

The background of the slide is a photograph of a brick building at the University of Florida, with a large globe sculpture in the foreground. The image is overlaid with a blue geometric pattern of interconnected lines.

UF

Pathways between Work and Retirement: The Reciprocal Relationship between Health and Work

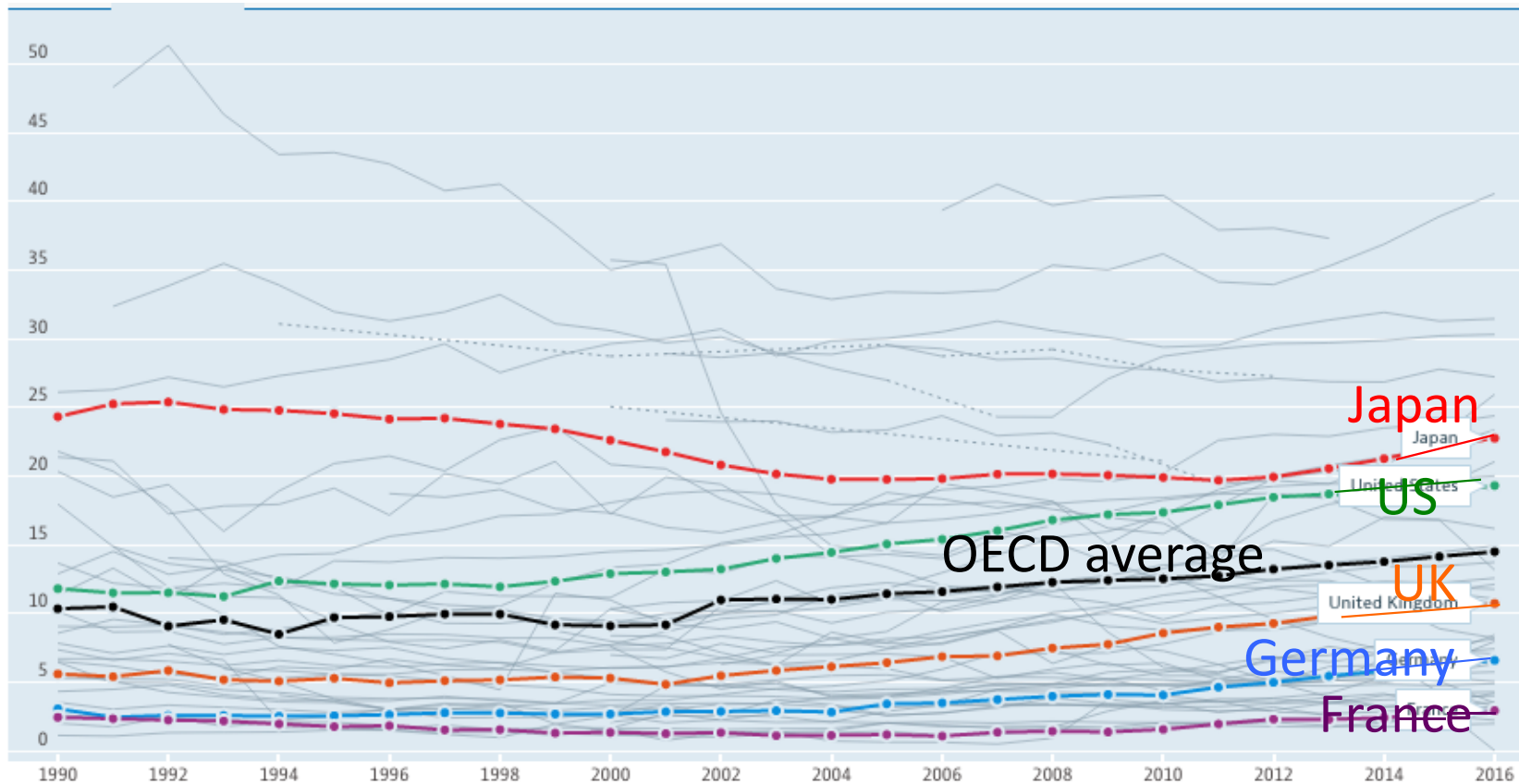
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Presentation Overview

