*

The phase one data led to the need to explore whether individuals seek a kaleidoscope career. While the interviews did not intentionally test for kaleidoscope career intentions, the narratives from the interviews resounded with the theory as individuals spoke about their need to find work that allowed them to balance their multiple life roles and to do work that was challenging and fulfilling.

The Kaleidoscope Career Model is a 15 item scale developed by Sullivan et al. (2009). It measures the extent to which individuals seek authenticity, balance and challenge as well as how this is influenced by their commitment to their life roles.

Responses were recorded on a five point Likert scale: 1= This does not describe me at all to 5 = This describes me very well. Example items for authenticity included: "I hope to find a greater purpose to my life that suits who I am" and "I want to have an impact and leave my signature on what I accomplish in life." Example items for balance included: "I constantly arrange my work around my family needs" and "Achieving balance between work and family is life's holy grail". Example items for challenge include: "Added work responsibilities don't worry me" and "I continually look for new challenges in everything I do". Coefficient alphas for the authenticity, balance and challenge scales were 0.76, 0.81 and 0.84, respectively (Sullivan, et al., 2009).

6.2.2. *The life role of salience/life role commitment*

A scale developed by Ameta, Cross and Clark (1986) consisting of 40 items was used to measure life role commitment and value. The purpose of using this scale was to achieve an understanding of the importance that particular life roles have in individuals' lives. The scale looks at work, children, leisure and spouses. The scale was adapted and 20 items relating to life role value were excluded due to the length restrictions of the survey, while 20 items relating to life role commitment were included.

The scale has been further adapted to include life roles of adult-children and volunteer work as part of leisure. The scale has been adapted to reflect findings from phase one that indicate the adult-child may have a significant impact on career choices. Sullivan (2011) suggests that leisure and non-work activities be recognised separately as individuals psychologically associate different levels of importance to volunteer work compared to physical activity and travel. The survey was also adapted to reflect modern terminology regarding relationships. The term "marriage" was replaced by "long-term relationship". Feedback from the pilot study suggested that the term marriage did not accurately describe all long term relationships and a more inclusive term was needed.

A 5-point Likert response scale format was used, with five possible response choices: 1 = disagree to 5 = agree. Items for work life role commitment included: "I expect to make as many sacrifices as are necessary in order to advance in my work/career". Items measuring parental life role commitment included: "It is important to me to have some time for myself and my own development rather than have children and be responsible for their care". Items measuring spousal life role commitment include: "I expect to commit whatever time is necessary to making my marriage partner feel loved, supported and cared for". Items reflecting home maker life role commitment included: "I expect to devote the necessary time and attention to having a neat and attractive home". Items measuring adult-child life role commitment included: "I expect to dedicate a significant amount of time to the caring of my parents". Items measuring leisure included: "I intend to cut back on work and engage in community activities such as volunteer work". Cronbach alphas for worker life role commitment, parental life role commitment, spousal life role commitment and home maker life role commitment ranged from .79 to .84 (Amatea, et al., 1986).

6.2.3. Social desirability scale

The social desirability scale is used to assess respondents tendency to provide socially acceptable responses when completing surveys (Valentine & Barnett, 2003). To determine the extent to which respondents are behaving in a manner deemed socially desirable and have answered questions accordingly, social desirability has been correlated with other variables and is used as a control variable. The ten item social desirability scale was created by Strahan and Carrese (1972) and is made up of true or false statements that include: "I'm always willing to admit it when I make a mistake" and "I sometimes try to get even rather than forgive and forget". A social desirability scale was included

because this area is a relatively new area of research. The scale measures the potential bias of respondents and screens individuals who self-report in a self-favouring manner

6.2.4. Demographics

A set of items was included in the survey to gather demographic information about participants. Questions were asked about their age, sex and marital status. The respondents were also asked about their dependents and this was distinguished into eight categories: children-infant, children-school age, children-adult, parents, spouses' parents, grandchildren, other and N/A. Respondents were asked to identify the number of dependents they had in each category.

In order to determine marital status, respondents were asked to select one of the following options: Long-term partner, divorced, single (never married) or widowed. The term "long term partner" is used and the multiple scales used in this research have been adapted to include the term. The term "partner" has been used, as piloting of the survey confirmed that "married" is regarded as a dated terminology and does not reflect all modern long term committed relationships.

Individuals were asked to identify their role in the organisation in order that the representativeness of the data collected could be gaged.

6.2.5. Control variables

Control variables are those that remain constant throughout an analysis as non-controlled or independent variables may affect the regression outcome (Field, 2005). Sex, age and social desirability are used as control variables in this study's regression analyses. Sex is used as a control variable as the sample collected is reflective of health and there is no need to test the difference in career choice between the sexes. Age is used as a control variable as age correlated with many of the tested variables, demonstrating that a relationship exists between those variables and age. These relationships are discussed further later in this chapter.

6.3. Cleaning and Screening the Data

The survey data was cleaned and screened for abnormalities. This was an important process as abnormalities in the data can affect regression analysis.

As previously discussed, the survey was distributed to 2000 employees from Health Organisation X either in hardcopy or online. The survey was completed by 319 employees: 230 online and 89

hardcopy. By cleaning and screening the data, the sample size was reduced to 215. Survey responses which had 10% or more of data missing were deleted because including such data would likely have a problematic effect on interpreting results (Cohen & Cohen, 1983). Missing data has not been replaced by the mean as doing so can radically influence the regression analysis results (Pallant, 2007). As a result, 80 responses were deleted. With regard to online surveys, attempts that took less than 10 minutes to complete were deleted. This was based on the findings of the pilot survey which found that this was not an adequate amount of time to accurately answer the survey. Twenty four responses were deleted based upon the amount of time it took to complete the survey.

If respondents incorrectly answered a question, their response was made blank and treated as missing data. For example, for the second question on demographics asked respondents what year they were born and six respondents provided their country origin of birth. In cases where respondents failed to include their demographic data but answered the entire survey, their responses were still included in the analysis.

6.3.1. *Normality and outliers*

The normality of the data was tested. In conducting regression analysis, it is critical to ensure that the data is from a normally distributed population. It is also critical to test for normality as hypothesis testing relies on having a normally distributed population (Field, 2005). According to Fields (2005) normality can be checked by eyeballing the sample size using a histogram. While most histograms displayed normally populations represented by an evenly distributed bell curve, a couple of histograms identified outliers shown by peaks outside of the normal bell curve.

The data was also checked for outliers. Outliers represent cases whose scores are substantially different from others in a given data set. It is important to check for outliers as they can affect the validity of the results. Outliers are defined as those with standardised residual values of above or below 3.3 (Tabachnick & Fidell, 2007). An initial descriptive analysis checking for normalities produced 34 outliers. Each outlier was individually inspected to confirm that data was correctly entered. Although Tabachnick and Fidell (2007) suggest changing the value of outliers to less extreme values, outliers were deleted as they have the potential to dramatically affect and influence regression analysis (Pallant, 2007).

6.3.2. Power, sample size and generalisability

According to Stevens (1996, p. 6), a sample size over 100 is considered large and power is not an issue. Power tests are only required in the case of small samples such as n = 20 (Pallant, 2007). Stevens (1996, p.72) suggests that "15 subjects per predictor is required for a reliable equation" for a reliable regression model. Sample size can influence the results of multiple regressions and results may not be generalisable (Stevens, 1996). The sample size for this phase is 215 which is considered appropriate for regression analyses.

6.3.3. Respondents

As outlined in Table 23, the final survey sample comprised 215 respondents. Of the employees who completed the survey, 146 completed it online and 69 completed the paper-based survey. The final sample comprised 94.2% (N = 189) females and 7.9% (n = 17) males, with 6.2% (n = 9) who did not declare their sex.

Respondents' years of birth ranged between 1938 and 1993 with their ages ranging from 74 years to 19 years of age. The mean age of respondents was 48 and these people were born in 1965. The standard deviation for age was 11 with the majority of respondents aged between 35 and 58 years.

Inspection of the demographic data revealed that a significant proportion of Health Organisation X employees have some carer/dependent responsibilities. The most common responsibility was school age children (32.1%, n = 69), while the least common was caring for a spouse's parent (10.2%, n = 22).

6.3.4. Representativeness

Representativeness refers to how well a sample reflects the population being studied. When a sample is representative of the wider population that is being tested, some generalizable results are able to be made (Veal, 2005). Alternatively, if the sample does not represent the population being studied, the results are only reflective of the tested sample and generalizable results cannot be made (Field, 2005). To ensure that the sample was representative of the broader Health Organisation X population, the sex and mean age of the survey respondents was compared to that of the Health Organisation X population.

To test for the representativeness of sex and to see if the percentage of female (84.9%) and male (13%) survey respondents was representative of female (90.5%) and male (9.5%) employees of Health Organisation X a chi square analysis was conducted. The chi square goodness of fit indicated no significant difference (p =.551) in the distribution of sex between the survey respondents and the Health Organisation X population. Furthermore, a chi square goodness of fit indicates that there is no statistical difference in the mean age of the sample (M = 48) and that identified at Health Organisation X (M= 43).

Table 23: Phase two survey respondent demographics and population comparison

	Online		Paper		Total		Population	
	N	%	N	%	N	%	N	%
Sex								
Male	13	8.9%	4	5.8%	17	7.9%	177	9.5
Female	124	84.9%	65	94.2%	189	87.8%	1692	90.5
Missing	9	6.2%			9	4.2%		
Total	146	100.0%	69	100.0%	215	100.0%	1869	100
Dependents								
Infants	24	16.4%	4	5.8%	28	13.0%		
School age	48	32.9%	21	30.4%	69	32.1%		
Adult-children	41	28.1%	25	36.2%	66	30.7%		
Parents	32	21.9%	14	20.3%	46	21.4%		
Spouse parents	19	13.0%	3	4.3%	22	10.2%		
Other	15	10.3%	15	21.7%	30	14.0%		
Employment type								
Casual	69	47.30%	40	58%	109	50.7%		
Fixed term contract	1	0.70%	1	1.4%	2	0.9%		
Permanent	70	47.90%	28	40.6%	98	45.6%		
Missing data	6	4.10%			6	2.8%		
Total	146	100.0%	69	100.0%	215	100.0%		
Location								
ACT	19	13.0%	1	1.4%	20	9.3%		
NSW	64	43.8%	32	46.4%	96	44.7%		
QLD	10	6.8%	7	10.2%	17	7.9%		
Sth Aus.	14	9.6%	0		14	6.5%		
TAS	7	4.8%	11	15.9%	18	8.4%		
VIC	10	6.8%	10	14.5%	20	9.3%		
West Aust	21	14.4%	8	11.6%	29	13.5%		
Missing data	1	0.8%			1	0.5%		
Total	146	100.0%	69	100.0%	215	100.0%		
Location region								
Metropolitan	124	85.0%	54	78.3%	178	82.7%		
Rural/Regional	17	11.6%	14	20.3%	31	14.4%		
Missing data	5	3.4%	1	1.4%	6	2.9%		
Total	146	100.0%	69	100.0%	215	100.0%		
Education								
School Certificate	11	7.5%	3	4.3%	14	6.5%		
HSC	30	20.5%	9	13.0%	39	18.1%		
Trade or Cert	58	39.7%	34	49.3%	92	42.8%		
Undergraduate	16	11.0%	7	10.1%	23	10.7%		
Post Graduate	25	17.1%	14	20.4%	39	18.1%		
Missing data	6	4.1%	2	2.9%	8	3.7%		
Total	146	100.0%	69	100.0%	215	100.0%		

6.4. Combining Data Sets

The survey was collected using both hard copy and online methods. Before the data could be combined it was important to conduct independent sample t-tests assessing the suitability of the data.

6.4.1. *Sex and age of online and paper respondents*

Before combining the online and paper responses, an independent samples t-test was conducted on the demographic variables of age to determine whether the responses from both the online survey and the paper-based survey were suitable to be combined. An independent t-test is used to establish whether two means from independent samples differ significantly (Field, 2005). While scores above .05 are considered not significant, scores below .05 are considered significant (Pallant, 2007).

There was no significant difference in the mean for online surveys (M= 47.4, SD = 12.6) and paper-based surveys (M = 50.7 and SD = 11.0); (t = (213) = -1.9, p = -.3.4, two tailed). The magnitude of the difference of between means (mean difference = -.3.4, 95% *CI*: -6.9 to .11) was a small effect (eta = 0.02) (Cohen, 1988).

6.4.2. *Scales*

Independent sample t-tests were also conducted across all scales. It was found that there was no significant difference in scores for the online surveys and paper-based surveys for the following scales: parental life role commitment, spousal life role commitment, adult-child life role commitment, authenticity, balance and challenge. There were however significant differences between the scores of the following scales: worker life role commitment and leisure life role commitment. While the independent t- test has shown that there was a significant difference between online and paper-based survey data on some scales, the independent samples t- test on age showed no significant difference and it was determined appropriate to combine both survey formats with caution. The detailed results of the independent samples t-test have been included in Appendix 11.

