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# Psychological Dimensions of Retirement

Edited by Fiona Alpass and Johanna Paddison

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# Overview

The chapters that follow examine the character of, and issues relating to, western retirement experiences. As our populations age, issues relating to the nature of retirement are of growing importance.

Population ageing is a global issue. For instance, Jacobsen, Kent, Lee, & Mather (2011) report that currently one-fifth of the Japanese population is aged over 65 and estimated to increase to one-third of the population by 2040. Based on Bogomolny's (2004) calculations, by 2025, there will be 2 workers in Japan for every person over 65. By 2030 to 2040, 20% of the United States population (i.e., 70 million people), will be aged over 65 (Conrad Glass & Flynn, 2000; Jacobsen, Kent, Lee & Mather, 2011). A drop in the number of workers per government funded beneficiary from 3.3 to 2.2 has also been predicted (Social Security Board of Trustees, 2008). Many European countries will have similarly high proportions of their population aged over 65 (Heyma, 2004) with concomitant dependency ratios, as will Australia and New Zealand (Kippen, 2002; Statistics New Zealand, 2012).

In the 1970s and 1980s there was a trend toward early retirement, however this began to be reversed in many countries in the 1990s. Participation rates in most OECD countries for older workers (50-64 years) have increased to an average of 63% in 2008. Some countries have seen considerable increases in participation rates for these workers (e.g. New Zealand, Netherlands) and in even older workers (65-69 years) (OECD, 2011). Along with the increasing expansion of working lives has come an evolution of the pathways to retirement. Retirement is no longer necessarily a "clean break" from the workforce, with many researchers arguing that the transition from work to retirement is now "blurred". Retirement is not a single discrete event but can be viewed as an individual process, where for many paid employment still plays a significant role well into the "third age". The changing nature of retirement over the past few decades highlights the need to continually reassess how we conceptualise it in the literature and how it impacts on the individual, organisations and society.

This book seeks to address some of the psychological dimensions of retirement prominent in the literature. The initial chapter of this book outlines a number of definitions pertinent to the topic of retirement. This is followed by an examination of issues that affect retirement decisions. Next, psychological wellbeing and physical health issues are examined in relation to retirement. The final chapters examine the interplay between work and retirement, the role of leisure in retirement, the experiences of women, and the sources and role of social support in retirement.

# Chapter One

## Understanding Retirement

Fiona Alpass, Sarah Wright and Johanna Paddison

This paper discusses the impact of the changing nature of work on how we define and understand retirement. Historically, retirement was defined as an event, “crisp” in nature. However, the current chapter demonstrates that movements into retirement are now more “blurred” and hence how we define the process of retirement should accommodate this change.

### *Defining Retirement*

How do we define retirement? Can we describe it as a complete withdrawal from the workforce? There are various different concepts and measures for retirement (Denton, & Spencer, 2009) and this depends on one’s definition of complete withdrawal. If we mean no further participation in any form of employment, then this is becoming increasingly less likely as many people who consider themselves retired may still work in some capacity (Mutchler, Burr, Pienta, & Massagli, 1997). If individuals remain in some form of part-time work, then defining retirement by involvement in “paid employment” is also redundant. As Beehr, Glazer, Nielson, and Farmer (2000) note, one cannot be defined as retired if he or she is still working for pay. Previous research has often defined retirement in terms of pension entitlement, i.e., when an employee becomes eligible for and accesses pensions or superannuation benefits (e.g., Talaga & Beehr, 1995). However, in many situations, access to these benefits does not preclude further employment.

For many years we defined retirement by age (e.g., 65 years) as this designated the compulsory retirement age for most people. Retirement was seen as a “crisp” process (Cavanaugh, & Blanchard-Fields, 2002), where the individual was employed one day and blissfully retired the next, i.e., a permanent departure from paid employment sometime after mid-life. A number of factors have served to make this definition obsolete:

- In most developed countries, it is now illegal to enforce a set retirement age (Lahey, 2010).
- During the restructuring of the 1980s and 1990s, many organisations introduced early retirement incentives to encourage older workers to leave the workforce, thereby effectively bypassing traditional retirement age and decreasing workforce participation for older workers (Casey, 1992; Fourage, & Schils, 2009).
- Changes to the availability and provision of pensions and superannuation may also influence when people leave the workforce (Mutran, Reitzes, & Fernandez, 1997).
- The changing nature of work with increased casualisation, job portfolios, and bridging employment (Yeatts, Folts, & Knapp, 2000).
- Increased life expectancy means for some, they need to accrue more resources for their retirement. Consequently, they may need to stay longer in the workforce (particularly true of blue-collar workers; van Solinge, & Henkens, 2009).
- The recent unprecedented economic crisis that has decimated many pension and superannuation schemes and wiped out personal savings (Antolin, & Stewart, 2009; Casey, 2012).

Thus, retirement which involved a clean break from the workforce is more of a historical notion of retirement. Many researchers such as Beehr et al. (2000) and Buse (2009) argue that the division between work and retirement is now “blurred”. Defining retirement in this day and age has become almost impossible (Bosse, 1998). Bowlby (2007) also notes the concept of retirement is “fuzzy” (p.16) and has suggested the development of a standard definition of retirement be a priority. Clearly, it has become increasingly obvious that retirement cannot continue to be described as an event. Instead, retirement should be viewed as a dynamic and individual process that may occur over a short period of time in one’s life or may include an extensive period of withdrawal and re-entry to the paid workforce. Feldman (1994) offers a broad definition: “retirement is the exit from an organisational position or career path of considerable duration, taken by individuals after middle age and taken with the intention of reduced psychological commitment to



work thereafter” (p.287). As Beehr et al. (2000) argue, Feldman’s definition is comprehensive in its description of the different elements that constitute the leaving of the work environment, i.e., older adults withdrawing for a length of time from an occupational activity of some extended involvement, with an associated reduction in psychological commitment. If retirement is to be seen as a dynamic process, then any definition should not only describe the withdrawal from work but should also include the transition and adjustment to the state of non-work. For instance, an acknowledgement that the reduced time commitment to work will coincide with an increase in leisure time and the change in roles, attitudes and expectations that this may bring would be apposite. However “crisp”, “blurred” or “fuzzy” retirement may be for the individual, what follows has the potential to be problematic if this increased leisure time lacks meaning and structure (Moody, 2002).

### ***Retirement in Historical Perspective***

Retirement is a 20<sup>th</sup> century concept – prior to this, few people thought of retirement, you worked until your death through economic necessity. Now, retirement is thought of as part of the natural order. The expectation that this state will be attained is due to industrialisation in the 19<sup>th</sup> century of Europe and North America and other developed countries. As countries moved toward industrialisation, retirement began to be seen as a normal part of the work cycle (Markides & Cooper, 1987).

Before industrialisation, most people were agrarian and the family was the unit of production. Life expectancy was low, life was hard and few people reached what we would now consider old age. In 1900, life expectancy at birth was 47 in most developed countries (Bosse, 1998). This meant the dependency of the old on the young was not as long as it is today (Markides & Cooper, 1987). Industrialisation saw the move to urban dwelling with most people working in the manufacturing industries (i.e., factories). Markides and Cooper (1987) argue that there were a number of factors that occurred around the same time as industrialisation that helped promote the idea of retirement (making it “possible and necessary”). There was a decline in self-employment and agricultural employment as people began to work in the factories and became urbanised. Employed by someone else, workers could no

longer work as long as they liked, and the work itself proved to be more physically demanding and the factory system less flexible.

Accompanying industrialisation were improvements in standards of living, hygiene, and medicine which saw people living longer and healthier lives. Previously, people were cared for by their families if they became unable to look after themselves. Now, there were people living for longer periods of time and the resources needed to care for these people was more than they as individuals could generate (Johnson & Williamson, 1987). Finally, in the late 1800s, German Chancellor Bismark offered the age of 65 as the basis for a pension. This served the purpose of delineating for the first time an age for retirement (a life-stage course). By 1913, a number of other countries had also implemented public pension schemes, e.g., Australia, Belgium, Great Britain, Denmark, France, New Zealand and Sweden (Moody, 2002). It wasn't until 1935 that social security in the United States of America (USA) was introduced (Cavanaugh, & Blanchard-Fields, 2002). The most significant driver of this introduction was the massive increase in unemployment, and the intensification of large scale poverty, that was associated with the Great Depression. This tended to legitimise the institution of publicly funded social security, i.e., the poor were not undeserving! (Johnson & Williamson, 1987; Markides & Cooper, 1987). As Bosse (1998) argues, the depression highlighted the need to provide for the unemployed *and* the elderly.

After World War II, there was considerable economic prosperity in most developed nations (particularly the USA), and with the return of younger men from the war, there was a push for older workers to leave the work force (Markides & Cooper, 1987). The proportion of older people to the rest of the population provided a sustainable dependency ratio - so the many could support the few. With the increase in public and private pension plans, often heavily pushed by unions (Markides & Cooper, 1987), this was now possible. These pension plans also needed to state an age at which recipients would receive pensions leading to the idea of a mandatory retirement age (Bosse, 1998). Johnson and Williams (1987) argue that the "mechanism" of retirement legitimised the opening up of jobs for younger workers (by removing the older worker) and provided the retired worker with a guaranteed

income. Citing the work of economist, James Shulz, they suggested that social security programmes were really a way of getting older workers out of the workforce to make way for the younger workers.

Initially, retirement was seen negatively (Johnson & Williamson, 1987), perceived as both financially unattractive and a loss of identity – work was seen as conveying status for men as the breadwinner. By the 1950s, there was increased perception of retirement as the norm and socially acceptable (Markides & Cooper, 1987). Over time, the negative reactions toward retirement have declined and now most people aged over 65 are retired (Moody, 2002). As Moody (2002) argues, where once nearly all older adults worked, we are now in the situation where nearly all older adults are retired.

Furthermore, the 1960s and 1970s saw a trend toward early retirement, with a reduction in the proportion of older workers in the workforce (Ebbinghaus, 2006). For instance, Moody (2002) notes that the average retirement age in 1950 was 67, by 1980 it was 63, and by 1995, for a number of OECD countries this had dropped to below 60 for males (OECD, 1998). This trend toward early retirement appears to be on the wane. In some countries, the trend is reversing - for instance labour force participation by workers over 65 is increasing in New Zealand with the most recent census data showing 43% of men and 25% of women aged 65-69 years in the workforce – a 134% and 400% increase respectively over a twenty year period (Department of Labour, 2010). What is clear, however, is that with an ageing workforce, the dependency ratio is now less supportable – the few cannot afford to take care of the many. Does this mean an increase in the time spent in work and later retirement for the future? It seems that many industrialised countries are hoping so. Many have tightened eligibility and entitlement for public funded pensions to encourage workers to remain in the workforce and reduce the burden of care on the state (Bosse, 1998).

## *Summary*

On the scale of human history, the concept of a full, State provided retirement pension (i.e. an entitlement procured at age 65) is likely to be a relatively short lived idea. Despite retirement not widely socially accepted as a desirable state until the 1950s, already by the turn of the new century, the notion of “retirement” as it is currently held by the general population has become ambiguous. At the crux of the challenge is the fact that extended life expectancies coupled with lower reproduction rates will lead to a dramatically increased mean age of western populations in the coming decades. Across a single century, population by age in our societies have moved from a situation where the old were not dependent on the young for long, to a situation where the proportion of older people to others provided a sustainable dependency ratio, and finally, to the unlikelihood of a sustainable dependency ratio if current patterns of retirement from paid employment continued. Furthermore the age-related component of retirement definition is not the only aspect that is in flux. At an individual level, the very nature of the process of exiting from work is tending to change. Not only must definitions of retirement embrace more dynamic patterns of work exit and re-entry but current definitions are coming to acknowledge that the individual’s adjustment to the state of non-work is also an important component. Subsequent chapters will explore in greater detail the implications of both dynamic patterns of work exit and the importance of adjustment to the non-work state.

# Chapter Two

## Retirement as a Transition

Fiona Alpass and Sarah Wright

Our working lives are one of the, and in some cases, the central life-role through which we define our adult identity. The shift away from a self-identity that is strongly related to a current job represents a substantial shift in self-representation. Early work examining the retirement adjustment process identified that retirement can be among life's most stressful periods (Cumming, & Henry, 1961). This chapter examines the issue of retirement adjustment. Initially, factors that influence the process of adjustment are examined. Following this, manifestations that are associated with a poor degree of adjustment are outlined. Trans-cultural issues that influence retirement adjustment are briefly discussed followed by an in-depth consideration of the changing nature of retirement.

### *Retirement as a Transition: The Adjustment Process*

There is a widely held belief that retirement is deleterious to the individual's mental and physical health. Bosse (1998) suggests three reasons for why this stereotype persists. First, retirement is often seen as an "alienating process" with negative effects. The retiree becomes isolated from society and roleless. The retiree leaves the work environment where they have well-defined roles and well-developed interpersonal relationships. However, their occupation is viewed as their key source of identity, both within the work setting and in the non-work setting (McGoldrick, 1989). As such, the transition from this core life-role is seen as critical – a role which cannot be replaced in leisure as it appears to lack social value. Second, there is the perception that retirement is a causative agent of poor health and subsequent death as it is often seen to precede these issues. Third, stemming from a puritan ideology, work can be viewed as "good for us" (both spiritually and bodily), and retirement is stigmatised as unhealthy or "non-productive".

Existing studies that have investigated retirement adjustment have, perhaps due to variations in research design (cross-sectional vs. longitudinal) and the measures of adjustment and well-being used (Gall, Evans, & Howard, 1997), identified a variety of findings. Acknowledging that some contradictory findings exist, in summarising adjustment research, Atchley (2003) concluded that the majority of people adjust to retirement well and suffer no ill effects. Early work in the area, which was largely based on the experiences of men, proposed that retirement in itself was one of life's most significant stressors (Cumming, & Henry, 1961) and that the transition from work to non-work via retirement signalled a rapid decline in mental and physical health (McGoldrick, 1994).

Initial research found that up to 30 percent of retirees thought they would never *adjust* to retirement (Cottrel & Atchley, 1969, cited in Atchley & Barusch, 2004). This poor adjustment figure was consistently found across a number of studies (Bosse, Aldwin, Levenson, & Workman-Daniels, 1991; Braithwaite, Gibson, & Bosly-Craft, 1986; Matthews, Brown, Davis, & Denton, 1982). Less dramatic figures have also been reported (for example, Parnes & Nestel, 1981). By the 1970s and 1980s, however, the reputed *health effects* of retirement were found to be illusory. Poor health tended to lead to retirement rather than the other way round. Retirement *may* have potential physical and mental health consequences, but as Atchley (2003) noted, people bring to the retirement transition their own ability to adapt and mitigate potential impacts. These issues are explored more fully in chapters four and five.

Retirement does not occur in a vacuum nor is it immune from the ageing process, which accompanies many changes for the individual. Variations in occupational and retirement experiences may influence the impact of retirement has on well-being and the extent to which it influences factors such as self-esteem and depression. Thus, the conditions and circumstances that surround retirement can subsequently have a negative, positive, or neutral impact on well-being.

### ***Factors that Influence Retirement Adjustment***

A number of studies have suggested that approximately 30 percent of retirees find the retirement transition or the state of being retired stressful. Fouquereau, Fernandez and

Mullet (2001) suggested that the factors that influence retirement adjustment can be categorised into four variables: situation variables, personal characteristics, social resources, and coping resources. Bosse, Spiro and Kressin (1996) identified a number of factors within these categories that characterise those that typically have difficulties adjusting to retirement including, but not limited to, whether the retirement was voluntary or not; socio-economic, occupational and health status; and social support.

Clearly, the literature shows that how one adjusts to retirement can be influenced by the underlying reason for retiring. For example, those that are forced to retire, as opposed to a voluntary separation, are likely to suffer ill effects (Bacharach, Bamberger, Biron, & Horowitz-Rozen, 2008; Calvo, Haverstick & Sass, 2009; De Vaus, Wells, Hendig & Quine, 2007; Gallo, Bradley, Dubin, Jones, Falba, Teng & Kasl, 2006). The individual who experiences an involuntary separation from the workforce (either due to ill-health or organisational downsizing) is more likely to view that separation as a major stressor with an inherent impact on health (Ebersole & Hess, 1997; Marshall, Clarke, & Ballantyne, 2001; Shapiro & Yarborough-Hayes, 2008). However, for those who plan for retirement and do so voluntarily, the impact is negligible (Midanik, Soghikian, Ransom, & Tekawa, 1995). As Mein et al. (1998) argued, having the autonomy to decide when to retire is part of the process of adjusting to retirement. Being forced to retire due to factors outside one's control removes that sense of autonomy and reduces the likelihood of successful adjustment. For instance, one early study found that men who retired voluntarily had the time to plan for their retirement, in terms of the financial resources required to meet their needs and the structuring of increased non-work time (Peretti & Wilson, 1975). However, those who retired involuntarily had little time to plan for the sudden change in circumstances and consequently, had less time to adjust. Similar findings are found elsewhere (Atchley, 1982; Sharpley & Layton, 1998; Walker, Kimmel, & Price, 1981). More recently, Calvo et al. (2009) found that older workers who had a choice of whether to retire or not reported greater increases in happiness and enjoyment of life during the transition to retirement. Although these authors found no effects on happiness for gradual versus abrupt retirement, they argue that having a *choice* over a gradual versus abrupt retirement transition would impact on future happiness, highlighting the importance of agency in the retirement process.

Not only does socio-economic status appear to be a strong predictor of retirement intentions, but financial security during retirement also appears to be a particularly significant predictor of morale, life satisfaction and adjustment to retirement (Braithwaite & Gibson, 1987; Dorfman, 1992; Fletcher & Hansson, 1991; Krause & Baker, 1992; Miron-Shatz, 2009; Price, & Balaswamy, 2009; Secombe & Lee, 1986). For example, retirees with lower socio-economic status are more likely to report boredom, loneliness and depression (McGoldrick, 1989; Richardson & Kilty, 1991). Furthermore, research findings suggest that white-collar workers are more satisfied with their retirement than blue-collar workers, perhaps due to differences in retirement income (Osgood & Mizruchi, 1982). This seems particularly true for women. Research by Perkins (1992) illustrates that women who work in jobs with low occupational status are more vulnerable to poor adjustment. Among both professional and non-professional women, however, retired women have reported lower morale and psychological well-being, greater dissatisfaction with life, and more poorer perceived health than men (Richardson & Kilty, 1991).

Health is the most studied variable relative to retirement. As noted earlier, retirement does not usually cause poor health., Hansson, Dekoekkoek, Neese and Patterson (1997), in their review of ageing at work, suggest that the antecedents of poor health are already apparant before the transition to retirement, and that any subsequent decline in health is a normal part of the ageing process. However, poor health during retirement tends to predict poor adjustment, low morale, and low life satisfaction in retirement (Austrom, Perkins, Damush & Hendrie, 2003). Hayward, Grady, Hardy & Sommers (1989) stated that even before health is affected, withdrawal from the workforce allows the worker to conserve their future health, and pursue leisure activities which often have beneficial health consequences. Research indicates that a positive disposition has positive effects on health (Scheier & Carver, 1985, 1987), which in turn, has positive effects on retirement satisfaction. Unfortunately, however, compared to those who retire for work and personal reasons, individuals who retire for health reasons tend to be in worse health in retirement, have lower health and retirement satisfaction, and also score lower on general happiness (Hanisch, 1994).



There is overwhelming evidence that for older adults, good social support is a key contributor to quality of life. Effective social support provides a protective mechanism against major and minor stressors. Social relationships have been suggested, along with health and finance, as one of the most important issues related to retirement and later life adjustment (Adejumo, 2010; Beaman, 2010; George, 1980; Sharpley, 1997). There is accumulating evidence that reductions in social contacts occur across the lifespan (Carstensen, 1992) and that the satisfaction with and frequency of those contacts changes as we age (Lansford, Sherman & Antonucci, 1998). Bosse et. al (1996) argued that the nature and extent of social support in retirement years has the potential to impact on adjustment. These authors, along with others, have consistently found that quantitative support declines in retirement whilst qualitative social support continues (Bosse, Aldwin, Levenson, Spiro, & Mroczek, 1993; Bosse, Aldwin, Levenson, & Workman-Daniels, 1990). Differences in social support between men and women have been frequently noted (for example, Reevy & Maslach, 2001; Shumaker & Hill, 1991), and the transition to retirement can serve to highlight these differences. A number of researchers have found that retired women have more friendship relationships in retirement than men (Antonucci, 1994; Armstrong & Goldstein, 1990), and that these relationships were key to successful retirement adjustment (Francis, 1990; Szinovacz, Ekerdt, & Vinick, 1992).

Other, perhaps less well established factors, such as pre-retirement planning and participation in leisure activities, have also been found to influence adjustment to or satisfaction with retirement (e.g., Krahe, 2011; Lee, & Law, 2004). Retirement often represents, if not an abrupt change in lifestyle, then certainly a relatively rapid change in the way one's life is structured. Ekerdt (1998) argues that decision making for retirement extends over a prolonged period of time, and although plans may change over this extended timeframe, individuals are constantly engaging in a decision-making process regarding their future retirement. Although participation in formal retirement preparation planning sessions and seminars is not widely undertaken (Noone, Stephens & Alpass, 2009), many of us embark on an informal process of planning for the inevitable transition to a non-working role. This type of pre-retirement preparation may involve planning around anticipated changes in location and leisure pursuits, with financial security, for most, probably receiving the most

consideration. Notwithstanding the content of such planning, research suggests that those who plan prior to retirement report better adjustment in retirement (Feldman, 1994; Lo & Brown, 1999; Mutran et al., 1997; Sterns & Hurd Gray, 1999).

Furthermore, Fretz, Kluge, Ossana, Jones, and Merinkangas (1989) found those still in employment experienced anxiety and depression due to low levels of retirement planning and expectations about their ability to adjust to retirement. Employees who do not want to retire and who have made little effort in planning have been found to have adjustment difficulties in retirement. For instance, Rosenkoetter and Garris (2001) found those who had planned the most were more likely to be engaged in post-retirement social activities, whereas those who had done less planning reported not being adequately prepared for retirement and that their expectations of retirement had not been met. Another recent study suggested that those who planned for retirement were also less concerned about financial issues at retirement (Lee, & Law, 2004). Based on such findings, it would seem that participating in some form of planning provides the future retiree with the opportunity to consider goals for their retirement and to clarify expectations regarding financial security and leisure options.

Clearly pre-retirement planning, particularly relating to financial concerns, is an important influence on later retirement adjustment. However at least one study has found that leisure planning has perhaps even a greater impact on adjustment (Taylor-Carter, Cook, & Weinberg, 1997). In their study of university employees, Taylor-Carter et al. found that leisure planning was an important predictor of individuals' perceptions about their ability to have a successful retirement transition and their expectations with overall retirement satisfaction. Thus, it was suggested that leisure activities play a significant part in creating structure and purpose in the post-retirement environment (Taylor-Carter et al., 1997).

As good health is a prerequisite for participation in most leisure activities, understandably, the retiree's inability to be active and take meaningful roles could be a significant reason for decrease in retiree's life satisfaction. Reduction in activities due to ill-health could also result in decreased social contact and increased isolation

which could be a further cause of low life satisfaction. As such, Mobily, Lemke and Gisin (1991) had talked about the retiree developing a “leisure repertoire” in order to maximise retirement adjustment. Other reasons that could attribute to an individual’s perception of retirement include their level of work commitment. For example, Lo and Brown (1999) have suggested that those who have high work commitment and consequently low leisure orientation are likely to view the prospect of retirement more negatively. In contrast, those who are already involved in activities that can be successfully maintained and possibly expanded in retirement, and who have a high leisure orientation, are likely to view the prospect of retiring in a more positive light (Taylor-Carter et al., 1997).

### ***Manifestations of Poor Retirement Adjustment***

If potential poorly adjusted retirees can be characterised by a number of predisposing factors, how does poor adjustment manifest itself? Research by Ross and Drentea (1998) suggested that retirees do not have significantly higher levels of psychological distress compared to full-time employees. The authors argued that the lack of overall difference between retirees’ and employees’ psychological well being is perhaps due to the “trade-off” between the alienating and the engaging activities that are inherent in both retirement and employment. For example, retirement can provide freedom from the burden and stress of employment, yet at the same time, it can cut retirees off from sources of societal and occupational status. Research from Reitzes, Mutran and Fernandez (1996) demonstrated a slightly positive effect associated with retirement. Overall, the researchers found no evidence of a negative retirement outcome for self-esteem or depression when comparing workers and retirees. Retired workers were found to be less depressed than when they were still in the workforce, and those who continued to work full-time. Although there is some evidence to show that retirement does have direct health and well-being consequences (e.g., Elwell & Maltbie-Crannel, 1981), it is likely that this is true only for a minority of retirees, and is perhaps more accurate for the very old. The retirees for whom retirement is likely to have negative physical and psychological health effects are those who have retired for health reasons, those that have insufficient income or are dependent on a pension, or have experienced other significant stressful life events (e.g., Feldman 1994; Sharpley & Layton, 1998). For the majority of retirees, however, retirement is a normative event,

and produces few health consequences (e.g., Mein, Martikainen, Hemmingway, Stansfeld, & Marmot, 2003).

### ***The Influence of Cultural Setting on Retirement Adjustment***

Retirement is a social construction and as such, the experience of retirement will differ across cultural and ethnic groups. Certainly, it can be established that the varying retirement policies in different countries have impacts on individuals' experiences of retirement. For instance, the standard age of eligibility for retirement benefits differs widely across countries. The normal eligibility range is from as low as 62 in some countries (for example, France, Korea, Turkey) to as high as 67 in others (for example, the United States of America, Germany, Iceland, Norway; OECD, 2011b). In addition, some countries have different standards across the genders. Where this exists, retirement ages tend to be lower for females than males (Duval, 2004). However, these statistics are based on developed nations and it goes without saying that many more developing economies have very little in the way of formal social security provision for retirees (Jackson, 2002). Consequently, retirement is not a universal option.

There is little research that has investigated retirement decisions or experiences across diverse cultural groups, with most studies investigating racial differences in adjustment, particularly within the United States (Murphy, Johnson & Mermin, 2007), and often on working class retirees (Price, 1998). These studies tend to find differences in adjustment between black and white Americans (Fernandez, Mutran, Reitzes, & Sudha, 1998; McGoldrick, 1994; Richardson & Kilty, 1992), however, these differences can largely be accounted for by differences in finances and health (Price, 1998). Clearly, further research is needed in this area with an emphasis on the different cultural meanings of work and retirement and how it is affected by cultural practices. For instance, what are the consequences for the socially isolated retiree in societies favouring individualism versus collectivism? How does the cultural view of intergenerational dependency impact on intended retirement age? Increasingly, the retirement experience of culturally displaced persons requires considerable attention.

## *The Changing Nature of Retirement*

As noted earlier, retirement is becoming increasingly difficult to succinctly define and this is largely due to changes in the nature of work and to the processes of transitioning to retirement. Many of the concerns surrounding retirement are rapidly changing. Although retirement is now a normative and often an anticipated event (Ekerdt, Kosloski, & DeViney, 2000), many of the choices and opportunities that confront the individual later in their work life make this a complex transition.

Over the past few decades, in most developed countries we have seen withdrawal of older workers from the workforce. As noted earlier, during the 1960s and 1970s, the majority of males retired at or after the age of 65 in almost all OECD countries (Blondal & Scarpette, 1999). By 1995 and 1996, the average age of retirement for men and women had decreased to 60 respectively. The trend toward early retirement is due in part to the popularity in organisations of offering early retirement incentives (ERIs). A number of reasons are proposed for such incentives including responding to technological changes, mergers, restructuring and downsizing (Appelbaum, 2003). However, some suggested that ERIs are a popular way for organisations to manage labour supply and demand (Hardy & Hazelrigg, 1999) and to divest themselves of older workers (Atchley & Barusch, 2004). Clearly, there are considerable policy implications that stem from the withdrawal of older workers from workforce participation. At a time when the population is ageing and poor labour market growth is projected, policy makers are focused on the ability of the few to support the many, i.e., the prospect of a large dependency ratio where the ratio of working-age adults (aged 15 to 64) to older adults (aged 65 and over) in the developed world will decrease from the present ratio of 4.5 to 1 to 2.2 to 1 in 2050 (Jackson, 2002). Notwithstanding the recent global economic crisis, Settersen (2002) argues we are in the situation where conditions for older workers to remain in the workforce have never been better, and indeed many older workers would like to remain in the workforce past the typical retirement age (Alpass, 2008). However, as Fronstin (1999) noted, there is a paradox in the situation where increased life expectancy and better health provide opportunity for older workers to continue in the workforce whilst incentives for employees to leave early remain.

As discussed earlier, retirement can no longer be viewed as a discrete event. For many, the transition out of the workforce is characterised by a partial retirement process. They may reduce their work responsibilities or hours of employment (Cavanaugh, & Blanchard-Fields, 2002). This “bridge employment” may also involve some form of temporary work or limited contract position. Bridge employment then can be characterised as a “transition into some part-time, self-employment or temporary work after full-time employment ends and permanent retirement begins” (Feldman, 1994, p.286). For some, bridge employment offers the opportunity of boosting pension or superannuation payments (Doeringer, 1990), while for others it may be the only source of income before they become eligible for such benefits (Atchley & Barusch, 2004). Bridging employment can also help to maintain the sense of structure and worth that full-time employment may have provided (Kim & Feldman, 1998; Wang, Zhan, Liu, & Shultz, 2008). However, these jobs will often be at a lower status and lower rate of pay than the individuals’ previous full-time job (Atchley & Barusch, 2004). Despite many older workers who leave their career jobs continuing to work in some capacity, it is difficult to ascertain whether bridging employment is a growing phenomenon (Urlich, 2006).

Henretta (2001) argues a number of factors point to such an increase in bridge employment in the United States. For instance, the continued use of early retirement incentives which encourage workers to leave their career job early; the increase in workforce participation by those receiving early retirement benefits; higher job displacement rates among older workers compared to younger workers; and the reduction in job tenure for older men. Moen, Fields, Quick, and Hofmeister (2000) using the data from the Cornell Retirement and Well-being study found that forty-nine percent of males and thirty-nine percent of females aged 50-59 years were employed after retirement from their career jobs. Interestingly, there were gender differences in reported health for those in post-retirement work and those not employed. Men in employment were more likely to report “fewer depressive symptoms, a higher sense of mastery, more self esteem, and a higher general level of satisfaction” (p. 95) than those not employed. Women, on the other hand, reported more depressive symptomatology, a lower sense of mastery and less life satisfaction than their non-employed counterparts.

As Moen et al. (2000) suggest, this may reflect differing reasons for being in paid employment. Men may seek post-retirement employment to provide continuity to their workforce participation, whereas women may be in employment through necessity due to their reduced capacity to accrue financial resources over the course of their working life compared to men. In an examination of the Health and Retirement Study (HRS), Cahill, Giandrea and Quinn (2007) found a high percentage of older workers moved from full-time employment to bridge jobs between the ages of 62 and 64 (i.e., sixty-three percent for men and sixty-two percent for women). Across both genders, fifty-two percent of those aged 65 to 69 years in full time employment moved onto bridge employment. Those in better health were more likely to move to bridge work regardless of gender.

Another reason for the increasing bridge employment in preparation for retirement is that retirement can no longer be viewed as a brief peaceful interlude before death. At the turn of the previous century, the average male could expect to spend around seven percent of their adulthood in retirement (Price, 2000). Today, due to increases in life expectancy and early retirement options, the average person may spend around 20 to 25% of their adulthood in retirement (Lo & Brown, 1999). The increase in time spent in retirement encourages the view that retirement is a well-earned rest after years of hard work, a “third age” dominated by leisure activities and self-actualisation (Ross & Drentea, 1998). This enduring view is predicated on the assumption that third-agers will be financially well off and in good health, spending the subsequent 20-30 years enjoying the “good life”. However, this view does not take into account the substantial proportion of this cohort who will be in poor or declining health or who have limited financial resources.