- ❑ Various pathways between work and retirement
- ❑ Different theoretical perspectives and the important role of health
- ❑ Study 1: Retirement's impact on worker's mental health
- ❑ Study 2: Antecedents and health outcomes of working after retirement
- ❑ General discussion: Implications, limitations, and future directions

Employment rates for people aged 65+



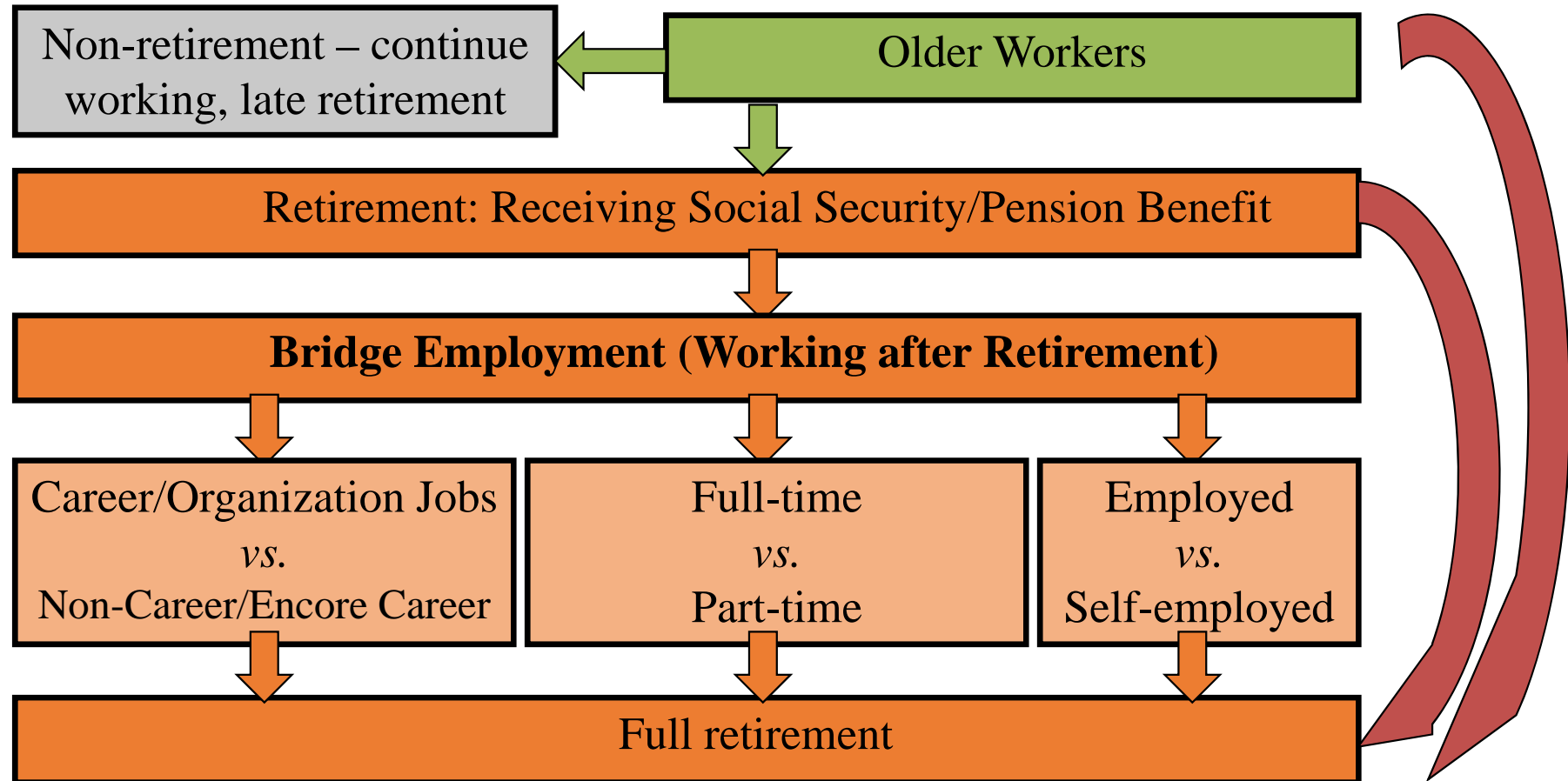
Source: OECD 2016, Labour force participation rates, % per same age group