6.5. Correlations

Correlations were conducted to test for multicollinearity of the data to ensure its suitability for regression analysis. Multicollinearity is a term used to describe data when variables are highly correlated (Tabachnick & Fidell, 2007). According to Cohen (1988) the strength of the relationship is determined to be small when r = .10 to .29, medium or moderate when r = .30 to .49 and large relationship when r =.50 to 1.0. The relationship between all tested variables were investigated using Pearson's product- moment correlation coefficient.

In testing for multicollinearity, correlations were conducted on all 20 scales to determine the strength and direction of the relationship (Pallant, 2007). As outlined in Table 24, a number of variables demonstrate that correlation is significant at the 0.01 level (2 tailed) and correlation is significant at the 0.05 level (2 tailed). All variables, except for the two scales concerning volunteer and leisure life role commitment, were shown to have a small to moderate correlation suggesting that these variables are related (Tabachnick & Fidell, 2007).

Age was correlated in order to determine the relationship it has with other variables. For the purpose of this thesis, it is important to correlate age and understand its relationship with other variables as the focus of this thesis is on late life careers. This thesis is interested in the influence that age plays in determining the way variables behave. Table 24 shows the variables that correlate with age, those being parent life role commitment (-.290), adult-child life role commitment (.315), authenticity (.155), balance (.196) and challenge (.229). These correlations suggest that, in this study, age has a relationship with the variables identified which implies that as age increases, the relationship between the variables strengthens.

The relationship between volunteer life role commitment and (social) leisure life role commitment was investigated and a strong positive correlation was found between the two variables (r = .887, n = 212). This demonstrates that the scales are related and are measuring similar things. In order to determine the appropriateness of using (social) leisure and volunteer leisure life role commitment as separate scales, exploratory factor analysis was conducted and this is discussed later in this chapter.

Table 24 Descriptive statistics and correlations and cronbach alpha coefficients in brackets on diagonal

	N	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Sex	206	1.92	0.27													
2. Age	194	47.89	11.65	-0.08												
3. Worker life role	211	3.55	0.72	-0.12	-0.02	(0.72)										
4. Parental life role	212	3.84	1.12	0.1	-0.29**	-0.03	(0.71)									
5. Spousal life role	209	3.58	0.97	-0.07	-0.1	0.07	0.32**	(0.49)								
6. Home life role	211	3.46	0.56	-0.02	-0.04	-0.05	0.17*	0.26**	(0.46)							
7. Adult-child life role	210	3.75	1.18	-0.03	-0.32**	-0.04	0.44**	0.34**	0.11	(0.82)						
8. Social Leisure life role	210	2.88	0.85	-0.01	-0.04	-0.1	0.15*	0.09	0.07	-0.01	(0.76)					
9. Volunteer leisure life role	211	3.22	0.8	-0.08	-0.12	0.01	0.1	0.06	0.03	0.19**	0.65**	(0.64)				
10. Total Leisure life role	206	3.03	0.72	-0.1	-0.11	-0.02	0.14	0.07	0.05	0.1	0.86**	0.90**	(0.76)			
11. Authenticity	209	2.92	0.99	0	0.16*	0.13	0.06	-0.03	0.13	-0.11	0.24**	0.16*	0.19**	(0.77)		
12. Balance	208	3.03	1.03	0.09	0.20**	-0.1	-0.11	-0.12	0.19**	-0.30**	0.13	-0.07	0.01	0.51**	(0.82)	
13. Challenge	211	3.26	1.05	-0.08	0.23**	0.36**	-0.17*	-0.09	0.06	-0.12	-0.09	-0.03	-0.07	0.45**	0.30**	(0.89)
14. Social desirability	209	13.82	1.34	0	-0.04	-0.01	0.04	-0.08	-0.02	0.14*	-0.16*	-0.09	-0.13	-0.14*	-0.02	-0.11

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

6.5.1. *Reliability and cronbach's alpha*

Cronbach alphas have been conducted on the scales in order to determine their reliability. While Cronbach alphas above .7 are considered reliable (Pallant, 2007), it is accepted that smaller scales with less than 10 items may have smaller Cronbach alphas of .5. By testing the Cronbach alphas, weaker items were identified, as well as those that may need to be deleted from analysis to strengthen reliability. The Cronbach alphas are presented in brackets on the diagonal of Table 24.

With the exception of spousal life role commitment and home life role commitment, the scales produced Cronbach alpha coefficients of .7 and above. An inspection of the Cronbach alphas of spousal life role commitment revealed that if question 11 ("I expect to commit whatever time is necessary to making my long-term relationship partner feel loved, supported and cared for") was deleted, the Cronbach alpha would increase to .551. As the Cronbach alphas of spousal and home life role commitment are still below .7, these subscales has been removed for any further analysis as they are deemed unreliable.

6.6. Factor Analysis

A factor analysis was conducted as a means of identifying whether the correlations amongst observed variables are related and that the scales and items are appropriate for hypothesis testing (Tabachnick & Fidell, 2007). In the instances where scales have been adapted, exploratory factor analysis was conducted as a means of exploring the interrelationship among the set of items in a scale.

Prior to performing factor analysis, the suitability of the data for factor analysis was assessed. The assessment was based on sample size and inspection of coefficients. According to Tabachnick and Fidell (2007), since the sample size (n = 215) and all coefficients were above .3, factor analysis was deemed appropriate.

Oblimin rotation was used as there are theoretical grounds for supporting factors that correlate (Tabachnick & Fidell, 2007). When oblimin rotation is used, the pattern matrix and structure matrix coefficients are presented in full as recommended by Graham, Guthrie and Thompson (2003). While the pattern matrix contains the regression coefficients for each variable on each factor, the structure

matrix provides the correlation coefficient for each factor and variable (Tabachnick & Fidell, 2007). For this thesis, the pattern matrix was used for interpretation of loadings as it distinguishes clusters of interrelated variables (Rummel, 1967). However, the structure matrix was inspected as a means of confirming and checking the pattern matrix (Tabachnick & Fidell, 2007)

For each of the factor analyses, the Bartlett's test of sphericity and the Kaiser Meyer-Olkin (KMO) are reported as a measure of sample adequacy. In order for the factor analysis to be considered appropriate, the Bartlett's test of sphericity should be significant ($p < .05$), while a KMO value of .6 is the suggested minimum value for a good factor analysis (Tabachnick & Fidell, 2007).

6.6.1. *Life role commitment*

The 34 items of the life role commitment scale were subjected to principal-factors method and a varimax rotation, as advocated by Amatea et al. (1986), using SPSS Version 19. As previously discussed, the scale has been extended because phase one data suggested that the adult-child and leisure life roles have a significant influence on late life career choice. While research by Amatea et al. (1986) forced eight components, it was decided not to force components to assess the data and findings due to the scale being adapted.

The suitability of the data for factor analysis was assessed prior to conducting the factor analysis. Inspection of the correlation matrix revealed the presence of many coefficients of .3 and above. Moreover, the Kaiser-Meyer-Olkin value was .720 which exceeds the recommended value of .6 (Kaiser, 1970) and the Bartlett's test for Sphericity (Bartlett, 1954) reached statistical significance; therefore supporting the factorability of the correlation matrix.

The factor analyses revealed the presence of 10 factors. In inspecting the matrixes for cross loadings, it was found that:

- Adult-child life role loaded strongly on factor 1, no cross loading of any items.

- Worker life role loaded strongly on factor 2, no cross loading of any items. Question 1 did not load on any factors.

- Leisure life role loaded strongly on factors 3 and 8, no cross loading of any items.

- Parental life role loaded strongly on factor 4. Questions 6 and 10 cross loaded and were deleted.

Table 25 displays the results of the factor analysis. The interpretation of the 10 factors was consistent with previous research on life role commitment as items loaded strongly on separate factors. With regards to leisure and volunteering, although Sullivan (2011) suggests that volunteering may be perceived differently from other leisure life role commitments, factor analysis on the scales did not support this as volunteer leisure life role commitment items did not load separately from other leisure life role commitment items. For ease of readability, factor loadings of < .3 have been removed and bold numbers are used to indicate factor loadings. While it is usually recommended that values below .5 be excluded from analysis (Tabachnick & Fidell, 2007), due to the strength of the Cronbach alphas and exploratory nature of the items it has been decided in this study to include items below .5 in analysis with caution.

Table 25: Rotated component matrix life role commitment

					Component					
	1	2	3	4	5	6	7	8	9	10
Worker1					-.366					
Worker2		**.436**								
Worker3		**.425**								
Worker4		**.523**								
Worker5		**.542**								
Parent6				.357					-.451	.304
Parent7				**.570**	-.476					
Parent8		.335		**.582**	-.517					
Parent 9		.412		**.557**		.348	.357			
Parent10			-.369	.363			.312			
Adult-child21	**.617**	.	-.309							
Adult-child22	**.697**					-.422				
Adult-child23	**.682**					-.397				
Adult-child24	**.610**		-.323			-.327				
Adult-child25	**.556**		-.333							
Leisure26Vol		.346	.327					**-.358**		
Leisure27Vol			.467	-.321						
Leisure28		-.401	.358					**-.541**		
Leisure29			.391					**-.360**	.413	.462
Leisure30			.462					**-.652**		
Leisure31			.361					**-.445**	.380	
Leisure32Vol			.443					**-.519**	.381	
Leisure33		-.348	.420					**-.622**		
Leisure34Vol			.449	-.447						

Note: Factor loadings are bolded. To distinguish cross loading, numbers have been struck through

6.6.2. Kaleidoscope

The 15 items of the kaleidoscope scale were subjected to exploratory factor analysis with oblimin rotations using SPSS version 19. Factor analysis was undertaken to confirm Sullivan and Baruch (2009) three factor structure consisting of authenticity, balance and challenge.

Prior to performing exploratory factor analysis, the suitability of the data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of coefficients of .3 and above. The Kaiser-Meyer-Olkin value was .858 which exceeds the recommended value of .6 (Kaiser, 1970) and the Bartlett's test for Sphericity (Bartlett, 1954) reached statistical significance; therefore supporting the factorability of the correlation matrix.

Principal components analyses of the kaleidoscope scale revealed the presence of three components. In inspecting the matrixes for cross loadings, it was found that:

- *The pattern matrix* showed that authenticity items loaded strongly on factors 1 and 3, with item 5 cross loading. Balance items loaded strongly on factor 2. Challenge items loaded strongly on factor 1.

- *The structure matrix* showed that authenticity items loaded strongly on factors 1, 2 and 3, with cross loading across all items. Balance items loaded strongly across factors 1, 2 and 3, with cross loading of all items. Challenge items strongly across factors 1, 2 and 3, cross loading on items 11 and 12.

The interpretation of the pattern matrix was consistent with previous research on the kaleidoscope scale (Mainiero & Sullivan, 2005; Sullivan, 1999; Sullivan & Baruch, 2009; Sullivan & Mainiero, 2007, 2008) that authenticity, balance and challenge items load strongly on separate components. The results of factor analysis are presented in Table 26. Note: Factor loadings are bolded. To distinguish cross loading, numbers have been struck through. For ease of readability, factor loading of <. 3 have been removed, while bold numbers indicate factor loadings. While it is usually recommended that values below .5 be excluded from analysis (Tabachnick & Fidell, 2007), due to the strength of the Cronbach alphas it has been decided in this study to include items below .5 in analysis with caution.

Table 26: Pattern and structure matrix kaleidoscope scale

	Pattern Factor			Structure Factor		
	1	2	3	1	2	3
Authenticity1			**.734**	~~.358~~	~~.466~~	**.781**
Authenticity2			**.841**	~~.330~~	~~.317~~	**.773**
Authenticity3			**.567**		**.402**	**.608**
Authenticity4			**.469**		~~.417~~	~~.572~~
Authenticity5				~~.545~~	~~.383~~	~~.453~~
Balance6		**.396**			~~.496~~	~~.412~~
Balance7		**.521**			**.545**	**.315**
Balance8		**.729**			**.692**	**.347**
Balance9		**.796**		~~.338~~	**.851**	~~.525~~
Balance10		**.879**		**.344**	**.866**	~~.439~~
Challenge11	**.667**			**.746**	~~.394~~	~~.431~~
Challenge12	**.755**			**.795**	~~.328~~	~~.386~~
Challenge13	**.837**			**.778**		
Challenge14	**.756**			**.750**		
Challenge15	**.902**			**.892**		**.346**

Note: Factor loadings are bolded. To distinguish cross loading, numbers have been struck through.

