



Short Review

Employment, Work, and Depressive Symptoms among Older Workers

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Abstract

Depressive symptoms of the elderly labor force have long been a focus. Due to solving economic pressure and maintaining social networks, the elderly are forced to be employed. However, although works of the elderly labor lead to positive effects, it may also have negative effects, such as risks of depressive symptoms of the elderly. Factors such as family and community can regulate depressive symptoms caused by work. Future studies need to explore a moderating effect on the relationship between work and depressive symptoms.

Keywords: Depressive symptoms; Mental health; Older workers

Introduction

Aging has long been paid attention to a large body of studies examining gerontology. The “World Population Trend Report” pointed out that the global population will reach 9.8 billion by 2050, of which the number of elderly people over 65 will exceed 1.5 billion, accounting for 16% of the total population [1]. This major demographic change around the world influences governments, businesses and communities [2]. The growing number of older adults leads to changes in labor force market, showing oversupply in older workers. In the past three decades, the proportion of middle-aged and elderly workers in China’s labor force has continued to rise. In 1990, the employed aged 50-64 in China accounted for 14.32% of the total employees, which rose to 16.82% in 2000, and reached out 19.43%

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in 2010 [3]. According to the 2014 China Labor Force Dynamics Survey, the employed over the age of 50 accounted for 24.37% of the total employees [4]. In other words, the proportion of older workers is increasingly growing.

The elderly is one of the most vulnerable groups in society, and their mental health issues are prevalent. According to the press conference of the National Health Commission of China in 2019, Chinese elderly reported many of them suffer from mental health problems. The survey showed that the proportion of urban elderly without mental health problems was 30.3%, and the proportion of rural elderly without mental health problems was only 26.8%. One of the most devastating consequences of mental illness is suicide [5], and the elderly have the highest rates of suicide among the different age groups [6]. Some studies believe that depression is the primary risk factor for suicide in the elderly, and the suicide rate in the elderly is positively correlated with depressive symptoms [7]. Therefore, the depressive symptoms of the elderly are social issues and should be addressed for successful age.

In order to explore whether the depressive symptoms of the elderly labor force was affected by work pressure, family environment, and community environment, in 2020, Sun and their colleagues analyzed the impact of different factors on the elderly labor force based on 5751 samples from the China Labor Force Dynamics Survey. In their study, the Chinese elderly are divided into three groups. Due to China’s household registration reform system in the 1950s, economic development, sanitary conditions and other aspects have shown a dual division of urban and rural areas, and the environmental differences between urban and rural labor are obvious. In the late 1970s, after China’s reform, a large number of workers came from rural areas to cities to seek jobs and earn a living. The group of “migrant workers” became the “third group” besides urban laborers and rural laborers. Therefore, based on the environmental differences between urban labor, rural labor, and migrant workers, Sun and his colleagues’ article indicated that for migrant workers, work pressure is the main factor affecting their depressive symptoms, while for rural labor, the impact of work pressure on their depressive symptoms depend on the level of household debt and community cohesion [4].

Therefore, we can find that the biggest difference between the elderly labor force and the elderly is whether they engage in workplace or not. Analyzing why the elderly participate in workplace, ongoing work influences mental health of the elderly, especially the depressive symptoms. The Factors are important topics in context of the relationship between employment and depressive symptoms among older adults.

Motivation for a Job

The main motivations for the employment of the elderly include less economic pressure and social networks. The physical health status and old-age security level influence whether the elderly work or not.