Various Pathways between Work and Retirement

- ❑ Retirement increasingly reflects diverse changes in work-related activities, rather than complete exit from the workforce
- HRS Data (Wang & Chan, 2011)

After self-report being “Retired” (Waves 2-5)	Proportion
Stayer (Full-retirement; 13.92 years of education)	43.1%
Stayer (Always working; 11.14 years of education)	14.8%
Mover (moving between working and retirement; 12.47 years of education)	42.2%

Various Pathways between Work and Retirement



Boveda & Metz, 2016; Beehr & Bennett, 2015; Wang et al., 2009

Theoretical Perspectives of Retirement and the Role of Health

❑ Role theory

- Role exit and role transition can bring stress
- Health issues can lead to role exit

❑ Continuity theory

- Continuity benefits health
- Health constrains continuity

❑ Resource-based dynamic process view

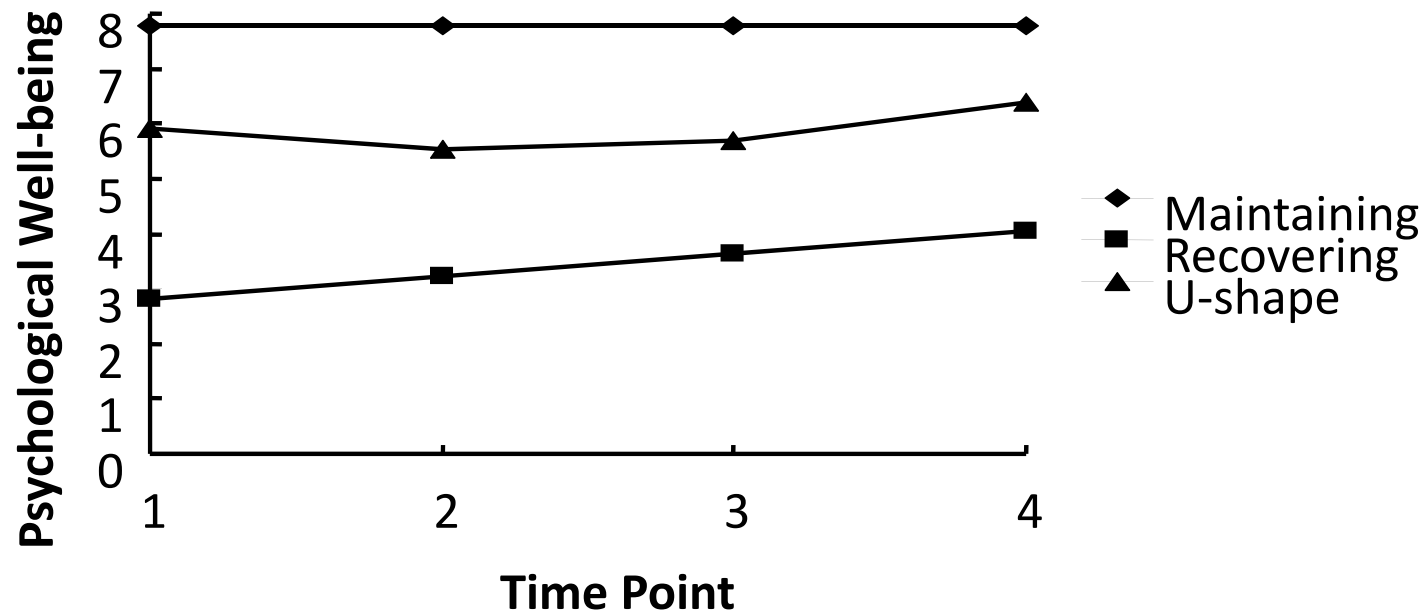
- Physical and mental health are both resources that can shape work/retirement decision-making
- Psychological well-being is sensitive to resource changes

Study 1: Retirement's impact on worker's mental health

- ❑ Mixed findings in previous literature
 - Retirement → (-) mental health
 - Retirement → (+) mental health
 - Retirement → (0) mental health
- ❑ Theoretically, all three are possible
 - Tested with HRS Data Waves 1-5, cross-validated with two samples (Wang, 2007)