6.7. Regression Analysis

To assess the relationship between dependent and multiple independent variables, hierarchical standard multiple regressions were used. Multiple regressions are used in exploratory research as they can provide insights into the amount of variance between the dependent and independent variables (Tabachnick & Fidell, 2007). As Cooksey (2007, p. 264) highlights, they can be used as a means of "obtaining predictive understanding of the data".

Hierarchical multiple regression is best used when testing for theoretical propositions (Cooksey, 2007). When conducting hierarchical multiple regressions, hypotheses should be based on well-grounded theory or prior research. For this research, hierarchical multiple regressions were used to explore the hypotheses developed the literature review and the phase one qualitative results.

When conducting hierarchical multiple regressions, two steps were considered: constant control variables were entered in step 1 and hypothesised independent variables were entered in step 2. In interpreting the output of hierarchical multiple regressions, it is critical to consider the correlation and unique contribution of independent variables, as it is possible for independent variables to appear as though they have little impact despite being highly correlated to dependent variables (Tabachnick & Fidell, 2007).

6.7.1. Hypotheses testing

H1: *Individuals with high leisure life role commitment seek authenticity more than individuals with high worker, adult-child or parental life role commitment.*

To test the hypothesis that individuals with high leisure life role commitment (IV) desire authenticity in their late life career (DV), a standard multiple regression analysis was performed. As outlined in Table 27, step 1, the constant variables of age (β = .121, p = .099), sex (β = .014, p = .850) and social desirability (β = -.112, p = .126) were entered, producing a non-significant result. In step 2, adult-child life role commitment (β = −.102, p = .190), leisure life role commitment (β = .274, p = .000), parental life role commitment (β = .093, p = .215) and worker life role commitment (β = .127, p = 0.079) were entered and the total variance explained by the model as a whole was 12.0 %. Inspection of the coefficient revealed that that leisure life role commitment produced a significant result.

Table 27: Authenticity hierarchical multiple regressions

	Authenticity			
	β	p	RΔ	R2
Step 1				
Control Variables				
Age	0.121	0.099		
Sex	0.014	0.850		
Social desirability	-0.112	0.126		
		0.151		
			0.012	0.028
Step 2				
Adult-child life role	-0.102	0.190		
Parent life role	0.093	0.215		
Leisure life role	0.274	0.000		
Worker life role	0.127	0.079		
		0.001	0.086	0.120

The findings as presented partially support the hypothesis that individuals with high leisure life role commitment seek authenticity in late career, rather than individuals with adult-child, parental or worker life role commitment.

H2: *Individuals with high leisure life role commitment seek balance more than individuals with high adult-child, parental or worker life role commitment.*

H3. *Individuals with high carer life role commitment seek balance more than individuals with high leisure or worker life role commitment.*

As outlined in Table 28, to test the hypothesis that individuals with carer life role commitment (IV) predicts balance in late life career (DV), a hierarchical multiple regression analysis was performed. In step 1, the constant variables of age (β = .197, p = .007), social desirability (β = -.017, p = .811) and sex (β = .102, p = .159) were entered, producing a significant result (p = 0.032) and accounting for 4.6% of the total variance. In step 2, adult-child life role commitment (β = -.304, p = .000), leisure life role commitment (β = -.085, p = .234), parental life role commitment (β = .064, p = .393) and worker life role commitment (β = -.085, p = .238), were entered, producing a significant result (p = .002) and the total variance explained by the model as a whole was 13.4%. Inspection of the coefficient revealed that adult-child life role commitment produced a significant result.

Table 28: Balance hierarchical multiple regressions

	Balance			
	β	p	R2	RΔ
Step 1				
Control Variables				
Age	0.197	0.007		
Sex	0.102	0.159		
Social desirability	-0.017	0.811		
		0.032	0.046	0.031
Step 2				
Adult-child life role	-0.304	0.000		
Parent life role	0.064	0.393		
Leisure life role	0.085	0.234		
Worker life role	-0.085		0.238	
		0.000	0.134	0.100

The hierarchical multiple regressions presented in Table 28 do not support hypothesis 2, that individual with leisure life role commitment seek balance more than individuals with adult-child, parental or worker life role commitment. However, the results of the hierarchical multiple regression

partially support hypothesis 3, individuals with adult-child life role commitment seek balance in their late life career, more than individuals with parental, leisure or worker life role commitment. The results presented in this table indicate that the adult-child life role commitment variable has a minor positive relationship with balance career intentions.

H4: *Individuals with high worker life role commitment seek challenge more than individuals with high adult-child, parental or leisure life role commitment.*

As outlined in Table 29, hierarchical multiple regressions were conducted to assess individuals with high worker life role commitment and (IV) desire for challenge (DV) in their late life career. As outlined in in step 1, the constant variables of age (β = .219, p = .002.), sex (β = -.060, p = .398) and social desirability (β = -.098, p = .168) were entered, accounting for 6.6% of the total variance and producing a non-significant result (p = 006). In step 2, adult-child life role commitment (β = -.013, p = .854), leisure life role commitment (β = -.041, p = .537), parental life role commitment (β = -.116, p = .096) and worker life role commitment (β = .398, p = .000), was entered, producing a significant result (p = .000) and model that explained 24.7 % of the variance.

Table 29: Challenge hierarchical multiple regressions

	Challenge			
	β	p	R2	RΔ
Step 1				
Control Variables				
Age	-0.098	0.002		
Sex	-0.060	0.398		
Social desirability	-0.098	0.168		
		0.006	0.066	0.050
Step 2				
Adult-child life role	0.398	0.854		
Parent life role	-0.116	0.096		
Leisure life role	-0.041	0.537		
Worker life role	0.398	0.000		
		0.000	0.247	0.218

The hierarchical multiple regressions presented in Table 29 partially support hypothesis 4 that individuals with worker life role commitment seek challenge in their late life career, more than individuals with adult-child, parental or leisure life role commitment. The results presented in this table indicate that the worker life role commitment variable has a minor positive relationship with challenge career intentions.

6.8. Phase Two Discussion

In the previous sections the phase two data was presented and analysed. In this section, the phase two data is discussed in relation to each hypotheses. .

6.8.1. Hypothesis 1

H1: *Individuals with high leisure life role commitment seek authenticity more than individuals with high worker, adult-child or parental life role commitment.*

Individuals with a high leisure life role commitment may seek authenticity in their late career and want to engage in leisure life roles that provide them with internal fulfilment and satisfaction. It is important to differentiate between the different types of leisure activities that individuals undertake and the differences between volunteer leisure and social leisure activities have been discussed previously. Sullivan (2011) suggests that individuals with high volunteer leisure life role commitment may desire authenticity, while those with social leisure life role commitment may desire balance. For this reason, specific items relating to volunteer and social leisure life role commitment were created for this study and factor analysis was conducted on the scales.

Although factor analysis conducted on leisure life role commitment failed to load volunteer life role commitment as a separate subscale, the results of the regression analysis confirm Sullivan's (2011) findings that volunteer leisure life role commitment may be a predictor of authenticity. As the leisure life role commitment scale contains items that measure leisure activities beyond that of volunteering, conclusive results regarding the type of leisure activities which might indicate a desire for authenticity cannot be established.

In this study, the subscales of social and volunteer leisure did not load separately and leisure life role commitment items loaded as a single factor. Further research is suggested on the social and volunteer leisure life role constructs. Although age did not significantly predict authenticity, it was found to be correlated with authenticity, therefore highlighting a relationship between the two factors.

6.8.2. Hypothesis 2

H2: *Individuals with high leisure life role commitment seek balance more than individuals with high adult-child, parental or worker life role commitment.*

The results suggest that individuals with high leisure life role commitment do not seek balance in their late career. Although factor analysis was conducted on the scale to test if the social and volunteer items loaded as separate subscales, factor analysis loaded the items as a single factor, resulting in social and volunteer life role commitment items being used in a single scale. Furthermore, although age did not predict balance, the variables of age and balance correlated, demonstrating that a relationship exists between the variables.

6.8.3. Hypothesis 3

H3. *Individuals with high carer life role commitment seek balance more than individuals with high leisure or worker life role commitment.*

The results suggest that carer life roles, particularly the adult-child life role, influence late life career choices. It was found that adult-child life role commitment had a greater impact than the parent life role commitment on career attitude. The results of the regression analysis suggest that parental carer responsibilities, in late life, potentially have a greater impact on career choice than child carer responsibilities.

The demographics data shows the extent to which individuals perform parental carer responsibilities. The data provides an indication of the extent of the adult-child life role and its potential influence on late life career choice. While current theory and literature, including research using the Kaleidoscope Career Model (Sullivan & Mainiero, 2008) recognise the impact of the parental life role on career choice, there is a lack of careers literature recognising the influence of the adult-child life role.

While it was predicted that there would be a significant proportion of employees with child carer responsibilities, the number of employees with parental and in particular spousal-parental carer responsibilities was an unexpected result, as more respondents cared for parents (n = 68) than infant

children (n = 28). However, this is likely to be a reflection of the age of the sample, as the mean age of respondents is 48 years of age, which is generally older than the age of parents with infant children.

Previous research by Amatea et al. (1986) has shown that each life role scale represents a relatively independent dimension of work and family life role expectations and may be used separately. However, their data predominantly came from Caucasian, middle-class, college-educated individuals, which may account for some of the differences in findings as the participants in this research are demographically diverse. Furthermore, while age did not predict balance career intentions, the items correlated indicating that there is a relationship between the variables.

6.8.4. Hypothesis 4

H4: *Individuals with high worker life role commitment seek challenge more than individuals with high adult-child, parental or leisure life role commitment.*

The results suggest that individuals who possess worker life role commitment desire challenge and may have a strong aspiration to continue working and grow their career, rather than ramp down and retire. The results contribute to the research in the area of older employee work commitment. While there are assumptions that older workers are less engaged than their younger counterparts, the results of the phase two research demonstrate that workers with worker life role commitment desire challenge from their career. Although age did not predict challenge career intentions, the variables correlated, demonstrating that a relationship exists between the variables.

6.9. Summary

The purpose of the phase two survey was to further investigate some of the findings from the phase one interviews. The results provide weak to moderate support for the four hypotheses. The results have produced no strong correlation coefficient and the models suggest that there are other factors that influence late life career choices of older workers, which have not been explored in phase two of this thesis but were identified in the phase one interviews. Shacklock & Brunetto (2005) suggest that the four major factors influencing retirement are health, financial status, psychological factors and organisational policies and procedures. The phase one research identified the significance of these

factors but also identified the significant influence of life roles on late life career decision making. Chapter 7 presents a discussion of the phase one and phase two results and the relationship between life roles and kaleidoscope career intentions. It will also provide possible insights to the differences in the results across the two phases of research.

7. OVERALL DISCUSSION AND FINAL CONCLUSION

In Chapters 5 and 6, the results of interviews and the survey were discussed. In Chapter 7 these results are linked and analysed as a whole. This chapter presents the major findings of the thesis, examines inconsistences in the interview and survey results and analyses the implications of the research conducted for understanding late life career choices. The implications of the research findings for theory, policy and practice are examined. Finally, the limitations of this research are acknowledged and future research directions explored.

7.1. Linking Phase One and Phase Two Results

The focus of research presented in this thesis has been to understand the factors shaping the career choices of older workers. This research was undertaken in two phases consisting of in-depth semi structured interviews and a quantitative survey. The interview and survey results will now be drawn together.

7.1.1. Factors influencing career choices of older workers

While Super (1980) views the worker life role ceasing at 65 with the retiree life role taking over, the research reported in this thesis has shown that many respondents intend to work well beyond the age of 65. Despite a desire to continue working many individuals also want to increase the amount of their leisure time and engage in activities they have been unable to participate in previously. Some older workers want to withdraw from paid employment or spend less time working in order to fulfil parental or grandparent obligations but need to continue working and delay retirement due to ongoing financial commitments. Although Super (1980) states that the child life role ends at 50, the interviews revealed that the child/adult-child life role may continue well into the 60s and beyond. As parents grow older, ageing children may feel obligated to take on a carer life role similar to that of the parental life role and this influences their career decisions.

While traditional notions of career end with retirement, this research shows that individuals are more likely to gradually ramp down their career towards retirement and possibly start an encore career which could be a non-linear career of the protean or boundaryless types. The key factors influencing

an individual's decision to continue working or retire were identified as personal identity, job satisfaction, health issues, perceived negative perceptions of retirement, professional registration requirements and financial reasons.