### ***Summary***

Research suggests that transitioning from paid employment to retirement requires considerable adjustment. In contrast to the earliest studies, more recent research suggests that the majority of retirees make the adjustment to retirement without experiencing negative effects on health or well-being. This chapter has shown that

factors that influence retirement adjustment include situational variables, personal characteristics, social resources, and coping resources. Those who are at greatest risk of experiencing poor retirement adjustment appear to be those who retire for health reasons, those who have insufficient income, or those who experience other significant stressful life events around the time of retirement. The retirement adjustment process in relation to mental and physical health is discussed in greater detail in chapters four and five.

The current chapter also identified that there is a clear need for further research into cross-cultural variations in retirement experiences. The final section of this chapter showed that although retirement is now a normative event, many of the choices that individuals' confront during the later part of their working lives make this a complex transition. The romanticised notion of a "third age" that is focussed around fulfilment, self-actualisation, and leisure fails to account for those retirees whose quality of life is eroded by poor health or who experience restrictions due to limited financial resources.



# Chapter Three

## Retirement Decisions

Fiona Alpass

In western society, we are socialised through societal expectations to expect to transition to retirement in our early sixties. For most, this is also a time when they become eligible for government provided old age pensions, work-related retirement benefits or private superannuation. The decision to retire seems straight forward enough for many people as they perceive retirement as a “desired goal” (Atchley & Barusch, 2004). For others, they may be forced to retire due to ill-health, family and caregiving responsibilities or redundancy (Atchley & Barusch, 2004; Nordenmark, & Stattin, 2009). As Atchley & Barusch (2004) noted, those who lose their job late in life may find it harder to find new employment and may instead contemplate retirement earlier than previously thought. Despite retirement being an involuntary change for some, for most the decision to exit participation in the workforce at the end of their careers is a personal choice (Henretta, Chan, & O’Rand, 1992). The current chapter examines in greater detail the influences of eight specific factors have on retirement decisions.

### ***Why Retire?***

What factors influence the decision to retire? A number of researchers have looked at “push” and “pull” factors that that may influence the retirement decision (Beehr, 1986; Feldman, 1994; Hanisch, 1994; Nordenmark, & Stattin, 2009; Taylor & Shore, 1995;). Shultz, Morton, and Weckerle (1998) describe push factors as negative attributes such as poor health or job dissatisfaction, that drive the worker out of the workforce. Pull factors, on the other hand, are positive attributes such as leisure pursuits, that attract the older worker away from the workforce or conversely, persuade them to stay in the workforce (Beehr, 1986). Others have conceptualised these factors as “motivational characteristics” and “opportunity characteristics” to remain in the workforce and to remain employed (Flippen & Tienda, 2000). These authors suggested that those in higher-level occupations have the opportunity to accumulate more assets and resources for their retirement which in turn, motivates an

early retirement. On the other hand, there are opportunity characteristics that act as motivators to remain in the workforce, such as good health, superior working conditions and the opportunity costs of leaving employment. The opposite is true for those with lower educational attainment and occupation level. Lack of income generating opportunity across the work life may necessitate remaining in the workforce for longer, however poorer health and the very nature of their, usually unstable, employment histories may make them more vulnerable to redundancy and early workforce exit.

### ***Health***

As noted in chapter two, health is probably the most widely studied variable relative to retirement. Ill-health is consistently conceptualised as a “push” factor in the decision to retire and is often one of the main reasons for early retirement (Feldman, 1994; Hansson, DeKoekkoek, Neese, & Patterson, 1997; Kim & Feldman, 1998; Olesen, Butterworth, & Rodgers, 2012; Nordenmark, & Stattin, 2009; Pit, Shrestha, Schofield, & Passey, 2010). For instance, Dwyer and Mitchell (1998) found those with poor health or functional limitations planned to retire one to two years earlier than average. Moreover, Kim and Feldman (1998) found that those on sick leave were more likely to accept early retirement incentives than those on “active” duty. One UK study found that the most common reasons for retirement due to ill-health were musculoskeletal (49%), psychiatric (20%) and cardiovascular disease (11%) (Pattani, Constantinovici, & Williams, 2001). A further British study found that rates of common mental disorders in males were 22% for early retirees compared to 8.2% in their working peers (Buxton, Singleton, & Melzer, 2005). Similarly, findings from the Helsinki Health Study showed that those with the poorest mental health were more likely to report intentions to retire early (Harkonmaki, Lahelma, Martikainen, Rahkonen & Silventoinen, 2006). As described in chapter two, poor health leading to early retirement can also lead to poorer retirement adjustment. That is, people who leave work due to poor health may do so under sufferance and this lack of choice impacts on how they adjust to their change in circumstances (Feldman 1994; Sharpley & Layton, 1998) .

### ***Work Factors***

Job and organisational factors may also play a part in the decision to retire despite equivocal findings. For instance, job dissatisfaction has been shown to act as a “push” factor in some studies (for example, Hanisch & Hulin, 1990) but not in others (Taylor & Shore, 1995). Such contradicting evidence will be further discussed below.

Organisational commitment predicts intended retirement age with those more committed to their organisation intending to retire later (Taylor & Shore, 1995; Von Bonsdorff, Vanhala, Seitsamo, Janhonen, & Husman, 2010). However, job involvement has been positively related to retirement intentions (Adams, Prescher, Beehr, & Lepisto, 2002) in that those with more involvement intending to retire sooner. This counterintuitive finding, the authors suggested, could be explained by “pull” factors such as leisure and family. That is, although people are highly involved in their jobs, these pull factors are more important. Another suggestion is that those highly involved in their jobs are more likely to experience burnout and this in turn leads to early retirement intentions (Adams et al., 2002; Henkens, & Leenders, 2008). Specifically, Adams et al. (2002) found a negative association between organisational commitment and retirement intentions. However, no association was found between career commitment and intentions. One possible explanation for these findings, raised by the authors was that the employee may have no intention of completely finishing with paid employment and have intentions of undertaking bridging work within their career area.

As noted above, lower occupational and educational level may influence the decision to retire. Reduced opportunities for continued or improved employment may be a strong influence on retirement intentions (Flippen & Tienda, 2000). This relationship may be further exacerbated by age. Older workers who lose their jobs often find they spend longer in unemployment, and find it more difficult to regain employment at the same level (Quinn & Burkhauser, 1990). The factor of age will be further discussed in the later sections of the chapter.

## ***Leisure***

It is a common perception that leisure time increases in retirement (Nimrod, 2007). The pursuit of leisure is often thought to exert a “pull” on employees toward retirement. For instance, having a “leisure repertoire” (Mobily et al., 1991) that could provide structure to retirement may favourably dispose individuals to earlier retirement (Beehr, 1986). In contrast, those with few leisure interests or who may be unable to develop “leisure competence” (Rosenkoetter & Garris, 2001) may delay retirement in order to maintain a sense of meaning and status to their lives. There is a popular perception that members of the baby boomer generation are exiting full-time paid employment earlier in order to spend more time on leisure pursuits (Haurant, 2004; Womack, 2004). However, Shultz et al. (1998) argue that there is evidence that leisure activities remain fairly constant over one’s lifetime (for example, Cutler & Hendricks, 1990). As such, this pull factor is less likely to play an important part in retirement intentions or satisfactorily meeting retirement expectations, compared to those push factors such as health and finances that can fluctuate markedly.

## ***Financial Factors***

Financial factors can be conceptualised as both push and pull factors in the retirement. For some, continued employment is a financial necessity (Choi, 2001), with women and minorities more likely to have insufficient financial resources in retirement (Atchley & Barusch, 2004), and thus less likely to retire early or “on time”. For others, future financial security, whether from one’s own endeavours or the offer of early retirement incentives, can be a strong predictor of the retirement decision (Fronstin, 1999). There is considerable evidence that positive expectations about future retirement income do influence the timing of retirement decisions (for example, Schellenberg, 2004), and that the availability of pensions/superannuation and early retirement incentives influence the decision to retire early (Brown, Fukunaga, Umemoto, & Wicker, 1996). On the other hand, however, higher salaries may act as a disincentive for early retirement (Kim & Feldman, 1998), perhaps because the resultant drop in income is relatively greater than for those on more modest salaries.

## *Age*

How does age influence retirement decisions? Clearly, in the past, chronological age has been the single biggest determinant of retirement age. However, with the increasingly standard prohibition on mandatory retirement, this is no longer the case. Even before this prohibition, many individuals had been leaving the workforce at increasingly younger ages (Quinn, 1999). As noted in chapter one, in the past two decades, many organisations introduced early retirement incentives (ERIs) to encourage older workers to retire, thereby reducing employee numbers and effectively circumventing traditional retirement age. Kim & Feldman (1998) found in their samples of UCLA faculty that older age was consistently related to the acceptance of ERIs.

The relationship between age and retirement intentions may be influenced by how satisfied the older worker is in his or her employment. There is considerable evidence to suggest a positive relationship between age and job satisfaction (for example, Agho, Mueller, & Price, 1993; Blegen, 1993; Brush, Moch, & Pooyan, 1993; Glisson & Durick, 1988; Oldham & Hackman, 1981). However, the shape and strength of such relationship has been questioned (Bernal, Snyder & McDaniel, 1998; Hochwarter, Ferris, Perrew, Witt, & Kiewitz, 2001). A number of explanations that could account for this relationship have been put forward, including different generational expectations, the "grinding down" of expectations with age, and age related job opportunities (Wright & Hamilton, 1978). In an empirical test of these proposed explanations, Snyder and Mayo (1991) found little support for any of the propositions. Instead, they suggested that each of the hypotheses probably does contain some explanatory power, and that they should be viewed as alternative explanations (rather than competing explanations) within more complex models of job attitude and behaviour than those previously offered. These findings suggest that affective reactions to the work environment may play an important part in mediating and/or moderating the relationship between age and retirement intentions.

Whatever the influence of age on the decision making process, most individuals expect to retire at the time of their choosing, with 65% of men and 55% of women reporting this to be their view in one study (Quinn & Burkhauser, 1994). Ekerdt, Bosse and

Glynn (1985) found in their longitudinal normative ageing study that some 66% of men accurately predicted their retirement age.

### ***Gender & Marital Status***

Chapter seven discusses the inherent gender bias in retirement related-research in more detail. However, it is readily apparent that historically most of the research on retirement decision making has been undertaken on middle-class white men. Often women were only included in research in order to further understand the retirement experiences of their husbands. Gee and Baillee (1999) argue that this has served to “marginalise” women’s experience of retirement. More recently, there has been an increasing interest in understanding the retirement process from a female perspective.

It is not surprising, given the different work experiences and histories of women, that there are gender differences in retirement decision making. Women have more disrupted work histories, often due to their roles as carers. They earn less over their lifetime compared to men and consequently have fewer financial resources in retirement. In addition, women have historically been largely concentrated in low skilled employment where job security is less common.

One example of such gender differences is that, compared to men, women are more likely to retire in order to take care of a sick spouse (Arksey, Kemp, Glendinning, Kotchetkova & Tozer, 2005; Talaga & Beehr, 1995;). The reconciliation of work and care for family members in poor health is an important factor in determining retirement decisions. It has been suggested that men may see their continued employment as a financial necessity (in order to pay for health expenses) whereas women, who generally earn less than their spouse, may see caretaking duties as more beneficial to the dyadic relationship (Hansson et al., 1997). In addition, Talaga and Beehr (1995) found that women with more dependents also tended to retire earlier, whereas the opposite was true of men.

Marital status has also been found to play a part in the retirement decision making process, particularly for women (Atchley & Barusch, 2004). As husbands tend to be

older than wives, women tend to retire earlier to coincide with their spouse's retirement (Johnson & Williamson, 1987; Talaga & Beehr, 1989). Although there is evidence to suggest that sometimes husbands exert pressure on their wives to retire at the same time as themselves (Szinovacz, 1992), in many countries, the timing of retirement is dictated by pension and benefit eligibility (Atchley & Barusch, 2004) which may be more salient for women. For instance, for married women, the decision of when to retire may be more a function of their husband's pension prospects than their own (Flippen & Tienda, 2000). Furthermore, pension rules may result in a considerable drop in income if widowhood or divorce ensue, which for women who generally live longer than men, may serve to prolong workforce participation.

Unmarried women, on the other hand, may have little choice but to keep working due to the inadequacy of the financial resources they have managed to acquire in usually lower-paid jobs than men. Married people in general are better off financially (Chan, Ofstedal, & Hermalin, 2002; Knoll, Tamborini, & Whitman, 2012) and therefore tend to retire earlier than unmarried people. It may also be as Adams and Beehr (1998) noted, that married couples may have more positive expectations about future shared leisure activities which may make retirement more attractive – although there is obviously an equally plausible argument for the opposite!

### ***Ethnicity***

There are few studies that have investigated retirement decisions as a function of race or ethnicity (Burr & Mutchler, 2007; McNamara & Williamson, 2004). Certainly there is reason to believe that some minority groups are constrained in their choice of when and how to retire. Green (2005) argues that there are three key influences on continued labour force participation in older workers: the ability to work, financial need and the desire to continue working. Analysis revealed significant differences by ethnicity across these key variables. For instance, morbidity impacts on ability to continue to work and morbidity differs by race (Green, 2005). Further, there is persuasive evidence of ethnic disparities in health outcomes (for example, Sudano & Baker, 2006) and the implications of such inequities for the quality of the retirement experience have been well documented (for example, Hayward, Friedman, & Chen, 1996).

## *Summary*

This chapter has shown that a variety of factors can be conceptualised as exerting “push” and “pull” influences on retirement decisions. However, for a particular individual, whether a specific factor exercises a “push” or a “pull” influence will be modified by variations that exist in the wider social and physical circumstances within which the decision to retire is being made. In general, ill-health has been supported as a “push” factor and is listed amongst the main reasons for early retirement. The relationship between work factors and retirement decisions appears more complex. Factors such as levels of job satisfaction and dissatisfaction, organisational and career commitments, and reduced opportunities for continued or re-employment with age all appear to operate as influential factors. Financial factors also exert strong but varying influences. For some, continuing to work is a financial necessity whilst for others, the opportunity to accept an early retirement incentive package makes an important contribution to the financial security of their retirement. In general, age per se plays a less clear role in the decision to retire than it did several decades ago, while the influence that ethnicity has on retirement decisions is currently an under-examined aspect of the issue. Finally, while increased opportunities to pursue leisure activities is often conceptualised as a “pull” factor, research suggests that this factor has less important influences on retirement decisions than factors such as health and finances.



# Chapter Four

## Psychological Wellbeing

Nancy Pachana

For many people, work not only occupies a significant portion of their time and energies over their life span, but also in many cases, facilitates relationships, structures daily activities and defines, to some extent, a sense of self. By altering these factors, the prospect of retirement, the process of retirement and actually living in retirement each have substantial potential to impact on psychological well-being in the later stages of life.

The “greying” of the workforce in many industrialised countries means that governments have begun encouraging their citizens to remain employed longer as well as encouraging businesses to consider employing older individuals. As the baby boomer generation ages and concerns mount about the costs of funding retirement benefits (particularly health care) for this group, the economic advantages of such a strategy are clear. However, despite increasing support from governments, many barriers challenge people’s continuing participation in the workforce during later life. For example, age-related changes in physical and cognitive abilities can raise challenges for older working adults while stresses related to job demands can lead to health consequences, injury, disability, or diminished productivity leading to enforced retirement.

Retirement as a critical life transitional event is supported by both cross-sectional research comparing the experiences of workers to retirees, as well as longitudinal studies examining personal and social development later in life (for example, Bosse et al., 1990; Fiske & Chiriboga, 1990). While a majority of retirees adapt well to retirement, studies have shown that as many as one-third of retirees find it difficult to adjust to retirement, suffering decreases in life satisfaction as a consequence (Elwell & Maltbie-Crannel, 1981). This chapter will explore the relationships between retirement and psychological wellbeing.

### ***Mental Health and Retirement***

Aldwin and Revenson (1987) suggest that, holding effects of physical health constant, retirees report more negative psychological symptoms than those working, with older workers reporting the fewest symptoms. Other comparative studies between retirees and workers have also shown this pattern. Specific findings include retirees tend to be lonelier, have higher levels of depression, and lower levels of life satisfaction (Gall et al., 1997; Mirowski & Ross, 1992). This tendency for retirees to report symptoms suggestive of poor mental health has been increasingly studied in recent years. Studies have attempted to look at rates of clinical disorders such as anxiety and depression in older adults (e.g. Butterworth, Gill, Rodgers, Anstey, Villamil & Melzer, 2006; Korkeila, Oksanen, Virtanen, Salo, Nabi, Pentti, Vahtera, & Kivimäki, 2011; Pierce et al., 2012), as well as symptoms of distress such as worry (e.g. Lindsay, Baillon, Brugha, Dennis, Stewart, Araya, & Meltzer, 2006).

The causes of depression and anxiety in older adults are multifactorial and depend in part upon genetics, family history of the disorder, and previous episodes of depression or anxiety disorders (Pachana, Gallagher-Thompson, & Thompson, 1994; Stanley & Beck, 2000). Women are at greater risk than men for developing clinical depression or anxiety irrespective of age. Whilst depression or anxiety disorders can develop at any age, risk factors later in life include the presence of physical illness and disability, grief, traumatic life events, and social isolation (Pachana, 1999; Stanley & Beck, 2000).

Despite persistent stereotypes about ageing, clinical depression and anxiety are not normal or expected phenomena in older people. As with people of all ages, older adults go through life changes that can often lead to temporary feelings of sadness or worry, which are considered normal. For example, after retiring, an older person may experience feelings of loss; estrangement from the familiar structure of the workplace and the companionship of fellow workers; or concerns about finances. Retirees report less social support for personal problems than workers (Bosse et al., 1990). Such lack

of social support may intensify feelings of isolation and rumination and so may increase the risk of developing depression or anxiety.

Using data from two large epidemiological surveys, Drentea (2002) examined the relationships between retirement, activity levels, and mental health and well-being. In contrast to the findings of Aldwin and Revenson (1987), Mirowsky and Ross (1992), and Gall et al., (1997), retirees reported less anxiety and distress and higher positive affect. The lower levels of anxiety and distress reported by retirees were posited to be related to activity characteristics. Retirement was not associated with depressive symptomatology in this series of studies (Drentea, 2002). Similarly, Reitzes et al., (1996) found that both male and female retirees reported a decrease in feelings of depression from when they were working. In another large longitudinal study, self-reported mental health functioning deteriorated among those who continued to work but improved among the retired (Mein et al., 2003). In this third study, improvements in mental health were restricted to retirees from higher employment levels. This brings us to consider how access to financial resources influences psychological wellbeing during retirement.

### ***Financial Resources and Psychological Wellbeing in Retirement***

The main resource implication in retirement is financial, and financial security is a powerful predictor of both the decision to retire as well as satisfaction with retirement (Dorfman, 1992; Fletcher & Hansson, 1991; Krause & Baker, 1992; Seccombe & Lee, 1986). For those with limited financial resources, anxiety about finances can adversely affect mental health, arguably preventing them from achieving leisure goals and gaining satisfaction from their retirement years (Choi, 2001). Older retirees and those with a lower socio-economic status are more likely to report boredom, loneliness and depression (McGoldrick, 1989; Richardson & Kilty, 1991). Retirees who fall into this category typically report problems with being at home too much and inability to afford leisure activities, (Bosse, Spiro, & Kressin, 1996; Brown et al., 1996; Mein, Higgs, Ferrie, & Stansfield, 1998; Perkins, 1992).

Overall, research findings suggest that white-collar workers are more satisfied with their retirement than blue-collar workers, and it seems likely that differences in

retirement income make strong contributions to these effects (Seccombe & Lee, 1986; Ward, 1984). However, the relationship between employment status and post-retirement satisfaction is more complex than being just a relationship between access to money and satisfaction (Pinquart & Schinder, 2007). In their study of well-being, morale, and life satisfaction among recent retirees, Richardson and Kilty (1991) found that, although a reduction in income was a significant predictor of adjustment problems, occupational status was the most important variable in distinguishing the group that deteriorated in well-being from the group that improved.

### ***Retirement Timing and Psychological Wellbeing***

Various aspects of the timing of retirement have been linked to mental health and well-being. Bosse, Aldwin, Levenson, and Ekerdt (1987) found that men who retired either earlier or later than their peers showed higher levels of psychological distress. Increased levels of depression and anxiety were reports by the “off-time” retirees relative to the “on-time” retirees. This is similar to a general finding in the mental health literature that when events are experienced “out of sequence” or otherwise in an unexpected timeframe, they generally provoke greater psychological distress, for example, when children die before parents (Ginzburg, Geron, & Solomon, 2002), or when younger adults experience loss of a spouse (Hays, Kasl, & Jacobs, 1994).

In contrast to the findings of Bosse et al. (1996), Mein et al. (2003) found that early retirement (at 60 years of age) had no effects on physical health. Moreover, early retirement was associated with an *improvement* in mental health, particularly among those of higher socioeconomic status. The conflicting findings apparent in this literature may be somewhat resolved if the impacts of factors that moderate the relationship between retirement age and retirement satisfaction are attended to. The following sub-section considers impacts that one of these moderating variables, voluntary versus involuntary retirement, may have on retirement adjustment and satisfaction.

### ***Psychological Wellbeing following Non-Voluntary Retirement Decisions***

Overall, most workers decide to retire voluntarily (Hayward, Friedman, & Chen, 1998; Henretta et al., 1992). Feeling that their retirement is a choice rather than an

externally imposed requirement is generally associated with an earlier planned retirement and better adjustment to retirement (Sterns & Gray, 1999). Research shows that those who feel that they were forced to retire report lower self-ratings of physical and emotional health, and lower life and retirement satisfaction (Mandal, & Roe, 2008; Shultz et al., 1998; Swan, Dame, & Carmelli, 1991). In contrast, those who report experiencing a greater sense of personal control over their decision to retire report less depression and anxiety, greater happiness and life satisfaction, and more satisfaction during retirement (Gall et al., 1997; Isaksson, & Johansson, 2008; Levy, Slade, & Kasl, 2002; Vaillant & Western, 2001).

Despite some increasing recognition that older workers are important components of global workforces (for example, Rappaport, Bancroft, & Okum, 2003), the tendency is still prevalent to think of workers who have lived less than half of their projected life expectancy as “too old to hire”. This tendency has important implications for individuals as well as companies. For example, once out of work, older workers are likely to remain unemployed much longer than younger workers (Quinn & Burkhauser, 1990; Rix, 2008). Prolonged unemployment makes it more likely that older adults will become discouraged and drop out or retire from the workforce prematurely (Hansson, Briggs, & Rule, 1990). Such unwillingly unemployed older adults are at greater risk of experiencing higher reported levels of depression, social isolation, and poor motivation (Rife & Kilty, 1989-90) and other problematic health behaviours such as smoking (Henkens, van Solinge, & Gallo, 2008).

In addition to undesired retirement due to an inability to find reemployment following redundancy, early retirement may be forced due to ill health (see chapter three). Where this occurs, it can have impacts on the psychological wellbeing of the retiree. For example, analyses from the Whitehall II study have shown that, even after controlling for health status prior to retirement, early retirement on ill-health grounds is associated with reports of poorer physical and psychological health in retirement (Hyde, Ferrie, Higgs, Mein, & Nazroo, 2004).

As with men, women who face severance are more likely to experience a sense of grief when their work role is lost (Matthews & Brown, 1988; Perkins, 1993).

However, women are more likely to experience enforced early retirement for a variety of other reasons too. For example, as discussed in chapter seven, women are more likely than men to leave the paid workforce in order to care for an elderly parent or ill spouse. Research suggests that women who are forced to retire from the paid workforce in order to meet familial elder or spousal care needs report lower levels of satisfaction than peers whose retirement was voluntary (Dettinger & Clarkberg, 2002; Szinovacz & Davey, 2004). In their 1998 study, Shultz et al. examined whether perceptions of both “push” and “pull” factors differed for voluntary versus involuntary early retirees. Results from their longitudinal data suggested that the influences of both push and pull factors operated differently between the groups of voluntary versus involuntary retirees. After retirement, the push (or negative) factors became increasingly “salient differentiators”. However, Schultz et al. as well as others (for example, Brown et al., 1996) also caution that factors such as income, education levels and prior occupational status may confound differences between persons who self-identify as voluntary versus involuntary retirees. In addition, the study of personality variables in retirement has produced interesting data. Both Type A and Type B personalities appear to adjust to both voluntary and involuntary retirement equally well (Swan et al., 1991). However, Swan and colleagues did find a tendency of Type A personalities to complain that they had been forced to retire against their will.

In general, research suggests that retiring for reasons that one can control, such as wanting to pursue leisure activities, is positively linked to satisfaction in retirement (for example, Quick & Moen, 1998). In contrast, being forced to retire due to factors outside one’s control removes that sense of autonomy and reduces the likelihood of successful adjustment (Howard, Marshall, Rechnitzer, Cunningham, & Donner, 1982).

In sum, where retirement is non-voluntary, the event is more likely to be viewed as a major stressor and to have negative impacts on self-reported mental health (Ebersole & Hess, 1997). However, where retirement is a planned and voluntarily event, the impact of retirement on mental health appears to be negligible (Midanik et al., 1995). Overall, both men and women who retire voluntarily are significantly less anxious,

depressed, or stressed than those who retire involuntarily for reasons such as ill-health, redundancy, or to meet demanding family needs (Sharpley & Layton, 1998).

### ***Effects of Social Support and Pre-Retirement Distress, Expectations, and Beliefs on Psychological Wellbeing in Retirement***

As discussed in an earlier section, those who feel more financially stable have a more positive attitude towards retirement while those who feel less secure experience greater stress and anxiety (Quinn & Burkhauser, 1990). However, in addition to financial resources, other personal resources, such as psychological resources and social support, may influence the timing and process of adjusting to retirement. As noted earlier, Atchley (2003) argues that people bring to the work-retirement transition their own ability to adapt to change. As chapter eight will show, in retirement, people tend to continue their habitual patterns of interaction. By influencing the nature of social support networks, these patterns can impact on psychological well-being and satisfaction during retirement. The presence of social support has the potential to assist with the management of stressors which often accompany retirement. Such support may act as a buffer to reduce the effects of stress and negative events in retirement. For example, Henkens (1999) found that retirees who had strong social ties had advantages in adjusting to life changes provoked by retirement.

Studies have shown that retirees who believe they will be lonely, isolated and lack social support will delay retirement (Adams & Beehr, 1998; Taylor & Doverspike, 2003). In addition, research shows that self-perceptions of an ability to successfully adjust to retirement predict planned retirement age (Taylor & Shore, 1995). Further, although they go on to report lower levels of satisfaction during the post-retirement period, women seem to hold more positive expectations of retirement than men (Anson, Antonovsky, Sagy, & Adler, 1989). Individuals who are married and those with children living close by also report more positive expectations (Anson et al., 1989).

In addition to major clinical disorders such as depression and anxiety, symptoms of distress have also been studied with respect to retirement. In a study evaluating the relationship between a person's ability to cope and to find meaning in life and their image of future old age, Neikrug (2003) assessed participant's worry and sense of coherence. Results indicated relatively low rates of worry in older persons generally, with the highest rates of worry reported in those who were middle-aged. The data also demonstrated that the post-retirement group had the highest scores on a personal sense of coherence. In a similar study comparing pre-retired to retired adults, Skarborn and Nicki (2000) found higher levels of worry in the pre-retirement group, with women showing an elevated worry level compared to men.

High levels of worry in pre-retirement groups have led to the development of retirement planning seminars. These initiatives demonstrate modest positive effects on stress and worry about retirement (for example, Hershey, Mowen, & Jacobs-Lawson, 2003; Sharpley & Layton, 1998). Data suggests that the best post-retirement mental health outcomes are attained if training programmes take a comprehensive approach and address social, health, personal, and relationship aspects of the retirement process.

### ***Gender, Marital Status, and Psychological Wellbeing in Retirement***

Research has shown that women, on average, report significantly less retirement satisfaction and lower morale than men (Kim & Moen, 2002; Richardson & Kilty, 1991). However, more recent research has found no differences in satisfaction between male and female retirees (Smith & Moen, 2009), whilst significant gender differences were found when comparing retirees and spouses. Some research suggests, women are more at risk of decline in well-being during retirement, and experience more initial stress at retirement than men (Floyd, Haynes, Doll et al., 1992; Richardson & Kilty, 1991). Moreover, research by Perkins (1992) illustrates that it is women who work in jobs with low occupational status that are most likely to experience adjustment problems. Examinations of retirement processes within married couples have shown that the retirement status of wives tends to be related to familial factors, economic resources, and spouses' personal characteristics, whereas for husbands, familial and spousal attributes have less influence on retirement behaviour (for example, Pienta, 2003). As well as the importance of financial



security, psychological factors such as self-esteem, mastery and emotional support play a significant role in retirement satisfaction for women (Price & Balaswamy, 2009).

Matthews and Brown (1988) found that satisfaction in retirement for each gender was related to their roles and personal priorities. Men who placed more emphasis on family roles (for example, as grandfather) reported being happier in retirement. Roles were much less important in affecting women's satisfaction in retirement. The relationship between marital status and older women's satisfaction with retirement is equivocal (Kim & Moen, 2002; Price & Joo, 2005; Szinovacz, 1996). There is, however, some early evidence that divorced, separated, or widowed men experience relatively less satisfaction in retirement than married or never-married men (Barfield & Morgan, 1978). As older men have been shown to generally cite lower numbers of close personal friends than women, older men may come to rely more on their wives for social support in retirement (Cavanaugh & Blanchard-Fields, 2002); when this support is not available, well-being and satisfaction may decrease.

Ekerdt and Vinick (1991) found little evidence for a negative effect of retirement on marital satisfaction, except some concern over division of labour in the home when the wife was still working. Later studies have confirmed that in couples with traditional gender roles, marital satisfaction is higher where the husband is working and the wife is retired than in the reverse situation (Myers & Booth, 1996; Szinovacz, 1996). However, Myers and Booth also found that retirement can improve marital satisfaction if it involves retirement from a stressful job.

In terms of pre-retirement expectations, Mein et al. (1998) reported that their male respondents had some anxieties about post retirement home life and the resulting redefinition of the relationship with their wives. However, in general, following voluntary retirement, it appears that improvements in the quality of the marital relationships tend to occur (Barnes & Parry, 2004). A caveat to this is that if the retirement was not voluntary or was otherwise unexpected, marital tensions may be exacerbated.

## *Summary*

This chapter has shown that psychological wellbeing during retirement is influenced by a number of factors. These factors include financial resources, gender, marital status, the timing of retirement, access to social support, and the retiree's expectations and beliefs. In terms of the influences of financial resources, research shows that differences in retirement income are strongly associated with reports of differential psychological wellbeing during retirement. This relationship appears to be dependent on factors beyond just access to money; wider influences of occupational status appear to be influential. In terms of gender and marital status, research shows that women tend to report significantly lower retirement satisfaction whilst the effect of marital status appears to be of greater importance to the psychological wellbeing of retired men than women. The timing of retirement is another factor that appears important to post-retirement psychological wellbeing. Of particular significance is whether the decision to retire was voluntary or involuntary. Finally, access to social support and personal internal resources are factors that influence both the timing of and adjustment to retirement. Having examined the relationship between psychological wellbeing and retirement, the chapter that follows will now turn to examining the relationship between physical health and retirement.

# Chapter Five

## Physical Health and Retirement

Ross Flett

Factors such as forecast increases in dependency ratios have prompted much debate about the future of health and social service provisions (Bongaarts, 2004; Chan & Koh, 1997; Scherl, 2003). One of the principal concerns among health professionals, policymakers, social scientists, economists, and others involved in health and rehabilitation service delivery, is the potential physical health and healthcare cost implications of a rapidly ageing population.

