

Longer Life Foundation

White Papers in Length and Quality of Life

Productive Engagement of Older Adults: Effects on Well-being

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Executive Summary

Impacts on Length and Quality of Life

A long tradition in health and mental health research links social involvement with positive outcomes. The productive activity of paid employment is, in general, associated with increased health and mental health of older workers. Research on job loss and health concludes that unemployment is associated with 20-30% excess mortality in most studies, that the impact of unemployment on morbidity is evident, and that unemployment clearly increases psychological distress.

Volunteering also can play an important role in maintaining good health in later life. A recent study showed that volunteers have a lower risk of dying than non-volunteers, even after considering the effects of physical health, socioeconomic status, and social connectedness. Another study found that volunteering at an earlier time was related to functional ability at a later time. Social isolation, on the other hand, is linked to increased risk of depression.

When comparing the impact of social, productive, and physical fitness activity on mortality, all three activities positively effected survival, with social and productive engagement having just as much effect as physical fitness activities.

Critical Issues

Activity has long been associated with improved well-being in later life. However, it is possible that all activity is not created equal – to the individual, the family, and society. *Productive activity* is any activity that produces goods or services, whether paid for or not. Activities included in this definition are volunteering, working, and caregiving. These activities are clearly a subset of activities in which older adults engage, and they have a common element: they have social benefit, benefits that extend beyond the individual. There is evidence that future generations will seek more engagement in these meaningful roles; and there may be increased demand for elders in these roles in future years. It is important to understand the effects of the types, quantity, and conditions of these activities on older adults.

Engagement in paid work. A substantial body of literature documents a positive relationship between employment and well-being, even when health and financial status are considered. The positive effects of employment seem to be conditioned by various factors. Older people whose

work patterns reflect their personal preferences report higher levels of physical and psychological well-being than people whose involvement in work is not under their control due to involuntary retirement or other factors. However, older workers are displaced from jobs more than younger adults, and older adults often enter retirement involuntarily. Older adults who are involuntarily laid off have poorer physical functioning and mental health, even after considering their health before the job loss. This suggests that late-stage job loss has important consequences for well-being.

Engagement in volunteer work. Research has yet to reveal the causal links between volunteering and improved health outcomes, given the reciprocal relationships between health, social resources, and volunteering. It is suggested that older volunteers benefit from the experience because of increased feelings of usefulness and boosted self-esteem. Volunteer roles may replace work roles and prevent elders from the negative effects of role loss and social isolation. The desire for older adults to volunteer may be driven as much by a “strong and straightforward desire for structure, purpose, affiliation, growth and meaning” than by altruism. Perhaps volunteering provides an “inoculation” from the hazards of retirement, physical decline, and inactivity.

Engagement in caregiving. There is abundant evidence, from almost 20 years of research, that caregiving for a dependent relative can negatively impact physical health, mental health, and financial status. Biological studies have shown that caregivers are at increased risk of higher blood pressure, weight gain, and other metabolic changes than non-caregivers. Spousal caregivers reporting caregiving strain have mortality risks 63% higher than non-caregivers, after controlling for health and other socio-demographic factors. Caregiving outcomes are improved in certain situations, and caregivers with higher levels of religiosity and with involvement in several roles (like volunteering or working) have higher levels of emotional health.

Key Interventions Characteristics: None reviewed at this time

Directions for Future Progress

Older adults engaged in these productive activities are performing valued functions to society. In fact, it is argued that there will be increased demand for elders in these roles in future years. The labor market will demand longer work lives, and growing social problems and reduced public expenditures will demand increased volunteerism. Increased numbers of the oldest old will require a larger force of caregiver. Thus, our society may require the productive engagement of older adults.

Overall, there is enough evidence from studies of health, mental health, and life satisfaction to conclude that, in general, engagement in productive roles of work and volunteering is beneficial to older adults. Although some beneficial psychological aspects of caregiving are documented, the important role of caregiving to dependent elders is often related to negative health and mental health outcomes for the older caregiver. There is some support for the idea that involvement in other roles in addition to caregiving may improve well-being. Given the ever-growing and increasingly diverse group of older adults who will engage in these productive roles, we need to advance a research agenda that moves beyond these general conclusions.

Research Priorities

How we will spend time in these extended years is not fully determined and the possibilities are numerous. We need to define the possibilities and create the opportunities based on knowledge about what improves society and what improves the health, mental health, and life satisfaction of our large older population. This White Paper recommends that new research in this area tests if the relationship between productive engagement and well-being outcomes for the older adult depends on 1) the subpopulations participating in the activity and 2) the type of activity. The following three research questions should be pursued:

1. How are different subgroups of elders (different age groups, different races, different amounts of socialization) affected by engaging in productive roles of working, volunteering, or caregiving?
2. Does the type of productive activity or the combination of activities affect the well-being of older adults? (For example, do older caregivers that work or volunteer part-time have better health and mental health than caregivers who do not work/volunteer part-time?)
3. How does the organization or environment in which these productive activities take place affect the well-being of older adults?