Phase one results suggest that life roles are influential in the choices that respondents make concerning their late life careers. Many respondents wanted to continue developing their career in a way that allowed them to engage with their other life roles that had been neglected during their early and mid-career. Other respondents however wanted to further develop their existing career. The diversity in career orientations and different ways of ramping down careers showed that there may be alternative paths to retirement. The changing work patterns and shifting career choices that individuals make during their transition into retirement has strong links with kaleidoscope careers. The interview results suggest that kaleidoscope career intentions may be influenced by life roles as individuals seek authenticity, balance and challenge in accordance with their commitment to life roles.

The purpose of the survey was to explore the relationship between life roles and kaleidoscope career intentions in some detail. It focused on the impact of life roles on the late-life career choices of older experienced workers and their desire to seek authenticity, balance and challenge (Sullivan, et al., 2009).

7.1.2. *Authenticity and leisure life role commitment*

The interview data shows that some individuals seek to increase their non-work commitments by engaging with community and volunteering activities. Complementarily, the results of the survey show that individuals with high leisure life role commitment are more likely than individuals other high life role commitment to seek authenticity. As discussed previously, Sullivan (2011) has suggested that an important distinction may be drawn between the role of leisure activities associated with general personal enjoyment and those associated with more altruistic purposes. However, the phase two survey included items that span beyond volunteering and encompassed items related to hobbies and other social activities. As explained in Chapter 6, factor analysis on the leisure life role commitment scale did not identify different factors for the sub scales of volunteer leisure and social

leisure. Therefore, conclusions concerning the type of leisure activities that reflect authenticity cannot be made.

7.1.3. Balance and carer life roles

Based on the phase one and phase two results, it is evident that the adult-child carer life role has the potential to greatly influence individuals' late life career choices. The narratives recorded in the interviews show that some individuals choose to ramp in and out of their work, relocate and find flexible working arrangements in order to engage with their adult-child carer life role. Findings from the survey support this notion as individuals with a high adult-child life role commitment are more likely than individuals with high leisure, parental or worker life role commitment to seek balance in their career.

The interview results demonstrate that individuals with multiple carer responsibilities often have additional carer and dependency demands placed upon them during their late life career. However, phase two results did not confirm these findings as only adult-child life role commitment produced a significant result when predicting balance career intentions. The survey results suggest that during the late career stage, the adult-child life role has a greater influence on career choices than other carer life roles.

7.1.4. Balance and leisure life role commitment

Phase one results imply that individuals seek balance as they desire to increase their leisure life role commitment and engage in social and non-work activities. During the phase one interviews, some respondents reflected on their desire to ramp down their career in order to increase their engagement with social activities such as playing golf and travelling. The phase two results did not confirm these findings as leisure life role commitment produced a non-significant result when predicting balance career intentions. In this thesis, adult-child life role commitment was the only life role that produced a significant result when predicting balance.

The difference in results between the in-depth interviews and the survey may be attributed to variations in the demographic and socioeconomic context of the two sample groups. The survey respondents were generally less educated and earned less money than those in the interview sample. It

may be that the survey respondents were financially unable to withdraw from or ramp down their career and increase their leisure life role commitment.

7.1.5. *Challenge and worker life role commitment*

Both the interviews and the survey results demonstrate that individuals who are highly engaged in their job and career continue to seek challenge in their late life career. During the interviews, respondents spoke about seeking new career opportunities and continuing to invest in their skills, education and training. The survey results confirm that individuals with high worker life role commitment desire challenge in their career, while individuals with high carer and volunteer life role commitment did not.

7.2. Explaining Inconsistency in Interview and Survey Response

On a superficial level, the two samples used for the interviews and the survey may appear to be similar. Both samples are dominated by women and the median age is 45 years of age. However, beyond sex and age, there are some important differences. These include education, income and the nature of employment.

7.2.1. *Education*

While the respondents of the phase one interview were professionals with at least an undergraduate university degree, the phase two survey sample were semi-skilled workers who generally had a Certificate III in Health Services Assistance. Prior research has shown that individuals with high levels of skills and education are more likely to continue working and delay retirement than those with lesser skills and education (Ryan & Sinning, 2010; Szinovacz, et al., 2013). Moreover, women with high skills and education are more likely to delay childrearing so that they can further invest in their education and career (Smith, 2012). As phase one respondents were generally more educated and skilled, it would be expected that these respondents had children later in their lives than the phase two respondents.

7.2.2. Income

The income received by interview respondents was higher than that received by the survey respondents. The differences in remuneration may account for the differences between interview and survey findings concerning older workers seeking balance in order to increase their leisure activities. A lower level of remuneration may have resulted in survey respondents being financially unable to ramp down from work and increase their leisure life role commitment.

7.2.3. The nature of employment

The type of employment experienced by workers represented in the two samples differs in ways likely to have influenced the research findings. Phase one interview respondents were employed in a number of different types of health organisations, representing multiple different employees, while phase two survey respondents were all employed within a single health organisation. The majority of the phase one respondents are engaged in full-time or permanent part-time employment. They work in the same physical space as their colleagues on a day-to-day basis and have regular face-to-face contact with management. On the other hand, phase two respondents were predominantly casual and part-time workers engaged in a privately owned business. Survey respondents' hours and location of work vary, but they mostly work autonomously and have irregular interaction with management. Such differences in the nature of employment between the two cohorts have the potential to impact on the way individuals perceive their career and career opportunities. Research has shown that individuals who engage in part-time and casual employment generally miss out on many opportunities within the business such as training, development and career mentoring (Tisdall, 1999).

Interview respondents mostly had structured career paths offered by their organisation, as well as their profession. In contrast, the career paths of survey respondents were limited, particularly because the organisation they worked for offered little movement beyond their immediate position. It is speculated that survey respondents, particularly field workers, are unlikely to regard their position as challenging and their roles as career destination roles. According to the Kaleidoscope Career Model, individuals seek job positions and work content that is stimulating as well as career providing career advancement opportunities (Mainiero & Sullivan, 2005). An assumption that the survey

respondents are not in challenging roles helps to explain the strength of the relationship in Hypothesis 4. It is thought likely that respondents with more challenging roles would demonstrate a stronger relationship between the variables and this point is further discussed when identifying future research opportunities.

7.3. Conclusions about the Research Problem

This thesis demonstrates four important findings regarding older workers. First, it is apparent that adult-child life role commitment is increasingly impacting on the career choices of older workers. Caring for ageing parents has the potential to impact on individuals in different ways including withdrawing and ramping down from their career, desiring flexible working arrangements and reducing job mobility.

This research presents strong evidence of the impact that ageing parents have on the career choices of older workers. As a result of increased life expectancy, older workers in their 50s, 60s and beyond may have even older parents who they are required to care for. Adult-children may not be required to be full-time carers but may be responsible on a part time basis for activities such as taking their parents to the doctors or on call in case of emergencies. While there is significant research that considers the impact of childrearing and caring of children on women's careers (Brewster & R., 2000; Korpi, Ferrarini, & Englund, 2013; Schwartz, 1989), there is a lack of literature in the careers area acknowledging the impact of caring for ageing parents and its potential impact on older workers careers choices. The results of this research show that caring for an ageing parent can impact the careers of older workers in different ways including absence from work due to caring responsibilities and seeking positions that provide life role balance.

The impact of carer life roles on career choice is complex as caring for children, grandchildren, spouses and ageing parents can have a multitude of influences and impacts on an individual. While individuals may be required to withdraw from work in order to care for children, spouses, grandchildren and/or ageing parents, this research suggests that they are unlikely to withdraw from work completely as they desire an escape and alternative to their carer responsibilities.

Second, this thesis also demonstrates that many older workers do not want to retire in the traditional sense and those with high worker life role commitment may continue to work but often in less traditional ways, including part-time work and pursuing careers different to their main career. These alternate careers provide individuals with greater flexibility and the opportunity to engage with multiple life roles which may have eluded them whilst in full-time work. Such career choice is consistent the notion of ramping down.

Traditional notions of retirement may be becoming obsolete. Although individuals may wish to ramp down their main career, there is growing consensus that they need to find fulfilment in their lives beyond that of the personal sphere. Many individuals want to continue working, but in a different capacity to how they have been accustomed to. This may involve continuing to work in some capacity, such as part-time work and volunteering or undertaking other activities or interests. Older workers are also likely to engage in a different type of work to that which they performed during their main career, pursing encore or bridge careers (Figgis, 2012; Pleau & Shauman, 2013). Third, interview findings indicate the alternative ways in which individuals may choose to ramp down their careers towards retirement, including engaging in nonlinear careers during their encore careers and the possibility of hybrid careers. These results indicate that retirement is an individual event and generalised statements regarding what older workers may do during their retirement should be avoided.

Fourth, when considering these findings as a whole, this thesis demonstrates that current careers theory is in need of updating as traditional theories are inadequate and do not represent the modern working life of older workers. Current career theory fails to account for extended life expectancy, as well as extended life roles such as the worker and adult-child life role. In order to predict and understand the modern late life careers of older workers, it is important that modern careers theory account for and reflect the modern late life careers of older workers.

7.4. Implications for Theory

The initial key elements of theory that shaped this research and informed the research questions are Super's (1980; Super, et al., 1996) life-span, life-space theory and non-linear career orientations of

protean and boundaryless careers (Briscoe, et al., 2005; Hall, 2004). Following the phase one interviews it became apparent that the Kaleidoscope Career Model (Sullivan & Mainiero, 2007) is also helpful in explaining late life career phenomenon. While all these theories have been helpful in explaining the late life careers of older workers, none of these theories standing alone fully account for the factors that influence late life career decision making. The life-span, life-space theory (Super, 1980; Super, et al., 1996) does not take full account of increased life expectancy and extended life roles, including the adult-child life role. Trait factor theories (Caplan, 1987; Dawis & Lofquist, 1976, 1978; Holland, 1959, 1968, 1973, 1985) do not reflect the interaction between the organisation and the individual in shaping individual careers, while nonlinear career orientations (Briscoe, et al., 2005; Hall, 2004; Sullivan & Mainiero, 2007) only explain a state of mind. The results of this thesis have highlighted a gap in modern careers theory requiring such theory to be updated in order to reflect the modern working life of older workers. In updating career theory, there is a need to acknowledge the diversity and complexity of the factors that impact upon the career choices of older workers.

Age is no longer a sole determining factor in retirement but rather an influencing factor which interacts with other variables to determine the career choices of older workers. The abolishment of compulsory retirement in most industries (Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001, 2001), means that individuals do not need to base their working life or careers decisions around age alone. As age is no longer the key determining factor in retirement decisions in Australia, it is important to understand how modern life roles, particularly the adult-child life role, influence older workers' career decisions. Due to increased life expectancy, older workers may be required to care for their parents in some capacity and this has yet to be recognised in the careers literature.

Current careers theory fails to acknowledge the alternative routes through which individuals may ramp down their career, including pursing non-liner careers during their late and final career stage (Figgis, 2012; Pleau & Shauman, 2013). The results of this thesis provide insight to possible alternative paths that older workers may choose in order to ramp down and exit their career. While traditional notions of retirement include a sudden cessation in working life, this research shows that individuals are more likely to gradually ramp down their career towards retirement and possibly start

an encore career (Figgis, 2012). Ramping down and going into an encore career may include moving away from traditional working patterns (9-to-5, 5 days a week) and adopting more flexible working arrangements.

Finally, careers theory needs to account for the different motivations of older workers associated with their late life career choices including their desire to seek authenticity, balance and/or challenge as they engage in encore and/or bridging careers. Literature dealing with the encore and bridging careers of older workers could more fully integrated into careers theory and recognised as a further career stage.

7.5. Implications for Policy and Practice

The findings of this thesis have important implications for government and organisational policy and practice. Clarifying the meaning attached to the term "older workers", breaking down stereotypes of older workers and recognising the barriers to older workers remaining productive are key aspects of needed policies.

What is meant by older workers varies across the literature and government programs. While the United Nations and the Commonwealth Age Discrimination Commission are among those that define older workers as over the age of 45 (Australian Institute of Management, 2013), some ABS publications have defined an older worker as being 55 years or more (Australian Bureau of Statistics, 2010). The results of this thesis show that people in their late 40s do not perceive themselves as older workers. In the context of modern lifestyles with late life child bearing, continuing education, extended working life and improved health, the notion of 45 years of age marking the beginning of old age is inappropriate. There is a need to revaluate what is considered to be an older worker as the current age profile is not reflective of individual perceptions or their reality. How important it is to have a formal fixed age marking the beginning of old age is not clear, but what is more evident is that the definition established by some government policies has important implications. The current legislation providing taxation and other benefits to workers from their 60th birthday not only provides a definition of older worker but provides incentives for individuals to behave as such. Therefore, in

the current legislative context it can be argued that older workers are in practice those aged 60 and above.

