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Educational inequalities in extending working lives

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Summary

Due to the ageing of the population, extending working lives is high on the political agenda in many European countries. Possible educational inequalities in the feasibility and the consequences of extending working lives, however, are generally not taken into account when making pension policies. To shed light on these educational differences, the objectives of this thesis were to:

- Identify determinants of early work exit across educational groups (chapters 2 and 4);
- Identify work place determinants of health in older workers across educational groups (chapter 3);
- Identify determinants of health after work exit across educational groups (chapters 5 and 6).

In **chapter 2**, we conducted coordinated analyses, i.e. measurement and statistical analysis protocols are coordinated across studies to maximize comparability, in four European countries (the Netherlands, Denmark, England, and Germany) to examine educational differences in health determinants of early work exit among older workers. Poor physical and mental health were more common among low educated workers. We found that poor SRH, functional limitations, and depression were risk factors for early work exit, especially for receiving disability pension. We found stronger effects of poor self-rated health (in England) and functional limitations (in England and the Netherlands) on early work exit among the low educated workers compared to the higher educated workers.

In **chapter 3**, we used data from the Longitudinal Aging Study Amsterdam (LASA) to investigate whether the associations between work characteristics and physical and mental health differed across educational groups, in older workers in the Netherlands. We found that high physical demands, low variation in tasks, low autonomy, and high job strain were associated with poorer physical and mental health. Not only were low educated workers more often exposed to these work characteristics, the associations between physical demands, autonomy, and job strain and SRH and functional limitations were also strongest among the low educated workers.

In **chapter 4**, we used data from the Survey of Health, Ageing and Retirement in Europe (SHARE) and the English Longitudinal Study of Ageing (ELSA) to identify macro-level determinants of early work exit and to investigate whether the effects of these determinants differed across educational groups, in 14 European countries. We found that low educated workers had a higher risk of early work exit than higher educated workers. In low educated men, higher unemployment replacement rates, higher expenditure on passive labour market policies, stricter employment protection legislation and a higher implicit tax on continued work were associated with a higher risk of early work exit. No macro-level factors were associated with early work exit in highly educated men. In women, a higher expenditure on passive labour market policies and a higher implicit tax on continued work were determinants of early work exit, regardless of educational level. It seems that low educated men are especially responsive to pull factors that make early retirement financially more attractive.

In **chapter 5**, we conducted coordinated analyses in five European countries (the Netherlands, Denmark, England, Germany, and Finland) to examine whether there are educational differences in health after work exit over time and whether work characteristics mediate these educational inequalities in health. We found that the lower educated had poorer SRH after work exit than the higher educated. Lower educated workers also had a higher risk of having high physical demands and a lower risk of having high psychosocial demands, high variation in tasks, and high autonomy at work, compared to higher educated workers. These work characteristics were found to be partial mediators of the relationship between education and health up to many years after work exit, consistent across countries.

In **chapter 6**, we used data from SHARE and ELSA to examine which macro-level factors are associated with health and educational differences in health in recent retirees, in 18 European countries. A higher total social expenditure as well as higher expenditures on health, old age (e.g. pensions and residential services for older adults), housing, and ‘other social policy areas’ (non-categorical cash benefits to low-income households and other social services) were associated with better SRH. In the presence of a higher old age expenditure, a higher unemployment expenditure, and a higher total expenditure, the absolute educational inequalities in SRH in recent retirees were smaller than with lower expenditures in these areas, in both men and women. A higher expenditure on health as well as a higher minimum pension replacement rate had a similar effect on educational inequalities, in women only. A higher expenditure on survivors pensions, a lower expenditure on family benefits, and a higher unemployment replacement rate had this effect in men only.

In **chapter 7**, I summarized and discussed the main findings of this thesis. In addition, I addressed methodological considerations and made recommendations for policy, practice, and future research.

The findings of this thesis suggest that generic pension policies disproportionately affect the lower educated. Low educated workers have more demanding jobs and fewer resources at work than higher educated workers. They also have poorer health, both during working life and after work exit. These health inequalities are in part due to poor working conditions. Therefore, improving working conditions is important to maintain good health in older workers, reduce health inequalities, and extend working lives. However, improving working conditions will likely not be sufficient to extend working lives. I also recommend to improve education itself. In addition, other determinants of health could be targeted, for example health behaviours. Furthermore, I recommend considering alternatives to generic pension systems, for example linking the statutory retirement age to the number of years worked over the lifetime. Since low educated workers generally enter the labour market at an earlier age than the higher educated, an option would be to financially facilitate an earlier start of their retirement.

With respect to future research, I recommend to also investigate determinants of health and early work exit from other domains, such as the emotional, social, and financial domain. Adopting a life course perspective, to be able to examine the influence of accumulation of exposures (e.g. work demands) as well as the duration and timing, may also contribute to the existing literature.