Study 1: Retirement's impact on worker's mental health

- Maintaining Pattern: 69%-74% of retirees
- Recovering Pattern: 4%-5% of retirees
- U-Shape Pattern: 22%-27% of retirees



Study 1: Retirement's impact on worker's mental health

- ❑ These findings were corroborated by a German nationally representative study

Wang (2007)

U.S:

–69%-74% maintaining pattern

–22%-27% U-shape pattern

–4%-5% recovering pattern

Pinquart and Schindler (2007)

Germany:

–75% maintaining pattern

–9% U-shape pattern

–15% recovering pattern

Study 2: Working after Retirement – Antecedents

□ Again, HRS data Waves 1-3 (Wang, Zhan, Liu, & Shultz, 2008)

	Career bridge employment vs. full retirement	Bridge employment in a different field vs. full retirement
Age	-	-
Gender (female)		-
Education	+	+
Health	+	+
Total wealth		-
Work stress	-	-
Job satisfaction	+	
Retirement planning	-	-

Study 2: Working after Retirement – Antecedents

❑ Corroborated by data from China (Zhan, Wang, & Shi, 2015)

	Bridge Employment vs. Full Retirement
Age	-
Gender	+ (male)
Health	+
Economic Stress	+
Financial Orientation	+
Positive Attitude toward Retirement	-
Communion Striving	+
Generativity Striving	+

Study 2: Working after Retirement – Health Outcomes

□ HRS data Waves 1-4 (Zhan, Wang, Liu, & Shultz, 2009)

	Major Disease	Functional Limitation	Mental Health
Age	+	-	+
Gender (female)	-		-
Education	-	-	+
Total wealth	-		+
Baseline health measure	+	+	+
Career BE (vs. FR)	-	-	+
BE in a different field (vs. FR)	-	-	
Non-retirement (vs. FR)	-	-	+

General Discussion

- ❑ Multiple pathways exist for individuals transition between work and retirement
- ❑ Health and work are reciprocally related in older ages
- ❑ Multiple theoretical perspectives and multilevel theoretical framework are needed to understand these reciprocal impacts