Many older people are excluded from paid work and other social activities as a result of stereotypes "which ignore the individual difference, the breath of contribution and the rich diversity of older Australians" (The Australian Human Rights Commission, 2013b, p. 18). This thesis has shown that older workers' career choices vary and are shaped by a variety of factors. If organisations wish to maintain the productivity and engagement of their older workers, it is worthwhile taking an individualist approach to how they deal with their older workers. Organisations should seek to understand the particular issues that impact on individuals' late life career choices as they are different from those shaping early and mid-career decisions. Understanding the needs of workers at any age will involve some cost but the retention of older workers can be of considerable strategic importance to organisations needing to retain and transfer knowledge and skills.

Recognising the barriers to older workers remaining productive in the workforce has important implications in the health sector where demands for services are growing and skills shortages are already apparent. This thesis has identified some important factors influencing older workers career decisions and their productivity which should be the focus of government and organisation policies if retention of skilled workers is desirable. In particular, the following issues have been identified in this thesis as shaping older workers' career decisions and these should be the focus of government and organisation policy efforts: career planning and transitioning (ramping down), maintaining skills and registration, finding balance between life roles (flexible hours, flexibility generally and carer responsibilities), recognising the need for authenticity (engagement) and challenge (continuing training and development as well as access to promotional opportunities). Finally, facilitating encore careers and work re-entry after retirement is needed in order to keep older workers participating in the workforce.

The move into retirement marks a period of great change. Retirement marks the end of traditional working life and the beginning of a new life stage. Bridges (1998) recognises that the physical and internal process of change presents individuals with some challenges. The respondents' uncertainty around retirement suggests that individuals may fear this period of transition and change. Their

reluctance to plan for retirement suggests that retirement it is not a clear life stage goal but rather an event feared by many people. While individuals are required to physically manage the transitional process they must also adapt psychologically to their new identity. Ramping down provides individuals with the opportunity to transition between life stages while also providing organisations with the benefit of staff that are productive. As the Australian population is ageing (Australian Bureau of Statistics, 2012b; CEPAR, 2013) and organisations struggle to find skilled and experienced staff to replace those retiring, organisations may be required to install retention schemes directed at older staff seeking to ramp down their career or engage in bridging careers. Organisations might consider developing transitional employment schemes where older experienced workers can move to part-time or more flexible roles.

Government policy needs to include the removal of barriers to continued labour force participation for older workers (Temple, et al., 2011). There are two major aspects to the support needed from government. First, superannuation and other workplace legislation need to ensure that older workers are not financially disadvantaged by continuing in employment. While a transition to retirement scheme and certain superannuation taxation benefits (CCH, 2012/2013) are already in place, government needs to identify the extent to which means tested age and carer entitlements discourage workforce participation. Second, there is evidence that older people face discrimination in employment and government has an important role in play shaping community attitudes. The Australian Human Rights Commission and, in particular the Age Discrimination Commissioner, are focused on addressing the barriers to equality and participation faced by mature workers and older Australian's. The difference in perception of "old age" between older and younger Australians creates tension, with individuals under the age of 24 most likely to perceive older workers in a negative light (The Australian Human Rights Commission, 2013b). Challenging the stereotypes of older Australians is crucial to removing the current underrepresentation of older Australians in the workforce (The Australian Human Rights Commission, 2013b).

While older experienced workers may want to continue working or re-enter employment after a period of absence, professional occupational registration or accreditation requirements may discourage or event prevent them from doing so. It is suggested that government review their

accreditation polces and provide encouragement and upfront financial support to those wishing to update and maintain accreditation. Furthermore, in order to attract and retain rural health workers there needs to be greater ease of access to retraining and reaccreditation for rural populations, including access to online accreditation courses.

The findings of this thesis highlight the impact of carer responsibilities on older workers. Carer responsibilities include caring for ageing parents, children, spouses and grandchildren. While some older workers have single carer responsibilities, there has been an increase in older workers who have multiple carer responsibilities. This thesis demonstrates the need for organisations to offer truly flexible working arrangements if they wish to attract and retain workers with varying levels of carer responsibilities. This thesis has shown that many older workers have carer responsibilities which vary in their nature and intensity on a daily, weekly and monthly basis depending on factors such as the wellness of ageing parents and whether grandchildren are at school. Some organisations already offer staff access to flexible start and finish times so they can fulfil such tasks as taking parents to the doctors or picking grandchildren up from school. However, organisations aiming to retain older workers need to recognise that the nature of carer responsibilities sometimes involves more intense periods of care giving and that this can have negative career consequences.

In considering the ways that government can facilitate more care for the aged being provided for within the family while also encouraging the employment of older workers, there is much to learn other countries such as Singapore where government has introduced a Multi-Generation Priority Scheme. This scheme provides children with financial assistance when buying homes in the same building complexes as their parents, encouraging families to stay close together, facilitating the caring of aged parents at home (Housing and Development Board, 2013; Singaporian Government, 2012).

Aside from needing to meet their carer responsibilities, older workers also seek balance in order to have leisure and enjoyment. Most do not want to continue working in the same way they have done for the majority of their main career, but rather they want to be working less and have more free time to engage with leisure and external work activities. However, many older workers seek authenticity while some seek challenge. These variations in the motivations of older workers highlight the need for organisations to develop human resource practices which recognise the needs of the

individual. Although the research indicates that a majority of older workers may seek greater balance between their different life roles, the need for authenticity in particular, as well as challenge, cannot be ignored.

This thesis shows that retirement is not a one way process but rather a stage through which individuals may come and go several times as their personal circumstances and needs vary. It is therefore wise for organisations to maintain positive relationships with past employees in order that their skills and experiences may be drawn upon as required.

7.6. Limitations and Future Research

The limitations of this thesis and proposed future research are very much interrelated and concern the demographics of the research sample, the industry focus, the period of study and related research methodological issues.

Phase one interview respondents were gathered from a diverse number of health organisations, including private hospitals, public hospitals, corporate health organisations and other health institutions. However, phase two survey respondents were from a single health organisation. While the interview sample provides insights to the careers of older allied health workers, the survey sample provides insights into to the careers of homecare health workers within the context of Health Organisation X and this is a limitation of this thesis.

Given the focus on the healthcare sector, the findings presented in this thesis are not necessarily reflective of the older workers generally. While the data presented in this thesis is reflective of the samples studied, it is acknowledged that these samples primarily consisted of healthcare workers and the majority of these were female. While caring for ageing parents was highlighted to be an influential factor in late life career choices, this thesis has paid particular focus to individuals who are already engaged in "caring careers". Individuals who have participated in this thesis therefore may have a greater affinity to carer life roles and other individuals may demonstrate less engagement with caring roles. The industry and gender focus of this thesis is potentially a limitation of its findings and future research should attempt to address this limitation.

National culture and education levels are two factors likely to influence older workers' career decisions. This thesis did not focus on national culture as an influencing factor and this is also a limitation of the study. Prior research suggests that context may have a direct impact on nonlinear career intentions as different cultures may promote traditional male linear careers while others promote nonlinear careers (Hofstede, 1998; Sullivan & Arthur, 2006). As the average skill level at Health Organisation X is a Certificate III, it would be interesting to compare this sample to a sample of individuals with higher tertiary education levels and see the impact that education has on variance. Prior research has shown that individuals with high and low levels of education traditionally tend to work for longer and delay retirement. Future research should examine the influence of national culture and educational attainment on the career choices of older workers

Regression analysis conducted in phase two includes the use of items with below .5 factor loadings and due to the strength of the Cronbach alphas it was deemed appropriate that these items be included in the analysis. However, there is research that suggests that such items are unsuitable to be used in analysis and subsequently the use of such items may have impacted the validity of the phase two survey results (Tabachnick & Fidell, 2007).

Longitudinal data was not collected for this thesis. Therefore, the findings of this thesis are unable to predict and understand how career perceptions change over time. However, in the hope of extending this research, employees were asked to provide their employee number. Longitudinal follow-up survey responses may be explored in the future.

Data gathered for the phase two survey was collected using a self-report method, therefore common method variance (Podsakoff, Lee, & Podsakoff, 2003) may have impacted on the results. The results of this phase would have greater validity if data was collected using objective or third–party measures and validated through secondary objective measures. However, the nature of career orientations being personal and subjective suggests that risks associated with common method variance are unlikely to be of concern. This also provides an opportunity for future research.

Finally, future research is suggested beyond Australia. Asia has one of the fastest ageing populations; with Japan being the oldest country with a median age of 45, expected to increase to 52 by 2050 (CEPAR, 2013). By 2040, it is expected that "ratio of the older (65+) to the working-age

population (15-64) will more than triple in many countries of East and South-East Asia and by 2050 China will, by then, have an older population than Australia" (CEPAR, 2013, p. xi). In managing the economic growth of our region, it is important that we understand the careers of all older workers throughout Asia.

7.7. Conclusion

The findings of this research have considerable implications for both the expansion of careers theory and the development of public and business policies aimed at the retention of human resources in a the vitally important health sector. Using a multi paradigm and multi method approach consisting of 57 interviews and 215 survey respondents, this research has explored the different factors that influence late life career decision making including the implications of caring for ageing parents and the different ways that older workers choose to transition into retirement. Standing on the shoulders of great theorists, this thesis has made a valuable contribution to the development of modern careers theory by demonstrated that traditional careers theory does not adequately explain the choices made by contemporary older workers and by providing insights to the range of factors influencing such decisions. This thesis has also shown there is a need for further study of older workers and the different factors influencing their career choices.

8. APPENDICES

8.1. Appendix 1: Phase One Semi Structured Interview Questions

Demographic Questions:

1. Your name:
2. What is your current occupation:
3. What is your current job title?
4. How long have you worked in this role/ position?

Career history:

5. Can you briefly describe your work history or career to date?
6. Why did you become a [occupation], how much did you know about that occupation? Did you have parents you choose to go into this occupation?
7. Did you know anyone before that line of work? (family, friends?)
8. What attracted you to this career? What other careers were you interested or keen on?
9. What training did they have to get into this occupation? What additional (formal) training have you had? What time and costs were involved in that extra training?
10. If they have worked somewhere else for a part of their career- Why did you leave your last occupation? What re- skilling did you need to undergo when you changed occupations?
11. How different was your last job to where you are working now?

Life roles/Dependents:

12. What dependents do you have? Children and ages, parents? What influence have your dependents had on your career choices? Have they shaped your choices in any way? Have they influenced or impacted choices you have had to make?
13. Do your children still live at home? Are you financially responsible for your children?
14. Are your parents alive? What influence do they have on your career choices?
15. How has your partner affected your career choices?

Future career choices:

16. How long do you expect to stay working in this occupation? Long time: why is this? What does this job offer you that makes you want to stay? Short time: why is this? What is it about this job that makes you want to leave? What do you see are the major factors that are influencing your career choices?
17. When you leave here – short or long term – what do you think you will or would do? (*Retire or continue working?*) Why? What are the factors that will influence this choice?
18. If you were to leave your current role/ position, what sort of role/ position or employer would you prefer? What sort of role/ position or employer do you expect you would be likely to go to? To what extent would you prefer to do something similar or different to your current role/ position?
19. How do you feel about re-skilling to start a new occupation?
20. Where do you see yourself in 10 years? What do you think are the factors that may influence this?

Retirement intentions:

21. Why have you chosen to continue working rather than retire? When do you plan to retire? How old do you think will you be? What will influence your decision to retire? How do you perceive you will spend your retirement?
22. What does retirement mean to you?

Semi-retirement:

23. Please describe your ideas about your transition to retirement. Do you plan discontinue working completely or will you work part time? What will impact that choice? Retention: Is your current employer trying to retain you? Do they offer you ongoing training and development? Do they offer redundancy or other attractive retirement packages? If you tried to leave the organization, how do you think they would react?

Skills and education

24. Thinking about your career path to date, how do you think you skills and education and previous work experience have influenced the choices and where you are working now? How is this? Why do you think this is so?

Career mobility reflection:

25. To what extent do you think your education and skills allowed you to have career mobility? Why? What specific skills have allowed you to do this? In which occupation or experience were they obtained?

Final questions:

26. What do you see as the biggest factors that influences people choose to continue work rather then retire? Alternatively why do people choose to retire rather than continue working?

8.2. Appendix 2: Interview Consent Form

<u>Name of Project: Career Movement in Selected Health Occupations</u>
<u>Interview Information and Consent Form</u>

You are invited to participate in a study of the career life cycle of health workers. The purpose of the study is to investigate the degree to which career identity interacts with career stage and life stage (age) to predict career decisions of workers in the health industry. This research aims to understand employee turnover within the health sector and the possible career movement into other sectors. Your organisation has provided us with de-identified demographic information that has allowed us to identify you as a suitable candidate for our research project.