For many countries, rapid advances in medical technologies, and generally more positive and forward thinking approaches to nutrition, health-related behaviour and health concerns, have been pivotal factors in the dramatic increases in life expectancy that have occurred during the last century. As chapter one showed, rapid increases in longevity, coupled with reduced reproductive rates, mean that the proportion of the population over age 65 is steadily increasing (Kinsella, 2005). Furthermore, with possibilities such as “profound longevity” (life spans of 100+ years) becoming increasingly likely (Louria, 2005), the trend of an increasing dependency ratio is likely to continue intensifying in the future. At both the personal and societal levels, physical health experiences have profound influences on experiences of retirement. This chapter will therefore, focus on the relationship between retirement and physical health.

### *Ageing, Physical Health and Retirement*

In order to gain insight into the dynamics of the relationship between retirement and physical health, one must first consider the association between ageing and physical health per se. Implicit in many of the projections about the age structure of the population in the future, is a sometimes “pessimistic” view about the sustainability of health and social service provision given what must be an inevitable decline in an individual’s physical health over time. Examining this idea in more detail, Vaillant

and Mukamal (2001) note that the process of ageing can be viewed as having multiple facets – there are periods of “decline” (e.g. in sensory abilities), periods of “change” which are relatively neutral, and periods of “development and maturation” (p. 840). They point out that there is a relatively positive health outlook for persons as they age. Old age is not inevitably associated with years of increased disability and many factors protective towards future health are under some measure of personal control. The Berlin Ageing Study (Baltes & Mayer, 1999) presents an extraordinary range of disability, and physical and mental health data that run contrary to many of the stereotypes that currently exist around ageing and physical health. This study consisted of a cohort of older adults aged 75 who were mostly (80%) in “good” or “average” physical health, and at age 95, 30% of respondents reported similar levels of health.

In considering the Berlin Ageing Study results, Vaillant and Mukamal (2001) note the importance of the distinction between the concepts of objective and subjective physical health. Having a number of diagnosed chronic health problems and/or taking a number of medications is not inevitably correlated with a subjective rating of ill health. Vaillant & Mukamal (2001) noted that “...two out of three elderly individuals perceive their own health as superior to that of their peers, while only one in seven feels less healthy than their peers” (p.840). Perhaps then, increasing concerns about the burden of ill health associated with an ageing population are less warranted than was first thought (Allaire, LaValley, Evans, et al., 1999; Hyde et al., 2004). Crimmins (2004) notes that “...The general picture is that older people of today are healthier than older people of two decades ago. There have been improvements in most dimensions of health. People live longer and have fewer disabilities, have less functional loss, and report themselves to be in better health” (p. 93). From a public health perspective, this reflects the concept of “ageing well” as a realistic goal for older people (Hawkins, 2005).

How then, might the experience of retirement be related to stability and change in physical health status? This is a challenging question which is difficult to do justice to here, given the complexity of the retirement-physical health relationship. Heyma (2004) points out that “...the extent to which health and retirement influence each

other is still open to discussion” (p.32). Midanik, Soghikian, Ransom, and Tekawa (1995) suggest that “The literature on retirement and...health is confusing and difficult to summarise” (p.560) and in a similar vein, Fonseca and Paul (2004) state that “Research to date on the effects of retirement on health show contradictory results which are awkward to summarize...”(p.257). Historically, a persistent belief has been that retirement is causally responsible for declining physical health. However, a number of writers have pointed out that the evidence for such a link is not convincing (for example, Ekerdt, Baden, Bossé, & Dibbs, 1983; Joukamaa, Saarijarvi, & Salokangas, 1993; Salokangas & Joukamaa, 1991; Shaw, Patterson, Semple, & Grant, 1998).

Despite even early studies suggesting the contrary (for example, McMahan & Ford, 1955), the notion that the experience of retirement has negative physical health implications is an idea with some traction in popular parlance. Ekerdt (1987) suggests that these views may be “...in part due to the availability of vivid anecdotes, the tendency to interpret big events as major causes of illness, the cultural celebration of work, theoretical perspectives in gerontology fostering expectations that retirement is disruptive, and the misinterpretation of research findings” (p. 454). Alpass, Neville and Flett (2000) point out that depending on which comparative studies are examined, one can find studies that show retirees are (compared with non-retirees) worse off, much the same, or better off in terms of physical health. In many studies, the effects of retirement and the effects of ageing are difficult to untangle due to the retrospective nature of the research. Further, the influences of a number of moderating factors may impact on relationships between physical health and retirement. Identifying these moderating factors may help clarify the inconsistencies apparent in existing research.

### ***Retirement Due to Pre-Existing Physical Health Problems***

After age, one of the best predictors of the decision to exit the workforce is the presence of physical health problems (Dwyer & Mitchell, 1998; Jiménez-Martin, Labeaga & Grando, 1999; Olesen, Butterworth, & Rodgers, 2012; Shaw et al., 1998, Shultz & Wang, 2007). Cardiovascular, circulatory and musculo-skeletal problems are major physical health issues that influence early retirement (for example, Brenner & Ahern, 2000; Pattani et al., 2001). When noting that poor physical health is one of the

most frequently cited reasons for retiring, McDonald and Donahue (2000) point to data from British, Canadian, German, Italian, American, and Dutch studies samples which all emphasise the salience of physical health status in the decision to take early retirement. Further, it appears that even if one has not made a firm decision to retire, declining or problematic physical health is correlated with increasing frequency of thoughts about stopping work (Devaney & Kim, 2003).

There has been some documentation of the characteristics of individuals who exit the work force early due to health problems. McDonald and Donahue (2000) note that these people tend to be younger than those who have exited early for other reasons, and are more often male, and more frequently are lower skilled/blue collar workers. Work related health consequences are clearly not going to be the same across all types of work. However, some consistent types of physical health problems that lead to early retirement have been identified across a range of work types and industries. For example, common health issues arise where jobs involve heavy physical work (Karpansalo, Manninen, Lakka, Kauhanen, Rauramaa, & Salonen, 2002; Lund, Labriola, Christensen, Bültmann, & Villadsen, 2006), such as construction (Brenner & Ahern, 2000), mining (Calmels, Ecochard, Blanchon, Charbonnier, Cassou, & Gonthier, 1998), waste collectors and municipal workers (Lund, Iversen, & Poulsen, 2001), and food industry workers (Salonen, Arola, Nygard, Huhtala, & Koivisto, 2003).

In contrast to those who experience non-voluntary retirement (due to either health circumstances or down-sizing), those who retire voluntarily report better levels of health, engage in more positive health behaviours, and that the process of retiring had negligible deleterious effects on physical well-being (Erber, 2005; Henkens, van Solinge, & Gallo, 2008; Herzog, House, & Morgan, 1991).

### ***Physical Health after Retirement***

Evidence suggests that self-rated health perceptions are relatively stable in the pre and early retirement period. Choi (2003) noted that 70% of the pre- and recent- retirees in their sample reported stable self-ratings of health over a 2 year study period. In the remainder of the sample, self-ratings of decline in health were marginally more likely

than self-ratings of improvement. This suggests that being in the early phase of retirement is associated with stabilisation in physical health rather than change in any particular direction. Other research also supports this observation (for example, Ekerdt et al., 1983).

In contrast, there is some evidence that health improves after retirement. Schnore (1985, cited in Shaw et al., 1998) reported 43% of their sample of retirees as experiencing improvements in health post-retirement. This may reflect the idea that retirement can be a period where work related stress is removed and the individual has the opportunity and motivation to actively work to improve their health and seek appropriate medical care (for example, Boaz, 1989; Weaver, 1996). From the group of recently retired individuals interviewed by Mein, Higgs, Ferrie and Stansfield (1998), most reported increases in health that they attributed to being less stressed, more hassle-free, and able to engage in more health related activities such as taking time to shop for and prepare healthy food. This suggests that, freedom from the stress and rigour of working life may initially improve health post-retirement (Fonseca & Paul, 2004). Reports of such experiences contribute to the development of the “third age” view of retirement, which identifies retirement as a positive and liberating experience.

### ***Healthcare Utilisation during Retirement***

Those who are healthy and retired do not appear to be substantially different from comparable individuals who are still employed (full time or part time) in terms of the rate of use with several types of healthcare (for example, Boaz, 1989; Soghikian, Midanik, Polen, & Ransom, 1991). If the retirement decision was prompted by persistent health problems, then the picture sometimes changes, with an initial increase in healthcare utilisation post-retirement (compared with controls) followed by a reduction after some time in retirement (Eden, Ejlertsson, & Leden, 1995). Compared with reference groups, the overall level of healthcare use among retirees who left work due to health problems can remain high for some years after retirement (for example, Wallman, Burell, Kullman, & Svardsudd, 2004).

While there may be a higher propensity to seek care following retirement for physical reasons (Roberts, Rhodes, Girman et al., 1997), or indeed other motivations, the extent to which this becomes an ongoing health service cost is less clear. An increased use of healthcare services in the early period following retirement may be a proactive strategy associated with subsequent improvements in health status, and reduced downstream medical costs (Musich, Ignaczak, McDonald, Hirschland, & Edington, 2001). In the United States, a number of corporations have recognised the benefits of investing in healthcare programmes for retired employees with the aim of increasing employee wellbeing, encouraging positive health behaviours and thus reducing the need for high-cost healthcare and the associated health claims (for example, Fries, Bloch, Harrington, Richardson, & Beck, 1993; Scharlach, Mor-Barak, & Birba, 1994). Researchers are also increasingly paying attention to non-mainstream types of health service use among older adults, including various forms of complementary and alternative medicine (for example, Ness, Cirillo, Weir, Nisly, & Wallace, 2005).

### ***Physical Health and Post-Retirement Adjustment***

As at any other point in the life course, during retirement, physical health will have some relationship with what we can and cannot do, and how we feel about that fact. However, specifically, how physical health affects post retirement adjustment is a topic of some empirical and theoretical debate. Framing the issue in this way implies a causal ordering of physical health impacting on post retirement adjustment but it is more likely that these factors are related through reciprocal feedback loops.

Sharpley and Layton (1998) noted that better pre-retirement physical health is associated with higher levels of post-retirement satisfaction. This finding has been echoed in other studies (for example, Gall et al., 1997). Sharpley and Layton (1998) also noted that physical health problems are correlated with poorer adjustment to retirement. Similarly, Shaw et al. (1998) review research suggesting that a retirement based on physical health grounds is correlated with a range of poor retirement outcomes. These outcomes included less satisfaction, more stress, and an increased likelihood of continuing physical health problems post-retirement. Finally, in an early study, Thompson and Streib (1958) argued that typical correlations between



retirement and poor health reflected the fact that pre-retirement poor health was a key driver of the decision to retire. They emphasised that in these circumstances, consequent economic stress may be a significant factor in bringing about reports of negative life evaluations following retirement. Income related concerns and their relationship with retirement and physical health are considered in the next section.

### ***Physical Health, and Retirement Income and Planning***

It is important to consider the financial drivers of the retirement process and their relationship with physical health outcomes. Economic wellbeing at any stage in the life cycle is an important, although not inevitable, correlate of physical and psychological wellbeing (Gallo, Bradley, Seigel, & Kasl, 2000). However, while the association between income (or more generally socioeconomic status) and health is well established (Adler & Sinbbe, 2003), it is also important to note that this socioeconomic structuring of health is also clearly impacted on by some individual differences in resilience and vulnerability (Ferrer & Palmer, 2004). Further, in terms of whether lower socioeconomic status is a cause or a consequence of poor health, good arguments can be made for a causal ordering in either direction (Breeze et al., 2001; McDonald & Donahue, 2000).

Studies indicate that financial concerns about retirement income and healthcare costs are widespread (for example, Gustman & Steimmeier, 2001; Spiker, 2005; Swibel, 2005; Thomas, 2005). This appears particularly to be the case in the United States where the state-funded social welfare system is arguably somewhat less generous than in some other parts of the world. The relationship between workforce participation behaviour and the social security system has been subjected to extensive economic modelling in the United States (for example, French, 2005) and there is a burgeoning literature on health insurance costs and their relationships with physical health, retirement decisions and retirement related health outcomes (for example, Baker, Sudano, Albert, Borawski, & Dor, 2001; Johnson, Davidoff, & Perese, 2003; Kail, 2012; Rogowski & Karoly, 2000; Sudano & Baker, 2003; Swibel, 2005).

Earlier sections in this chapter have argued that pre-existing physical health problems are a good predictor of the decision to retire, and some have argued that these shape retirement plans more strongly than do economic issues (for example, Dwyer & Mitchell, 1998). There is extensive research by economists on the influence of health factors on the decision to retire early but, as McDonald and Donahue (2000) point out, it is less clear whether it is "...the "push" of poor health, or the "pull" of a pension that leads to early retirement..."(p.495). In some instances, the availability of significant ill health retirement benefits may be a "pull" that is not warranted by an individuals' objective health situation (Poole, 1997). The process of granting such benefits perhaps requires careful scrutiny in some circumstances, where the benefit recipient may be a "false positive" in terms of the required health profile for such a benefit.

In many countries, disability/invalid benefits or other types of employer provided health-related early retirement schemes can be relatively generous and may increase or encourage an early exit from working life. Gruber and Wise (1999) argue that there is relatively compelling evidence that social security systems with provisions for early retirement are an important influence on the retirement age in developed countries. On the other hand, UK data reported by Tanner (1998) found that 22.5% of respondents with a pension gave health problems as a reason for retiring, compared with 32.2% of those without a pension, suggesting that poor health rather than economic concerns may have been the primary factor "pushing" the decision to retire.

As acknowledged earlier, and consistent with the pattern for many other aspects of the retirement and physical health puzzle, the direction of causality between income and health among retirees is difficult to render clearly. Does wealth affect health and wellbeing (can retirees who are wealthier afford better healthcare and influence their health in positive ways) or is it the case that poor health during ones working life impacted on the ability to earn and save resulting in less wealth post retirement (Börsch-Supan, Jürges, & Lipps, 2003)? While ultimately the correlation between money and happiness is not necessarily all that strong (for example, Flett, 1986), it may be the case that with increasing age, and if this is accompanied by disability or

increasing health problems, "...money may not buy happiness, but it does seem to buy people out of some of the misery associated with a decline in health status" (Smith, Langa, Kabeto, & Ubel, 2005, p665).

In sum, as is the case at many other life stages, health and income are frequent concerns for retirees when contemplating the future and considering the potential costs of future healthcare on a diminished income (Mein et al., 1998). This may be an aspect of a more general issue associated with pre-retirement planning and education (Lo & Brown, 1999). Devaney and Kim (2003) noted that two-thirds of their sample had no retirement plans and this lack of planning was correlated with poorer physical health (among other things). Lee and Law (2004) also noted a lack of retirement planning in their sample of middle aged respondents in Hong Kong, and emphasised the need for national programmes and policies to address this issue. There is some evidence that various forms of pre-retirement education and training are associated with more positive post-retirement outcomes (Sharpley & Layton, 1998). Information about health and financial management are seen as desirable qualities in any pre-retirement education programmes (Gee & Baillie, 1999) and there is some evidence that these sorts of programmes might significantly decrease the need for post retirement healthcare services and related health claims (Scharlach et al., 1994).

### ***Physical Health, Retirement and Gender***

Most research on retirement and health tends to concentrate on the experiences of men (Quinn, 1998) and fails to acknowledge the potential gender specific effects of work and retirement (Kubicek, Korunka, Raymo, & Hoonakker, 2011; Perkins, 1992; Pienta, 2003; Roberts & Friend, 1998). Quick and Moen (1998) argue for the importance of a "...life course focus on gendered pathways to and through transitions such as retirement" (p.44). They found that, for both men and women, reports of better retirement quality were correlated with good health but that the work histories of men and women leading up to retirement were considerably different and were likely to have changed markedly across the life course. These authors consider that fundamental differences in these gendered career paths mean that the "lived experience" of retirement and health is likely to differ by gender. Chapter seven will

further discuss the gender bias that currently hinders multiple aspects of retirement research.

In terms of specific health problems that impact on reported retirement quality, there appear to be significant gender differences. Dorfman (1995) noted that post-retirement health satisfaction (or lack thereof) was correlated with pulmonary disease, heart attack, and stroke for men, while the best predictor for women was the presence of arthritis. This difference might reflect the fact that women are likely to perform more of the daily household tasks in retirement than men, and a chronic health problem such as arthritis would limit the ability to adequately carry out such duties, with attendant frustration and dissatisfaction as a result. In addition, as is the case in much of the research investigating male samples, retirement among women due to age, rather than pre-existing health problems, has a positive influence on health (for example, Ostberg & Samuelsson, 1994).

The beneficial effects of social support in studies of physical health among older adults have been extensively documented (for example, Alpass & Neville, 2003; Fitzpatrick, Gitelson, Andereck, & Mesbur, 2005). Social support is considered one of the "...important structural determinants of health for both genders, although...effects differ for men and women" (Denton, Prus, & Walters, 2004). An obvious source of primary social support for older adults is, at least in theory, their spouse/partner (Fairhurst, 2003; Jiménez-Martin, Labeaga, & Granado, 1999; Kim & Moen, 2002). As chapter seven will discuss, for working couples, the decision to jointly retire may be driven by health issues. This co-retirement may particularly occur when the husband is retiring because of health problems and the wife also retires in order to take care of her husband. In other cases, the retirement of one member of the dyad may result in the other increasing their level of workforce participation to maintain the desired standard of living (Pienta & Hayward, 2002).

### ***Retirement and Physical Activity***

Berger, Der, Mutrie, and Hannah (2005) emphasise that there is "...growing recognition of the role that activity and exercise can play in promoting healthy ageing

and in reducing functional declines that accompany ageing.” (p.181). Many public health campaigns centre around the relatively simple idea that people should “eat less” and “move more”. Berger et al. (2005) emphasise that it is a difficult task to encourage individuals to achieve and maintain a level of activity recommended for a healthy lifestyle. Retirement might result in a subsequent loss of work-based physical activity but the question is whether this is compensated for by an increase in other post-retirement activities. Berger et al.’s data suggest that this compensation may not occur.

Some researchers argue that overall activity levels in retirement are likely to reflect activity levels throughout the life span (Shaw et al., 1998), others have identified certain circumstances where there may be an improvement in activity levels in the post-retirement period (for example, Barnett, van Sluijs, & Ogilvie, 2012; Caspersen, Pereira, & Curran, 2000; Mein, Shipley, Hillsdon, Ellison, & Marmot, 2005; Midanik et al., 1995). It should be noted that the word “activity” is often interpreted to mean “physical activity”, but the potential health benefits of activity in a broader sense including physical, cognitive and social activity should not be underestimated.

The idea of a reduction in activity post retirement fits well with the stereotype of the process of retirement as being one of social isolation and disengagement. Shaw et al. (1998) note that the physical health problems that prompt many people to take retirement may mean that activity levels are difficult to maintain. On the other hand, as noted elsewhere in this chapter, many retirees are in good health with no physical disabilities or chronic health problems, and hence, there is no necessary or inevitable expectation of a decline in activity levels. Overall, it seems there is an association between physical activity and post retirement adjustment but it is difficult to render clearly the causality. In terms of interventions and health education, initiatives aimed at increasing activity levels in older adults appear to have significant positive benefits in terms of overall physical health and functioning (for example, Cress et al., 1999). Better understanding the determinants of physical activity in older adults will be useful in informing pre-retirement planning and education efforts aimed at increasing and sustaining participation in physical activity (Evenson, Rosamond, Cai, Diez-Roux, & Brancati, 2002).

### ***The Need for Rigorous Research***

Clearly, the retirement experience does not occur in a isolation (Alpass et al., 2000) and there are a large number of contextual, process, and individual difference variables (Kim & Moen, 2002) that researchers must grapple with in order to understand the dynamics of the physical health/retirement relationship. One aspect that should be considered is research methodology. There are methodological issues of concern as many of the studies that support the notion of physical health concerns being a key factor in the early retirement decision are studies of post-retirement samples; the accuracy of such “post-hoc” rationalisations is an issue of debate.

A recurring theme across research in the retirement area is an emphasis on the need for longitudinal studies to clarify the experience of retirement and to more effectively identify the antecedents and consequences of those experiences. Several benefits and value would stem from this sort of research. First, there is value in getting some baseline measures of physical health against which we can compare subsequent measures and trends of change so that we will know where we are heading. Is life in the retired population becoming more/less healthy? Is there stability in some areas and change in others? Second, there is value in knowing how physical health and other health related concerns are distributed in the retired population. How do different subgroups feel? What about the rich, the poor, men and women, the married and unmarried? Over time, is there change in some sub groups of society and stability in others? Third, there is value in understanding how people integrate their experiences of physical health into their overall quality of life in retirement. Are there particular aspects of health that are more important than others in determining one’s overall quality of life? How do some individuals adapt to chronic health problems in retirement? How can those who struggle to adapt over time successfully best be helped?

### ***Summary***

This chapter has shown that associations exist between retirement experiences and aspects of physical health status. In general, overall activity levels in retirement are

likely to reflect activity levels throughout the life span. While in the long-term, physical health is likely to decline, Vaillant and Mukamal (2001), Baltes and Mayer (1999) point out that the potential declines are much less extensive and inevitable than common stereotypes regarding ageing tend to suggest.

Evidence outlined in the present chapter suggests that, in the early retirement period, self-rated health perceptions are relatively stable and may even improve.

Furthermore, healthcare use by those who are healthy and retired is similar to the level of care used by comparable individuals who are still working. However, poor physical health is among the most frequently cited reasons for retiring. Healthcare resource consumption during retirement may be high where retirement occurs for health-related reasons. In terms of the relationship between physical health and retirement adjustment, the current chapter has argued that empirical and theoretical debate is most likely to be advanced when the reciprocal feedback loops that operate within this relationship are acknowledged. Finally, greater clarity in our understanding of the physical health/retirement relationship is likely to be provided once more longitudinal data is available.

# Chapter Six

## The Work-Retirement Environment

Herbert Biggs

For most individuals who have the opportunity, paid work is a defining background to achievement in life. Employment has the potential to satisfy economic necessities, educational achievements, professional development, and social and cultural objectives. In many cases, it also assists individuals to define their identity, grow their self-esteem, achieve personal ambitions, explore and develop collegial and professional relationships, grow skills and wisdom, and transmit this to the following generations. For many individuals, this process is not now defined and limited by a mandatory retirement date. Individuals are choosing to extend their engagement in the paid workforce and this has its benefits and challenges. This chapter examines these issues in the background of an increasingly ageing population.

### *Older Workers*

Over the next 50 years all OECD countries will experience a marked increase in the proportion of older people in their populations and a concomitant decline in the proportion of their working age populations (OECD, 2011). Without policy intervention, the ratio of retirees to workers will double over this period and place enormous financial pressures on state based pension, superannuation and health provision systems. This suggests that more attention needs to be given to attracting and retaining older people into the paid workforce and improving the labour-market situation for older individuals.

Aside from the financial benefits derived for society from engagement in the paid workforce by older workers, Fraser, McKenna, Turpin et al. (2009) report additional advantages for the workers themselves including social engagement, the structure of daily routine, positive self-concept, and better health and well-being. In their qualitative study of older Australian workers they report participants' perceptions of paid employment. A thematic analysis of interview data elicited a number of themes



around the benefits and barriers to paid employment for older people and the strategies they employed to deal with work related challenges. Benefits of paid work included: earning an income, enjoying social aspects, having something to do/keeping busy, having a purpose, making a contribution, using skills (not wasting them), promoting own emotional and physical health, having an identity, pursuing an interest, maintaining autonomy and independence, keeping control over work and lifestyle, having flexibility and choice in work, and belonging to supportive workplaces. Clearly, although the financial incentive was deemed important, other psychosocial factors in the work experience play an important role in continuing in the work environment. Barriers to paid employment perceived by participants were stress, lack of support from employers, the physical demands of work, over-reliance on formal qualifications, difficulties gaining employment, concerns with job security and concerns with financial incentives targeted at older workers. Themes also emerged of the “facilitators” that would encourage continued employment such as revising anti-age discrimination legislation and legislation to protect workers, using stress management techniques to deal with work –related stressors, maintaining physical fitness, creating more supportive workplaces and retraining of older workers. These findings suggest there is potential to encourage continued workforce participation in older workers by extending training, improving workplace and job design, and modernising legislative protections (Pagan, 2011).

### ***Work Injury***

It is well documented that normal ageing involves an inevitable decline in physiological functioning (Alpass, 2006). Older adults are more prone to disability, disease and chronic illness and these conditions are also likely to affect older workers. This can lead to the perception that older workers are more vulnerable to workplace accidents and subsequent injury. However, older workers tend to have lower rates of non-fatal work-related injuries than younger workers (Hansson, Robson, & Limas, 2001) and are at no increased risk of an occupational accident when compared with relatively younger colleagues (Benjamin & Wilson, 2005). Nevertheless, an injury, once sustained, tends to require longer recovery time with more time off work and an increased risk of a post-accident work related disability (Rogers & Waitrowski, 2005; Sterns, Barrett & Alexander, 1985). There is consequently, a need to understand the

factors related to age that can influence work-related injury rates. Farrow and Reynolds (2012) undertook a systematic review of occupational concerns for workers over age 60. Findings from thirty-six studies were assessed and grouped into occupational accidents and injuries. Individual and workplace factors that may have increased the risk of injury to those over 60 were also reviewed. Very little research was found on workers aged over 60 and they found only 6 of the 36 studies assessed investigated workers over age 65. A limiting feature is that many studies simply aggregated or re-coded aged workers into an age 55 plus category. The authors note that differences between workers in their late 50s and those who work beyond their 60s may have implications for health and safety i.e. those who work for longer may be more health and safety conscious – a phenomenon known as the "healthy worker effect". Salient findings, however, include evidence that hearing loss increased the risk of accident and injury at work for workers of all ages, compensatory strategies linked to education and experience may be protective for workers aged 60 and over, and, although workers over 60 generally have good safety records in some areas of employment, as noted earlier, when accidents happen they are likely to be more serious. These findings highlight the importance of understanding the ageing process itself in order to best assist in maintaining optimal health, wellbeing and safety of the older worker.

### ***Workability***

Farrow and Reynolds (2012) report that there is limited research into the physical and functional status of workers over 60 years of age. As noted earlier, the ageing process does occasion changes in physical functioning which include losses in vision, hearing, strength, dexterity, mobility and balance, and cognitive changes such as decreases in reaction times and slower information processing and (Kowalski-Trakofler, Steiner, & Schwerha, 2005). These changes can make many jobs, especially those with high manual content, more challenging for older workers. For example, physically demanding work may be more difficult because of poorer cardiac performance with age (Schwatka, Butler, & Rosecrance, 2011). Older workers are also at risk of losing muscle mass (and subsequent strength) (Thomas, 2010). Fractures are more common with age as bone density decreases (Sattelmair, Pertman & Foreman, 2009). The prevalence of other age-related conditions such as arthritis, diabetes and hypertension

may put older workers at risk of poor health and reduced mobility (Houston, Nicklas & Zizza, 2009). Overall, for physically demanding work, the ageing process itself can pose a threat to workers' ability to perform work tasks without incurring injury. However, many of these problems can be corrected with the use of technology and assistive devices, or compensated for by maintaining fitness or redesigning the work and the work environment to accommodate age-related changes (Alpass, 2006). There is an emerging and pervasive view that speaks to maintaining ability and competence of older workers, and developing potential rather than focusing on age (Ross, 2010). This view challenges the theory of decline with age. It builds on a long extant life span perspective of changing ability and development with age to focus on selective optimization of function as a means to maintain competence (Lachman & Baltes, 1994). Older workers, including those transitioning to retirement, may compensate for any diminished work ability by drawing upon previous work experience and concentrating limited resources in a more focussed way (Salthouse, 1991).

Cognitive processing declines to some extent with age (Park, O'Connell, & Thomson, 2003), however these declines usually have minimal impact in those under 70 years. When other variables such as experience, education and occupational type are controlled for, age explains little variance in cognitive functioning in older workers (Avolio & Waldman, 1994).

Where cognitive functioning is crucial to safe practice, there is in fact some evidence to suggest that experience may act as a compensatory mechanism. Llaneras, Swezey and Brock (1998) investigated the driving performance of commercial truck drivers (aged up to 75 years) using perceptual, cognitive and psychomotor measures. Increased age was related to decrements in 13 of 15 measures including loss of visual acuity and impaired judgement for depth and distance and tended to be related overall to lowered response times and increased errors. However, age did not contribute to driving performance itself and the authors note that decision making skills were not significantly different for drivers aged over 65 and those below age 50. The authors suggest that age may act as a mediating variable influencing driving performance through its impact on perceptual, cognitive, and psychomotor abilities. Similarly, Taylor et al. (2007) investigated the impact of age and experience on flight simulator

performance in a longitudinal sample of pilots aged 40-69 and found that older pilots showed less longitudinal reduction in overall flight performance than younger pilots. Notwithstanding the finding that at baseline older pilots were shown to be less accurate in following air traffic control instructions, the authors conclude that experience and specialised expertise have advantages for older adults' skilled cognitive performances.

An ageing workforce highlights the potential impact of health on the work capacity of older workers (Alpass, 2006). However, there is considerable evidence from the literature that any health related decrements can to some extent be mitigated or compensated for. For instance, employers can implement wellness and fitness programs that incorporate aerobic activity and other exercise to maintain and enhance mental acuity and physical strength (Parks & Steelman, 2008). Health promotion strategies such as nutrition consultancy, anti-smoking, and alcohol and other drugs educational programmes are clearly beneficial for all employees but may be particularly advantageous in encouraging continued engagement in the workforce by older workers (Crawford, Graveling, Cowie, & Dixon, 2010). Ergonomic and human factor solutions could also be incorporated into the workplace to enhance the working environment for older workers. These could include provision of adjustable seating or flexible work stations, minimisation of repetitive motion in tasks, better lighting and access ways, minimisation of low and high frequency vibrations, elimination of prolonged static postures, and adoption of appropriate assistive devices (Moyers & Coleman, 2004). An improvement in the social aspects of work would also be beneficial. Redesigning jobs so that older workers are given more autonomy and control over their work environments can increase job satisfaction, performance and psychological wellbeing (Ng & Feldman, 2010). The introduction of new technology needs additional support to ensure older workers master the new environment. Such change is often a source of stress for older employees and self paced resources should be engaged to ensure updated skills and uptake of the new technology. Where illness or injury do occur, more time and targeted effort is likely to be needed in rehabilitation and training programs for older workers than for others and should be planned for accordingly.

## *Planning for Retirement*

Increasingly more people are working beyond the traditional retirement age either out of choice or economic necessity. Most OECD countries have raised, or are in the process of raising, the traditional retirement age from 65 to 67 as a response to increasing life spans, impacts on public pensions or superannuation, demand on health and medical services and falling birth rates.

It seems clear that, in addition to policy and economic factors, cultural and social values are also determinants of choices available to older workers (Riach, 2006). Riach offers a view that the notions of “work” and “retirement” are less rigid now than in previous decades and this blurring of life stages highlights the need to think of the work to retirement transition as more fluid. In reviewing the attitudes and experiences of older workers in three developed countries (Japan, USA and Australia), all of which have been affected by population ageing, she concludes that older workers want more choice on how and when they work but progressively choices are made at the expense of the quality of the work on offer. One of the drivers of this is the relentless de-regulation of the job market which has encouraged growth in the part-time, short term and contract work market. The take up of this work has been dominated by the 55-64 aged men majority demographic (OECD, 2005). Although this has allowed more flexibility for older workers in managing their work life, which can be a strong motivator to continue in with work force, many of these opportunities are of diminished quality. Riach (2006) notes the “quintessential notion of a “proper” employee still appears to focus around traditional working hours. Flexible and part-time work are still seen as lesser, and human resource policies such as promotion are often embedded within a “time is quality” mentality” (p.559).