In China, the proportion of rural elderly workers and migrant workers with household debts are 31% and 29.7%, respectively [4]. The greater proportion of personal liabilities in assets, the greater possibility of re-employment of the retired. The increasing proportion of liabilities in assets encourages retired elderly to do “endless” labor [8]. Interestingly, housing conditions of children have a significant impact on the employment decisions of the elderly. When the children’s housing is rented or borrowed, the employment probability of the elderly significantly increased. This mechanism mainly affects the employment decision of the elderly by changing the child’s alimony to the elderly. Compared with the urban elderly, the rural elderly are more likely to work. For a long time, my country’s old-age care methods have been mainly based on family care. This situation is more common in rural areas. Most of the elderly living in rural areas do not have pensions and can only support their children or continue to work to maintain their old age. When their children do not have housing property rights, they may reduce the alimony for the elderly in order to save money to buy a house. In order to maintain their daily lives, the rural elderly can only choose to continue to work [9]. Therefore, economic pressures such as maintaining a livelihood and repaying debts have become key reasons why the elderly tend to continuously work. Compared to the elderly labor force, the elderly who are retired, unemployed, sick, and staying at home are more likely to believe that leaving the labor market has led to their low social participation, low self-esteem, and reduced mental health [10].

And some factors affect the employment behavior of the elderly. For example, physical health is the core of whether the elderly participate in employment. If the health of the elderly is not good, they are less likely to be employed [11]. Unhealthy health reduces the enthusiasm of the elderly for employment [12]. In addition, the level of old-age security is also one of the factors affecting the employment of the elderly. Enjoying the pension benefits has a negative incentive on the reemployment of the retired population, and an increase in the pension benefits will significantly reduce the possibility of reemployment of the retired population [8]. Although social security has a negative impact on the possibility of elderly labor participation, the negative impact is relatively small. One of the reasons may be that the social security coverage of the elderly in China is relatively low, and on the other hand, the level of medical security and old-age security may be relatively low [13].

Are the depressive symptoms in the elderly workforce related to work?

Some studies reported that employment has a negative impact on depressive symptoms in the elderly. There is a significant relationship between work pressure and complex health problems [14]. Older workers with high work pressure are more likely to have depressive symptoms than elderly with low or no work pressure. As long as one spouse’s work pressure is relatively high, it affects depressive symptoms of the other spouse [15]. More specifically, from the perspective of time pressure, time pressure is a serious problem for most employees in their 50s who are exposed to time pressure. 80% of elderly workers believe that time pressure is difficult to constrain, and most elderly workers under time pressure have a higher incidence of mental health disorders [16]. In terms of physical stress, studies have found that high physical load still exists among elderly workers, and continuous high physical load has a negative impact on physical and mental health [17]. In addition, a study conducted a survey of

elderly employees in 13 European countries and found that the elderly who experience effort-reward imbalance and low job control at work are at higher risk of depressive symptoms [18].

Previous studies indicated that employment is beneficial to mental health of the elderly. A study through a survey of 650 elderly people in Croatia found that unemployed workers reported loneliness more often than those who have jobs, and employment is a protective factor that promotes good mental health in Croatian elderly workers [19]. However, there are also other studies showing that differences in occupational types and employment motivation influence the impact of employment on mental health. For example, self-employment has a negative effect on general health and mental health, while paid work has a positive effect on health [20]. Elderly participation in employment for non-economic reasons such as finding meaning in life and social contact is more conducive to maintaining the health of the elderly, while those who work only for monetary compensation have reduced the health benefits of employment [21].

What factors can regulate depressive symptoms caused by work?

Although little is known about which factors can regulate the depressive symptoms caused by work, some key factors have been explored. For example, family factors. Sun and his colleagues found that positive family relationship was related to lower levels of depressive symptoms among the elderly labor force [4]. Home gardening has a protective effect on work-family conflicts to prevent such conflicts from adversely affecting the health of the elderly [22]. In addition, community cohesion has a positive effect on reducing symptoms of depressive symptoms [23,24]. For rural elderly workers, community cohesion can regulate the impact of work pressure on depressive symptoms [4].

What can we do?

It is critical to improve levels of old-age security as much as possible and to reduce the proportion of elderly people who participate in employment due to economic reasons. It is necessary to give more attention to mental health of the elderly labor force and to provide the cornerstone for the safety and health protection of the employment of the elderly by formulating relevant policies.

Finally, in addition to focusing more on the depressive symptoms of the elderly labor force, future research can continue to explore variables that can regulate the impact of work on depressive symptoms. This will be the focus of subsequent research.

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