The study is being conducted by Dr Denise Jepsen and Marjorie O'Neill both of Macquarie University. This study is being conducted to meet the requirements for the degree of PhD for Marjorie O'Neill and the MQRDG Grant Tackling the Allied Health Worker Crises. The data may also be used in future studies.

If you decide to participate, you will take part in a semi-structured interview that will collect information regarding the factors influencing health workers to leave their particular careers and their barriers to career re-entry. The interview will be conducted in your organisational premises in a private facility. Only de-identified information will be collected and any information or personal details gathered in the course of the study are confidential. No individual will be identified in any publication of the results. Only the primary researchers, supervisors and transcribing service (if used) will have access to the raw data. Publication of results will only include non-identifiable aggregated (summarised) data. De-identified data may be used for future publications and studies. The researcher will be taking notes during the interview to ensure an accurate record of your responses. Audio recording will also be made. You are under no obligation to participate in the interview and if you decide to participate, you are free to withdraw from further participation in the research at any time without having to give a reason and without consequence.

The interview will last for up to one hour and you will be asked questions regarding your career choices, including factors that have influenced your choices and your future career intentions. The interview will be conducted during working hours on your organisations premises.

Once the research has been completed, aggregated results and research findings will be available via email from Marjorie.Oneill@student.mq.edu.au Thank you again for your time and effort in assisting with this research. If you have any questions please feel free to contact either Dr Denise Jepsen (Ph 9850 4805) or Marjorie O'Neill (0415565627). This form signed by the researcher is yours to keep.

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone (02) 9850 7854; email ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated and you will be informed of the outcome.

I, _____have read (or, where appropriate, have had read to me) and understand the information above and any questions I have asked have been answered to my satisfaction. I

agree to participate in this research, knowing that I can withdraw from further participation in the research at any time without consequence. I have been given a copy of this form to keep.

Participant's Name:

Participant's Signature: Date:

Investigator's Name: Dr Denise Jepsen/Marjorie O'Neill

Investigator's Signature: Date:

8.3. Appendix 3: Organisational Information Sheet

MACQUARIE UNIVERSITY

<u>Name of Project: Career Movement in Selected Health Occupations</u>

Name of Institution is invited to participate in a study of the career life cycle of health workers. The purpose of the study is to investigate the degree to which career identity interacts with career stage and life stage (age) to predict career decisions of workers in the health industry. This research aims to understand employee turnover within the health sector and the possible career movement into other sectors

The study is being conducted by Dr Denise Jepsen and Marjorie O'Neill both of Macquarie University. This study is being conducted to meet the requirements for MQRDG Grant Tackling the Allied Health Worker Crises and the degree of PhD Business for Marjorie O'Neill and this may be used in future studies.

The project involves Name of Institution in the following studies and makes the following requests:

Part A: Interview study on the issues affecting employee turnover and implications for career movement

- Provide de-identified demographic data (such as employee numbers, sex, tenure, occupation, job title, age) on your health workforce to enable us to determine representativeness of those who we finally interview.

- Permit us to interview up to 40 of your health workers with more than five years' experience. Your invitation on our behalf saves us the ethical issue of having employee contact details and making direct approaches.

Where possible, issue invitations to former health workers who have left your organisation.

Part B: Employee survey study of retention factors influencing health workers
- Send a paper copy of our survey to your employees on our behalf. Completed surveys will be sent by the respondents directly to us.
- Supply us with the de-identified employee demographics of those to whom the survey was sent in order for us to assess the respondent representativeness.
- Where possible, send a copy of the survey to employees who have left the organisation. Completed surveys will be sent by the respondents directly to us.

Confidentiality
You agree that all data gathered by us in the course of this research program is confidential and we require that you never supply us with the employee names linked with employee numbers. We confirm that no individual will be identified in any publication of the results. Only the primary researchers, including research assistants and supervisors will have access to raw data.

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone (02) 9850 7854; email ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated and you will be informed of the outcome.

Thank you again for assisting with this research. This form signed by the researchers is yours to keep. If you have any questions please feel free to contact either Dr Denise Jepsen (Ph 9850 4805) or Marjorie O'Neill (0415565627).

I, Name and Role, I have read and understood the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this research, knowing that I can withdraw from further participation in the research at any time without consequence. I have been given a copy of this form to keep.

Participant's Name: Block letters, Name and Role

Participant's Signature: _____Date:

Investigator's Name: Dr Denise Jepsen / Marjorie O'Neill

Investigator's Signature: _____Date:

8.4. Appendix 4: Organisational Survey Information Sheet

MACQUARIE UNIVERSITY

Name of Project: Career Movement in Selected Health Occupations
Organisational Consent Form

Health Organisation X is invited to participate in a study of the career life cycle of health workers. The purpose of the study is to investigate the degree to which career identity interacts with career stage and life stage (age) to predict career decisions of workers in the health industry. This research aims to understand employee turnover within the health sector and the possible career movement into other sectors

The study is being conducted by Dr Denise Jepsen and Marjorie O'Neill both of Macquarie University. This study is being conducted to meet the requirements for MQRDG Grant Tackling the Allied Health Worker Crises and the degree of PhD Business for Marjorie O'Neill and this may be used in future studies.

The project involves Health Organisation X in the following study and makes the following requests:

- Send all current employees a link to our online survey on our behalf.
- Supply us with the de-identified employee demographics of those to whom the survey link was sent in order for us to assess the respondent representativeness.
- Where possible, send a survey link to former employees who have left the organisation. Completed surveys will be sent by the respondents directly to us.

Confidentiality:
You agree that all data gathered by us in the course of this research program is confidential and we require that you never supply us with the employee names linked with employee numbers. We confirm that no individual will be identified in any publication of the results. Only the primary researchers, including research assistants and supervisors will have access to raw data.

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone (02) 9850 7854; email ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated and you will be informed of the outcome.

Thank you again for assisting with this research. This form signed by the researchers is yours to keep. If you have any questions please feel free to contact either Dr Denise Jepsen (Ph 9850 4805) or Marjorie O'Neill (0415565627).

I, PRINT NAME have read and understood the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this research, knowing that I can withdraw from further participation in the research at any time without consequence. I have been given a copy of this form to keep.

Participant's Name: Name of organisation representative

Participant's Signature: _____Date:_____

Investigator's Name: Dr Denise Jepsen / Marjorie O'Neill

Investigator's Signature: _____ Date:_____

8.5. Appendix 5: Survey Information Sheet

Survey Information Sheet

Name of Project: Career Movement in Selected Health Occupations

You are invited to participate in a study of the career life cycle of workers. The purpose of the study is to investigate the degree to which career identity interacts with career stage and life stage (age) to predict career decisions, in particular older workers. This research aims to understand employee turnover within and the possible career movement into other sectors. Your organisation has provided us with de-identified demographic information that has allowed us to identify you as a suitable candidate for our research project.

The study is being conducted by Dr Denise Jepsen and Marjorie O'Neill both of Macquarie University. This study is being conducted to meet the requirements for the degree of PhD Business for Marjorie O'Neill and a MQRDG Grant Tackling the Allied Health Worker Crises. The data may also be used in future studies.

All information, organisational or personal details gathered in the course of the study are confidential. No individual or organisation will be identified in any publication of the results. Only the primary researcher and supervisors will have access to the raw data. Publication of results will only include de-identifiable aggregated data. De-identified data may be used for future publications and studies.

The survey will take up to 30 minutes to complete. If you decide to participate, you are free to withdraw from further participation in the research at any time without having to give a reason and without consequence. Once the research has been completed, aggregated results and research findings will be available via email from Marjorie.Oneill@mq.edu.au. If you wish to participate in a longitudinal study we ask that you provide your employee identification number so that you can be re-surveyed in 12-18 months. The purpose of that study is to measure how employee attitudes change over time.

Return of the survey will be regarded as consent to use the information for research purposes. In returning the completed survey participants acknowledge that they have read and understood the above information statement. If you have any questions please feel free to contact either Dr Denise Jepsen (Ph 9850 4805) or Marjorie O'Neill (0415565627).

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone (02) 9850 7854; email ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated and you will be informed of the outcome

8.6. Appendix 6: Letter of Support from Organisation

Macquarie University is conducting research to understand the career stages of health workers and the career decisions of older and experienced health workers within these occupations. Health Organisation X has agreed to support this research by facilitating the researcher's access to our employees during business hours.

We ask you to consider volunteering for this research. The research will involve a survey which will take around 30 minutes to complete. You will be asked questions about your attitudes towards work and your career.

Completion of the survey will enter you into a draw to win one of 10 Coles gift vouchers.

Please note your participation is voluntary and will not affect evaluation of your work. Your responses will remain confidential between you and the researchers.

If you wish to participate in the survey see the link below

We thank you for your participation

XXXXXXXXXX
HR Administrator
Health Organisation X

8.7. Appendix 7: Phase Two Survey Information Sheet and Cover Letter

Survey Information Sheet and Cover Letter

You are invited to participate in a study of the career attitudes of health workers. The purpose of the study is to investigate the degree to which career identity interacts with career stage and life stage (age) to predict career decisions of workers in the health industry. This research aims to understand employee turnover within the health sector and the possible career movement into other sectors.

The study is being conducted by Dr Denise Jepsen and Marjorie O'Neill both of Macquarie University. This study is being conducted to meet the requirements for the degree of PhD Business for Marjorie O'Neill and an MQRDG Grant Tackling the Allied Health Worker Crises. The data may also be used in future studies.

All information, organisational or personal details gathered in the course of the study are confidential. No individual or organisation will be identified in any publication of the results. Only the primary researcher and supervisors will have access to the raw data. Publication of results will only include de-identifiable aggregated data. De-identified data may be used for future publications and studies. Health Organisation X will have no access to employee responses and results will remain confidential between the respondents and the researchers.

The survey will take around 20-30 minutes to complete. If you decide to participate, you are free to withdraw from further participation in the research at any time without having to give a reason and without consequence. Health Organisation X will provide us with de-identified employee demographics of the survey recipients. In addition, your employer may provide us with de-identified records from employee files. Once the research has been completed, aggregated results and research findings will be available via email from Marjorie.Oneill@mq.edu.au. A follow up survey will be conducted in around 18 months, we would like to be able to match the responses from the first to the second survey at that time using your unique employee ID number. The purpose of that study is to measure how employee attitudes change over time. All personal information linking the survey to the respondents will remain confidential between the respondents and the researchers.

Completing the survey will be regarded as consent to use the information for research purposes. In completing the survey participants acknowledge that they have read and understood the above information statement. If you have any questions please feel free to contact either Dr Denise Jepsen (Ph 9850 4805) or Marjorie O'Neill (0415565627).

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone (02) 9850 7854; email ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

While some questions may seem repetitive at time, please answer all questions. When answering the questions please refer to your main job if you have more than one.

8.8. Appendix 8: Phase Two Survey

	B: The following questions ask about your commitment to work, family and other activities:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A
1	I want to work, but I do not want to have a demanding career	1	2	3	4	5	6
2	I expect to make as many sacrifices as are necessary in order to advance in my work /career	1	2	3	4	5	6
3	I value being involved in a career and expect to devote the time and effort needed to develop it	1	2	3	4	5	6
4	I expect to devote a significant amount of my time to building my career and developing the skills necessary to advance in my career	1	2	3	4	5	6
5	I expect to devote whatever time and energy it takes to move up in my job/career field	1	2	3	4	5	6
6	It is important to me to have some time for myself and my own development rather than have children and be responsible for their care	1	2	3	4	5	6
7	I expect to devote a significant amount of my time and energy to the rearing of children of my own	1	2	3	4	5	6
8	I expect to be very involved in the day-to-day matters of rearing children of my own	1	2	3	4	5	6
9	Becoming involved in the day-to-day details of rearing children involves costs in other areas of my life which I am unwilling to make	1	2	3	4	5	6
10	I do not expect to be very involved in childrearing	1	2	3	4	5	6
11	I expect to commit whatever time is necessary to making my long-term relationship partner feel loved, supported, and cared for	1	2	3	4	5	6
12	Devoting a significant amount of my time to being with or doing things with a long-term relationship partner is not something I expect to do	1	2	3	4	5	6
13	I expect to put a lot of time and effort into building and maintaining a long-term relationship	1	2	3	4	5	6
14	Really involving myself in a long-term relationship relationship involves costs in other areas of my life which I am unwilling to accept	1	2	3	4	5	6