The cultural and social barriers to continued work currently in evidence need to alter if the growing ageing workforce is to be accommodated in the future. Blekesaune and Solem (2005) identified three types of factors that influence the timing of retirement: (1) The correspondence between workability and job requirements - a “push” factor, (2) the economic benefits attached to early retirement – a “pull” factor, and (3) nonmonetary factors such as job related stress or the desire to pursue leisure activities - a “jump” factor. Thorsen, Rugulies, Longaard, et al. (2012) identified institutionalised ageism as a key “push” factor where the value and potential of older

workers goes unrecognised or under-used by managers and employers. There are studies indicating that employers consider older workers less productive than younger workers who are likely to benefit from preferential recruitment (e.g. Riach & Rick, 2007). In addition, stereotyping of older workers and evidence of discrimination in organisations that have a “no age discrimination” policy exists (e.g. Loretto & White, 2006). Thorsen et al. (2012) also identified three additional psychosocial work environment factors that are significantly associated with retirement plans, namely, recognition, predictability, and development possibilities. Notable, however, were gender differences in the strength of the relationship between psychosocial work environment factors and retirement plans, with stronger associations for men. Ageism was a significant predictor of retirement plans for men but not for women. The gender difference was not explained by differential prevalence of poor psychosocial work environments as only small gender differences were noted for psychosocial work environments. Workability, the interaction between worker resources and job demands, was a significant predictor of plans for early retirement for both males and females. Thorsen et al. (2012) posit that, as the gender difference is found in the effect of ageism and not in its prevalence, that women are not as exposed as men to ageism as they, in general, retire at an earlier age. The overall gender difference is consistent and little is known as to why. Clearly more research is indicated as both males and females, on current estimates, will continue to expand their contributions to the paid workforce of the future.

### ***Summary***

There is a research challenge which needs to be met in pace and place with the increasing workforce participation of older workers. More research needs to be undertaken to understand the variables associated with health and well being of this demographic in the workplace and the identification of positive and negative working conditions for their retention. Reflective and self report studies are useful, but potentially biased when older workers are asked to recall distant events. More detailed longitudinal qualitative and quantitative studies are needed combining objective data on accident and incident statistics, risk assessments, compensation data, impacts of safety climate and culture, and workers coping and resilience strategies. On current evidence we need to know more of the compensatory effects of experience and age in cognitive functioning, the impact of the ageing process on workplace health demands,

and the right mix of policy and practice for older individuals, employers, and society in general to mutually benefit from this evident and increasing trend in workforce participation.

The ageing baby boomer bulge, increased life expectancy, and increased expectation and societal acceptance of older employees in the paid workforce has resulted in a double edged sword. On the one hand, the involvement of older individuals in the paid workforce adds maturity, experience, and a sense of quality assurance which is, in general, greatly valued by employers and fellow employees. On the other hand, the attendant psychosocial and physical challenges associated with ageing per se need to be addressed and supported with a variety of interventions not necessarily required by a younger cohort of workers. There is a win-win situation within the reach of all parties which is a highly desirable and realisable end point given known demographic profiles. Targeted research is suggested as a vital part of this progression.

# Chapter Seven

## Leisure and Retirement

Helen Pennington

This chapter examines the actual and potential roles of leisure in retirement. After discussing leisure's potential benefits, leisure's special importance in retirement and some likely influences on retired individuals' use of leisure opportunities are considered. In addition, the actual characteristics of retirement leisure are examined. It is argued that leisure is potentially very valuable in retirement, both for the individual and for society, but that much of this potential is as yet unfulfilled.

### *The Importance of Leisure*

#### **What is leisure?**

Leisure has been defined in many different ways in the research literature. One widely used approach sees leisure in terms of certain specified activities; another defines it in terms of contextual factors.

In the past, it was popular to define leisure in terms of a list of specific activities, often classified into broad categories. For instance, some researchers have classified leisure activities into cultural, social, physical, and solitary categories (Cavanaugh & Blanchard-Fields, 2002). There is no consensus as to the best classification scheme (Kerby & Ragan, 2002). The most obvious problem with defining leisure in terms of specified activities is in deciding which activities to include. For instance, if the list of leisure activities consists entirely of things which are nearly always done for enjoyment, it will overlook a lot of what people actually do in their free time (Csikszentmihalyi & Kleiber, 1991).

In recent decades, there has been a trend towards defining leisure in terms of situational and motivational factors. With this general approach, leisure is typically defined as one or more of: free time, activities which are voluntary, activities done for their own sake (Csikszentmihalyi & LeFevre, 1989; Myers, 1999). This approach has



its own problems: For instance, research shows that people do not regard most of their free time as leisure (Argyle, 1996), and neither free time nor intrinsic motivation have sharp boundaries. Many activities could be regarded as partly voluntary and therefore, marginally as leisure: examples include some non-essential aspects of shopping, driving, home maintenance, and personal grooming.

While acknowledging that there is no universally accepted definition of leisure, this chapter will broadly follow the definition used by the well-known social psychologist, Michael Argyle (1996): Leisure consists of activities which are done in free time, and for their own sake or for personal goals, rather than for material gain.

### **General benefits of leisure**

Research suggests strongly that leisure has many important potential benefits for the individual (Aiken, 2002b). In fact, there is a lot of evidence that leisure is one of the main determinants of happiness (Argyle, 1996). But the qualifying word “potential” is important here: As will be argued later, not all leisure activities are equal in terms of potential benefits, and there is reason to suggest that many people do not make optimum use of their free time.

Among the potential benefits of leisure are: self-expression, challenge, achievement, recognition, learning, physical and mental health, companionship, sense of identity and control, improved intellectual functioning, and escape from the demands of everyday life (Aiken, 2002b; Kelly & Freysinger, 2000; Whitbourne, 2005).

### **The special benefits of deeply engaging leisure**

Leisure of a particularly intense kind may have special benefits. This kind of leisure is not defined in terms of specific activities, but by its particular qualities. Several overlapping constructs have been proposed to describe this particularly intense kind of leisure. These constructs share the idea of deeply engaging activity, something much more than pleasantly passing the time. The old saying that “you get out of life what you put in” seems to be reflected here.

Stebbins (1992, 2001) is an advocate of what he calls *serious leisure*. He developed this concept after interviewing and observing keen amateurs, mainly older people, in a variety of fields. Stebbins describes serious leisure as having several qualities in common with work. It is demanding and absorbing, requires commitment, skill, and knowledge, has a status system, and allows the individual to gain recognition. Serious leisure can occur in several realms of activity, including sports, artistic or intellectual interests and hobbies, and volunteering. Commitment is central to the concept of serious leisure. This commitment often involves identification with, or membership of, a group.

Stebbins says that serious leisure is an important way of meeting people and maintaining social relationships. It is a means of acquiring new colleagues and keeping links with former colleagues and current friends and relatives. Stebbins argues that serious leisure is the most fulfilling type, allowing the greatest opportunities for personal growth. On similar lines, Mannell (1993) suggests that *high-investment* leisure activities have special benefits. He argues that such activities, which demand substantial effort, discipline, skill and resources, promote self-worth and a sense of competence. He says that mental inertia often holds people back from investing a lot of effort in activities and that the individual needs to build up a sense of commitment to specific high-investment activities in order to counteract such inertia.

A good deal has been written about the special benefits of leisure activities which invoke the experience of *flow* (Nakamura & Csikszentmihalyi, 2002). The idea of flow developed out of Csikszentmihalyi's research using in-depth interviews. When asked to describe the experience of engaging in intrinsically enjoyable leisure or work activities, many participants mentioned the same specific features. These features include deep concentration on the activity, loss of self-consciousness, enjoyment, altered time perception, and a sense of control over one's actions (Nakamura & Csikszentmihalyi, 2002). In the flow model, these features constitute the flow experience, which is promoted by activities with clear goals, prompt feedback on progress, and a perceived optimum amount of challenge. In the model, flow experiences promote self-actualization.

Flow is rather different from serious leisure in that the emphasis in the flow model is more on the quality of the subjective experience and less on objective characteristics of the activity. This emphasis allows for the generation of flow through mundane everyday activities in some circumstances (Mannell, 1993). But Csikszentmihalyi and Kleiber (1991) argue that flow and its consequent self-actualization are most likely to occur through activities which involve commitment, discipline, and effort. They suggest that leisure has a unique potential for self-actualization, as it allows deep involvement without the constraints of work.

Other prominent researchers have drawn on the concept of flow in discussing the benefits of different kinds of leisure. For instance, Seligman (2002), the best-known researcher in the lively new field known as positive psychology, uses the concept of flow in distinguishing between pleasures and gratifications. He defines pleasures as short-lasting experiences, largely sensory and emotional, whereas gratifications are more enduring satisfactions, derived from challenging activities which produce complete absorption and loss of self-consciousness. In other words, gratifications involve flow. In Seligman's model, gratifications call on, and develop, the individual's strengths. Seligman says that modern society has forgotten the difference between pleasures and gratifications, and that the good life requires the latter. Argyle (1996) says that leisure activities can provide some of the same satisfactions as work if they are challenging, require skill, and have a socially valued outcome. These are the kinds of activity which lead to the experience of flow. Argyle identifies voluntary work, hobbies, music, education, religion, and sport as having a high potential to lead to flow.

There are certainly no good grounds for arguing that all, or even most, of everyone's leisure should be of the serious, committed kind. Rest and relaxation are important too, and individuals are not all equally well-suited to serious leisure pursuits (Argyle, 1996; Nakamura & Csikszentmihalyi, 2002). A good match between leisure activity and personality seems to be important for well-being (Melamed & Meir, 1995). Nevertheless, there does appear to be a growing consensus among researchers that

leisure has some of its greatest benefits when it involves more than relaxation or enjoyable diversions (Mannell, 1993).

### **Benefits of specific activities**

Researchers have attempted to measure the benefits of certain specific leisure activities. Argyle (1996) summarises the evidence and focuses on potential benefits including joy (short-term happiness), satisfaction, peak experiences, mental health, and physical health. He suggested that different activities would have different beneficial aspects. For example, socializing, exercise, music, and watching *some* kinds of TV programme can induce joy; education, hobbies, voluntary work, and other kinds of serious leisure can give satisfaction; art, music, education and religion can lead to peak experiences; aerobic exercise, close relationships, and church can improve physical health; close relationships, leisure groups, exercise, holidays, and other relaxation can be good for mental health. On the basis of the evidence, Argyle recommends that any individual's leisure programme should include some exercise, and have a "strong social component" (p.282). He also argues that some of the individual's leisure activities should be serious whilst some should be sheer relaxation.

### ***The Special Importance of Leisure in Retirement***

Leisure is important throughout most of the life cycle, but for several reasons, it has a special role to play in retirement.

### **So much opportunity**

A central reason that leisure is particularly important in retirement is simply that today's typical retired person has so much leisure opportunity. Retired people today are healthier and wealthier, and live longer, than ever before. We are living in an almost unprecedented time in history, in terms of freedom and opportunities for fulfilment in later life (Rubinstein, 2002).

The phenomenon of widespread lengthy, healthy retirement is only a few decades old. It is captured in the concept of the *third age* (Laslett, 1996). Laslett argues that, for

most people, the heavy demands of the early and middle years of adulthood mean that opportunities for personal fulfilment are inevitably restricted until retirement. A person is in the third age when he or she becomes free from the need to earn money or rear children, is still reasonably healthy, and can devote his or her life primarily to self-fulfilment (Rubinstein, 2002). Because the third age does require reasonable health, financial security, and freedom from responsibilities, it certainly does not apply to all retired people (Rubinstein, 2002).

Researchers agree that one of the main challenges of retirement is making good use of free time (Myers, 1999). Retired people do have much more free time than employed people, though a lot of time is still required for tasks such as personal and household maintenance (Atchley & Barusch, 2004). According to Freedman (1999), research suggests that retirement increases men's free time by 25 hours per week and women's free time by 18 hours per week. Argyle (1996) says that retired people have more than 11 hours per day of free time on weekdays and almost 13 hours per day at weekends.

### **Compensating for loss of work**

Leisure is particularly important in retirement partly because it can help to compensate for what has been lost from a person's life when he or she retires. People may grumble about their jobs, and fantasise about a golden time after retirement, but work does provide many benefits besides the obvious one of income.

People probably underestimate the psychological benefits they get from work. In an intriguing study, Csikszentmihalyi and LeFevre (1989) paged participants at randomly chosen times of day over the course of a week. When paged, participants reported on what they were doing at that moment, what they were experiencing, and how much they would rather be doing something else. Participants reported more positive feelings when paged at work than they did when paged during their leisure time. But they reported stronger inclinations to be doing something else when paged at work. As the authors suggest, these findings seem to indicate that cultural norms distort our judgments about how much we enjoy work versus free time. In other words, we are not "supposed" to enjoy work as much as leisure and we convince ourselves accordingly.

Research has identified several important social and psychological functions of work. These include companionship, identity and time structure. There is evidence that companionship is an important benefit which people derive from their jobs. For instance, one study asked people what they thought they would miss when they retired, and what they actually found they did miss. The main finding was that they missed was colleagues, and they missed colleagues a lot more than they had expected (Argyle, 1996). Another major function of work is its contribution to the individual's sense of identity (Lazarus & Lazarus, 2006), and a third is in providing the individual with a time structure. Loss of this structure with retirement can be difficult to deal with. First-hand accounts of adjustment to retirement show that some retired people feel the loss of time structure acutely, and try to create substitute structures (Thompson, Itzin, & Abendstern, 1991). Leisure also has the potential to compensate substantially for many of the losses which come with retirement. This notion will be discussed in more detail later in the chapter.

### **What do retired people need?**

Another way to look at the potential benefits of leisure in retirement is to consider what retired people need, and how far leisure has the potential to meet these needs. Important contributors to happiness in later life include taking part in personally meaningful activities, being needed, having good health, and being financially secure (McGuire, Boyd, & Tedrick, 1996). Leisure can help with the first three.

Certain kinds of leisure are obviously personally meaningful, as discussed above. The need to feel needed can be met particularly by volunteer work, but also through friendships developed in leisure activities. These friendships can help to compensate for those lost by retirement (Bernard & Phillipson, 2004; McGuire et al., 1996). The older person can gain many health benefits through leisure activities involving exercise, particularly if the exercise programme includes aerobic, strength and endurance, flexibility, balance and weight control components (McGuire et al., 1996).

## ***Societal Influences on Retirement Leisure***

The extent to which retirement has prescribed roles, and what these roles are, is controversial. Some researchers have identified several roles which the retired person is expected to play. For instance, Atchley and Barusch (2004) say that the retired role includes taking responsibility for deciding on personal goals and maintaining the knowledge and skills one has acquired during working life. In contrast, many researchers emphasise the lack of clear roles for retired people (Carstensen & Charles, 2003; Freedman, 1999; Kim & Moen, 2001; Weiss & Bass, 2002a). For example, Freedman says that American society does not have a clear vision for later life, and that a lot of effort is spent in trying to deny the reality of ageing.

As are many other aspects of life, the use of free time in retirement is subject to the pressure of societal values. It is hard to tell just how much effect these pressures have on the retired individual, but one can speculate. Several relevant societal values have been identified.

### **Older person role**

Negative stereotypes of older people still exist, and probably influence leisure in retirement. The *older person role* which developed in an era when there were few healthy and active older people, sees older people as unhealthy, incompetent, unproductive, dependent, and poor (Pedlar, Dupuis, & Gilbert, 1996). These stereotypes may still influence leisure service providers (Pedlar et al., 1996), as well as some retired people's own attitudes about what leisure pursuits are possible and appropriate for them. But many older individuals nowadays reject such stereotypes (Kelly & Freysinger, 2000) and more positive images, such as that of the third age, are gaining favour (Bernard & Phillipson, 2004).

### **Busy ethic**

Ekerdt (1986) has proposed that retired people tend to have internalized a *busy ethic*. According to the busy ethic hypothesis, retired people typically feel the need to reconcile their new lifestyles with society's work ethic. In other words, they feel

compelled to demonstrate, to themselves and others, that they are still busy and productive members of society (though they also justify their retirement leisure partly on the basis of their earlier productivity). Ekerdt argues that the busy ethic helps retired individuals to hold on to a middle-aged identity and to feel that they are still busy people who deserve some rest and relaxation time. He points out that some older people may not actually do very much, when viewed objectively. They may just make themselves feel good by interpreting their behaviour as fitting the busy ethic. He says that the busy ethic is reinforced by older people themselves, as well as by younger people, the media, marketers of services and products for older people, and gerontologists. It derives partly from the idea that activity is therapeutic, and is applied mainly to the young-old rather than the old-old (Ekerdt, 1986).

Some writers have questioned whether the busy ethic is a good thing. For instance, Cruikshank (2003) is critical of what she calls the prescribed busyness of retirement. She illustrates this prescribed busyness by pointing out that the person who is about to retire is frequently asked what they are going to do with their time, and that retired people often claim to be as busy as ever. Cruikshank speculates that prescribed busyness may be a way of denying the fear of ageing and maintaining an illusion of control and invulnerability. She also argues that prescribed busyness does not allow for old age to be valued as a special time when it is natural to slow down in many ways and thereby experience things more fully and develop spiritually. She suggests that old age should be seen as a time to recover from the excessive busyness of earlier life, and argues that models of successful or productive ageing are too prescriptive and reflect younger people's anxieties about ageing.

### **Productive ageing**

This perspective has become popular with social policy agencies because of policy implications of the ageing population. The growing proportion of retired people in the population is increasingly seen as a resource which can compensate for the shrinking workforce. The concept of productive ageing has various definitions, but the general idea is that older people should continue to contribute to the production of goods or services (Caro, Bass, & Chen, 1993).



Some writers argue that the concept of productive ageing has drawbacks. Moody (1993) points out that it can make the retired individual feel bad if he or she is too infirm to contribute. He also argues that the concept is tied too closely to growth-related values of activity, energy, and accumulation, and that it needs to be broadened to include elements such as creativity, altruism and good citizenship.

### **Retirement as an endless holiday**

The image of retirement as an endless holiday is often promoted by businesses and other organizations dealing with older people (Weiss & Bass, 2002b). This image promotes the idea that retired people are only engaged with society in the role of consumers of services. On similar lines, Freedman (1999) says that a predominant view of retirement is of a return to childhood. This view emphasizes leisure, but it is only leisure as play.

### **Mixed messages**

The images and ideologies discussed above are clearly very inconsistent. Morris (1993) argues that society must decide whether it needs to make more use of what older people can offer, and whether older individuals need to contribute to the community for their own wellbeing. He indicated that although surveys show retired people want to be more involved, most institutions are not really interested in what older people can contribute, and individuals are consequently likely to spend the last quarter of adult life excluded from the mainstream of society. Moody (2002) says that the problem is not that people are reluctant to retire, but that the copious free time in retirement is “not adequately structured for any larger social purpose or meaning” (p.257). Weiss and Bass (2002a) had questioned, “If the third age represents freedom *from*, what is it freedom *for*?”

Several writers have argued that societal values are lagging behind the changing realities of retirement. For instance, Riley, Kahn, and Foner (1994) argue that society’s attitudes to, and treatment of, older people clearly illustrate the delay which characteristically occurs between rapid changes in individuals’ lives and adaptive societal responses. Riley et al. call this general phenomenon “structural lag”. With respect to retirement, they argue that there is a mismatch between the nature of

today's long-living, healthy and competent retired population and society's institutions, structures and attitudes. On similar lines, Laslett (1996) refers to the general phenomenon of cultural lag, and argues that society's images of elderly people are a clear example of this lag. These images, he argues, are based on what are now a small minority of older people (i.e., those who are frail and decrepit).

As well as social values about retirement being unclear and often inappropriate, little is known about the subjective meaning of retirement for the individual. There is not much research evidence concerning the personal meanings which people give to later life in general (Rubinstein, 2002) or the effects of ageing or retirement on the subjective meanings of leisure (Bernard & Phillipson, 2004; Lawton, 1993).

In the absence of much data, researchers have speculated on the subjective meanings of old age. Several researchers suggest that retired people tend to feel a lack of meaning and a sense of social irrelevance. Weiss and Bass (2002a) acknowledge that some people adjust very well to retirement and find new sources of meaning. Some are content to drift and just try to have a pleasant time. But Weiss and Bass's overall view is that many third age people, although enjoying themselves, often lack a sense of full engagement.

### ***How do Retired People use their Leisure Opportunities?***

#### **Continuity of activities**

A notable feature of leisure activity in retirement is the degree of continuity from pre-retirement years. Longitudinal and retrospective studies consistently show that individuals tend to do largely the same sorts of things with their leisure time before and after retirement (Aiken, 2002b; Lawton, 1993; Roberts, 1999). Older people do not very often take up new leisure activities (Argyle, 1996), and they do not tend to make sudden drastic reductions in these activities (Roberts, 1999).

Continuity in leisure activities is fostered by many factors, including early socialization, personality, skills, and the need to maintain a consistent self-image (Lawton, 1993). Older people may lack enthusiasm for taking up new activities

because they have decided, on the basis of many years' experiences, where their interests and talents lie (Kelly & Freysinger, 2000).

A systematic attempt to explain continuity of leisure activities is in terms of Atchley's (1993) continuity theory. Atchley says that there is a lot of evidence that people want inner continuity as well as continuity of external behaviour and circumstances, and that they strive to attain both kinds. With respect to inner continuity, key concepts include self and identity. These have implications for continuity of activities, as, by middle age, most people define themselves largely in terms of their roles and activities. If people start new activities in later life, these are usually in the same general areas as their former activities (Atchley, 1993).

Atchley's continuity theory (1993) does allow for some changes in activity. People make changes in order to adapt to changed circumstances, such as changes in health or motivation. Similarly, in Baltes' well-known model of Selective Optimisation with Compensation, successful ageing involves withdrawing from certain activities as energy and ability levels decline, and investing one's remaining resources selectively (Strain, Grabusic, Searle, & Dunn, 2002).

Although individual differences in leisure activities remain consistent, there is a tendency for participation in some leisure pursuits to decline gradually in later life while others are maintained or increased. For instance, in a Canadian longitudinal study of adults aged 60 and above, individuals were most likely to continue with reading and watching television over an eight-year period, and least likely to continue with theatre- and movie-going, travel, and spectator sports (Strain et al., 2002). Many factors contribute to declines in some activities in later life. Important influences include physical vigour and health, so it is not surprising that participation in physical activities tends to decline in later life, though walking and gardening remain popular (Argyle, 1996).

Lower leisure participation rates by older people seem to represent cohort effects (generational differences) as well as true age changes: The age differences found in

cross-sectional studies are greater than the age changes found when the same individuals are followed up in longitudinal studies (Aiken, 2002b; Lawton, 1993).

### **Popular activities**

Television watching is an extremely popular leisure activity in the general population (Csikszentmihalyi & Kleiber, 1991) and is the most common leisure activity among older people. Figures from surveys vary, but the surveys consistently find that nearly all retired people watch television (Myers, 1999). Many of them watch a huge amount. In fact, elderly people, on average, watch more television than anyone else. Diary-based time-use studies show that much of the increased free time post-retirement is used up with TV watching (Robinson & Godbey, 1997). These authors found that retired men spent about 25 hours per week watching TV, and retired women spent about 22 hours per week doing so. Other popular retirement leisure activities include reading, especially books and the daily paper, and listening to the radio (Argyle, 1996; Myers, 1999).

A substantial proportion of retired people do some voluntary work. The retired voluntary worker is typically middle-class and has a long history of volunteering (Moody, 2002). Estimates vary, but it seems that nearly half of the 65 to-74-year olds do some voluntary work, an increase of over 400 percent over the last 40 or so years (Cavanaugh & Blanchard-Fields, 2002). Suggested reasons for such increase include much greater opportunities for involvement, better educated older people, more value placed on volunteering, and more positive attitudes toward older people (Bowen, Noack, & Staudinger, 2011; Cavanaugh & Blanchard-Fields, 2002; Schlosser, & Zinni, 2011).

There are substantial social class differences in the leisure activities of retired people. In particular, members of the middle-class are more likely than those of the working-class to engage in activities which are expensive or intellectually demanding, such as travelling and reading (Brown, Fukunaga, Umemoto, & Wicker, 1996).

### **Could leisure opportunities be used better in retirement?**

The majority of studies suggest that retired people are reasonably satisfied with their lives (Aiken, 2002b; Myers, 1999). Retirement does not usually cause serious mental health problems, though there are often some short-term problems of adjustment (Aiken, 2002b). Retired people actually tend to report higher levels of happiness than do working people (Argyle, 1996).

Although retirement does seem to be a fairly satisfying phase of life on the whole, it might be made even better, for many individuals, through different use of leisure opportunities. The fundamental desirable shift would be away from reliance on passive pursuits, towards the kinds of leisure described earlier in the chapter in such terms as committed, engaged, high-investment, or serious.

As already discussed, a lot of leisure in retirement involves passive pursuits, especially watching television. Watching a lot of TV does not seem to be very good for people. In fact, research suggests that it can lead to depression and apathy (Csikszentmihalyi & Kleiber, 1991). Several studies have found that amount of TV watching is negatively correlated with positive feelings, and survey participants never spontaneously report that TV watching makes them happy (Argyle, 1996).

### ***Barriers to Optimum Leisure in Retirement***

Some of the important barriers to optimal use of leisure opportunities at any age are psychological. One major barrier for many of today's older people is that they have not developed strong leisure interests in earlier life. (Myers, 1999; Stebbins, 1992). Csikszentmihalyi and Kleiber (1991) argue that the use of leisure for self-actualization is probably a "meta-skill", learned very early in life, and that its development depends greatly on the influences of family, school, peers, and the broader community. There are opportunities to develop serious leisure interests at school or college, but many people do not take advantage of these opportunities. Reasons include a mismatch between popular culture and the leisure pursuits promoted by educational institutions, and some students' rejection of anything related

to school (Argyle, 1996). In the working years of adult life, there is usually not much time devoted to the development of leisure interests.

Research into the development of involvement in the arts and sports strongly suggests that early socialization is very important in fostering serious and lasting leisure interests. Serious interest in the arts nearly always reflects early influences (Roberts, 1999). These influences usually come from the family, but can also be found in the education system. When interest in the arts is instilled early, it has a good chance of lasting throughout life (Roberts, 1999). With respect to sport, early socialization again seems to be vital, but it is not sufficient. Other important factors include being exposed to a variety of sports as a child, and continuation with sport after finishing full-time education (Roberts, 1999). People who stop playing sport before their mid-20s are unlikely to recover and sustain the interest later in life (Roberts, 1999). Today's retired people have a low rate of participation in sports, but Roberts suggests that future retirees are likely to be more involved, partly because of childhood exposure to a wider range of sports, and also because the increased availability of indoor sports centres means that they will have had greater opportunities to continue with sport during their working lives.

An individual is only likely to take up a particular leisure activity if he or she feels reasonably confident of being successful at it. In the terminology of a well-known model, the individual needs *self-efficacy* with respect to the activity (Bandura, 1997). Self-efficacy is the belief that one has the capacity to do what is required to reach a particular goal (Bandura, 1997). Research shows that the strongest determinant of self-efficacy in any particular context is previous direct personal experience of success or failure in similar activities (Bandura, 1997). Another important factor is modelling. Individuals are more likely to have a sense of self-efficacy for a particular activity if they have observed someone similar to themselves succeed at the activity (Bandura, 1997). Many older people may not have much self-efficacy with respect to leisure activities because in earlier life, they lacked appropriate role models and had little opportunity to try the activities themselves.

Lack of preparation for retirement leisure may be an important barrier to its optimum use. Laslett (1996) argues that the individual should ideally begin preparing for retirement from early adulthood. The importance of planning for retirement leisure is illustrated in a study (Rosenkoetter & Garris, 2001) which asked a large sample of retired people what they had done to prepare for retirement and what they *now* thought were important elements of retirement preparation. The participants had done far less to prepare for retirement than they now thought people should do. The large discrepancy applied to almost all kinds of planning, including planning for the use of time. One reason why retirement planning is a strong predictor of satisfaction in retirement may be that it can help individuals to identify what gives them most satisfaction, and to work out ways of retaining these sources of satisfaction in retirement (McGuire et al., 1996). Many employers offer formal retirement preparation programmes, but not many individuals participate. Those who do attend are typically male, healthy, married with family, and of relatively high occupational level (Aiken, 2002b).

Another personal barrier against many older people's use of leisure opportunities is their strong work ethic and discomfort with the idea of leisure (Bernard & Phillipson, 2004; Myers, 1999). Additional personal barriers include disability, mobility restrictions, loss of important friends and relatives, and mental disorders (Myers, 1999).

Some barriers are external rather than personal. For instance, according to some writers, many programmes and organisations are not well-adapted to the needs of older people. Retirement planning programmes themselves often focus heavily on financial planning (Aiken, 2002a). If they do deal with leisure planning, they may focus on providing information about leisure opportunities, whereas ideally they would also teach leisure skills and help individuals become more aware of their preferences, attitudes and values (McGuire et al., 1996). Voluntary jobs for older people can be boring, over-demanding, or otherwise unappealing. The inappropriate nature of some tasks given to older volunteers may reflect the fact that they were designed by younger people (Cruikshank, 2003). Various agencies help promote and

coordinate voluntary work by elderly people, but some voluntary organisations do not provide adequate training or support (Caro et al., 1993).

### ***The Special Benefits of Voluntary Work in Retirement***

Voluntary work merits special consideration as a leisure activity in retirement, because of its enormous potential value for society as well as its important benefits for the volunteer.

There is substantial evidence that participation in voluntary work is correlated with well-being (Bowen, Noack, & Staudinger, 2011; Kim & Moen, 2001). For instance, a study of low-income older adults, (Dulin & Hill, 2003), found that volunteering was related to positive emotions. Research suggests that voluntary work can give older people's lives new meaning, not only through directly helping the community, but also through the opportunity to act as a mentor for younger volunteers (Settersen, 2002). Volunteering may also benefit physical health. In one study (Luoh & Herzog, 2002), with participants in their 70s and older, those who did a substantial amount of voluntary work lived longer and stayed healthier than did other participants, even when pre-existing health status and other likely confounding variables were controlled for statistically. The main difference in health outcome measures was between individuals who did more than 100 hours of volunteer work annually and those who did less or none. The researchers suggest that this apparent threshold effect may indirectly reflect the nature of voluntary work's impact on the self-concept, i.e., most of the potential enhancement of the self-concept, and the consequent health benefits, from doing voluntary work might be gained by doing an average of about two hours a week (Luoh & Herzog, 2002).

From the productive ageing perspective, formal volunteering by retired people should be promoted even more than it is now. Society will increasingly depend on retired people to do voluntary work. Workers have limited time to volunteer nowadays, because of such factors as high female participation in the workforce and long working hours. Most of adulthood has been described as a period of "time famine" (Freedman, 1999). Some organizations will need to find better ways of attracting, training and supporting retired people as volunteers.



Freedman points out the irony that while older people seem to be especially civic minded (i.e., they vote and donate more than younger people, and say that they want to be more involved in the community), in reality, they actually seem to volunteer less than other age groups. However, most research into retired adults' voluntary work only considers formal volunteering for organisations. There is evidence that retired adults do a lot of informal unpaid work for their families and communities. (Warburton & McLaughlin, 2005; Warburton, McLaughlin, & Pinsker, 2006).

### ***Summary***

For many people, retirement brings more free time than they have ever had, and the use which they make of this free time is an important determinant of life satisfaction. Retirement is not generally an unhappy stage of life, but for many people it could probably be enhanced by engaging in serious, committed leisure activities.

