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Later-life employment trajectories and health

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ABSTRACT

Background: Despite the recent policy push to keep older adults in the labour force, we know almost nothing about the potential health consequences of working longer. Drawing on a life course approach that considers stability and change in employment patterns, this study examines the relationship between long-term labour market involvement in later life and self-rated health.
Methods: Our data are from the Health and Retirement Study (1992–2012) for the cohort born 1931–1941 (N = 6522). We used optimal matching analysis to map employment trajectories from ages 52–69, and then logistic regression to examine associations between these trajectories and self-rated health in the early 70s, net of socio-demographics, household resources and prior health.
Findings: Women prevail in groups characterized by a weak(er) attachment to the labour market and men, in groups signifying a strong(er) attachment. Men who downshifted from full-time to part-time work around age 65 were the least likely to report poor health in their early 70s.Women had the best health if they remained employed, either full-time or part-time. However, unlike men, they appeared to benefit most in health terms when part-time hours were part of a longer-term pattern.
Conclusion: While our study findings show that continuing to work in later life may be positively associated with health, they also suggest the need for flexible employment policies that foster opportunities to work part-time.

1. Introduction

Across the developed world, falling birth rates and the 'baby boom' cohort's retirement have raised the spectre of unsustainable public pension costs. One of several widely agreed-upon solutions is to step up the labour force participation of older adults (Vickerstaff, 2010). This strategy is justified partly by improved later-life health at the population level. Yet, linking employment primarily to aggregate health indicators glosses over considerations that have the potential to undermine intended social and economic goals. Notably, it is not clear whether or not working longer will foster health—or harm it. Existing research on employment in later life is limited by its focus on retirement, most often as a discrete event (Insler, 2014; Neuman, 2008; Stenholm et al., 2014). Moreover, findings are equivocal (van der Heide, van Rijn, Robroek, Burdorf, & Proper, 2013). Some studies report negative associations between leaving the labour force and health (Dave, Rashad, & Spasojevic, 2008; Moon, Glymour, Subramanian, Avendano, & Kawachi, 2012); while others show health improvement (Hessel, 2016; Westerlund et al., 2009).

Framing this period within a life course perspective (Kim & Moen, 2002) has the potential to address this limitation by compelling us to go beyond a categorical way of thinking about retirement. For one thing, the approach considers the "Third Age"—the phase lying between the family- and career-building years and the frailty years of old age—as a project that unfolds over time (Moen, 2011). Of key interest is understanding pattern and fluctuation in various life domains, such as employment, across the years that span this period (Abbott, 1990). This way of thinking shifts the focus of the study of retirement as a single event to retirement as a process. Indeed, there is evidence that, as they approach retirement, older adults experience a range of complex labour market passages that may span a number of years and involve multiple states, including downshifting from full-time to part-time work or what some refer to as, bridge employment (Beehr, 2014; Cahill et al., 2016; Skoog & Ciecka, 2010). Moreover, it is these labour market sequences within which retirement is embedded that shape the meaning and consequences of transitions such as retirement (Aisenbrey & Fasang, 2010; Wahrendorf, Zaninotto, Hoven, Head, & Ewan Carr, 2017). For example, whether becoming eligible for public pension is preceded by a lengthy period of stable full-time work or by years of employment instability

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may influence whether retirement marks the beginning of a period of "leisure" or the continuation of a series of low-paid, part-time jobs that may have very different health consequences. Mapping the biographical terrain of these employment patterns as a whole, rather than focusing solely on retirement, is an essential first step toward a better understanding of the relationship between health and extended working lives.

A life course perspective also incorporates the notion of "linked lives," the idea that older adults' employment trajectories are shaped by ties to family (Moen, 2003). Importantly, the division of labour by sex means that earlier—and, thus, likely later—roles will be gendered, with men assuming primary responsibility for breadwinning and women providing the bulk of family care (Meyer & Parker, 2011). Recent research on extended employment sequences in later life suggests that this is the case. Older women are more likely to prevail in pathways marked by weaker attachment to the labour market (e.g., part-time, early withdrawal, non-employment), while higher shares of men continue to work full-time (Worts, Corna, Sacker, McMunn, & McDonough, 2016; Tang & Burr, 2015; Wahrendorf et al., 2017; Warner & Hofmeister, 2006). However, the predominant focus on retirement in existing health research means that we leave out the many women who cannot 'retire' because they have not been stably employed. Thus, charting the full range of labour market involvement in later life, for instance, from the early 50s onward, addresses this gap, and allows for a more accurate understanding of the role of gender.

In this study, we draw on the life course perspective to explore associations between self-assessed health, a reliable and well-validated measure of physical health (Manderbacka, Lundberg, & Martikainen, 1999), and later-life labour market trajectories. We employ sequence analysis to model adults' employment patterns as biographical sequences—a series of labour market states that span the 50s to post-state pension eligibility—taking the entire chain as the unit of analysis (Billari & Piccarreta, 2005). Among other things, this approach enables us to study associations between health and retirement as a process embedded in histories of employment. We investigate whether some employment biographies are more (or less) health-enhancing than others, and what this implies for the health of older women and men. The paper begins with a review of relevant research, followed by an outline of our methods and results. A final section discusses the implications of our findings for research and policy on extended working lives.