1/5

	B: The following questions ask about your commitment to work, family and other activities *continued*:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A
15	I expect to work hard to build a good long-term relationship relationship even if it means limiting my opportunities to pursue other personal goals	1	2	3	4	5	6
16	I expect to leave most of the day-to-day details of running a home to someone else	1	2	3	4	5	6
17	I expect to devote the necessary time and attention to having a neat and attractive home	1	2	3	4	5	6
18	I expect to be very much involved in caring for a home and making it attractive	1	2	3	4	5	6
19	I expect to assume the responsibility for seeing that my home is well kept and well run	1	2	3	4	5	6
20	Devoting a significant amount of my time to managing and caring for a home is not something I expect to do	1	2	3	4	5	6
21	It is more important to me to have some time for myself and my own development than be responsible for the full time care of my parents or partner's parents	1	2	3	4	5	6
22	I expect to dedicate a significant amount of time to the caring of my parents/partner's parents	1	2	3	4	5	6
23	I expect to be involved in the daily caring of my parents/partner's parents	1	2	3	4	5	6
24	Caring for my parents/partner's parents day to day requires me to sacrifice other areas of my life which I am unwilling to make	1	2	3	4	5	6
25	I do not expect to be involved in the full time caring of my parents/partner's parents	1	2	3	4	5	6
26	I make time to engage in activities outside of work, such as sport, socialising, volunteer work and hobbies	1	2	3	4	5	6
27	I am committed to doing volunteer work on a regular basis	1	2	3	4	5	6
28	I am committed to cutting back on my working hours and my career	1	2	3	4	5	6
29	I expect to devote a significant amount of time to develop my social life outside of work	1	2	3	4	5	6
30	I expect to withdraw from my career/job and engage in more leisure activities	1	2	3	4	5	6
31	I devote a significant amount of time to pursing my interests outside of paid work	1	2	3	4	5	6
32	I intend to cut back on work and engage in community activities such as volunteer work	1	2	3	4	5	6
33	I intend to cut back my work and spend more time doing things I have always wanted to do, but never had time for	1	2	3	4	5	6
34	I devote a significant amount of time to volunteer and community work	1	2	3	4	5	6

C: The following questions ask about your personality and work, family and other commitments:	This does not describe me at all	This describes me somewhat	This describes me often	This describes me considerably	This describes me very well
1	I hope to find a greater purpose to my life that suits who I am	1	2	3	4	5
2	I hunger for greater spiritual growth in my life	1	2	3	4	5
3	I have discovered that crises in life offer perspectives in ways that daily living does not	1	2	3	4	5
4	If I could follow my dream right now, I would	1	2	3	4	5
5	I want to have an impact and leave my signature on what I accomplish in life	1	2	3	4	5
6	If necessary, I would give up my work to settle problematic family issues or concerns	1	2	3	4	5
7	I constantly arrange my work around my family needs	1	2	3	4	5
8	My work is meaningless if I cannot take the time to be with my family	1	2	3	4	5
9	Achieving balance between work and family is life's holy grail	1	2	3	4	5
10	Nothing matters more to me right now than balancing work with my family responsibilities	1	2	3	4	5
11	I continually look for new challenges in everything I do	1	2	3	4	5
12	I view setbacks not as "problems" to be overcome but as "challenges" that require solutions	1	2	3	4	5
13	Added work responsibilities don't worry me	1	2	3	4	5
14	Most people would describe me as being very goal-directed	1	2	3	4	5
15	I thrive on work challenges and turn work problems into opportunities for change	1	2	3	4	5

L: Social Desirability Scale Please describe yourself:	True	False
1	I'm always willing to admit it when I make a mistake	1	2
2	I always try to practice what I preach	1	2
3	I never resent being asked to return a favor	1	2
4	I have never been irked when people expressed ideas very different from my own	1	2
5	I have never deliberately said something that hurt someone's feelings	1	2
6	I like to gossip at times	1	2
7	There have been occasions when I took advantage of someone	1	2
8	I sometimes try to get even rather than forgive and forget	1	2
9	At times I have really insisted on having things my own way	1	2
10	There have been occasions when I felt like smashing things	1	2

4/5

Demographics

1. Your gender: ☐ Male ☐ Female

2. Please indicate the year you were born: __ __ __ __

3. Please describe your carer and dependent responsibilities. Please write the number of dependents or individuals that you currently care for in each category. A carer is defined as a person who, through family relationship or friendship, looks after an individual with a disability or chronic illness. A dependent is someone who relies upon your financial support:

1. Children- Infants _____
2. Children- School age _____
3. Children- Adults _____
4. Parents _____

5. Spouse's parents _____
6. Grandchildren _____
7. Other _____
8. N/A

4. Relationship status:
☐ Long-term partner (married or de-facto)
☐ Divorced
☐ Single (never married)
☐ Widowed

5. KinCare employment type (check all that apply):
☐ Full time (permanent)
☐ Part time (permanent)
☐ Fixed term contract
☐ Casual
☐ Temporary

6. Please identify your role in the organisation structure:
☐ Management
☐ Program Manager or Care Coordinator
☐ Rostering and Scheduling
☐ Administrative Staff
☐ Office Staff (Other)
☐ Field Staff

7. Please indicate which of these service(s) you provide:
☐ Admin, Office Support and Management
☐ Care Coordination
☐ Domestic Assistance
☐ Housekeeping
☐ Nursing
☐ Personal Care
☐ Respite
☐ Social Support
☐ Transport

8. Location-State where are you based:
☐ ACT
☐ NSW
☐ NT
☐ Queensland
☐ South Australia
☐ Tasmania
☐ Victoria
☐ Western Australia

9. Location-Region where are you based:
☐ Metropolitan
☐ City
☐ Rural
☐ Remote

10. What is the highest level of education you have successfully completed:
☐ School Certificate
☐ High School Certificate
☐ Trade or Technical Course or Certificate
☐ University- Undergraduate
☐ University- Post graduate

11. **Optional** - Please indicate your employee number so that we can match any future survey response with this response. Please note: All personal information linking the survey to the respondents will remain confidential between the respondents and the researchers: _____

12. Comments: Please tell us any other comments you wish about your work experiences, your career, your personal carer responsibilities or other aspects of your work life that you would like us to know:
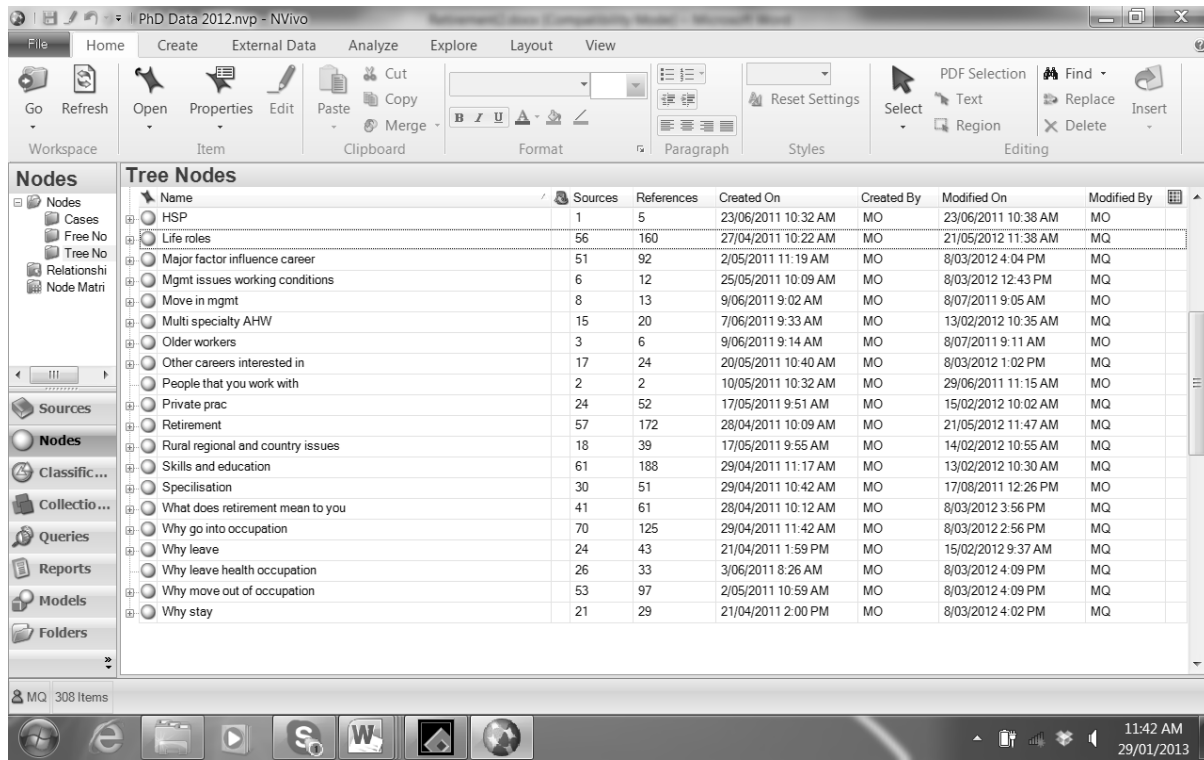
Thank you for taking the time to complete our survey. Your participation is greatly appreciated. If you wish to enter into a draw to win one of ten $50 gift vouchers please leave your emai below. This information will remain separate from your answers in order to maintain your confidentially: _____

Please return the survey/s via the self-addressed, postage paid envelope enclosed, to:
Dr Denise Jepsen and Marjorie O'Neill, Macquarie University, Building E4A Room 641, Eastern Road, North Ryde NSW 2113 Australia
5/5
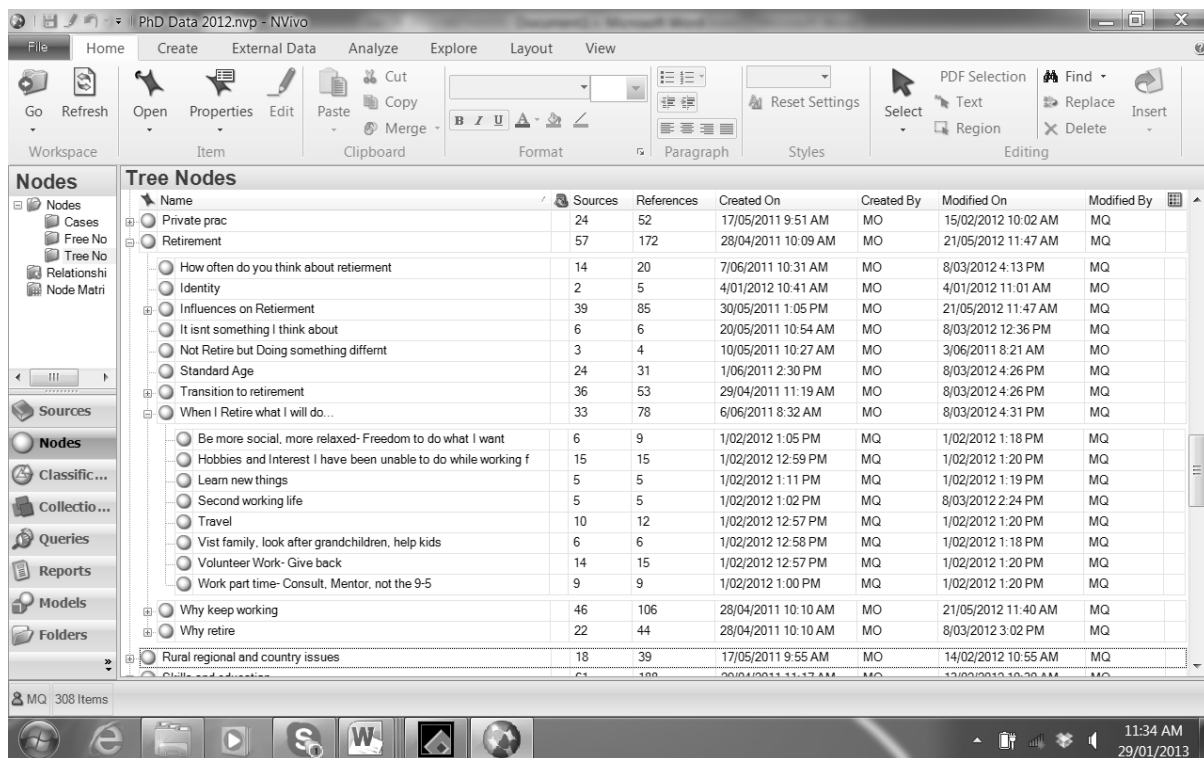
8.9. Appendix 9: Sample of Phase One Coding