One big problem is that many people reach retirement without having developed strong leisure interests. There is a need for earlier and more intensive preparation for retirement leisure. The leisure careers literature tells us that it is unrealistic to expect any quick fixes from policy initiatives (Roberts, 1999). Big changes in population leisure patterns are likely to take decades. Children need to be introduced to the choices and potential satisfactions of leisure activities, and methods such as membership of organizations are required to help them stay involved and committed in worthwhile leisure activities (Roberts, 1999). People *can* go on developing new interests through life, but these are likely to be based on existing interests, so early leisure socialization is vital. But some short-term measures are probably worthwhile. For instance, there is scope for counselling retired individuals to find the sorts of leisure activity that will suit them best, in the same way that people are helped to choose their vocations (Whitbourne, 2005). Self-efficacy in leisure participation could be fostered in older people through role models and carefully graduated experiences.

From a social policy point of view, older people are still a largely untapped resource. Retired people will be increasingly needed to help run communities as volunteering

by the general adult population has declined in recent years. Full encouragement should be given to initiatives to increase volunteering by retired people.

It does seem that society has yet to catch up with the new phenomenon of the third age. Some improvements such as greater opportunities in lifelong education are taking place, but so far these changes mainly benefit a privileged minority of older people.

What of the future? As Freedman (1999) argues, retirement leisure is likely to change as it passes into the hands of the baby boom generation. The people who will retire in the near future are better educated, wealthier, and healthier, than earlier cohorts of retired people. Above all, they have higher expectations and the weight of numbers to be a powerful pressure group. They will resist relegation to the margins of society. Therefore, new arrangements and pathways to retirement are required to consider the contemporary factors and contexts (Sargent, Lee, Martin, & Zikic, 2013).

# **Chapter Eight**

## **Women and Retirement**

**Sarah Wright**

The aim of this chapter is to explore the burgeoning literature on women and retirement. Traditionally, retirement has been seen as a male only phenomenon. In past decades, the retirement years for women varied little from their domestic working life. In essence, most women carried on performing the same duties and activities they had always done, with many women viewing retirement as simply “less money, more husband”. However, as a consequence of changes in women’s patterns of employment, women’s retirement experiences are changing. The current chapter highlights that the retirement of working women today will be fundamentally different from their foremothers’ retirement experiences, and also distinct from that of their male counterparts.

Theoretically, retirement occurs when the individual leaves the workforce and never re-enters it. However, as discussed in previous chapters, retirement is not merely a physical transition from the world of work to the home domain; it is an emotional and social process that is largely shaped by an individual’s work history and social standing. As a part of this, the retirement experience is shaped by conventional gender roles and expectations. The conventional structure of retirement, and the planning of retirement policies, has largely been built on the work paradigm of males. This traditional model assumes a nuclear family consisting of a lifelong breadwinner, usually a male, and an at-home wife not participating in the labour force. Within this traditional notion of gender and family structure, women’s retirement experiences were very much affected by the employment history and retirement status of their husband.

In the past, there has been a strong underlying assumption that working women experience less difficulty and stress during retirement than men (for example, Tibbitts, 1954). For the most part, this assumption is driven by the fact that

traditionally, paid employment has not been as central a part of a woman's life as it has been for men. Until quite recently, this model has prevailed with a woman's departure from the work force being perceived as quite ancillary to a man's retirement.

However, during the last three decades, women's participation in the labour force has significantly increased, predominately due to improved access to postsecondary education, legislative changes regarding pay parity for female workers, and a greater demand for workers in the service industry. With the rapid increase in women participating in the work force, retirement has become a common life event for the majority of women (Price, 2000). Furthermore, as the population ages and women continue to live longer than men, a larger proportion of the retired population will be women. Given this demographic change and the move away from traditional gender roles and conventional family structures, it is neither appropriate nor accurate to assume that a woman's transition to retirement and her post-employment experiences will follow the same pattern of previous generations of men (Dailey, 1998).

### ***Gender Disparity in Retirement: Introducing the Issues***

Until the 1980s, the issues surrounding women and retirement received little attention, with gerontology researchers failing to acknowledge that the retirement of women was, or would ever be, a distinct phenomenon (Whiting, 1998). If women were included in retirement research, it was only as a proviso to examine married women's perceptions of their husband's retirement, or to analyse the effect retirement had on marital behaviour (Price, 2000). This bias reflected societal norms which tended to perceive women as dependent wives of male wage earners, who had minimal income independence or financial security in their own right.

For the generation of women who are retiring today, the large majority would have faced child-rearing responsibilities and are likely to have an, at least somewhat, intermittent employment record. Moreover, the current generation of working women are the first cohort whose participation in paid work will extend most of their adult lives. For this group of women, their history in the work force is somewhat distinct

from men's employment options and experiences. For working women with comparable levels of education and income to men, family commitments and responsibilities affect their ability to actively participate in the labour force. These issues are not necessarily contending factors for men in terms of career progression or retirement planning.

As a result of intermittent employment patterns, women tend to receive fewer opportunities to develop a continuous set of skills or to increase their occupational knowledge base (Quick & Moen, 1998). They also tend to have job assignments with lower remuneration, limited benefits, and fewer opportunities for career progression or promotion (Glass, Conrad, & Kilpatrick, 1998; Talaga & Beehr, 1995). Compared to men, women are also more likely to occupy jobs that do not offer highly remunerative superannuation schemes. This significantly reduces the potential of maximising retirement income (Haveman, 2003).

For many families, the woman's income is a secondary source of earnings and is typically used for current consumption, presumably because this income has been considered temporary due to her discontinuous work history (Butrica & Iams, 2000). If however, the marriage fails, the inequality of this financial situation comes to the forefront, and the financial disadvantage falls heavily on the woman. She consequently has limited earning power or job opportunities, is without sufficient pension, and has not accumulated an asset base for her future security (Butrica & Iams, 2000; Talaga & Beehr, 1995).

### ***Gender Issues in Remuneration and Career Pathways***

Although becoming increasingly similar, the employment paths of women continue to differ from those of men. Similarities include both male and female employees seek feelings of competence, of making a productive and necessary contribution, and of being in control of their time (Perkins, 1992). Further, both sexes tend to experience similar levels of occupational stress (Martocchio & O'Leary, 1989). However, as is discussed in this and later sections, substantial differences exist between the working lives of men and women in terms of income disparity within occupational groups and

in terms of the extent to which the temporal continuity of employment is disrupted by the family life-cycle.

For women as well as men, income is a factor that is crucial to retirement adjustment and wellbeing. According to aggregate statistics from 15 OECD countries, women on average have 27.7 years in employment, whereas men have 36.9 years (Ginn & Arber, 1999). Moreover, in the United States, women's full-time earnings were on average 80 percent of their male counterparts' earnings in 2007 (U.S. Department of Labor, 2008). The pay differential in the United Kingdom currently stands at 17 percent (Equality, 2007) and ranges from 49 percent to 87 percent in European countries (OECD, 2007). These figures show that in general, the extent of inequality has narrowed slightly since 1950 when a woman, on average, earned 64 cents for every dollar earned by a man (Perkins, 1992).

Differences in employment tenure and disparities of income during employment continue to impede women's abilities to qualify for pension schemes or accumulate savings. Resulting from this, the average income of women during retirement is disparate from that of men. In the United States, women receive on average, 58 percent of a man's retirement income (U.S. Census Bureau, 2007). Further, because women in most industrialised countries tend to outlive men, they are more likely to spend additional time in retirement and therefore rely on accumulated lifetime savings for extended periods of time. Due to this longevity, women are more than twice as likely as men to live in poverty in old age (Walby, 1999). All of these factors contribute to a diminished quality of life for women in retirement.

### ***Family Responsibilities and Women's Retirement***

At varying stages of their lives, women may find it difficult to simultaneously attend to family and work obligations (Ferree, 1990). For example, childcare obligations often compete with work demands during a parent's early life, and eldercare needs may create significant demands during a women's midlife. For many women, family care responsibilities take precedence over participation in the paid work force. This results in a substantial proportion of women taking time out of paid employment in

order to meet family needs. This section shows that meeting these family responsibilities can dramatically affect the economic security and timing of women's retirement. Through these effects, family responsibilities have the potential to significantly influence the psychological wellbeing of women during their elder years.

### **Childrearing and childcare responsibilities impact on women's retirement**

During their working lives, a high proportion of women at some stage take on either full-time or part-time childcare responsibilities. The levels and periods of these responsibilities vary in response to the changing needs of their families. Over time, these occupational interruptions can have negative consequences for career continuity, upward mobility and income potential. Women who leave the employment setting for childcare responsibilities face losing potential seniority, job training opportunities, and may experience skill depreciation or skill obsolescence (Dailey, 1998). Further, because many retirement pensions and benefits are directly related to lifetime earnings, many women will receive significantly less than men in retirement income (Hershey, & Jacobs-Lawson, 2012; Zhan & Pandey, 2002). Effectively, the operation of these factors introduces a "wage penalty" for women who bear children (Hewlett, 2002, p. 124). The effect such penalties have is not only economically disadvantaging for women during their working years, but also during their retirement.

### **Eldercare and women's retirement**

In addition to childcare responsibilities, women continue to cope with family obligations later in life when they face caring for their spouse or aged parents. The price of eldercare can be extensive in terms of time away from work and the resources required to care for the family member. For instance, elderly parents must be taken to and from medical appointments, meals must be prepared and provided, housework completed, and personal hygiene attended to. Thus, in addition to the financial demands, eldercare almost inevitably requires an expenditure of time away from the employment setting. The extent of these time requirements sometimes initiates the early retirement of women.

In addition to the need to care for elderly parents, ill health or disability in one's spouse has consistently emerged as an important predictor of the retirement decisions of married woman (Hatch & Thompson, 1992; Talaga & Beehr, 1995). In Talaga and Beehr's (1995) research, in comparison to men with an unwell spouse or family member, women who believed that their husband was in poor health were more likely to retire from the work force to care for their spouse. In contrast, men were more likely to continue to participate in paid employment to provide financial support for their dependent family member. Further supporting this pattern, research by Matthews and Brown (1988) showed that female retirees were more likely to retire for reasons that had to do with others, typically the health of their spouse/partner or other family members, than men were. In summary, while retirement from paid employment is often taken to imply a period of new found freedom, a time when recreational pursuits can be engaged in with increased vigour, intensity and commitment (Costa, 1998); for women who prematurely leave paid employment to assume a care-giving role, retirement is generally not viewed as an opportunity to pursue leisure activities but rather is considered another form of work in itself.

### ***Gender Bias in Retirement Research***

Many researchers have reflected on the retirement experiences of women using standards of comparison that have been designed for a male's work history, or have directly compared retirement adjustment between men and women (Quick & Moen, 1998; Skirboll & Silverman, 1992). Because of this, a number of studies have been criticised for taking an androgynous approach toward retirement research and failing to acknowledge that the working lives of men and women can follow very different pathways (Calasanti, 1993).

In 1982, Szinovacz suggested that the reason why women's retirement experiences had not been researched to the same extent as those of men was because women's experiences were not considered a salient issue for social research (Szinovacz, 1982). This bias being largely due to the perception that employment was secondary to a woman's familial role. Thus, when a woman ceases employment, her retirement adjustment was supposedly an easier process because her work was only ever ancillary to her family responsibilities.



Research in the social sciences tends to reflect the state of society as it currently stands. Given their traditionally uninterrupted work histories, it is perhaps therefore not surprising that the majority of retirement research has focussed exclusively on male retirees. It has only been since the mid-1970s that increasing numbers of women have begun working outside the home in roles and occupations similar to men (Price, 1998). Thus, for the majority of women, the choice of a career outside of the home is a luxury only available relatively recently (Hewlett, 2002). In fact, the current cohort of women entering retirement may be the last to experience what is currently considered “traditional” gender roles in terms of employment status and family structure.

Given the differences that exist between men and women in factors such as employment history and the nature of work commitments and family responsibilities, there is little reason to assume that the factors influencing men and women’s retirement will be the same. This suggests that generalisations from findings on studies of men and retirement may not be sufficient to capture women’s retirement experiences (Carp, 1997). As such, feminist literature has called for researchers to consider analysing retirement experiences from a within-gender perspective (Price, 1998).

### ***Gender Comparison Research***

Within retirement literature, a variety of factors have been investigated for their ability to distinguish between the retirement experiences of men and women. For instance, some research findings suggest that women have a smoother transition to retirement due to their multiple societal roles (for example, Hanson & Wapner, 1994), while others report notable differences between men and women’s satisfaction during retirement (Carp, 1997). Still others claim that retirement has similar outcomes for both men and women in terms of health and wellbeing (for example, Seccombe & Lee, 1986). Although limited in its ability to reveal within-gender differences, gender comparison research allows the investigation of factors that differentiate the retirement experiences of men and women.

## **Gender and retirement planning**

In comparison to men, Whiting (1998) found that women spend less time planning and preparing themselves for retirement. For male retirees, preparing oneself for retirement is reasonable given that the cessation of fulltime continuous employment signifies a permanent change of lifestyle. For this reason, Whiting found that retirement preparation was either exclusively focussed on the husband's planned lifestyle, or what the couple would do together. The process of planning for retirement was not typically women-focussed. Whiting concluded that most women are unprepared for retirement in terms of financial preparation or recreational planning.

For a number of older women, retirement was not seen as something that was important to prepare or plan for (Perkins, 1995). Further, women often exercise less economic influence within the family and therefore have little experience in financial planning. In many cases, women have been insulated from understanding or knowing about their husband's financial situation, this leaves them vulnerable if widowhood occurs (Society for Research on Women in New Zealand, 1999). Given that older women experience a greater number of severe stressors than do men, such as widowhood, financial insecurity, loss of home, and poor health (Carp, 1997) and the fact that retirement planning is one of the most significant factors for retirement satisfaction (Lo & Brown, 1999), it is increasingly important for women to purposively plan for their retirement years.

## **Retirement decisions within married couples**

Historically, socialisation processes have educated women to believe that retirement is an exclusive life event for men, even if both husband and wife have been working throughout their adult lives. For example, a study conducted by Clark and McDermed (1989) found that in dual career couples, the decision to retire was based predominately on the husband's retirement plans. A large proportion of the women in the study retired before their husbands, with 13 percent indicating that their husband's anticipated retirement was the most important factor in their own retirement decision. The inverse situation was not true however, with only a handful of husbands

indicating that their most important reason for retirement was the retirement of their wife. However, it should also be acknowledged that other studies have reached different conclusions. For example, in a review of retirement decision literature, Weaver (1994) again concluded that wives were less likely to continue working once their husbands were retired. This was in contrast to Clark and McDermid's (1989) review as they also concluded that husbands were less likely to continue working if their wives were retired. The data used by Weaver et al. involved an older cohort of retirees, which may have influenced the findings.

### **Gender differences in retirement goals and roles**

When women do actively contemplate retirement, research suggests that their goals and aspirations tend to be more vague than those reported by men. For example, Hershey, Jacobs-Lawson & Neukam (2002) found that women had more abstract goals, whereas men had more concrete goals. Women's goals were typically "other" focussed compared to men (e.g. spending time with family, going out with friends). This corresponds with conventional beliefs that females are more apt at establishing and maintaining interpersonal bonds. The men in the sample rated leisure goals much more highly than women (e.g. golf, walking). Both men and women had a comparative number of goals regarding financial stability, exploration (e.g. holidays), contribution to others (e.g. volunteering), and spiritual (e.g. church, ministry work). However, men tended to generate task-specific goals, whereas women generated abstract goals, and were typically more concerned with general states of well being than the realisation of retirement goals.

In terms of gender roles and retirement decisions, research by Talaga and Beehr (1995) found that for older men and women, traditional gender roles were more likely to explain the majority of their retirement decisions. For example, the likelihood of retirement for women increased dramatically as the number of dependents in the household increased. Furthermore, women were more likely to retire if their husband was in poor health, to stay home to provide care. The researchers concluded that external or uncontrollable factors in the women's environment were the most significant predictors of women's decisions to retire. Research by Matthews and Brown (1988) concurs with this conclusion.

In addition to highlighting the extent to which external or uncontrollable factors appear to influence the retirement decisions of women. The findings described above suggest that in retirement, many women continue to fulfil their traditional roles as homemakers and caregivers and these these roles undoubtedly effect their retirement experiences and satisfaction (Talaga & Beehr, 1995). Hanson and Wapner (1994) suggests that women experience retirement as a continuation of life rather than a defining change of role. Their research suggests that formal roles are relatively less important in retirement for women than they are for men. The researchers argue that women are more adept at finding role continuity in a life full of discontinuity.

Corresponding with Atchley's (1971) continuity theory, Hanson and Wapner (1994) conclude that because women are more likely derive their identity from informal roles and relationships, as opposed to structured roles in occupational settings, they find the transition to retirement less taxing than men. Moreover, compared to men, women tend to give relatively greater importance to informal interpersonal roles throughout their lives, so when they eventually retire, role continuity essentially remains (Hanson & Wapner, 1994).

### **Gender and retirement satisfaction**

Some studies have shown that women, on average, report significantly less retirement satisfaction than men (Floyd et al., 1992; Richardson & Kilty, 1991). For example, Quick & Moen (1998) report that men are more likely than women to report satisfaction in their retirement compared to the last 5 years of employment. Richardson and Kilty (1991) argue that extended periods of unemployment in a female's work history and their propensity to spend more time in part-time employment has an adverse effect on their retirement quality, and this results in reports of lower satisfaction.

However, Quick and Moen's (1998) research suggests that employment disruptions do not necessarily trigger retirement dissatisfaction. They found that women were more likely to report satisfaction with their retirement if they had experienced several

year-long gaps in their employment history. According to the researchers, the transition to retirement is perhaps not as stressful for these women because they have experienced reasonable amounts of time away from the work force compared to those women who have been working continuously. Year-long breaks may also be part of a planned employment strategy, which may not affect job re-entry, occupational stability, or dramatically alter pension plans or lifetime savings. Again, Atchley's (1971) continuity theory would suggest that for women who have a fluid employment record, the transition to retirement may not be experienced as a conclusion to working life, rather a furtherance of an already discontinuous occupational history. In addition, the ability to take multiple year-long breaks probably signals a socioeconomic and social support/marital status that enables this choice. The continuing availability of these greater resources may be a factor that contributes to the greater retirement satisfaction reported by women who appeared to have a planned strategy in their broken employment history.

Other studies have identified no significant differences between men and women with regards to retirement satisfaction. For example, Seccombe and Lee (1986) found that the antecedents of retirement satisfaction were similar for both genders. For instance, those retirees in better health and those with higher incomes were more likely to report greater retirement satisfaction, regardless of gender. The authors argue that individual differences in life circumstances affect retirement satisfaction rather than gender per se. However, it should be noted that while moderating effects were not apparent in Seccombe and Lee's study, a number of individual differences associated with retirement satisfaction do differ across gender. Examples include length of time in the work force, employment opportunities, and lifetime income. As this chapter has shown, the status of women on these variables tends to mean that at retirement, they are positioned in less favourable circumstances. Dailey (1998) summarizes the factors that contribute towards a comfortable retirement for women include being married, having a high education, having an uninterrupted work history, and owning a home. Circumstances such as divorce, downsizing, and disability reduce women's prospects during retirement, and increase the risk of poverty in old age. This pattern does not hold for both genders.

## **Issues of theory in gender and retirement research**

As stated in the introduction, to date, most gender comparison studies have applied the “male model” of employment and retirement experiences to both genders. The application of male-oriented models of retirement to women was assessed by Calasanti (1996). The author has used crisis theory (Friedman & Havighurst, 1954) and continuity theory (Atchley, 1971) to test for gender applicability. Both of these theories have a role orientation and focus on role expansion, development or substitution. According to Calasanti (1996), the male model of retirement does not provide an adequate representation of the women retirement experiences. In comparison to men, a greater proportion of women tend to be employed at lower organisational levels. Overall, women are more likely to be employed in clerical, sales, and service roles while jobs involving supervisory capacities are more likely to be held by men. Calasanti concluded that differences in the structure of typically male and female oriented jobs influences retirement experiences as well as the process of retirement adjustment.

In order to better attend to the experiences of women, it has been suggested that studies investigating experiences such as retirement satisfaction should broaden the investigated factors to others such as family responsibilities, occupational status and gender segregation in the work force. Overall, research demonstrates that studies using male oriented models cannot be generalised to shed light on the retirement experiences of women.

## ***Women's Identity in Retirement***

For many people, their position in the work force is their principal source of personal identity. This is particularly true for men, who typically spend their prime years of adulthood in the labour force (Moen, 1996). Traditionally, men have gained prestige, achievement and recognition through their employment. Loss of this sense of status can make adjustment to retirement difficult (Erdner & Guy, 1990). Women, on the other hand, have traditionally derived their sense of personal identity through social capacities and family roles. However, as earlier sections in this book have shown, the role of employee has recently become more salient in the lives of women.

Furthermore, as more women engage in life long careers, it follows that attachment to their employment will also be augmented. As occupational roles become more salient factors in women's senses of identity, it also follows that women are likely to come to face adjustment problems in retirement that are similar to those faced by men (Ernder & Guy, 1990; Karp, 1989; Price, 2002).

Research shows that women who are highly invested in their chosen occupation tend to develop strong work identities, and have different attitudes towards retirement than less job-oriented women (Ernder & Guy, 1990). They have found that women with strong work identities viewed retirement as a negative life event; an impediment to their self-concept and an unwelcome disruption to their working life. In addition, compared to men, women who report experiencing high job satisfaction in their last job prior to retirement have more problems adjusting to retirement (Haug & Belgrave, 1988 in Richardson & Kilty, 1991).

Price (2000) found that professional women were more inclined to miss the challenge that work provided. They found they no longer had to contend with issues of problem solving, face novel experiences, or other complex dilemmas on a daily basis. Many of the interviewees had to confront stereotypes regarding retired women, particularly the perception that retired women are incompetent. As a result, many felt that they experienced discrimination because of their retired status. Despite some women in the sample reporting that they felt a loss of the sense of achievement that came from their work post-retirement, the majority reported that their sense of identity had not been severely threatened following their retirement.

In furtherance to her earlier research, Price (2002) interviewed 29 retired women about their working and retirement experiences. Half of her sample held professional jobs while in the work force (e.g. medical doctor) while the remaining half held non-professional jobs while working (e.g. clerical worker). In terms of the women's attachment to work, Price found that professional women viewed retirement as an ending to a significant chapter in their lives. These women indicated that they felt a loss of social status after retirement, and over half reported missing the social

interaction that their work had provided. In contrast, non-professional women expressed little difficulty in leaving their work roles, indicating that they felt relieved from the work force. Non-professional retirees also indicated that they did not miss the interaction with former co-workers, and reported being more involved with community and social activities. Non-professional women were inclined to view their family as their primary job, even during their working years. Finally, due to their more transitory employment histories, non-professional women are likely to have greater familiarity with the adjustment process necessary to successfully adapt to moving out of the work force. This may ease their transition during formal retirement.

In some aspects supporting, and in some contrasting, the findings of Erdner and Guy (1990) and Price (2002), Richardson and Kilty (1991) found that women who had worked in jobs with low occupational status, and experienced a large drop in income were most vulnerable to retirement adjustment problems. The authors speculated that retirees who had worked in professional or prestigious jobs are more likely to retain professional contacts, be involved in professional groups and take on part-time professional employment, therefore maintaining their connections to, and status and integrity within, the community. Moreover, because of the nature of their occupations, many professional women are able to continue to practice their skills and abilities in new roles that provided them with a sense of accomplishment and self esteem. In contrast, retirees who had worked in low status occupations were less likely able to utilise their skills in a way that generated post-retirement income or facilitated social contact during retirement. Such consequences may then have negative impacts on confidence and sense of worth.

The theoretical frameworks of role theory (Cottrell, 1942) and continuity theory (Atchley, 1971) can perhaps contribute to the explanations of the differences between women's identity perceptions during retirement. Role theory asserts that as an individual retires, the roles available to them change and need to be substituted in order to successfully adjust to retirement. Failure to adapt to alternative roles can generate stress and anxiety for the retiree (Bosse et al., 1996). Although this theory has been criticised by Calasanti (1996) as reflecting the male approach to retirement,



it will perhaps apply well to women who are strongly attached to their careers and find it difficult to relinquish their occupational capabilities and identity. For instance, the women in Price's (2002, 2003) research reported experiencing grief and a sense of loss at having to substitute their work role for a retired or domestic role.

In contrast, continuity theory (Atchley, 1971) may more accurately reflect the retirement experiences of women with weaker job identities. Continuity theory argues that by retirement, most workers do not consider their work life to be their most central or salient role. Accordingly, the theory asserts that retirement provides an opportunity to be free from external work demands, and to dedicate more time to social pursuits that enhance the retirement experience. For women with repressive work histories, forgoing an occupational identity may in fact be a welcome relief from the pressure of work and performance expectations (Reitzes et al., 1996).

### ***Summary***

This chapter has shown that gender serves to shape the nature of one's occupation as well as the timing of retirement and welfare during old age. The complex nature of women's roles in the home and in the workplace setting continues to result in economic disadvantage for a substantial proportion of women. Two of the most significant factors contributing to this are gender associated wage and salary differences during employment and the fact that women tend to experience greater temporal discontinuity in employment due to family responsibilities.

In recent decades, women have been accumulating significant gains in terms of occupational advancement. The work patterns of women are increasingly similar to those typically associated with male-orientated roles. As such, women currently forming expectations about their retirement will not generally replicate the retirement experiences of their mothers or grandmothers, nor however, are their retirement experiences likely to be exactly like those of men. Overall, compared to their mother's generation, women nowadays will have spent more time in the work force, enjoyed higher incomes, and will have accumulated more pension privileges (Logue, 1991). However, the reality remains true that a woman's marital status, her

discontinuous participation in the work force, occupational and wage discrimination, and her extended life expectancy all significantly impact upon her retirement wellbeing.

The chapter concludes with the argument that work force policies need to evolve to further incorporate the lifecycle of the working mother. Until these adaptations are firmly established, women's retirement decisions and economic wellbeing will continue to be disproportionate relative to the options available to men. Retirement models and macro-level policies need to recognise that retirement involves the intersection of social and economic factors and is influenced by life events such as childbearing and changes in marital status (Dailey, 1998). Retirement is a complex process that must accommodate a woman's individual occupational and societal circumstances.

# Chapter Nine

## Social Support in Retirement

Stephen Neville

The process of retirement adjustment does not occur in a social vacuum, rather, individuals are embedded in social networks. The nature of these social networks, and of individual's interactions with them, can have important influences on retirement experiences. For those people who have worked in either paid or unpaid employment, a significant proportion of their social contact and support is often gained through relationships developed in the employment environment. Thus, for the majority of retirees, significant adjustment is necessary not only because of changes in financial status, but also because of alterations in the type, quantity and quality of social relationships. As chapter five introduced, alterations in social support have been demonstrated to influence health and well-being in both men and women during retirement. The current chapter examines the relationship between social support and retirement in greater detail. This chapter begins with an overview of the definitions and meanings associated with the concept social support.

### *Definitions and Meaning of Social Support*

To think about social support frequently invokes images of human to human contact, of friends, closeness, intimacy and someone to rely on. Social supports comprise of social networks, and operate on both an informal and formal basis. Informal social support is provided by family, friends, neighbours or work colleagues, while formal social support is paid for, either being provided by people paid by health and/or social service agencies, or by the individual them self, for example, counselling services.

A variety of social support definitions are available, which indicates that currently there is no unanimous agreement on a definitive classification of the concept. This may be due to the diverse range of disciplines (medicine, nursing, psychology, sociology) undertaking research in the area resulting in a variety of research interests and methodological approaches. For instance, Stroebe and Stroebe (1995) define social support as "... information from others that one is loved and cared for,

esteemed and valued, and part of a network of communication and mutual obligation” (p.215). Uchino (2004, p.10) claims that social support “... is usually defined to include both the *structures* of an individual’s social life (for example, group memberships or existence of familial ties) and the more explicit *functions* they may serve (for example, provision of useful advice or emotional support)”. The term social support is generally applied to a broad range of conceptualisations of social relationships and how they work. Due to the somewhat unwieldy nature of the social support construct, searching for a unitary definition is somewhat meaningless, and most research endorses a multidimensional view of support.

### ***Social Support and Health***

Having good social supports and social relationships has long been believed to positively impact on health and protect against the incidence of morbidity and mortality (Durkheim, 1951). A number of studies describe the psychological and physical benefits of social support, documenting how people with social support cope better psychologically with stressful events and recover from episodes of ill health more rapidly (for example, Bloom, 1990; Prince, Harwood, Blizard, Thomas, & Mann, 1997). The role of social support in contributing to well-being in the older person has also been well documented (Cheng, Lee, & Chow, 2010; Hilleras, 2000; Hsu, & Tung, 2010; Kanacki, Jones, & Galbraith, 1996; Neville & Alpass, 2002; Thanakwang, Ingersoll-Dayton, & Soonthorndhada, 2012).

House, Umberson and Landis (1988) raised the issue of whether the relationship between social support and health is due to main (direct) or buffering (interaction) effects (Cohen & Syme, 1985; House et al., 1988). The main or direct effects model argues that social support benefits health and well-being irrespective of the influence of stress levels which are detrimental to health and well-being. On the other hand, the buffering or interaction effects model argues that social support serves to protect the individual/s from the negative effects of stress. Cohen and Syme provide evidence to suggest that both main and buffering effects influence health and well-being. House et al. suggest main effects are reported when the support received is measured by how a person is integrated within a social context and buffering effects are reported when

the support received is measured by the availability of resources to a person in response to a stressful event.

### ***Measuring Social Support***

There are a number of methodological tools available that measure the structural (see House & Kahn, 1985; Stokes, 1983) and functional (see House, 1981; Stroebe & Stroebe, 1987) aspects of social support. In addition, researchers have developed tools that measure global perceptions of social support. Global perceptions measure two things including what resources are available to the individual, and how satisfied the person is with the support they have received. An example of this approach is the Social Support Questionnaire (SSQ6) developed by Sarason, Sarason, Shearin and Pierce (1987).

In more recent times, research has focused on the importance of the interpersonal context of social support (Pierce, Sarason, & Sarason, 1990). It has been considered that interpersonal context links the various personal relationships an individual has to the ability, or inability to personally adjust to life events. The focus on social support from this perspective is pertinent to people who are facing retirement. For example, if an individual perceives they have a strong and supportive network of friends, acquaintances and family, from a variety of life domains (such as clubs, church, paid employment and voluntary work), then they are less likely to experience potential negative consequences related to retiring (.e.g. loneliness; Adams, Sanders, & Auth, 2004). Consequently, a varied social network may serve to buffer the loss of work related social support.

### ***Work Related Social Support***

Employment status is considered a vital predictor of many aspects of well-being (Alpass et al., 2000). Retirement frequently requires major adjustments, not only in physical and economic terms but also in social terms. Atchely and Barusch (2004) assert that social participation by individuals is closely associated with the social support received from being employed.

During our working life, we develop well-defined social roles and interpersonal relationships. Our occupation is seen as a major source of identity that spans both work and non work settings (Alpass et al., 2000; McGoldrick, 1989). This is made more salient with the western world's preoccupation with the economic productivity of populations (Atchley, 1993). Taking this view implies social status is inextricably linked to meaningful employment. Therefore, the effects of retirement on social support and well-being can be considered in several ways.

First, as noted in chapter one, retirement can be viewed as an alienating process where the individual withdraws from society, becomes isolated and finds themselves without a meaningful role in society. This view is supported by disengagement theory. The central tenets of disengagement theory are that the older person gradually and progressively withdraws from society psychologically, socially and physically (Cumming & Henry, 1961). Withdrawing is seen as a mutual activity where the individual and society move away from each other to the benefit and satisfaction of both parties. Arguably, this is also the case with ageing workers. Atchley (1993) contends that the view of many employers is that the closer people get to retire, the less value they have as workers. Employers, Atchley argues, disengage by both constraining and alienating employees through practices such as the disestablishment of jobs and redeployment to often less desirable roles. These practices cause social disruption and isolation resulting in loss of social support.