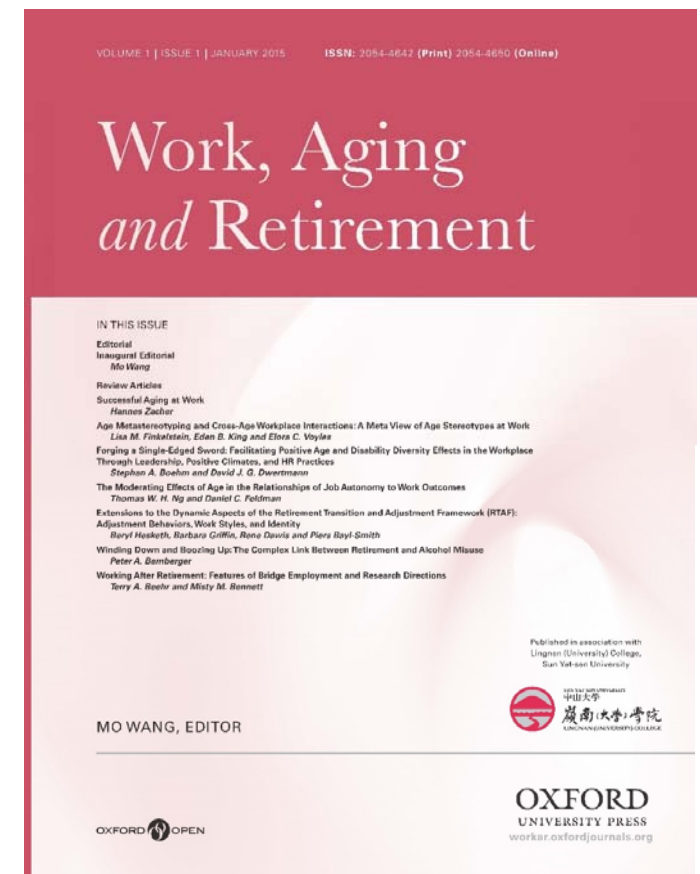
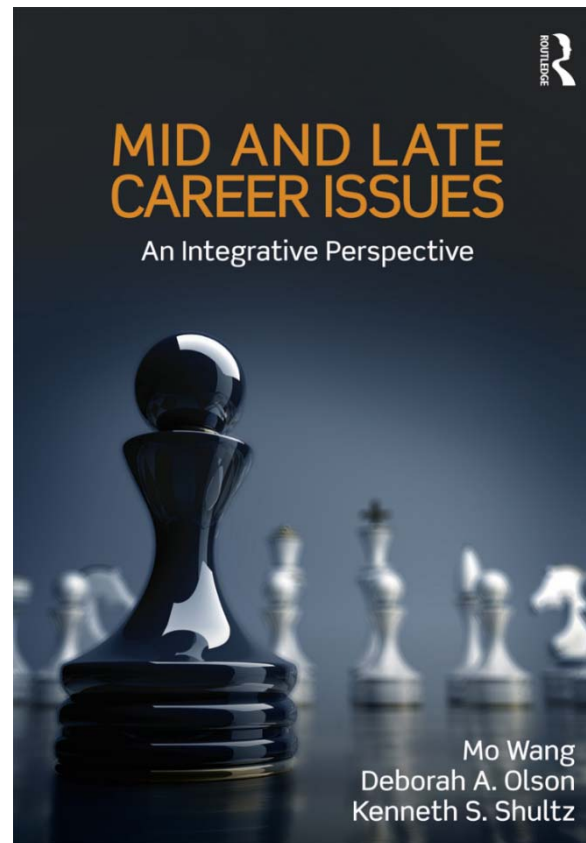
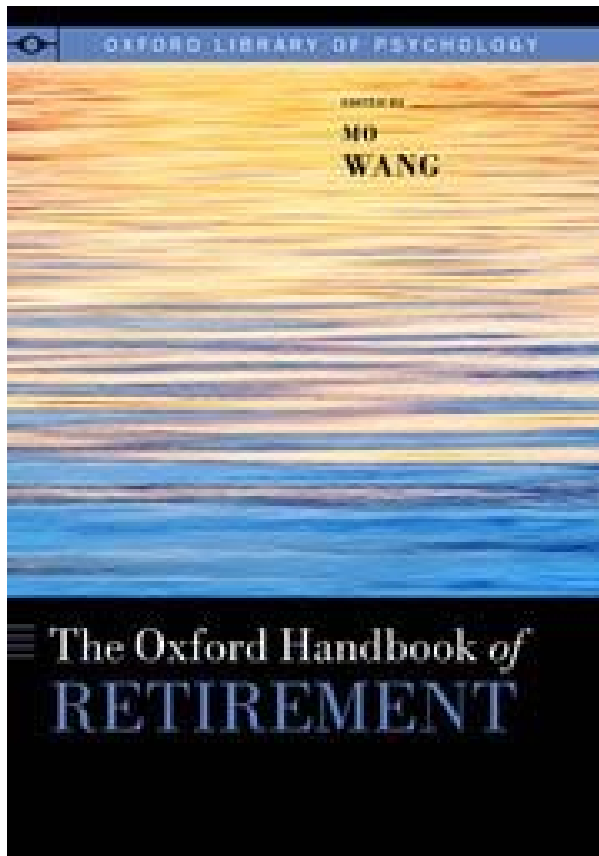
Limitations and Future Directions

- ❑ The underlying beneficial effects of working after retirement are still not directly examined
 - Lack of causal knowledge
- ❑ There is a lack of systematic examination of different types of health measures:
 - Occurrence of health problems, severity of health problems, and perceived health may lead to differing results
- ❑ The impact of (in)voluntariness for working/retirement is still not well understood

More Future Directions

- ❑ Consider how financial well-being, health, and work may dynamically influence each other
- ❑ Intervention possibilities:
 - Health insurance coverage
 - Work redesign
 - Older worker job search training programs
 - Intergenerational mentoring programs
 - Work-to-retirement transition programs

Other Readings





THANK YOU!