Sample Tree Nodes and coding

Open tree node: Retirement

Screenshot 1 — Tree Nodes

| Name	Sources	References	Created On	Created By	Modified On	Modified By
When I Retire what I will do...	33	78	6/06/2011 8:32 AM	MO	8/03/2012 4:31 PM	MQ
Be more social, more relaxed- Freedom to do what I want	6	9	1/02/2012 1:05 PM	MQ	1/02/2012 1:18 PM	MQ
Hobbies and Interest I have been unable to do while working f	15	15	1/02/2012 12:59 PM	MQ	1/02/2012 1:20 PM	MQ
Learn new things	5	5	1/02/2012 1:11 PM	MQ	1/02/2012 1:19 PM	MQ
Second working life	5	5	1/02/2012 1:02 PM	MQ	8/03/2012 2:24 PM	MQ
Travel	10	12	1/02/2012 12:57 PM	MQ	1/02/2012 1:20 PM	MQ
Vist family, look after grandchildren, help kids	6	6	1/02/2012 12:58 PM	MQ	1/02/2012 1:18 PM	MQ
Volunteer Work- Give back	14	15	1/02/2012 12:57 PM	MQ	1/02/2012 1:20 PM	MQ
Work part time- Consult, Mentor, not the 9-5	9	9	1/02/2012 1:00 PM	MQ	1/02/2012 1:20 PM	MQ
Why keep working	46	106	28/04/2011 10:10 AM	MO	21/05/2012 11:40 AM	MQ
Career	2	2	3/06/2011 8:24 AM	MO	3/06/2011 10:27 AM	MO
financial	22	29	29/04/2011 11:41 AM	MO	4/01/2012 3:47 PM	MO
I dont want to retire	4	6	3/06/2011 11:27 AM	MO	4/01/2012 3:47 PM	MO
idenity	19	24	29/04/2011 11:40 AM	MO	4/01/2012 3:47 PM	MO
Job Sat	6	6	20/05/2011 10:57 AM	MO	4/01/2012 10:58 AM	MO
keep active	14	16	29/04/2011 11:41 AM	MO	4/01/2012 3:48 PM	MO
Life roles	2	2	3/06/2011 11:08 AM	MO	4/01/2012 3:47 PM	MO
Phyical Body	3	4	20/05/2011 10:26 AM	MO	4/01/2012 3:29 PM	MO
Purpose and Function	14	18	20/05/2011 10:24 AM	MO	4/01/2012 3:48 PM	MO
Skills	4	6	3/06/2011 10:29 AM	MO	4/01/2012 3:48 PM	MO
social intercation	7	9	29/04/2011 11:41 AM	MO	4/01/2012 3:48 PM	MO

MQ 308 Items — 11:43 AM 29/01/2013

Screenshot 2 — Tree Nodes

Name	Sources	References	Created On	Created By	Modified On	Modified By
Why keep working	46	106	28/04/2011 10:10 AM	MO	21/05/2012 11:40 AM	MQ
Career	2	2	3/06/2011 8:24 AM	MO	3/06/2011 10:27 AM	MO
financial	22	29	29/04/2011 11:41 AM	MO	4/01/2012 3:47 PM	MO
I dont want to retire	4	6	3/06/2011 11:27 AM	MO	4/01/2012 3:47 PM	MO
idenity	19	24	29/04/2011 11:40 AM	MO	4/01/2012 3:47 PM	MO
Job Sat	6	6	20/05/2011 10:57 AM	MO	4/01/2012 10:58 AM	MO
keep active	14	16	29/04/2011 11:41 AM	MO	4/01/2012 3:48 PM	MO
Life roles	2	2	3/06/2011 11:08 AM	MO	4/01/2012 3:47 PM	MO
Phyical Body	3	4	20/05/2011 10:26 AM	MO	4/01/2012 3:29 PM	MO
Purpose and Function	14	18	20/05/2011 10:24 AM	MO	4/01/2012 3:48 PM	MO
Skills	4	6	3/06/2011 10:29 AM	MO	4/01/2012 3:48 PM	MO
social intercation	7	9	29/04/2011 11:41 AM	MO	4/01/2012 3:48 PM	MO
Why retire	22	44	28/04/2011 10:10 AM	MO	8/03/2012 3:02 PM	MQ
Burnout	1	1	4/01/2012 10:27 AM	MO	4/01/2012 10:27 AM	MO
do things I have not been able to do	4	4	29/04/2011 11:39 AM	MO	17/08/2011 12:19 PM	MO
External Influence- No work etc	2	5	3/01/2012 10:39 AM	MO	8/03/2012 11:41 AM	MQ
Family Reasons	3	3	6/06/2011 9:01 AM	MO	4/01/2012 10:43 AM	MQ
Financial	1	1	4/01/2012 10:24 AM	MO	4/01/2012 10:24 AM	MO
Hard to stay up to date	1	1	6/06/2011 8:23 AM	MO	15/08/2011 12:04 PM	MO
Health	5	11	6/06/2011 9:00 AM	MO	8/03/2012 1:24 PM	MO
Life roles	1	2	6/06/2011 9:00 AM	MO	8/03/2012 12:19 PM	MQ
need a break	4	7	29/04/2011 11:40 AM	MO	4/01/2012 10:43 AM	MQ

MQ 308 Items — 11:44 AM 29/01/2013

Name		Sources	References	Created On	Created By	Modified On	Modified By	
	I dont want to retire	4	6	3/06/2011 11:27 AM	MO	4/01/2012 3:47 PM	MO	
	idenity	19	24	29/04/2011 11:40 AM	MO	4/01/2012 3:47 PM	MO	
	Job Sat	6	6	20/05/2011 10:57 AM	MO	4/01/2012 10:58 AM	MO	
	keep active	14	16	29/04/2011 11:41 AM	MO	4/01/2012 3:48 PM	MO	
	Life roles	2	2	3/06/2011 11:08 AM	MO	4/01/2012 3:47 PM	MO	
	Phyical Body	3	4	20/05/2011 10:26 AM	MO	4/01/2012 3:29 PM	MO	
	Purpose and Function	14	18	20/05/2011 10:24 AM	MO	4/01/2012 3:48 PM	MO	
	Skills	4	6	3/06/2011 10:29 AM	MO	4/01/2012 3:48 PM	MO	
	social intercation	7	9	29/04/2011 11:41 AM	MO	4/01/2012 3:48 PM	MO	
Why retire		22	44	28/04/2011 10:10 AM	MO	8/03/2012 3:02 PM	MQ	
	Burnout	1	1	4/01/2012 10:27 AM	MO	4/01/2012 10:27 AM	MO	
	do things I have not been able to do	4	4	29/04/2011 11:39 AM	MO	17/08/2011 12:19 PM	MO	
	External Influence- No work etc	2	5	3/01/2012 10:39 AM	MO	8/03/2012 11:41 AM	MQ	
	Family Reasons	3	3	6/06/2011 9:01 AM	MO	4/01/2012 10:43 AM	MO	
	Financial	1	1	4/01/2012 10:24 AM	MO	4/01/2012 10:24 AM	MO	
	Hard to stay up to date	1	1	6/06/2011 8:23 AM	MO	15/08/2011 12:04 PM	MO	
	Health	5	11	6/06/2011 9:00 AM	MO	8/03/2012 1:24 PM	MO	
	Life roles	1	2	6/06/2011 9:00 AM	MO	8/03/2012 12:19 PM	MQ	
	need a break	4	7	29/04/2011 11:40 AM	MO	4/01/2012 10:43 AM	MO	
	Social and Move away from Work	1	2	1/02/2012 12:46 PM	MQ	1/02/2012 12:54 PM	MQ	
Rural regional and country issues		18	39	17/05/2011 9:55 AM	MO	14/02/2012 10:55 AM	MQ	
Skills and education		61	188	29/04/2011 11:17 AM	MO	13/02/2012 10:30 AM	MQ	

8.10. Appendix 10: Phase One Numerical Matrix

Page to be inserted

8.11. Appendix 11: Independent Samples T-Test

Table 30: Independent samples t-test

| | | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | 95% Confidence Interval of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Worker life role commitment	Equal variances assumed	4.56	0.03	3.44	213.00	0.00	0.37	0.11	0.16	0.58
	Equal variances not assumed			3.29	135.53	0.00	0.37	0.11	0.15	0.59
Parent life role commitment	Equal variances assumed	37.33	0.00	0.12	214.00	0.90	0.02	0.19	-0.35	0.40
	Equal variances not assumed			0.11	116.33	0.91	0.02	0.21	-0.40	0.44
Spousal life role commitment	Equal variances assumed	5.55	0.02	-0.83	212.00	0.41	-0.10	0.12	-0.34	0.14
	Equal variances not assumed			-0.78	136.45	0.43	-0.10	0.13	-0.35	0.15
Home life role commitment	Equal variances assumed	18.32	0.00	-6.65	213.00	0.00	-0.55	0.08	-0.71	-0.39
	Equal variances not assumed			-5.66	99.88	0.00	-0.55	0.10	-0.74	-0.36
Adult-child life role commitment	Equal variances assumed	4.85	0.03	-0.89	213.00	0.37	-0.17	0.19	-0.54	0.20
	Equal variances not assumed			-0.85	138.37	0.40	-0.17	0.20	-0.56	0.22
Leisure life role commitment	Equal variances assumed	4.80	0.03	2.08	210.00	0.04	0.22	0.11	0.01	0.43
	Equal variances not assumed			1.93	124.28	0.06	0.22	0.11	-0.01	0.44
Volunteer life role commitment	Equal variances assumed	1.96	0.16	2.15	215.00	0.03	0.26	0.12	0.02	0.49
	Equal variances not assumed			2.05	136.63	0.04	0.26	0.13	0.01	0.51

		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Authenticity	**Equal variances assumed**	**0.02**	**0.90**	**0.25**	**212.00**	**0.81**	**0.04**	**0.14**	**-0.25**	**0.32**
	Equal variances not assumed	-	-	**0.25**	**153.07**	**0.81**	**0.04**	**0.14**	**-0.25**	**0.32**
Balance	**Equal variances assumed**	**2.27**	**0.13**	**0.22**	**211.00**	**0.83**	**0.03**	**0.15**	**-0.27**	**0.33**
	Equal variances not assumed	-	-	**0.21**	**137.55**	**0.83**	**0.03**	**0.16**	**-0.28**	**0.34**
Challenge	**Equal variances assumed**	**0.73**	**0.39**	**1.26**	**214.00**	**0.21**	**0.19**	**0.15**	**-0.11**	**0.49**
	Equal variances not assumed	-	-	**1.24**	**148.47**	**0.22**	**0.19**	**0.15**	**-0.11**	**0.50**

8.12. Appendix 12: Macquarie University Final Ethics Approval

Ethics Secretariat <ethics.secretariat@mq.edu.au> Thu, Nov 4, 2010 at 1:33 PM

To: Ms Denise Jepsen <denise.jepsen@mq.edu.au>

Cc: Ms Marjorie O'Neill <marjorie.oneill@mq.edu.au>

Dear Dr Jepsen

Re: "Career Movement in Selected Health Occupations" (Ethics Ref: 5201000936)

Thank you for your recent correspondence. Your response has addressed the issues raised by the Human Research Ethics Committee and you may now commence your research.

The following personnel are authorised to conduct this research:

Dr Denise Jepsen- Chief Investigator/Supervisor

Ms Marjorie O'Neill- Co-Investigator

Please note the following standard requirements of approval:

1. The approval of this project is conditional upon your continuing compliance with the National Statement on Ethical Conduct in Human Research (2007).

2. Approval will be for a period of five (5) years subject to the provision of annual reports. Your first progress report is due on 04 November 2011.

If you complete the work earlier than you had planned you must submit a Final Report as soon as the work is completed. If the project has been discontinued or not commenced for any reason, you are also required to submit a Final Report for the project.

Progress reports and Final Reports are available at the following website:

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/ human_research_ethics/forms

3. If the project has run for more than five (5) years you cannot renew approval for the project. You will need to complete and submit a Final Report and submit a new application for the project. (The five year limit on renewal of approvals allows the Committee to fully re-review research in an environment where legislation, guidelines and requirements are continually changing, for example, new child protection and privacy laws).

4. All amendments to the project must be reviewed and approved by the Committee before implementation. Please complete and submit a Request for Amendment Form available at the following website: http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/ human_research_ethics/forms

5. Please notify the Committee immediately in the event of any adverse effects on participants or of any unforeseen events that affect the continued ethical acceptability of the project.

6. At all times you are responsible for the ethical conduct of your research in accordance with the guidelines established by the University.

This information is available at the following websites: http://www.mq.edu.au/policy/

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/ human_research_ethics/policy

If you will be applying for or have applied for internal or external funding for the above project it is your responsibility to provide the Macquarie University's Research Grants Management Assistant with a copy of this email as soon as possible. Internal and External funding agencies will not be informed that you have final approval for your project and funds

will not be released until the Research Grants Management Assistant has received a copy of this email.

If you need to provide a hard copy letter of Final Approval to an external organisation as evidence that you have Final Approval, please do not hesitate to contact the Ethics Secretariat at the address below.

Please retain a copy of this email as this is your official notification of final ethics approval.

Yours sincerely

Dr Karolyn White

Director of Research Ethics

Chair, Human Research Ethics Committee

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