On the other hand, retirement can be viewed in a more positive light as a well-earned rest and reward after years of work. This "third age" is characterised by increased involvement in leisure activities and advancing goals of self-actualisation (Ross & Drentea, 1998). Recently, this third age has often extended due the occurrence of early retirement. Early retirement may mean that more time is available to maintain existing social support systems as well as to develop and extend new social networks that are not related to the workplace. As noted in an earlier chapter, this view suggests that third-agers will be affluent retirees, who are in good health and can expect many more years of a satisfying, well adjusted and socially fulfilling life upon ceasing work. However, as sections below will highlight, this view does not account

particularly well for the experiences of those who are in poor health or have limited financial resources.

Supporting this positive view of retirement and in contrast to disengagement theory, activity theory argues that people continue their middle age/middle adulthood roles for as long as possible (Santrock, 2004). On retirement, the individual finds substitute roles to replace their work commitments, such as greater involvement and activity within the wider family and/or community. This change of focus from work to retirement provides opportunities for the development of new social networks and subsequently alternative avenues for social support. The generation of new social support networks promotes psychological well-being and life satisfaction (Berger, 2004).

Perhaps the interpretation of retirement to receive the most contemporary support is that of continuity theory (Atchley, 1971), which challenges the assumptions made by both disengagement and activity theories. This perspective suggests that factors related to personality and the predisposition toward certain actions developed and present when young are similar to those displayed when older (Atchley, 2000). For example, Matthews (2000) found that the ways in which people report making and maintaining friendships during earlier adulthood tend to be maintained during post-retirement years.

In addition to the early retirement trend, as outlined previously, there is paradoxically an increasing trend in the western world for individuals to continue working past the expected retirement age. This phenomenon has been linked to a lack of capital to retire and/or people not wanting to experience a decrease from their pre-retirement standard of living (Szinovacz, 2003). In addition political, social and cultural expectations around work have changed. There is no longer the expectation that individuals will stay in the same job for the entirety of their working life but may have several changes of job, and possibly career, throughout their lifetime. Therefore, individuals might choose to semi-retire and remain employed in part-time work. A gradual move into retirement allows people to maintain adequate levels of social contact and support from the work environment (Schlossberg, 2004).

### ***Quantity of Social Networks available to Retirees***

Coleman and O'Hanlon (2004) claim that although the social networks of people in their middle to later years are similar in structure to those in younger age groups, for those in the older age group, the number of people available within those networks is less. This may be attributable to older people preferring not to build many new interpersonal relationships but rather to maintain and further develop relationships with people they already know. Where contacts are not maintained, during the years following retirement, the decrease in the number of people that make up a retiree's social support network may be significant. As a consequence, and particularly for those whose main social network and associated support system originated within the workplace environment, evidence suggests that the transition into life without work can be difficult (Taylor & Doverspike, 2003).

Overall, research examining quantitative aspects of social support networks in retirement has identified mixed patterns of results. On one hand, some comparative studies examining the social support networks of retirees with paid employees have shown that retirees are more likely to report that lower levels of social support are available to them (Blom, Georgiades, Laszlo, Alinaghizadeh, Janszky & Ahnve, 2007). As noted in chapter four, retirees with decreased social support networks have been shown to report higher levels of depression and loneliness, lower levels of life satisfaction and poorer health status (Gall et al., 1997; Mirowski & Ross, 1992). However, other studies, such as Atchely and Barousch's (2004) review of studies on retired men, have found that few differences exist between the numbers of social supports available between retirees and comparable workers. Rather, their findings suggested that throughout people's working lives, they developed supportive social networks and such relationships continued to be maintained in retirement.

Similarly, Hansson, DeKoekkoek, Neece and Patterson (1997) compared active workers and recent retirees over a three year period and found no change in the numbers of work-related social supports between the two groups. However, beyond the three year period, these authors did note a decrease in the quantity of work-related supports. These results suggest that during the initial adjustment period to retirement,



contact with co-workers is generally well maintained. However, over extended periods of time, declines occur in the density of network connections that are related to the previous workplace.

### ***Quality of Social Networks and Retirement***

It is important to recognise that the notion, social support, encompasses more than just the number of people available to provide social support to retirees. In keeping with this, and as described above, Sarason et al.'s (1987) measure of social support (the SSQ6) considers both the number of people available to provide social support, as well as the experience of feeling satisfied with those social supports. In the context of investigating social support in retirement and consequent effects on well-being and adjustment, it is important to consider both the quantity and quality of support received.

Studies have identified that it is the quality rather than the quantity of time in others' company that makes the largest contribution to people's reports of satisfaction with their social contacts (Mireault & de Man, 1996; Neville & Alpass, 2002). From these findings it is suggested that it is the intimacy of relationships with others, rather than the number of relationships, that determines individual's satisfaction with those relationships (Flett, Harcourt, & Alpass, 1994). This idea is further supported by research showing that close attachments to one or more people are more important than support networks as a whole (Santrock, 2004).

As already discussed, social relationships help buffer the effects of stressful life events throughout the life span. The relationships that result from experiencing meaningful social support networks can positively assist people to manage and combat the stresses associated with retiring. The strong emotional ties associated with having supportive friendship networks frequently offer the retiree a listening ear, objective advice, as well as companionship for both social and leisure activities (Cavanaugh & Blanchard-Fields, 2002). The social support gained from having close friends who have already retired also assists with the transition from paid employment to retirement (Schlossberg, 2004).

Opportunities exist during retirement for people to develop new relationships and meaningful social networks through activities such as voluntary work. For people whose retirement resulted in a drop in quantity and/or quality of social support, engagement in non-paid activities may not only increase feelings of purposefulness but may also assist in the regeneration of a larger and potentially supportive social milieu. Research by Mishra (1992) reports significant links between greater life satisfaction, an increase in the quality of social support and active participation in voluntary organisations. These associations are further supported by Burleson (1990). In addition, Burleson (1990) cautions that it should not be assumed that quality social support networks are confined to family and close friends. “Rather, it is specific actions that one relational partner carries out on behalf of the other partner that provide support: actions, rather than relationships convey support” (Burleson, 1990, p.66). Indeed, in some instances, it should even be acknowledged that relationships with family and close friends may be detrimental to wellbeing.

As chapter six discussed, the reciprocal nature of engaging in post retirement activities such as voluntary work is beneficial to both volunteers and the larger community. Lo and Brown (1999) believe this reciprocal relationship improves self-esteem amongst volunteers and supports. Burleson’s (1990) claim that relational activities contribute to the reporting of quality social supports in retirees. Voluntary work therefore, provides social opportunities and social support for people retiring from paid employment. Lo and Brown (1999) assert that while the number of women participating in voluntary work has remained constant, there has been a significant increase in the number of men participating in this form of activity. This finding highlights aspects of gender difference in the relationship between retirement and social support. Gender differences in social support networks during retirement are discussed more fully in the next section.

### ***Gender Differences in Social Support Networks and Retirement***

The general social support literature unanimously identifies that gender differences in both the quantity and quality of social support first appear in adolescence and continue throughout the life span (Pillemer & Glasgow, 2000). Of particular relevance to discussions of gender differences in social support during retirement is the finding

reported by Pillemer and Glasgow (2000) that gender differences in social support become more significant as people age.

The general pattern identified is that women know more people and through those networks, report higher levels of social support from family and friends when compared to men (Harrison, Maguire, & Pitceathly, 1995; Okun & Keith, 1998; Pillemer & Glasgow, 2000). Specifically in relation to retirement, Lo and Brown (1999) report a study of 348 men and 385 women, which identified that both genders experienced alterations in social support structures on retirement. Researchers have concluded that retired women, when compared to men, report a significantly greater increase in both social support network size and social activity participation following retirement.

Continuity theory has been consistently utilised to describe the nature and context of women's social support network structures across the life span (Atchley, 1971). Active participation in social activities is positively correlated to the adjustment process of being retired and supports continuity theory. Szinovacz (1992) identified that married women on retiring became more involved in a combination of informal and formal socially related activities. In addition, it appears that women are more likely than men to replace lost friendships as they age (Pillemer & Glasgow, 2000). This assertion is supported by Field and Minkler (1988) who found that men's contact with significant people over a fourteen year period, whether family or friends, declined with age while women's contact remained stable.

In addition to the identification of gender differences, recent research has identified influences that marital status has on retirement processes. For example, Erber (2005) identified that following retirement, married couples reported participating in an increased number of leisure and social activities together, including socialising with friends, as well as meeting new people. In addition, Santrock (2004) identified that men who had been single all their lives had fewer problems coping with post-retirement loneliness due to their long history of being self reliant and autonomous.

### ***Social Support through Marriage during Retirement***

Pienta, Haywood and Jenkins (2000) note that marriage provides an important source of social support, forming an essential component of both men and women's social networks. Studies have identified that following retirement, this relationship is strongest for men. Men tend to rely on their relationship with their wife as their primary source of social support, whereas women continue to engage in social activities outside their marriage and thus draw social support from more diverse sources (Davey & Szinovacz, 2004; Szinovacz, 1992). George (1980) and Sharply (1997) report findings showing that, when reflecting on retirement transitions, both men and women report that their successful transition to retirement was influenced by the social support received from a good marital relationship.

However, the presence of a marriage partner does not necessarily have positive impacts on retirement adjustment. For example, retirement may mean spending more time together which can put a strain on the relationship. Cavanaugh and Blanchard-Fields (2002) outline the disruptions that retirement can have on family dynamics and interactions. On retirement, couples may need to rearrange, and renegotiate the division of simple daily routines like housework, to ensure that the increased amount of time spent together does not negatively impact on the quality of social support made available through marriage. Research has demonstrated that the spouse who has been at home may indeed find the increased social time spent together more difficult to adjust to than the retiree (Miller, 1999). However, Moen, Kim and Hofmeister (2001) consider that social disharmony created as a consequence of the initial retirement of a spouse or partner is usually transient. These authors showed that, in comparison to pre-retirement reports, the reported quality of social support being obtained through marriage was enhanced after being retired for two years or more.

### ***Social Support, Health and Retirement***

As identified in previous sections, there is general agreement within existing literature that social support significantly impacts on health and well-being. However, as chapter five showed, there is little evidence to suggest that retirement is associated with negative health indices, unless retirement was initiated as the result of a specific health related problem.

If an individual is forced to retire due to health related issues, then this event may negatively impact on the availability of social supports. Pillemer & Glasgow (2000) identify that both the quality and quantity of social support significantly decreases with ill health. For example, ill health interferes with people's ability to maintain social contacts and/or develop new social relationships to replace those lost as a result of no longer working (Pillemer & Glasgow, 2000). When people are forced to retire due to ill health, increases in the incidence of depression and a lack of optimism about the future have been identified (Hyde et al., 2004; Pillemer & Glasgow, 2000; Richardson, 1999).

### ***Recognising the Changing Nature of Social Support in Retirement***

Acknowledgement is growing that, in comparison to the retirement patterns that prevailed throughout much of the 20<sup>th</sup> Century, current work and retirement patterns are changing. An important driver of this change is the 65<sup>th</sup> birthdays of many of the so called baby boom generation. During the last 20 years, it has been recognised by many that during their retirement age, they will need to generate income in addition to government pension schemes provided. This has resulted in increasing numbers of both men and women choosing to delay retirement, continue to work in a reduced capacity, or once retired to re-enter the workforce. As a consequent, the social support patterns and needs of people who are currently retiring are changing in comparison to those that operated during the later part of the last century.

### ***Summary***

Retirement frequently requires major adjustments, not only in physical and economic terms but also in social terms. This chapter has shown that throughout adult life, paid employment tends to provide an important source of social network generation and maintenance. By removing the social contact that routinely occurs in the workplace, retirement can challenge both the quantity and quality of social networks. However, continuity theory suggests that a retiree's social support experience is likely to reflect the management patterns that the person has demonstrated throughout their adult life. Those most likely to maintain their social support networks in retirement appear to be those who, throughout life, have maintained friendships over time and distance.

The maintenance of adequate social support is important throughout the retirement process. This chapter has shown when reflecting on the transition into retirement, both men and women report perceiving that a good marital relationship had important influences on the success of the transition. Within retirement, it appears that women tend to maintain contacts to a greater degree and are more likely to continue to engage in social activities outside their marriage. In contrast, men are more likely to rely on their relationship with their wife as their primary source of social support. Factors associated with perceptions of poor social support within retirement include marital strain that may occur from couples spending increased time together and retiring due to ill health. Social support factors that are associated with positive retirement adjustment include entering retirement with a varied social network and continuing or initiating participation in social activities.

## References

- Adams, G., & Beehr, T. (1998). Turnover and retirement: A comparison of their similarities and differences. *Personal Psychology, 51*, 643-655.
- Adams, G. A., Prescher, J., Beehr, T. A., & Lepisto, L. (2002). Applying work-role attachment theory to retirement decision-making. *International Journal of Aging & Human Development, 54*(2), 125-137.
- Adams, K. B., Sanders, S., & Auth, E. A. (2004). Loneliness and depression in independent living retirement communities: risk and resilience factors. *Aging and Mental Health, 8*(6), 475-485.
- Adejumo, A. O. (2010). Influence of social support, self-efficacy, and personality on the general health of retirees in Lagos, Nigeria. *Educational Gerontology, 36*(10-11), 907-918. doi: 10.1080/03601271003744640
- Adler, N. E., & Sinbba, A. C. (2003). The role of psychosocial processes in explaining the gradient between socioeconomic status and health. *Current Directions in Psychological Science, 12*(4), 119-123.
- Agho, A. O., Mueller, C. W., & Price, J. L. (1993). Determinants of employee job satisfaction: An empirical test of a causal model. *Human Relations, 46*, 1005-1027.
- Aiken, L. R. (2002a). *Attitudes and related psychosocial constructs: Theories, assessment, and research*. Thousand Oaks, CA: Sage.
- Aiken, L. R. (2002b). *Work, leisure and retirement*. London: Sage Publications.
- Aldwin, C. M., & Revenson, T. A. (1987). Does coping help? A reexamination of the relation between coping and mental health. *Journal of Personality & Social Psychology, 53*, 337-348.
- Allaire, S. H., LaValley, M. P., Evans, S. R., O'Connor, G. T., Kelly-Hayes, M., Meenan, R. F., Levy, D., & Felson, D. T. (1999). Evidence for decline in disability and improved health among persons aged 55 to 70 years: The Framingham Heart Study. *American Journal of Public Health, 89*, 1678-1683.
- Alpass, F. M. (2006). Work and health in older adults. In J. Low and P. Jose (Eds.), *Lifespan Development: The New Zealand Context* (pp.169-178). Wellington: Pearson Education.
- Alpass, F. (2008). Work and Retirement. Health, Work, and Retirement Survey: Summary report for the 2006 data wave. Retrieved from [http://hwr.massey.ac.nz/resources/Work\\_Fiona%20Alpass.pdf](http://hwr.massey.ac.nz/resources/Work_Fiona%20Alpass.pdf)
- Alpass, F. M., & Neville, S. (2003). Loneliness, health, and depression in older males. *Aging and Mental Health, 7*(3), 212-216.
- Alpass, F. M., Neville, S., & Flett, R. (2000). Contribution of retirement-related variables to wellbeing in an older male sample. *New Zealand Journal of Psychology, 29*(2), 74-79.
- Appelbaum, S. H. (2003). The early retirement incentive program: a downsizing strategy. *Journal of European Industrial Training, 27*(1), 22-35. doi: 10.1108/03090590310456500
- Anson, L., Antonovsky, A., Sagy, S., & Adler, I. (1989). Family, gender, and attitudes toward retirement. *Sex Roles, 20*, 355-369.
- Antolín, P., & Stewart, F. (2009). Private pensions and policy responses to the financial and economic crisis. OECD Working Papers on Insurance and Private Pensions, No. 36, OECD publishing, © OECD. doi:10.1787/224386871887.

- Antonucci, T. C. (1994). A life-span view of women's social relations. In B. F. Tyrner & L. E. Troll (Eds.), *Women growing older* (pp. 239-269). Thousand Oaks, CA: Sage Publications.
- Argyle, M. (1996). *The social psychology of leisure*. London: Penguin.
- Arksey, H., Kemp, P., Glendinning, C., Kotchetkova, I., & Tozer, R. (2005). *Carers' aspirations and decisions around work and retirement: Research Report No. 290*. Leeds: Department for Work and Pensions.
- Armstrong, M. J., & Goldstein, K. S. (1990). Friendships support patterns of older American women. *Journal of Aging Studies*, 4, 391-404.
- Atchley, R. (1971). Retirement and leisure participation: Continuity or crisis? *The Gerontologist*, 11(13-17).
- Atchley, R. C. (1975). Adjustment to loss of job at retirement. *International Journal of Aging and Human Development*, 6(17-27).
- Atchley, R. C. (1982). Retirement: Learning the world of work. *Annals of the American Academy of Political and Social Sciences*, 464, 120-131.
- Atchley, R. (1993). Critical perspectives on retirement. In T. Cole, W. Achenbaum, P. Jackobi & R. Kastenbaum (Eds.), *Voices and visions of aging. Toward a critical gerontology* (pp. 3-19). New York: Springer Publishing Company.
- Atchley, R. (2000). A continuity theory of normal aging. In J. F. Gubrium & J. A. Holstein (Eds.), *Aging and everyday life* (pp. 47-61). Malden, MA: Blackwell Publishing.
- Atchley, R. C. (2003). Why most people cope well with retirement. In J. L. Ronch, Goldfield, J. A. (Ed.), *Mental wellness in aging. Strengths-based approaches* (pp. 123-138). Baltimore: Health Professions Press.
- Atchley, R. C., & Barusch, A. S. (2004). *Social Forces and Aging: Introduction to Social Gerontology (10th ed.)*. Australia: Thomson/Wadsworth.
- Austrom, M. G., Perkins, A. J., Damush, T. M., & Hendrie, H. C. (2003). Predictors of life satisfaction in retired physicians and spouses. *Social Psychiatry and Psychiatric Epidemiology*, 38(3), 134-141.
- Avolio, B.J., & Waldman, D.A. (1994). Variations in cognitive, perceptual, and psychomotor abilities across the working life span: examining the effects of race, sex, experience, education, and occupational type. *Psychology and Aging*, 9(3), 430-442.
- Bacharach, S., Bamberger, P., Biron, M., & Horowitz-Rozen, M. (2008). Perceived agency in retirement and retiree drinking behavior: Job satisfaction as a moderator. *Journal of Vocational Behavior*, 73(3), 376-386. doi:
- Baker, D. W., Sudano, J. J., Albert, J. M., Borawski, E. A., & Dor, A. (2001). Lack of health insurance and decline in overall health in late middle age. *New England Journal of Medicine*, 345(15), 1106-1112.
- Baltes, P. B., & Mayer, K. V. (Eds.). (1999). *The Berlin Aging Study*. Cambridge, UK: Cambridge University Press.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W. H. Freeman.
- Barfield, R. E., & Morgan, J. N. (1978). Trends in satisfaction with retirement. *The Gerontologist*, 18, 19-23.
- Barnes, H., & Parry, J. (2004). Renegotiating identity and relationships: Men and women's adjustments to retirement. *Ageing and Society*, 24, 213-233.
- Barnett, I., van Sluijs, E. M. F., & Ogilvie, D. (2012). Physical activity and transitioning to retirement: A systematic review. *American Journal of Preventive Medicine*, 43(3), 329-336. doi: 10.1016/j.amepre.2012.05.026



- Beaman, A. (2010). *The role of emotional awareness, and positive and negative social support in predicting well-being in recent retirees*. ProQuest Information & Learning, US.
- Beehr, T. A. (1986). The process of retirement: A review and recommendations for future investigation. *Personnel Psychology*, 39, 31-55.
- Beehr, T. A., Glazer, S., Nielson, N. L., & Farmer, S. J. (2000). Work and nonwork predictors of employees' retirement ages. *Journal of Vocational Behavior*, 57(2), 206-225.
- Benjamin, K. & Wilson, S. (2005). *Facts and misconceptions about age, health status and employability*. Health and Safety Laboratory Report Number HSL/2005/20.
- Berger, K. (2004). *The developing person through the lifespan* (6th ed.). New York: Worth Publishers.
- Berger, U., Der, G., Mutrie, N., & Hannah, M. (2005). The impact of retirement on physical activity. *Ageing and Society*, 25, 181-195.
- Bernal, D., Snyder, D., & McDaniel, M. (1998). The age and job satisfaction relationship: Does its shape and strength still evade us? *Journal of Gerontology: Psychological Sciences*, 53B(5), P287-P293.
- Bernard, M., & Phillipson, C. (2004). Retirement and leisure. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of aging and communication*, (2nd ed., pp. 353-378). Mahwah, NJ: Erlbaum.
- Blegen, M. A. (1993). Nurses' job satisfaction: A meta-analysis of related variables. *Nursing Research*, 42, 36-41.
- Blekesaune, M., & Solem, P. E. (2005). Working conditions and early retirement: A prospective study of retirement behaviour. *Research on Aging*, 27, 3-30.
- Blom, M., Georgiades, A., Laszlo, K. D., Alinaghizadeh, H., Janszky, I., & Ahnve, S. (2007). Work and marital status in relation to depressive symptoms and social support among women with coronary artery disease. *Journal of Women's Health*, 16(9), 1305-1316.
- Blondal, S., & Scarpetta, S. (1999). *The retirement decision in OECD countries*. Economics Department Working Papers No.202. Paris: OECD.
- Bloom, J. (1990). The relationship of social support and health. *Social Science and Medicine*, 30(5), 635-637.
- Boaz, R. F. (1989). Does having more time after retirement change the demand for physician services? *Medical Care*, 27(1), 1-15.
- Bogomolny, L. (2004). Lessons from an Ancient Land. *Canadian Business*, 77(5), 33-34.
- Bongaarts, J. (2004). Population aging and the rising cost of public pensions. *Population and Development Review*, 30(1), 1-23.
- Börsch-Supan, A., Jürges, H., & Lipps, O. (2003). *SHARE: Building a panel survey on health, ageing, and retirement in Europe*. Retrieved October 16, 2008, from <http://www.ageing-in-europe.de/murciapapers/share.pdf>
- Bosse, R. (1998). Retirement and retirement planning in old age. In I. H. Nordhus, G. R. VandenBos, S. Berg, & Fromholt, C. (Eds.), *Clinical geropsychology* (pp. 155-159). Washington, DC, US: American Psychological Association.
- Bosse, R., Aldwin, C. M., Levenson, M. R., & Ekerdt, D. (1987). Mental health differences among retirees and workers: Findings from the Normative Aging Study. *Psychology and Aging*, 2, 383-389.
- Bosse, R., Aldwin, C. M., Levenson, M. R., Spiro, A., & Mroczek, D. K. (1993). Change in social support after retirement: Longitudinal findings from the

- Normative Aging Study. *Journal of Gerontology: Psychological Sciences*, 48, P210-P217.
- Bosse, R., Aldwin, C. M., Levenson, M. R., & Workman-Daniels, K. (1990). Differences in social support among retirees and workers: Findings from the Normative Aging Study. *Psychology and Aging*, 5, 41-47.
- Bosse, R., Alwin, C. L., Levenson, M. R., Workman-Daniels, K. (1991). How stressful is retirement? Findings from the Normative Aging Study. *Journal of Gerontology*, 46(9-14).
- Bosse, R., Spiro, A., & Kressin, N. (1996). The psychology of retirement. In R. Woods (Ed.), *Handbook of the clinical psychology of ageing* (pp. 141-157). Oxford, England: John Wiley & Sons.
- Bowen, C. E., Noack, M. G., & Staudinger, U. M. (2011). Aging in the work context. In K. W. Shaie & S. L. Willis (Eds.), *Handbook of the psychology of aging* (7th ed.) (pp. 263-277). San Diego, CA, US: Elsevier Academic Press.
- Bowlby, G. (2007). Defining retirement. *Perspective on Labour and Income*, 8(2), 15-19.
- Braithwaite, V. A., Gibson, D.M. (1987). Adjustment to retirement: What we know and what we need to know. *Ageing and Society*, 7, 1-18.
- Braithwaite, V. A., Gibson, D.M., & Bosly-Craft, R. (1986). An exploratory study of poor adjustment styles among retirees. *Social Science & Medicine*, 23(5), 493-499.
- Breeze, E., Fletcher, A. E., Leon, D. A., Marmot, M. G., Clarke, R. J., & Shipley, M. J. (2001). Do socioeconomic disadvantages persist into old age? Self-reported morbidity in a 29-year follow-up of the Whitehall Study. *American Journal of Public Health*, 91(2), 277-283.
- Brenner, H., & Ahern, W. (2000). Sickness absence and early retirement on health grounds in the construction industry in Ireland. *Occupational and Environmental Medicine*, 57(9), 615-620.
- Brown, M. T., Fukunaga, C., Umemoto, D., & Wicker, L. (1996). Annual Review, 1990-1996: Social class, work, and retirement behavior. *Journal of Vocational Behavior*, 49, 159-189.
- Brush, D. H., Moch, M. K., & Pooyan, A. (1993). Individual demographic differences and job satisfaction. *Journal of Occupational Behaviour*, 8, 139-156.
- Burleson, B. (1990). Comforting as social support: Relational consequences of supportive behaviours. In S. Duck & R. C. Silver (Eds.), *Personal relationships and social support* (pp. 66-82). London: Sage Publications.
- Burr, J. A., & Mutchler, J. E. (2007). Employment in Later Life: A Focus on Race/Ethnicity and Gender. *Generations: The Journal of the American Society on Aging*, 31(1), 37-44.
- Buse, C. E. (2009). When you retire, does everything become leisure? Information and communication technology use and the work/leisure boundary in retirement. *New Media & Society*, 11(7), 1143-1161. doi: 10.1177/1461444809342052
- Butrica, B., & Iams, H. (2000). Divorced women at retirement: Projections of economic well-being in the near future. *Social Security Bulletin*, 63(3), 3-12.
- Butterworth, P., Gill, S. C., Rodgers, B., Anstey, K. J., Villamil, E., & Melzer, D. (2006). Retirement and mental health: Analysis of the Australian national survey of mental health and well-being. *Social Science & Medicine*, 62(5), 1179-1191.

- Buxton, J. W., Singleton, N., & Melzer, D. (2005). The mental health of early retirees: National interview survey in Britain. *Social Psychiatry and Psychiatric Epidemiology*, *40*, 99-105.
- Cahill, K. E., Giandrea, M. D., & Quinn, J. F. (2007). Down shifting: The role of bridge jobs after career employment. *Issue Brief 06*, April, 1-11. Retrieved from [http://agingandwork.bc.edu/documents/IB06\\_DownShifting\\_003.pdf](http://agingandwork.bc.edu/documents/IB06_DownShifting_003.pdf)
- Calasanti, T. (1993). Bringing in diversity: Toward an inclusive theory of retirement. *Journal of Aging Studies*, *7*, 133-150.
- Calasanti, T. (1996). Gender and life satisfaction in retirement: An assessment of the male model. *Journal of Gerontology: Social Sciences*, *51B*, S18-S29.
- Calmels, P., Ecochard, R., Blanchon, M. A., Charbonnier, C., Cassou, B., & Gonthier, R. (1998). Relation between locomotion impairment, functional independence in retirement, and occupational strain resulting from work carried out during working life. Study of a sample population of 350 miners in the Loire valley in France. *Journal of Epidemiology & Community Health*, *52*(5), 283-288.
- Calvo, E., Haverstick, K., & Sass, S. A. (2009). Gradual retirement, sense of control and retirees' happiness. *Research on Aging*, *31*(1), 112-135.
- Caro, F. G., Bass, S. A., & Chen, Y. P. (1993). Introduction: Achieving a productive aging society. In F. G. C. S. A. Bass, & Y-P Chen (Ed.), *Achieving a productive aging society* (pp. 3-25). Westport, CT: Auburn House.
- Carp, F. (1997). Retirement and women. In J. Coyle (Ed.), *Handbook on women and aging* (pp. 112-128). Westport, CT: Greenwood Press.
- Carstensen, L. L. (1992). Social and emotional patterns in adulthood: Support for socioemotional selectivity theory. *Psychology and Aging*, *7*, 331-338.
- Carstensen, L. L., & Charles, S. T. (2003). Human aging: Why is even good news taken as bad? In L. G. Aspinwall & U. M. Staudinger (Eds.), *A psychology of human strengths: Fundamental questions and future directions for a positive psychology* (pp. 75-86). Washington, DC: American Psychological Association.
- Casey, B. (1992). Redundancy and Early Retirement: The Interaction of Public and Private Policy in Britain, Germany and the USA. *British Journal of Industrial Relations*, *30*(3), 425-443. doi: 10.1111/j.1467-8543.1992.tb00783.x
- Casey, B. H. (2012). The implications of the economic crisis for pensions and pension policy in Europe. *Global Social Policy*, *12*(3), 246-265. doi: 10.1177/1468018112455633
- Caspersen, C. J., Pereira, M. A., & Curran, K. M. (2000). Changes in physical activity patterns in the United States, by sex and cross-sectional age. *Medicine and Science in Sports and Exercise*, *32*(9), 1601-1609.
- Cavanaugh, J. C., & Blanchard-Fields, F. (2002). *Adult development and aging* (4th ed.). Belmont, CA: Wadsworth.
- Chan, A., Ofstedal, M. B., & Hermalin, A. I. (2002). Changes in subjective and objective measures of economic well-being and their interrelationship among the elderly in Singapore and Taiwan. *Social Indicators Research*, *57*, 263-300.
- Chan, G. C., & Koh, D. S. (1997). The ageing worker. *Annals of the Academy of Medicine Singapore*, *26*(6), 781-786.
- Cheng, S.-T., Lee, C. K. L., & Chow, P. K.-Y. (2010). Social support and psychological well-being of nursing home residents in Hong Kong. *International Psychogeriatrics*, *22*(7), 1185-1190. doi: 10.1017/s1041610210000220

- Choi, N. (2001). Relationship between life satisfaction and postretirement employment among older women. *International Journal of Aging & Human Development*, 52(1), 45-70.
- Choi, N. G. (2003). Determinants of self-perceived changes in health status among pre- and early-retirement populations. *International Journal of Aging and Human Development*, 56(3), 197-222.
- Clark, R., & McDermed, A. (1989). Determinants of retirement by married women. *Social Security Bulletin*, 52(1), 33-36.
- Cohen, S., & Syme, L. (Eds.). (1985). *Social support and health*. New York: Academic.
- Coleman, P., & O'Hanlon, A. (2004). *Ageing and development: Theories and research*. New York: Oxford University Press.
- Conrad Glass, J., & Flynn, D. K. (2000). Retirement needs and preparation of rural middle-aged persons. *Educational Gerontology*, 26, 109-134.
- Costa, D. (1998). *The evolution of retirement*. Chicago: University of Chicago Press.
- Cottrell, L. (1942). The adjustment of the individual to his age and sex roles. *American Sociological Review*, 7, 617-620.
- Crawford, J. O., Graveling, R. A., Cowie, H. A., & Dixon, K. (2010). The health safety and health promotion needs of older workers. *Occupational Medicine*, 60, 184-192.
- Cress, M. E., Buchner, D. M., Questad, K. A., Esselman, P. C., deLateur, B. J., & Schwartz, R. S. (1999). Exercise: effects on physical functional performance in independent older adults. *Journals of Gerontology Series A-Biological Sciences & Medical Sciences*, 54(5), 242-248.
- Crimmins, E. M. (2004). Trends in the health of the elderly. *Annual Review of Public Health*, 25, 79-98.
- Cruikshank, M. (2003). *Learning to be old: Gender, culture, and aging*. Lanham, MD: Rowman & Littlefield.
- Csikszentmihalyi, M., & Kleiber, D. A. (1991). Leisure and self-actualization. In B. L. Driver, P. J. Brown & G. L. Peterson (Eds.), *Benefits of leisure* (pp. 91-102). State College, PA: Venture Publishing.
- Csikszentmihalyi, M., & LeFevre, J. (1989). Optimal experience in work and leisure. *Journal of Personality and Social Psychology*, 56, 815-822.
- Cumming, E., & Henry, W. E. (1961). *Growing old: The process of disengagement*. New York: Basic Books, Inc.
- Cutler, S. J., & Hendricks, J. (1990). Leisure and time use across the life course. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (3rd ed., pp. 169-185). San Diego: Academic Press.
- Dailey, N. (1998). *When baby boom women retire*. Westport, Connecticut: Praeger.
- Davey, A., & Szinovacz, M. (2004). Dimensions of marital quality and retirement. *Journal of Family Issues*, 25(4), 431-464.
- Denton, M., Prus, S., & Walters, V. (2004). Gender differences in health: a Canadian study of the psychosocial, structural and behavioural determinants of health. *Social Science and Medicine*, 58, 2585-2600.
- Denton, F. T. & Spencer, B. G. (2008).: What is retirement? A review and assessment of alternative concepts and measures, *QSEP Research Report*, McMaster University, No. 427.
- Department of Labour (2010). *Labour force participation in New Zealand: Recent trends, future scenarios and the impact on economic growth*. Wellington, New Zealand: Department of labour.