2. Background: work and health in later life

As we know of no research on health and employment trajectories in the Third Age, our background review focuses on the much more abundant studies of retirement. Conceptually, they paint a complex picture of its association with health (Calvo, Sarkisian, & Tamborini, 2013). For instance, retirement may trigger health decline through the loss of financial, psychological and social resources associated with employment. Conversely, leaving behind the negative aspects of work upon retiring (e.g., job stress and occupational risk) may have the opposite effect on health. Timing may also matter in the sense that retirement that is 'on-time' or congruous with dominant cultural practices may result in better health than 'off-time' or early exits. Many older workers leave the labour force via some form of bridge employment (Cahill, Giandrea, & Quinn, 2015). Defined in a multitude of ways (Beehr, 2014), it encompasses the idea of a process that leads from full-time work to full-time retirement, often by reducing work hours. It is thought that gradual exit may foster well-being by permitting the continuity of accustomed activities and social networks, while, at the same time, establishing a post-work life (Kim & Feldman, 2000).

Existing empirical research on retirement and health is ambiguous. Among generalizable studies, some report negative associations between retirement and physical health/functioning or self-assessed health (Dave et al., 2008; Moon et al., 2012; Stenholm et al., 2014). However, the authors of a review of 22 longitudinal studies determined that existing evidence was inconclusive (van der Heide et al., 2013). Research on retirement timing that could tell us something about the role of cultural norms is sparse, and results are mixed as well: early retirement may foster health (Jokela et al., 2010) or dampen it (Alavinia and Burdorf, 2008; Calvo et al., 2013), but continuing to work past traditionally expected retirement age may offer no health benefits (Calvo, Sarkisian, & Tamborini, 2013; Di Gessa et al., 2017).

Equivocal results also characterize the scant research on bridge employment and health. For example, Calvo and colleagues (Calvo, Haverstick, & Sass, 2009) found no differences in well-being between those who self-reported as having retired or partially-retired from one observation period to the next. However, Dave et al. (2008) reported negative associations between health and partial retirement (retired, but continuing to work part-time), although they were smaller than those for full retirement. Other studies show the opposite. Authors of an Australian panel study, for instance, observed that self-assessed health improved three years after the transition to retirement among those who retired gradually (reduced hours or unretired), compared with those who experienced an "abrupt" transition (stopped working full-time or part-time) (De Vaus, Wells, Kendig, & Quine, 2007). Similarly, Zhan, Wang, Liu and Shultz (2009) found that bridge employment (being partly retired) was associated with fewer major diseases and functional limitations than full retirement. Looking at changes in well-being as latent states, Wang (2007) reported that those in bridge employment were more likely to exhibit stable psychological health over time. However, gradually leaving the labour force may have no health benefit over continuing to work (Zhan et al., 2009).

Some argue that the ambiguity in existing retirement research stems from not adequately taking into account health selection, that is, that poor health may be a cause, rather than a consequence, of labour market withdrawal (Bound, Schoenbaum, Stinebrickner, & Waidmann, 1999). Indeed, worse self-rated health and a range of physical limitations are all related to early exit (e.g., Börsch-Supan, Brugiavini, & Croda, 2009; Mein et al., 2000). Well-designed studies that account for health selection find that retirement either has no impact or confers physical health benefits (Bound & Waidmann, 2007; Coe & Zamarro, 2011; Hessel, 2016; Westerlund et al., 2009; but see Behncke, 2012; Dave et al., 2008).

Studies of retirement and health that consider gender also show mixed results. Some find that, upon retirement, men are more likely to report poor self-assessed health, mobility limitations and chronic conditions (Dave et al., 2008), while others uncover no differences (Moon et al., 2012). Stenholm et al. (2014) did not detect gender disparities in physical functioning among those who continued to work, although retired women reported more health problems than their male counterparts. As mentioned, however, one of the concerns about this research from a gendered perspective is that a focus on retirement includes only those who were employed at the beginning of the study or, at least, had substantial histories of paid work.

In sum, existing research on health and later-life employment focuses on the transition to retirement and results are equivocal. Our interest in long-term patterns enables us to consider stability and change in employment which, themselves, provide the contexts of retirement. It allows us to bring in women (and men) who did not adhere to the then-conventional male life course of full-time work until state pension age. Using data from the Health and Retirement Study (HRS), our paper has two aims. First, it employs sequence analysis to describe employment trajectories between ages 52 and 69. Second, it estimates the associations between these long-term employment patterns and health when people are in their early 70s. For both aims, we also consider the role of gender.

3. Methods

3.1. Data

The HRS is a nationally-representative survey of more than 26,000 Americans aged 50+ conducted biennially since 1992. It includes