- Dettinger, E., & Clarkberg, M. (2002). Informal caregiving and retirement timing among men and women. *Journal of Family Issues*, 23(7), 857-879.
- Devaney, S. A., & Kim, H. (2003). Older self-employed workers and planning for the future. *Journal of Consumer Affairs*, 37(1), 123-142.
- De Vaus, D., Wells, Y., Hendig, H., & Quine, S. (2007). Does gradual retirement have better outcomes than abrupt retirement? Results from an Australian panel study. *Ageing and Society*, 27(5), 667-682.
- Doeringer, P. B. (1990). *Bridges to Retirement: Older workers in a changing labor market*. Ithaca: ILR Press.
- Dorfman, L. T. (1992). Academics and the transition to retirement. *Educational Gerontology*, 18, 343-363.
- Dorfman, L. T. (1995). Health conditions and perceived quality of life in retirement. *Health and Social Work*, 20(3), 192-200.
- Drentea, P. (2002). Retirement and mental health. *Journal of Aging & Health*, 14, 167-194.
- Dulin, P. L., & Hill, R. D. (2003). Relationship between altruistic activity and positive and negative affect among low-income older adult service providers. *Ageing and Mental Health*, 7, 294-300.
- Durkheim, E. (1951). *Suicide*. New York: The Free Press.
- Duval, R. (2004). *The retirement effects of old-age pension and early retirement schemes in OECD countries*. Paris: OECD NERO Meeting.
- Dwyer, D. S., & Mitchell, O. S. (1998). *Health problems as determinants of retirement: Are self rated measures endogenous?* PARC Working Paper Series WPS 98-02 Retrieved July 1, 2005, from [http://www.pop.upenn.edu/rc/parc/aging\\_center/1998/PARCwps98-02.pdf](http://www.pop.upenn.edu/rc/parc/aging_center/1998/PARCwps98-02.pdf)
- Ebbinghaus, B. (2006). *Reforming early retirement in Europe, Japan and the USA*. Oxford: Oxford University Press.
- Ebersole, P., & Hess, P. (1997). *Towards healthy aging: human needs and nursing response* (5th ed.). St Louis: Mosby.
- Eden, L., Ejlertsson, G., & Leden, I. (1995). Health and health care utilization among early retirement pensioners with musculoskeletal disorders. *Scandinavian Journal Of Primary Health Care*, 13(3), 211-216.
- Ekerdt, D. J. (1986). The busy ethic: Moral continuity between work and retirement. *The Gerontologist*, 26, 239-244.
- Ekerdt, D. J. (1987). Why the notion persists that retirement harms health. *Gerontologist*, 27(4), 454-457.
- Ekerdt, D. J. (1998). Workplace norms for the timing of retirement. In K. W. Schaie & C. Schooler (Eds.), *Impact of work on older adults. Societal impact on aging series*. (pp. 101-142). New York, NY: Springer Publishing.
- Ekerdt, D. J., Baden, L., Bossé, R., & Dibbs, E. (1983). The effect of retirement on physical health. *American Journal of Public Health*, 73(7), 779-783.
- Ekerdt, D. J., Bosse, R., & Glynn, R. J. (1985). Period effects on planned age for retirement, 1975-1984 : Findings from the normative aging study. *Research on Aging* 1985 7: 395 DOI: 10.1177/0164027585007003005
- Ekerdt, D. J., Kosloski, K., & DeViney, S. (2000). The normative anticipation of retirement by older workers. *Research on Aging*, 22(1), 3-22.
- Ekerdt, D. J., & Vinick, B. H. (1991). Marital complaints in husbands-working and husbands-retired couples. *Research on Aging*, 13, 364-382.

- Elwell, F., & Maltbie-Crannel, A. D. (1981). The impact of role loss upon coping resources and life satisfaction in the elderly. *Journal of Gerontology*, 36, 223-232.
- Equality (2007). *Gender Pay Gap*. Retrieved 2 November, 2008, from [www.equalities.gov.uk/women\\_work/pay.htm](http://www.equalities.gov.uk/women_work/pay.htm)
- Erber, J. (2005). *Aging and older adulthood*. Belmont, CA: Thomson Wadsworth.
- Erdner, R., & Guy, R. (1990). Career identification and women's attitudes toward retirement. *International Journal of Aging and Human Development*, 30(2), 129-139.
- Evenson, K., Rosamond, W., Cai, J., Diez-Roux, A., & Brancati, F. (2002). Influence of retirement on leisure-time physical activity. The Atherosclerosis Risk in Communities Study. *American Journal of Epidemiology*, 155(8), 692-699.
- Fairhurst, E. (2003). *Current and prospective perspectives on reassessing work and retirement: Linkages between health status and pension provision*. Retrieved July 1, 2005, from [http://www.pop.upenn.edu/rc/parc/aging\\_center/1998/PARCwps98-02.pdf](http://www.pop.upenn.edu/rc/parc/aging_center/1998/PARCwps98-02.pdf)
- Farrow, A., & Reynolds, F. (2012). Health and safety of the older worker. *Occupational Medicine*, 62, 4-11.
- Feldman, D. C. (1994). The decision to retire early: A review and conceptualization. *Academy of Management Review*, 19(2), 285-311.
- Fernandez, M. E., Mutran, E. J., Reitzes, D. C., & Sudha, S. (1998). Ethnicity, gender and depressive symptoms in older workers. *The Gerontologist*, 38(1), 71-79.
- Ferree, M. (1990). Beyond separate spheres: Feminism and family research. *Journal of Marriage and Family*, 52, 866-884.
- Ferrer, R. L., & Palmer, R. (2004). Variations in health status within and between socioeconomic strata. *Journal of Epidemiology and Community Health*, 58(5), 381-387.
- Field, D., & Minkler, M. (1988). Continuity and change in social support between young-old and old-old or very-old age. *Journals of Gerontology: Psychological Sciences*, 43, 100-106.
- Fiske, M., & Chiriboga, D. A. (1990). *Change and continuity in adult life*. San Francisco: Jossey-Bass.
- Fitzpatrick, T., Gitelson, R., Andereck, K., & Mesbur, E. (2005). Social support factors and health among a senior center population in Southern Ontario, Canada. *Social Work in Health Care*, 40(3), 15-38.
- Fletcher, W. L., & Hansson, R. O. (1991). Assessing the social components of retirement anxiety. *Psychology and Aging*, 6(1), 76-85.
- Flett, R. (1986). *Subjective wellbeing: Its measurement and correlates*. University of Otago, Dunedin, New Zealand.
- Flett, R., Harcourt, B., & Alpass, F. (1994). Psychosocial aspects of chronic lower leg ulceration in the elderly. *Western Journal of Nursing Research*, 16(2), 183-192.
- Flippen, C., & Tienda, M. (2000). Pathways to retirement: Patterns of labor force participation and labor market exit among pre-retirement population by race, Hispanic origin, and sex. *Journals of Gerontology Series B-Psychological Sciences & Social Sciences*, 55(1), S14-S27.
- Floyd, F., Haynes, S., Doll, E., Winemiller, D., Lemsky, C., Burgy, T., Werle, M., & Heilman, N. (1992). Assessing retirement satisfaction and perceptions of retirement experiences. *Psychology and Aging*, 7(4), 609-621.

- Fonseca, A. M., & Paul, C. (2004). Health and aging: Does retirement transition make any difference? *Reviews in Clinical Gerontology, 13*, 257-260.
- Fouarge, D., & Schils, T. (2009). The effect of early retirement incentives on the training participation of older workers. *Labour, 23*, 85-109. doi: 10.1111/j.1467-9914.2008.00441.x
- Fouquereau, E., Fernandez, A., & Mullet, E. (2001). Evaluation of determinants of retirement satisfaction among workers and retired people. *Social Behavior & Personality, 29*(8), 777-786.
- Francis, D. (1990). The significance of work friends in late life. *Journal of Aging Studies, 4*, 405-424.
- Fraser, L., McKenna, K., Turpin, M., Allen, S., & Liddle, J. (2009). Older workers: An exploration of the benefits, barriers, and adaptations for older people in the workforce. *Work, 33*, 261-272.
- Freedman, M. (1999). *Prime time: How baby boomers will revolutionize retirement and transform America*. New York: Public Affairs.
- French, E. (2005). The effects of health, wealth, and wages on labour supply and retirement behaviour. *Review of Economic Studies, 72*, 395-427.
- Fretz, B. R., Kluge, N. A., Ossana, S. M., Jones, S. M., & Merinkangas, M. W. (1989). Intervention targets for reducing pre-retirement anxiety and depression. *Journal of Counseling Psychology, 36*, 301-307.
- Friedman, E., & Havighurst, R. (1954). *The meaning of work and retirement*. Chicago: University of Chicago Press.
- Fries, J. F., Bloch, D. A., Harrington, H., Richardson, N., & Beck, R. (1993). Two-year results of a randomized controlled trial of a health promotion program in a retiree population: the Bank of America study. *American Journal of Medicine, 94*(5), 455-462.
- Fronstin, P. (1999). Retirement patterns and employee benefits: Do benefits matter? *Gerontologist, 39*(1), 37-47.
- Gall, T. L., Evans, D. R., & Howard, J. (1997). The retirement adjustment process: Changes in the well-being of male retirees across time. *Journal of Gerontology: Psychological Sciences, 52B*(3), P110-P117.
- Gallo, W. T., Bradley, E. H., Dubin, J. A., Jones, R. N., Falba, T. A., Teng, H., & Kasl, S. V. (2006). The persistence of depressive symptoms in older workers who experience involuntary job loss: Results from the Health and Retirement Survey. *Journal of Gerontology: Social Sciences, 61*(4), 221-228.
- Gallo, W. T., Bradley, E. H., Seigel, M., & Kasl, S. V. (2000). Health effects of involuntary job loss among older workers: Findings from the Health and Retirement Survey. *Journal of Gerontology: Social Sciences, 55B*(3), S131-S140.
- Gee, S., & Baillie, J. (1999). Happily ever after? An exploration of retirement expectations. *Educational Gerontology, 25*, 109-128.
- George, L. (1980). *Role transitions in later life*. Belmont, CA: Wadsworth.
- Ginn, J., & Arber, S. (1999). Women and Pension Poverty: Prospects and options for change. In S. Walby (Ed.), *New Agendas for Women* (pp. 75-97). London: Macmillan.
- Ginzburg, K., Geron, Y., & Solomon, Z. (2002). Patterns of grief reaction among bereaved parents. *Megamot, 41*, 575-590.
- Glass, J., Conrad, J., & Kilpatrick, B. (1998). Financial planning for retirement: An imperative for baby boomer women. *Educational Gerontology, 24*(6), 595-617.

- Glisson, C., & Durick, M. (1988). Predictors of job satisfaction and organizational commitment in human service organizations. *Administrative Quarterly*, 33, 61-81.
- Green, C. A. (2005). Race, ethnicity and social security retirement age in the US. *Feminist Economics*, 11(2), 117-143.
- Gruber, J., & Wise, D. (1999). *Social Security, retirement incentives, and retirement behaviour: an international perspective*. Retrieved September 15, 2008, from <http://www.ebri.org/pdf/briefspdf/0599ib.pdf>
- Gustman, A. L., & Steimmeier, T. L. (2001). Retirement and wealth. *Social Security Bulletin*, 64(2), 66-91.
- Hanisch, K. A. (1994). Reasons people retire and their relations to attitudinal and behavioral correlates in retirement. *Journal of Vocational Behavior*, 45(1), 1-16.
- Hanisch, K. A., & Hulin, C. L. (1990). General attitudes and organisational withdrawal: An evaluation of a causal model. *Journal of Vocational Behavior*, 39, 110-128.
- Hanson, K., & Wapner, S. (1994). Transition to retirement: Gender differences. *International Journal of Aging and Human Development*, 39, 189-208.
- Hansson, R. O., Briggs, S. R., & Rule, B. L. (1990). Old age and unemployment: Predictors of control, depression, and loneliness. *Journal of Applied Gerontology*, 9, 230-240.
- Hansson, R. O., DeKoekkoek, P. D., Neese, W. M., & Patterson, D. W. (1997). Successful aging at work: Annual review, 1992-1996: The older worker and transitions to retirement. *Journal of Vocational Behavior*, 51, 202-233.
- Hansson, R.O., Robson, S.M., & Limas, M.J. (2001). Stress and coping among older workers. *Work: Journal of Prevention, Assessment & Rehabilitation*, 17(3), 247-256.
- Hardy, M. A., & Hazelrigg, L. (1999). A multilevel model of early retirement decisions among autoworkers in plants with different futures. *Research on Aging*, 21(2), 275-303.
- Harkonmaki, K., Lahelma, E., Martikainen, P., Rahkonen, O., & Silventoinen, A. (2006). Mental health functioning (SF-36) and intentions to retire early among ageing municipal employees: The Helsinki Health Study. *Scandinavian Journal of Public Health*, 34, 190-198.
- Harrison, J., Maguire, P., & Pitceathly, C. (1995). Confiding in crisis: Gender differences in pattern of confiding among cancer patients. *Social Science and Medicine*, 41, 1255-1260.
- Hatch, L., & Thompson, A. (1992). Family responsibilities and women's retirement. In M. Szinovacz (Ed.), *Women's retirement* (pp. 99-113). Beverley Hills, CA: Sage.
- Haurant, S. (2004). *Older generation 'go Ski-ing'*. Retrieved 17 October, 2008, from <http://www.guardian.co.uk/business/2004/feb/18/money.familyfinance>
- Haveman, R. (2003). Social Security, Age of Retirement, and Economic Well-Being: Intertemporal and Demographic Patterns among Retired-Worker Beneficiaries. *Demography*, 40(2), 369-394.
- Hawkins, B. (2005). Aging Well: Toward a way of life for all people. *Preventing Chronic Disease*, 2(3), 1-3.
- Hays, J. C., Kasl, S. V., & Jacobs, S. C. (1994). The course of psychological distress following threatened and actual conjugal bereavement. *Psychological Medicine*, 24, 917-927.



- Hayward, M. D., Friedman, S., & Chen, H. (1996). Race inequities in men's retirement. *Journals of Gerontology Series B-Psychological Sciences & Social Sciences*, 51(1), S1-S10.
- Hayward, M. D., Friedman, S., & Chen, H. (1998). Career trajectories and older men's retirement. *Journal of Gerontology: Social Sciences*, 53B, S91-S103.
- Hayward, M., Grady, W., Hardy, M., & Sommers, S. (1989). Occupational influences on retirement, disability, and death. *Demography*, 26, 393-409.
- Henkens, K. (1999). Retirement intentions and spousal support: A multi-actor approach. *Journal of Gerontology: Social Sciences*, 54B, S63-S73.
- Henkens, K., & Leenders, M. (2008). Burnout e intenciones de jubilación anticipada entre empleados mayores. [Burnout and early retirement intentions among older employees.]. *Revista de Psicología del Trabajo y de las Organizaciones*, 24(3), 325-346. doi: 10.4321/s1576-59622008000300004
- Henkens, K., Van Solinge, H., & Gallo, W. (2008). Effects of retirement voluntariness on changes in smoking, drinking and physical activity among Dutch older workers. *The European Journal of Public Health*, 18(6), 644-649.
- Henretta, J. C. (2001). Work and retirement. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences (5th ed.)* (pp. 255-271). San Diego: Academic Press.
- Henretta, J. C., Chan, C. G., & O'Rand, A. M. (1992). Retirement reason versus retirement process: Examining the reasons for retirement typology. *Journal of Gerontology: Social Sciences*, 47, S1-S7.
- Hershey, D. A., & Jacobs-Lawson, J. M. (2012). Bridging the gap: Anticipated shortfalls in future retirement income. *Journal of Family and Economic Issues*, 33(3), 306-314. doi: 10.1007/s10834-012-9281-8
- Hershey, D., Jacobs-Lawson, J., & Neukam, K. (2002). Influences of age and gender on workers' goals for retirement. *International Journal of Aging and Human Development*, 55(2), 163-179.
- Hershey, D. A., Mowen, J. C., & Jacobs-Lawson, J. M. (2003). An experimental comparison of retirement planning intervention seminars. *Educational Gerontology*, 29, 339-359.
- Herzog, A. R., House, J. S., & Morgan, J. N. (1991). Relation of work and retirement to health and well-being in older age. *Psychology and Aging*, 6(2), 202-211.
- Hewlett, S. (2002). *Baby hunger: The new battle for motherhood*. London: Atlantic Books.
- Heyma, A. (2004). A structural dynamic analysis of retirement behaviour in the Netherlands. *Journal of Applied Econometrics*, 19, 739-759.
- Hilleras, P. I. (2000). *A survey on a sample aged 90 years and above*. Queen Sophia University College, Sweden.
- Hochwarter, W. A., Ferris, G. R., Perrewe, P. L., Witt, L. A., & Kiewitz, C. (2001). A note on the nonlinearity of the age-job satisfaction relationship. *Journal of Applied Social Psychology*, 31(6), 1223-1227.
- House, J. (1981). *Workstress and social support*. Reading, MA: Addison-Wesley.
- House, J., & Kahn, R. (1985). Measures and concepts of social support. In S. Cohen & S. Syme (Eds.), *Social support and health* (pp. 83-109). Orlando, FL: Academic Press.
- House, J., Umberson, D., & Landis, K. (1988). Structures and processes of social support. *Annual Review of Sociology*, 14, 293-318.

- Houston, D. K., Nicklas, B. J., & Zizza, C. A. (2009). Weighty concerns: The growing prevalence of obesity among older adults. *Journal of the American Dietetic Association, 109*(11), 1886-1895.
- Howard, J., Marshall, J., Rechnitzer, P., Cunningham, D., & Donner, A. (1982). Adapting to retirement. *Journal of the American Geriatrics Society, 8*, 488-500.
- Hsu, H.-C., & Tung, H.-J. (2010). What makes you good and happy? Effects of internal and external resources to adaptation and psychological well-being for the disabled elderly in Taiwan. *Aging & Mental Health, 14*(7), 851-860. doi: 10.1080/13607861003800997
- Hyde, M., Ferrie, J., Higgs, P., Mein, G., & Nazroo, J. (2004). The effects of pre-retirement factors and retirement route on circumstances in retirement: findings from the Whitehall II study. *Ageing and Society, 24*, 279-296.
- Isaksson, K., & Johansson, G. (2008). Early retirement: Positive or negative for well being? [¿Es la jubilación anticipada positiva o negativa para el bienestar?]. *Revista de Psicología del Trabajo y de las Organizaciones, 24*(3), 283-301. doi: 10.4321/s1576-59622008000300002
- Jackson, R. (2002). *The global retirement crisis: The threat to world stability and what to do about it*. Washington DC: Center for Strategic and International Studies.
- Jacobsen, J. A., Kent, M., Marlene, L., & Mather, M. (2011). America's aging population. *Population Bulletin, 66*(1), 1-20.
- Jiménez-Martin, S., Labeaga, J. M., & Granado, M. M. (1999). *Health status and retirement decisions for older European couples*. Retrieved September 1, 2005, from <http://www.ceps.lu/iriss/documents/irisswp1.pdf>
- Johnson, R. W., Davidoff, A. J., & Perese, K. (2003). Health insurance costs and early retirement decisions. *Industrial & Labor Relations Review, 56*(4), 716-729.
- Johnson, E. S., & Williamson, J. B. (1987). Retirement in the United States. In K. S. Markides & C. L. Cooper (Eds.), *Retirement in industrialized societies: Social, psychological and health factors* (pp. 9-42). Chichester: John Wiley & Sons.
- Joukamaa, M., Saarijarvi, S., & Salokangas, R. K. R. (1993). The Turva Project - Retirement and adaptation in old-age. *Zeitschrift Fur Gerontologie, 26*(3), 170-175.
- Kail, B. L. (2012). Coverage or costs: The role of health insurance in labor market re-entry among early retirees. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences, 67B*(1), 113-120. doi: 10.1093/geronb/gbr130
- Kanacki, L., Jones, P., & Galbraith, M. (1996). Social support and depression in widows and widowers. *Journal of Gerontological Nursing, 22*(2), 39-45.
- Karp, D. (1989). The social construction of retirement among professionals 50 -60 years old. *The Gerontologist, 29*, 750-760.
- Karpansalo, M., Manninen, P., Lakka, T. A., Kauhanen, J., Rauramaa, R., & Salonen, J. T. (2002). Physical workload and risk of early retirement: prospective population-based study among middle-aged men. *Journal of Occupational and Environmental Medicine, 44*(10), 930-939.
- Kelly, J. R., & Freysinger, V. J. (2000). *21st century leisure: Current issues*. Boston: Allyn and Bacon.

- Kerby, D. S., & Ragan, K. M. (2002). Activity interests and Holland's RIASEC system in older adults. *International Journal of Aging and Human Development*, 55, 117-139.
- Kim, S., & Feldman, D. C. (1998). Healthy, wealthy, or wise: Predicting actual acceptances of early retirement incentives at three points in time. *Personnel Psychology*, 51(3), 623-642.
- Kim, J. E., & Moen, P. (2001). Moving into retirement: Preparation and transitions in late midlife. In M. E. Lachman (Ed.), *Handbook of midlife development* (pp. 487-526). New York: Wiley.
- Kim, J. E., & Moen, P. (2002). Retirement transitions, gender and psychological well-being: A life-course, ecological model. *Journal of Gerontology: Psychological Sciences*, 57B(3), P212-P222.
- Kinsella, K. G. (2005). Future longevity - demographic concerns and consequences. *Journal of the American Geriatric Society*, 53(9 Suppl), S299-S303.
- Kippen, R. (2002). The future extent of population ageing in Australia. *Journal of Population Research ( Issue Special ed.)*, 151-159.
- Knoll, M. A. Z., Tamborini, C. R., & Whitman, K. (2012). I do ... want to save: Marriage and retirement savings in young households. *Journal of Marriage and Family*, 74(1), 86-100. doi: 10.1111/j.1741-3737.2011.00877.x
- Korkeila, J., Oksanen, T., Virtanen, M., Salo, P., Nabi, H., Pentti, J., Vahtera, J., & Kivimäki, M. (2011). Early retirement from work among employees with a diagnosis of personality disorder compared to anxiety and depressive disorders. *European Psychiatry*, 26(1), 18-22. doi: 10.1016/j.eurpsy.2009.12.022
- Kowalski-Trakofler, K., Steiner, L. & Schwerha, D (2005). Safety considerations for the aging workforce. *Safety Science*, 43, 779-793.
- Krahe, L. (2011). Leisure participation and the life, health, leisure and retirement satisfaction of retirees: a case study of Port Macquarie, Australia. *International Journal on Disability and Human Development*, 10(2), 109–111.
- Krause, N., & Baker, E. (1992). Financial strain, economic values, and somatic symptoms in later life. *Psychology & Aging*, 7, 4-14.
- Kubicek, B., Korunka, C., Raymo, J. M., & Hoonakker, P. (2011). Psychological well-being in retirement: The effects of personal and gendered contextual resources. *Journal of Occupational Health Psychology*, 16(2), 230-246. doi: 10.1037/a0022334
- Lachman, M. E. & Baltes, P. B (1994). Psychological ageing in lifespan perspective. In M. Rutter & D. F Hay (Eds). *Development through life: A handbook for clinicians*. Oxford: Blackwell.
- Lahey, J. N. (2010). International comparison of age discrimination law. *Research on Aging*, 32(6) 679–697.
- Lansford, J. E., Sherman, A., & Antonucci, T. C. (1998). Satisfaction with social networks: An examination of socio-emotional selectivity theory across cohorts. *Psychology and Aging*, 13(4), 544-552.
- Laslett, P. (1996). *A fresh map of life: The emergence of the third age* (2nd ed.). Basingstoke, England: Macmillan.
- Lawton, M. P. (1993). Meanings of activity. In J. R. Kelly (Ed.), *Activity and aging: Staying involved in later life* (pp. 25-41). Newbury Park, CA: Sage.
- Lazarus, R. S., & Lazarus, B. N. (2006). *Coping with aging*. Oxford, England: Oxford University Press.

- Lee, W., & Law, K. (2004). Retirement planning and retirement satisfaction: The need for a national retirement program and policy in Hong Kong. *Journal of Applied Gerontology, 23*(3), 212-233.
- Levy, B. R., Slade, M. D., & Kasl, S. V. (2002). Longitudinal benefit of positive self-perceptions of aging on functional health. *Journals of Gerontology Series B-Psychological Sciences & Social Sciences, 57*(5), S409-S417.
- Lindesay, J., Baillon, S., Brugh, T., Dennis, M., Stewart, R., Araya, R., & Meltzer, H. (2006). Worry content across the lifespan: an analysis of 16- to 74-year-old participants in the British National Survey of Psychiatric Morbidity 2000. *Psychological Medicine, 36*, 1625-1622.
- Llaneras, R. E., Swezey, R. W., & Brock, J. F. (1998). Enhancing the safe driving performance of older commercial vehicle drivers. *International Journal of Industrial Ergonomics, 22*, 217-245.
- Lo, R., & Brown, R. (1999). Stress and adaptation: Preparation for a successful retirement. *Australian and New Zealand Journal of Mental Health Nursing, 8*, 30-38.
- Logue, B. (1991). Women at risk: Predictors of financial stress for retired women workers. *Gerontologist, 31*(5), 657-665.
- Loretto, W., & White, P. (2006). Population ageing and older workers: Employer's perceptions, attitudes and policies. *Population, Space and Place, 12*, 341-352.
- Louria, D. B. (2005). Extraordinary longevity; individual and societal issues. *Journal of the American Geriatric Society, 53*(9 Suppl), S317-319.
- Lund, T., Iversen, L., & Poulsen, K. B. (2001). Work environment factors, health, lifestyle and marital status as predictors of job change and early retirement in physically heavy occupations. *American Journal of Industrial Medicine, 40*(2), 161-169.
- Lund, T., Labriola, M., Christensen, K. B., Bültmann, U., & Villadsen, E. (2006). Physical work environment risk factors for long term sickness absence: prospective findings among a cohort of 5357 employees in Denmark. *British Medical Journal, 332*, 449-452.
- Luoh, M. C., & Herzog, A. R. (2002). Individual consequences of volunteer and paid work in old age: Health and mortality. *Journal of Health and Social Behavior, 43*, 490-509.
- Mandal, B., & Roe, B. (2008). Job loss, retirement and the mental health of older Americans. *Journal of Mental Health Policy and Economics, 11*(4), 167-176.
- Mannell, R. C. (1993). High-investment activity and life satisfaction among older adults: Committed, serious leisure, and flow activities. In J. R. Kelly (Ed.), *Activity and aging: Staying involved in later life* (pp. 125-145). Newbury Park, CA: SAGE.
- Markides, K. S., & Cooper, C. L. E. (1987). *Retirement in industrialized societies: Social, psychological and health factors*. Chichester: John Wiley & Sons.
- Marshall, V. W., Clarke, P. J., & Ballantyne, A. J. (2001). Instability in retirement transmission: Effects on health and well-being in a Canadian Study. *Research on Ageing, 23*, 379-409.
- Martocchio, J., & O'Leary, A. (1989). Sex differences in occupational stress: A meta-analytic review. *Journal of Applied Psychology, 74*(3), 495-501.
- Matthews, S. H. (2000). A continuity theory of normal aging. In J. F. Gubrium & J. A. Holstein (Eds.), *Friendship styles* (pp. 47-61). Malden, MA: Blackwell Publishing.

- Matthews, A., & Brown, K. (1988). Retirement as a critical life event: The differential experience of women and men. *Research on Aging, 9*(4), 548-571.
- Matthews, A. M., Brown, K. H., Davis, C. K., Denton, M. A. (1982). A crisis assessment technique for the evaluation of life events: Transition to retirement as an example. *Canadian Journal on Aging, 1*(3 & 4), 28-39.
- McDonald, L., & Donahue, P. (2000). Poor health and retirement income: The Canadian case. *Aging and Society, 20*, 493-522.
- McGoldrick, A. (1989). Stress, early retirement and health. In K. Markides & C. Cooper (Eds.), *Ageing, stress and health* (pp. 91-118). New York: John Wiley.
- McGoldrick, A. E. (1994). The impact of retirement on the individual. *Reviews in Clinical Gerontology, 4*(2), 151-160.
- McGuire, F. A., Boyd, R., & Tedrick, R. T. (1996). *Leisure and aging: Ulyssean living in later life*. Champaign, IL: Sagamore Publishing.
- McMahan, C. A., & Ford, T. R. (1955). Surviving the first five years of retirement. *Journal of Gerontology, 10*, 212-215.
- McNamara, T. K., & Williamson, J. B. (2004). Race, gender, and the retirement decisions of people ages 60 to 80: Prospects for age integration in employment. *International Journal of Aging and Human Development, 59*(3), 255-286.
- Mein, G., Higgs, P., Ferrie, J., & Satsfield, S. A. (1998). Paradigms of retirement: the importance of health and ageing in the Whitehall II study. *Social Science and Medicine, 47*(4), 535-545.
- Mein, G., Martikainen, P., Hemmingway, H., Stansfeld, S., & Marmot, M. (2003). Is retirement good or bad for mental and physical health functioning? Whitehall II longitudinal study of civil servants. *Journal of Epidemiology & Community Health, 57*, 46-49.
- Mein, G., Shipley, M., Hillsdon, M., Ellison, G., & Marmot, M. (2005). Work, retirement, and physical activity: cross-sectional analyses from the Whitehall II study. *European Journal of Public Health, 15*(3), 317-322.
- Melamed, S., & Meir, E. I. (1995). The benefits of personality-leisure congruence: Evidence and implications. *Journal of Leisure Research*(27), 25-40.
- Midanik, L. T., Soghikian, K., Ransom, L. J., & Tekawa, I. S. (1995). The effect of retirement on mental health and health behaviours: The Kaiser Permanente Retirement Study. *Journal of Gerontology: Social Sciences, 50B*(1), S859-S861.
- Miller, C. (1999). *Nursing care of older adults* (3rd ed.). Philadelphia: Lippincott.
- Mireault, M., & de Man, A. (1996). Assessing health differences in an elderly population. *Journal of American Geriatrics Society, 36*(2), 113-118.
- Miron-Shatz, T. (2009). "Am I going to be happy and financially stable?": How American women feel when they think about financial security. *Judgment and Decision Making, 4*(1), 102-112.
- Mirowski, J., & Ross, C. (1992). Age and depression. *Journal of Health and Social Behaviour, 33*, 187-205.
- Mishra, S. (1992). Leisure activities and life satisfaction in old age: A case study of retired government employees living in urban areas. *Activities, adaptation and aging, 16*, 7-26.
- Mobily, K. E., Lemke, J. H., & Gisin, G. J. (1991). The idea of leisure repertoire. *Journal of Applied Gerontology, 10*(2), 208-223.
- Moen, P. (1996). A life course perspective on retirement, gender, and wellbeing. *Journal of Occupational Health Psychology, 1*(2), 131-144.

- Moen, P., Fields, V., Quick, H. E., & Hofmeister, H. (2000). A life-course approach to retirement and social integration. In K. Pillemer, P. Moen, E. Wehtington, & N. Glasgow (Eds.) *Social integration in the second half of life*, (pp. 75-107). Baltimore, MD, US: The Johns Hopkins University Press.
- Moen, P., Kim, J. E., & Hofmeister, H. (2001). Couples' work/retirement transitions, gender, and marital quality. *Social Psychology Quarterly*, *64*(1), 55-71.
- Moody, H. R. (1993). Age, productivity, and transcendence. In S. A. Bass, F. G. Caro & Y. P. Chen (Eds.), *Achieving a productive aging society* (pp. 27-40). Westport, CT: Auburn House.
- Moody, H. R. (2002). *Aging: Concepts and controversies*. (4th ed.). Thousand Oaks, CA: Pine Forge Press.
- Morris, R. (1993). Conclusion: Defining the place of the elderly in the twenty-first century. In S. A. Bass, F. G. Caro & Y. P. Chen (Eds.), *Achieving a productive aging societ* (pp. 287-293). Westport, CT: Auburn House.
- Moyers, P. A., & Coleman, S. D. (2004). Adaptation of the older worker to occupational challenges. *Work*, *22*, 71-78.
- Murphy, D., Johnson, R. W., & Mermin, G. B. T. (2007). Racial differences in baby boomers' retirement expectations. *Older Americans' Economic Security*, *13*(May).
- Musich, S., Ignaczak, A., McDonald, T., Hirschland, D., & Edington, D. W. (2001). Self-reported utilization of preventive health services by retired employees age 65 and older. *Journal of the American Geriatrics Society*, *49*(12), 1665-1672.
- Mutchler, J. E., Burr, J. A., Pienta, A. M., & Massagli, M. P. (1997). Pathways to labor force exit: Work transitions and work instability. *Journal of Gerontology: Social Sciences*, *52B*, S4-S12.
- Mutran, E. J., Reitzes, D. C., & Fernandez, M. E. (1997). Factors that influence attitudes toward retirement. *Research on Aging*, *19*(3), 251-273.
- Myers, J. E. (1999). Adjusting to role loss and leisure in later life. In M. Duffy (Ed.), *Handbook of counseling and psychotherapy with older adults* (pp. 41-56). New York: Wiley.
- Myers, S. M., & Booth, A. (1996). Men's retirement and marital quality. *Journal of Family Issues*, *17*, 336-357.
- Nakamura, J., & Csikszentmihalyi, M. (2002). The concept of flow. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 89-105). Oxford, England: Oxford University Press.
- Neikrug, S. M. (2003). Worrying about a frightening old age. *Aging and Mental Health*, *7*, 326-333.
- Ness, J., Cirillo, D., Weir, D., Nisly, N., & Wallace, R. (2005). Use of complementary medicine in older Americans: Results from the Health and Retirement study. *The Gerontologist*, *45*(4), 516-524.
- Neville, S., & Alpass, F. (2002). Stress, social support and psychological well-being in older men. *Nursing Praxis in New Zealand*, *18*(3), 50-61.
- Ng, T. W. H., & Feldman, D. C. (2010). The relationships of age with job attitudes: A meta-analysis. *Personnel Psychology*, *63*, 677-718.
- Nimrod, G. (2007). Expanding, reducing, concentration and diffusing: Post retirement leisure behaviour and life satisfaction. *Leisure Sciences*, *29*, 91-111.
- Noone, J., Stephens, C., & Alpass, F. (2009). Preretirement planning and well-being in later life: A prospective study. *Research on Ageing*, *31*(3), 295-317.

- Nordenmark, M., & Stattin, M. (2009). Psychosocial wellbeing and reasons for retirement in Sweden. *Ageing & Society*, 29(3), 413-430. doi: 10.1017/s0144686x08008179
- OECD (1998). *Maintaining prosperity in an ageing society*. Policy Brief OECD. Paris: OECD.
- OECD (2005). *Ageing and employment policies: Australia*. Paris: OECD Publications.
- OECD (2007). *Gender pay gaps for full-time workers and earnings differentials by educational attainment*. Retrieved 2 November, 2008, from [http://www.oecd.org/LongAbstract/0,3425,en\\_2649\\_33729\\_38752747\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/LongAbstract/0,3425,en_2649_33729_38752747_1_1_1_1,00.html)
- OECD (2011). *Trends in Retirement and in Working at Older Ages, in Pensions at a Glance 2011: Retirement-income Systems in OECD and G20 Countries*. OECD Publishing. [http://dx.doi.org/10.1787/pension\\_glance-2011-6-en](http://dx.doi.org/10.1787/pension_glance-2011-6-en).
- OECD (2011b). *Pensions at a Glance 2011: Retirement-Income Systems in OECD and G20 Countries*. [www.oecd.org/els/social/pensions/PAG](http://www.oecd.org/els/social/pensions/PAG).
- Okun, M., & Keith, V. (1998). Effect of positive and negative social exchanges with various sources on depressive symptoms in younger and older adults. *Journals of Gerontology: Psychological Sciences*, 53B, 4-20.
- Oldham, G. R., & Hackman, J. R. (1981). Relationships between organizational structure and employee reactions: Comparing alternative frameworks. *Administrative Science Quarterly*, 26, 66-83.
- Olesen, S. C., Butterworth, P., & Rodgers, B. (2012). Is poor mental health a risk factor for retirement? Findings from a longitudinal population survey. *Social Psychiatry and Psychiatric Epidemiology*, 47(5), 735-744. doi: 10.1007/s00127-011-0375-7
- Osgood, N. J., & Mizruchi, E. H. (1982). Participation in work, retirement, and leisure: A comparison of blue collar, white collar and professional workers. In N. J. Osgood (Ed.), *Life after work: Retirement, leisure, recreation and the elderly* (pp. 221-248). New York: Praeger.
- Ostberg, H., & Samuelsson, S. M. (1994). Occupational retirement in women due to age. Health aspects. *Scandinavian Journal Of Social Medicine*, 22(2), 90-96.
- Pachana, N. A. (1999). Developments in clinical interventions for older adults: A review. *New Zealand Journal of Psychology*, 28, 107-117.
- Pachana, N. A., Gallagher-Thompson, D., & Thompson, L. W. (1994). Assessment of depression. In P. Lawton & J. Teresi (Eds.), *Annual review of gerontology and geriatrics, Vol. 14: Assessment techniques* (pp. 234-256). New York: Springer Publishing.
- Pagan, R. (2011). Transitions to part-time work at older ages: The case of people with disabilities in Europe. *Disability and Society*, 27(1), 95-115.
- Park, H.L., O'Connell, J.E., & Thomson, R.G. (2003). A systematic review of cognitive decline in the general elderly population. *International Journal of Geriatric Psychiatry*, 18(12), 1121-1134.
- Parks, K. M., & Steelman, L. A. (2008). Organizational wellness programs: A meta-analysis. *Journal of Occupational Health Psychology*, 13, 58-68.
- Parnes, H. S., & Nestel, G. (1981). The retirement experience. In H. S. Parnes (Ed.), *Work and retirement: a longitudinal study of men* (pp. 155-197). Cambridge, MA: MIT Press.

- Pattani, S., Constantinovici, N., & Williams, S. (2001). Who retires early from the HNHS because of ill health and what does it cost? A national cross sectional study. *British Medical Journal*, *322*(7280), 208-209.
- Pedlar, A., Dupuis, S., & Gilbert, A. (1996). Resumption of role status through leisure in later life. *Leisure Sciences*, *18*, 259-276.
- Peretti, P. O., & Wilson, C. (1975). Voluntary and involuntary retirement of aged males and their effect on emotinal satisfaction, usefulness, self-image, emotional stability and interpersonal relationships. *Aging and Human Development*, *6*(2), 131-138.
- Perkins, K. (1992). Psychosocial implications of women and retirement. *Social Work in Health Care*, *37*(6), 526-532.
- Perkins, K. (1993). Recycling poverty: From the workplace to retirement. *Journal of Women and Aging*, *5*(1), 5-23.
- Perkins, K. (1995). Social [in]security: Retirement planning for women. *Journal of Women and Aging*, *7*, 37-53.
- Pienta, A. M. (2003). Partners in marriage: An analysis of husbands' and wives' retirement behavior. *Journal of Applied Gerontology*, *22*(3), 340-358.
- Pienta, A., Hayward, M., & Jenkins, K. (2000). Health consequences of marriage for the retirement years. *Journal of Family Issues*, *21*(5), 559-586.
- Pienta, A. M., & Hayward, M. D. (2002). Who expects to continue working after age 62? The retirement plans of couples. *Journals of Gerontology Series B- Psychological Sciences & Social Sciences*, *57*(4), S199-S208.
- Pierce, G., Sarason, B., & Sarason, I. (1990). Integrating social support perspectives: Working models, personal relationships, and situational factors. In S. Duck & R. C. Silver (Eds.), *Personal relationships and social support* (pp. 173-189). London: Sage.
- Pillemer, K., & Glasgow, N. (2000). Social integration and aging: Background and trends. In K. Pillemer., P. Moen., E. Wethington & N. Glasgow (Eds.), *Social integration in the second half of life* (pp. 19-47). Baltimore: Johns Hopkins University Press.
- Pinquart, M., & Schindler, I. (2007). Changes of life satisfaction in the transition to retirement: A latent-class approach. *Psychology and Aging*, *22*(3), 422-455.
- Pit, S. W., Shrestha, R., Schofield, D., & Passey, M. (2010). Health problems and retirement due to ill-health among Australian retirees aged 45–64 years. *Health Policy*, *94*(2), 175-181. doi: 10.1016/j.healthpol.2009.09.003
- Poole, C. J. (1997). Retirement on grounds of ill health: Cross sectional survey in six organisations in United Kingdom. *British Medical Journal*, *314*(7085), 929-932.
- Price, C. (1998). *Women and retirement: The unexplored transition*. New York: Garland Publishing.
- Price, C. (2000). Women and retirement: Relinquishing professional identity. *Journal of Aging Studies*, *14*(1), 81-102.
- Price, C. (2002). Retirement for women: The impact of employment. *Journal of Women and Aging*, *14*(3/4), 41-57.
- Price, C. (2003). Professional women's retirement adjustment: The experience of reestablishing order. *The Journal of Aging Studies*, *17*(3), 341-355.
- Price, C. A., & Balaswamy, S. (2009). Beyond health and wealth: Predictors of women's retirement satisfaction. *The International Journal of Aging & Human Development*, *68*(3), 195-214. doi: 10.2190/AG.68.3.b



- Price, J. L., & Joo, E. (2005). Exploring the relationship between marital status and women's retirement satisfaction. *International Journal of Aging and Human Development*, 61(1), 37-55.
- Prince, M., Harwood, R., Blizard, R., Thomas, A., & Mann, A. (1997). Social support deficits, loneliness and life events as risk factors for depression in old age. The Gospel Oak Project VI. *Psychological Medicine*, 27, 323-332.
- Quick, H. E., & Moen, P. (1998). Gender, employment, and retirement quality: A life course approach to the differential experiences of men and women. *Journal of Occupational Health Psychology*, 3(1), 44-64.
- Quinn, J. F. (1998, November 24-25). *The labour market, retirement and disability*. Paper presented at the conference on Income Support, labour Markets and Behaviour, Commonwealth Department of Social Security and Centre for Economic Policy research, Australian National University, Canberra.
- Quinn, J. F. (1999). Retirement patterns and bridge jobs in the 1990s. *Employee Benefit Research Institute Issue Brief*, 206, 1-22.
- Quinn, J. F., & Burkhauser, R. B. (1990). Work and retirement. In R. Binstock & L. George (Eds.), *Handbook of aging and the social sciences* (3rd ed., pp. 304-327). New York: Academic Press.
- Rappaport, A., Bancroft, E., & Okum, L. (2003). The aging workforce raises new talent management issues for employers. *Journal of Organizational Excellence*, Winter, 55-66.
- Reevy, G. M., & Maslach, S. (2001). Use of social support: Gender and personality differences. *Sex Roles*, 44, 437-459.
- Reitzes, D., Mutran, E., & Fernandez, M. (1996). Does retirement hurt well-being? Factors influencing self-esteem and depression among retirees and workers. *The Gerontologist*, 36(5), 649-656.
- Riach, K. (2006). Older workers: Learning from three international experiences. *Social Policy and Society*, 5(4), 551-563.
- Riach, P. A., & Rich, J. (2007). *An experimental investigation of age discrimination in the English labour market*. IZA Discussion papers.
- Richardson, V. E. (1999). How circumstances of widowhood and retirement affect adjustment among older men. *Journal of Mental Health and Aging*, 5(2), 165-174.
- Richardson, V., & Kilty, K. (1991). Adjustment to retirement: Continuity vs. discontinuity. *International Journal of Ageing and Human Development*, 33(2), 151-160.
- Richardson, V., & Kilty, K. M. (1992). Retirement intentions among Black professionals: Implications for practice with older Black adults. *The Gerontologist*, 32(1), 7-16.
- Rife, J., & Kilty, K. (1989-90). Job-search discouragement and the older worker: Implications for social work practice. *Journal of Applied Social Sciences*, 14, 71-94.
- Riley, M. W., Kahn, R. L., & Foner, A. (1994). (Eds.). *Age and structural lag*. New York: Wiley.
- Rix, S. (2008). Age and work in the United States of America. In P. Taylor (Ed.), *Ageing Labour Forces: Promises and prospects*. Cheltenham, UK: Edward Elgar.
- Roberts, B. W., & Friend, W. (1998). Career momentum in midlife women: Life context, identity, and personality correlates. *Journal of Occupational Health Psychology*, 3(3), 195-208.

- Roberts, K. (1999). *Leisure in contemporary society*. Wallingford, England: CABI Publishing.
- Roberts, R. O., Rhodes, T., Girman, C. J., Guess, H. A., Oesterling, J. E., Lieber, M. M., & Jacobsen, S. J. (1997). The decision to seek care. Factors associated with the propensity to seek care in a community-based cohort of men. *Archives Of Family Medicine, 6*(3), 218-222.
- Robinson, J. P., & Godbey, G. (1997). *Time for life: The surprising ways Americans use their time*. University Park, PA: Pennsylvania State University Press.
- Rogers, E., & Waitrowski, W. J. (2005). Injuries, illnesses, and fatalities among older workers. *Monthly Labour Review, 128*, 24.
- Rogowski, J., & Karoly, L. (2000). Health insurance and retirement behaviour: evidence from the health and retirement survey. *Journal of Health Economics, 19*, 529-539.
- Rosenkoetter, M. M., & Garris, J. M. (2001). Retirement planning, use of time, and psychological adjustment. *Issues in Mental Health Nursing, 22*, 703-722.
- Ross, C., & Drentea, P. (1998). Consequences of retirement activities for distress and the sense of personal control. *Journal of Health and Social Behavior, 39*, 317-334.
- Ross, D. (2010). Ageing and work: An overview. *Occupational Medicine, 60*, 169-171.
- Rubinstein, R. L. (2002). The third age. In R. S. Weiss & S. A. Bass (Eds.), *Challenges of the third age: Meaning and purpose in later life* (pp. 29-40). New York: Oxford University Press.
- Salokangas, R. K., & Joukamaa, M. (1991). Physical and mental health changes in retirement age. *Psychotherapy and Psychosomatics, 55*(2-4), 100-107.
- Salonen, P., Arola, H., Nygard, C. H., Huhtala, H., & Koivisto, A. M. (2003). Factors associated with premature departure from working life among ageing food industry employees. *Occupational Medicine, 53*(1), 65-68.
- Salthouse, T. A. (1991). *Theoretical perspectives on cognitive ageing*. Hillsdale, NJ: Erlbaum.
- Santrock, J. (2004). *Lifespan development* (9th ed.). Boston, MA: McGraw-Hill Higher Education.
- Sarason, I., Sarason, B., Shearin, E., & Pierce, G. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships, 4*, 497-510.
- Sargent, L. D., Lee, M. D., Martin, B., & Zikic, J. (2013). Reinventing retirement: New pathways, new arrangements, new meanings. *Human Relations, 66*(1), 3-21. doi: 10.1177/0018726712465658
- Sattelmair, J. R., Pertman, J. H., & Foreman, D. E. (2009). Effects of physical activity on cardiovascular and noncardiovascular outcomes in older adults. *Clinical Geriatric Medicine, 25*(4), 677-702, viii-ix.
- Scharlach, A. E., Mor-Barak, M. E., & Birba, L. (1994). Evaluation of a corporate-sponsored health care program for retired employees. *Health & Social Work, 19*(3), 192-198.
- Scheier, M., & Carver, C. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology, 4*(3), 219-247.
- Scheier, M., & Carver, C. (1987). Dispositional optimism and physical well-being: The Influence of generalized outcome expectancies on health. *Journal of Personality, 55*(2), 169-210.

- Schellenberg, G. (2004). *The retirement plans and expectations of non-retired Canadians aged 45 to 59*. Statistics Canada, Analytical Studies Branch, Analytical Studies Branch Research Paper Series.
- Scherl, H. (2003). Increasing life expectancy - the big social issue of the 21st century? *Zeitschrift Fur Gerontologie Und Geriatrie*, 36(2), 95-103.
- Schlossberg, N. (2004). *Retire smart. Retire happy. Finding your true path in life*. Washington DC: American Psychological Association.
- Schlosser, F. K., & Zinni, D. M. (2011). Transitioning ageing workers from paid to unpaid work in non-profits. *Human Resource Management Journal*, 21(2), 156-170. doi: 10.1111/j.1748-8583.2010.00131.x
- Schwatka, N. V., Butler, L. M., & Rosencrance, J. R. (2012). An aging workforce and injury in the construction industry. *Epidemiologic Reviews*, 34, 156-167.
- Secombe, K., & Lee, G. (1986). Gender differences in retirement satisfaction and its antecedents. *Research on Aging*, 8(3), 426-440.
- Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Free Press.
- Settersen, R. A., Jr. (2002). Social sources of meaning in later life. In R. S. Weiss & S. A. Bass (Eds.), *Challenges of the third age: Meaning and purpose in later life* (pp. 55-79). New York: Oxford University Press.
- Shapiro, A., & Yarborough-Hayes, R. (2008). Retirement and older men's health. *Generations: The Journal of the American Society on Aging*, 32(1), 49-53.
- Sharpley, C. (1997). Psychometric properties of self-perceived stress in retirement scale. *Psychological Reports*, 81, 319-322.
- Sharpley, C. F., & Layton, R. (1998). Effects of age of retirement, reason for retirement, and pre-retirement training on psychological and physical health during retirement. *Australian Psychologist*, 33(2), 119-124.
- Shaw, W. S., Patterson, T. L., Semple, S., & Grant, I. (1998). Health and wellbeing in retirement. A summary of theories and their implications. In M. Hersen & V. B. V. Hasselt (Eds.), *Handbook of Clinical Geropsychology* (pp. 383-409). New York: Plenum Press.
- Shultz, K. S., Morton, K. R., & Weckerle, J. R. (1998). The influence of push and pull factors on voluntary and involuntary early retirees' retirement decision and adjustment. *Journal of Vocational Behavior*, 53, 45-57.
- Shultz, K. S., & Wang, M. (2007). The influence of specific physical health conditions on retirement decisions. *International Journal of Aging & Human Development Vol 65(2) 2007*, 149-161.
- Shumaker, S. A., & Hill, D. R. (1991). Gender differences in social support and physical health. *Health Psychology*, 10, 102-111.
- Skarborn, M., & Nicki, R. (2000). Worry in pre- and post-retirement persons. *International Journal of Aging & Human Development*, 50, 61-71.
- Skirboll, E., & Silverman, M. (1992). Women's retirement: A case study approach. *Journal of Women and Aging*, 4(1), 49-66.
- Smith, D. B., & Moen, P. (2009). Retirement satisfaction for retirees and their spouses: Do gender and the retirement decision-making process matter? *Journal of Family Issues*, 25(2), 262-285.
- Smith, D. M., Langa, K. M., Kabeto, M. U., & Ubel, P. A. (2005). Health, wealth, and happiness. Financial resources buffer subjective well-being after the onset of a disability. *Psychological Science*, 16(9), 663-666.
- Snyder, R. A., & Mayo, F. (1991). Single versus multiple causes of the age/job satisfaction relationship. *Psychological Reports*, 68, 1255-1262.

- Social Security Board of Trustees (2008). *The 2008 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Disability Insurance Trust Funds*. Washington, DC: Government Printing Office.
- Society for Research on Women in New Zealand. (1999). *Towards retirement - women's views: Final report of the women's preparation and planning for retirement project*. Wellington, NZ: Society for Research on Women in New Zealand.
- Soghikian, K., Midanik, L. T., Polen, M. R., & Ransom, L. J. (1991). The effect of retirement on health-services utilization - The Kaiser Permanente Retirement Study. *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, 46(6), S358-S360.
- Spiker, S. (2005). Danger looms for Americans unprepared for future health care costs in retirement. *Employee Benefit News*, 19(9), 11-12.
- Stanley, M. A., & Beck, J. G. (2000). Anxiety disorders. *Clinical Psychology Review. Special Issue: Assessment and treatment of older adults*, 20, 731-754.
- Statistics New Zealand. (2004). *Older New Zealanders - 65 and Beyond*. Wellington: Statistics New Zealand.
- Statistics New Zealand (2012). *Demographic trends: 2011*. Wellington: Statistics New Zealand.
- Stebbins, R. A. (1992). *Amateurs, professionals, and serious leisure*. Montreal: McGill-Queen's University Press.
- Stebbins, R. A. (2001). *New directions in the theory and research of serious leisure*. Lewiston, NY: Edwin Mellen Press.
- Sterns, H.L., Barrett, G.V., & Alexander, R.A. (1985). Accidents and the aging individual. In J.E. Birren & K.W. Schaie (Eds.) (Eds.), *Handbook of the psychology of aging* (pp. 703-724). New York: Van Nostrand Reinhold.
- Sterns, H. L., & Gray, J. H. (1999). Work, leisure, and retirement. In J. C. Cavanaugh & S. K. Whitbourne (Eds.), *Gerontology: Interdisciplinary perspectives* (pp. 355-390). New York: Oxford University Press.
- Stokes, J. (1983). Predicting satisfaction with social support from social network structure. *American Journal of Community Psychology*, 11, 141-152.
- Strain, L. A., Grabusic, C. C., Searle, M. S., & Dunn, N. J. (2002). Continuing and ceasing leisure activities in later life. *The Gerontologist*, 42, 217-223.
- Stroebe, W., & Stroebe, M. (1987). *Bereavement and health*. New York: Cambridge University Press.
- Stroebe, W., & Stroebe, M. (1995). *Social psychology and health*. Buckingham: Open University Press.
- Sudano, J. J., & Baker, D. W. (2003). Intermittent lack of health insurance coverage and use of preventive services. *American Journal of Public Health*, 93(1), 130-137.
- Sudano, J. J., & Baker, D. W. (2006). Explaining US racial/ethnic disparities in health declines and mortality in late middle age: The role of socioeconomic status, health behaviors and health insurance. *Social Science & Medicine*, 62, 909-922.
- Swan, G. E., Dame, A., & Carmelli, D. (1991). Involuntary retirement, Type A behaviour, and current functioning in elderly men: 27-year follow-up of the Western Collaborative Group study. *Psychology and Aging*, 6, 384-391.
- Swibel, M. (2005). Retire? Not so fast. *Forbes*, 175, 100-101.
- Szinovacz, M. (Ed.). (1982). *Women's retirement*. Beverley Hills, CA: Sage.

- Szinovacz, M. (1992). Social activities and retirement adaptation: Gender and family variations. In M. Szinovacz, D. Ekerdt & B. Vinick (Eds.), *Families and retirement* (pp. 236-253). Newbury Park, CA: Sage.
- Szinovacz, M. (1996). Couple's employment/retirement patterns and perceptions of marital quality. *Research on Aging, 18*, 243-268.
- Szinovacz, M. (2003). Contexts and pathways: Retirement as institution, process and experience. In G. Adams & T. Beehr (Eds.), *Retirement, reasons, processes, and results* (pp. 6-52). New York: Springer Publishing Company.
- Szinovacz, M., & Davey, A. (2004). Retirement transitions and spouse disability: Effects on depressive symptoms. *Journals of Gerontology, 59B*, S333-S342.
- Szinovacz, M., Ekerdt, D., Vinick., B. (1992). *Families and retirement*. Sage Publications.
- Talaga, J. A., & Beehr, T. A. (1989). Retirement: A psychological perspective. In C. L. Cooper & I. T. Robertson (Eds.), *International review of industrial and organizaational psychology* (pp. 185-211). Chichester, England: Wiley.
- Talaga, J., & Beehr, T. (1995). Are there gender differences in predicting retirement decisions? *Journal of Applied Psychology, 80*(1), 16-28.
- Tanner, S. (1998). The dynamics of male retirement behaviour. *Fiscal Studies, 19*(2), 175-196.
- Taylor-Carter, M., Cook, K., & Weinberg, C. (1997). Planning and expectations of the retirement experience. *Educational Gerontology, 23*(3), 273-288.
- Taylor, M., & Doverspike, D. (2003). Retirement planning and preparation. In G. Adams & T. Beehr (Eds.), *Retirement, reasons, processes, and results* (pp. 53-82). New York: Springer Publishing Company.
- Taylor, J. L. Kennedy, Q, Noda, A., et al. (2007). Pilot age and expertise predict flight simulator performance: A 3 year longitudinal study. *Neurology, 68*, 648-654.
- Taylor, M. A., & Shore, L. M. (1995). Predictors of planned retirement age: An application of Beehr's model. *Psychology & Aging, 10*, 76-83.
- Thanakwang, K., Ingersoll-Dayton, B., & Soonthorndhada, K. (2012). The relationships among family, friends, and psychological well-being for Thai elderly. *Aging & Mental Health, 16*(8), 993-1003. doi: 10.1080/13607863.2012.692762
- Thomas, D. R. (2010). Sarcopenia. *Clinical Geriatric Medicine, 26*(2), 331-346.
- Thomas, T. (2005). Most Americans fear retirement, NAVA survey shows. *National Underwriter/Life and Health Financial Services, 109*, 7.
- Thompson, P., Itzin, C., & Abendstern, M. (1991). *I don't feel old: The experience of later life*. Oxford, England: Oxford University Press.
- Thompson, W. E., & Streib, G. F. (1958). Situational determinants: Health and economic deprivation in retirement. *Journal of Social Issues, 14*(2), 18-34.
- Thorsen, S., Rugulies, R., Longaard, K., Borg, V., Thielen, K., & Bue Bjorner, J. (2012). The association between psychological work environment, attitudes toward older workers (ageism) and planned retirement. *International Archives of Occupational and Environmental Health, 85*, 437-445.
- Tibbitts, C. (1954). Retirement problems in American society. *The American Journal of Sociology, 59*(4), 301-308.
- U.S. Census Bureau. (2007). *Current Population Survey, Annual Social and Economic Supplement, 2006*. Washington.
- U.S. Department of Labor. (2008). *Highlights of women's earnings in 2007*. Retrieved 1 November, 2008, from [www.bls.gov/cps/earnings.htm](http://www.bls.gov/cps/earnings.htm)

- Uchino, B. (2004). *Social support and physical health. Understanding the health consequences of relationships*. New Haven: Yale University Press.
- Ulrich, L. B. (2006). Bridge employment. In J. H. Greenhaus & G. A. Callanan (Eds.), *Encyclopedia of career development* (Vol. 1, pp. 49-51). Thousand Oaks, CA: Sage.
- Vaillant, G. E., & Mukamal, K. (2001). Successful aging. *American Journal of Psychiatry*, *158*(6), 839-847.
- Vaillant, G. E., & Western, R. J. (2001). Healthy aging among inner-city men. *International Psychogeriatrics*, *13*(4), 425-437.
- van Solinge, H., & Henkens, C. J. (2010) Living longer, working longer? The impact of subjective life expectancy on retirement intentions and behaviour. *European Journal of Public Health*, *20*, 47-51.
- Von Bonsdorff, M. E., Vanhala, S., Seitsamo, J., Janhonen, M., & Husman, P. (2010). Employee well-being, early-retirement intentions, and company performance. *Journal of Occupational and Environmental Medicine*, *52*(12), 1255-1261. doi: 10.1097/JOM.0b013e3181f9f0b9
- Walby, S. (1999). *New agendas for women*. New York: St Martins Press.
- Walker, J., Kimmel, D., & Price, K. (1981). Retirement style and retirement satisfaction: Retirees aren't all alike. *International Journal of Aging and Human Development*, *12*, 267-281.
- Wallman, T., Burell, G., Kullman, S., & Svardsudd, K. (2004). Health care utilisation before and after retirement due to illness - a 13-year population-based follow-up study of prematurely retired men and referents from the general population. *Scandinavian Journal of Primary Health Care*, *22*(2), 95-100.
- Wang, M., Zhan, Y., Liu, S., & Shultz, K. S. (2008). Antecedents of bridge employment: A longitudinal investigation. *Journal of Applied Psychology*, *93*(4), 818-830. doi: 10.1037/0021-9010.93.4.818
- Warburton, J., & McLaughlin, D. (2005). 'Lots of little kindnesses': Valuing the role of older Australians as informal volunteers in the community. *Ageing & Society*, *25*, 715-730.
- Warburton, J., McLaughlin, D., & Pinsker, D. (2006). Generative acts: family and community involvement of older Australians. *International Journal of Aging and Human Development*, *63*, 115-137.
- Ward, R. (1984). *The aging experience*. Cambridge: Harper & Row.
- Weaver, D. (1994). The work and retirement decisions of older women: A literature review. *Social Security Bulletin*, *57*(1), 3-24.
- Weaver, D. A. (1996). Labor force participation, income, and the use of short-term hospitals by the elderly. *Medical Care*, *34*(10), 989-1002.
- Weiss, R. S., & Bass, S. A. (2002a). Epilogue. In R. S. Weiss & S. A. Bass (Eds.), *Challenges of the third age: Meaning and purpose in later life* (pp. 189-197). New York: Oxford University Press.
- Weiss, R. S., & Bass, S. A. (2002b). Introduction. In R. S. Weiss & S. A. Bass (Eds.), *Challenges of the third age: Meaning and purpose in later life* (pp. 3-12). New York: Oxford University Press.
- Whitbourne, S. K. (2005). *Adult development and aging: Biopsychosocial perspectives* (2nd ed.). Hoboken, NJ: Wiley.
- Whiting, K. (1998). *Divergent paths: Women's experiences of the retirement process*. Paper presented at the 6th Australian Institute of Family Studies Conference, Melbourne, Australia.

- Womack, S. (2004). *Over-50s sign up for adventure, spending the kids' inheritance*. Retrieved 17 October, 2008, from <http://www.telegraph.co.uk/global/main.jhtml?xml=/global/2004/08/09/ngap09.xml>
- Wright, J. D., & Hamilton, R. F. (1978). Work satisfaction and age: some evidence for the 'job change' hypothesis. *Social Forces*, 56, 1140-1158.
- Yeatts, D. E., Folts, E., & Knapp, J. (2000). Older workers' adaptation to a changing workplace: employment issues for the 21st century. *Educational Gerontology*, 26(6), 565-582. doi: 10.1080/03601270050133900
- Zhan, M., & Pandey, S. (2002). Postsecondary education and the well-being of women in retirement. *Social Work Research*, 26(3), 171-184.

# Psychological Dimensions of Retirement

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