



Perceived agency in retirement and retiree drinking behavior: Job satisfaction as a moderator ☆

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ABSTRACT

Based on recent findings that post-retirement adjustment may be influenced by the conditions leading up to the decision to retire, we examine the impact of individual agency in the retirement decision on problematic drinking behavior, as well as the extent to which such an effect may itself depend upon the valence of the pre-retirement work experience. Using a sample of 304 blue-collar retirees, our findings indicate that, when controlling for pre-retirement drinking behavior, perceptions of retirement as the result of a more forced or involuntary decision are associated with greater alcohol consumption, while perceptions of retirement as the result of a more volitional or voluntary process are associated with lower levels of alcohol consumption and a lower risk of problematic drinking behavior. Our results also indicate that pre-retirement job satisfaction amplifies the former relationship, while attenuating the latter one.

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1. Introduction

Recent research indicates that a significant proportion of retirees perceive their retirement as forced or involuntary (Isaksson & Johansson, 2000), and that the implications of agency in retirement on retiree emotional well-being (van Solinge & Henkens, 2007) and health (Gallo et al., 2006; van Solinge, 2007) are significant. However, despite the evidence that approximately 10% of males over the age of 65 are heavy drinkers (Breslow, Faden, & Smothers, 2003), and that Alcohol Use Disorders (AUDs—a term adopted by the American Psychiatric Association to encompass both alcohol dependence and alcohol abuse) are becoming increasingly prevalent among older adults (Conigliaro, Kraemer, and McNeil (2000) report an AUD prevalence rate of 10–15% among older adults presenting to hospital emergency rooms in the United States and posing an increasingly significant public health concern (American Medical Association Council on Academic Affairs, 1996), the impact of agency in retirement on the drinking behavior of older adults remains unstudied.

The absence of research examining the impact of agency in retirement on retiree drinking behavior is particularly salient in that the general impact of retirement on the drinking behavior of older people remains poorly understood. Specifically,

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while several studies suggest that retirement is associated with reduced alcohol consumption (e.g., Adams, 1996), other studies report the opposite (e.g., Perreira & Sloan, 2001), and still others suggest that there is no causal link between these variables (Ekerdt, de Labry, Glynn, & Davis, 1989). To the extent that, as noted above, retirement agency explains other health-related outcomes in retirement; it may serve as a critical factor resolving such inconsistencies in the literature on retirement and drinking as well.

Although there is significant evidence that older adults may use alcohol as a means by which to self-medicate stressful life events (Perreira & Sloan, 2001) or dysphoric situations (Ekerdt et al., 1989), there is also general consensus that while retirement may be viewed as dysphoric to some, it may be viewed as precisely the opposite (i.e., a condition offering relief from stress or depression) by others (Bacharach, Bamberger, Doveh, & Cohen, 2007; Shultz, Morton, & Weckerle, 1998). Thus the key to understand just when or for whom retirement is likely to be linked with increased alcohol consumption or problem drinking is likely to be contingent upon the identification of those factors explaining why retirement may be stressful or dysphoric to some but not to others. Consistent with the literature on agency in retirement noted above, we posit that the degree to which retirees view their decision to retire as voluntary (pulled) or involuntary (pushed) may serve as one such factor. However, building on general principles of comparison (Jasso, 1990) and framing (Goffman, 1974), we extend such notions of retirement agency by proposing that the extent to which a sense of being forced into retirement may be associated with a more dysphoric retirement experience (and hence an increased risk of problematic drinking) may itself depend on the individual's perception of pre-retirement conditions. Paraphrasing Sen (1987), p. 45, an "over-exhausted collie" may "take pleasures in small mercies", perhaps even when such "mercies" are forced upon him.

Consequently, in this paper, we seek to contribute to the retirement literature in two ways: (1) To apply Shultz et al. (1998) "push-pull" theory of retirement agency to explain divergent findings regarding the relationship between retirement and problematic drinking behaviors, and (2) to extend this theory by incorporating elements of comparison and framing theories, examining the extent to which the impact of retirement agency on retiree drinking behavior may be contingent upon the valence of the pre-retirement work experience.

1.1. The perceived voluntariness of retirement and alcohol-based self-medication

Previous research suggests that the impact of retirement on individuals' psychological well-being is largely driven by the degree to which individuals' actual labor force participation matches their desired participation (Herzog, House, & Morgan, 1991), or in other words, the degree to which individuals perceive their retirement as resulting from a voluntary or involuntary decision on their part. Although one might argue that with the decline of mandatory retirement regulations, all retirement decisions are by their very nature "voluntary", empirical findings suggest that this may not necessarily be the case (van Solinge & Henkens, 2007). For example, in the Netherlands, Theeuwes and Lindeboom (1995) found that approximately 25% of the retired workers were more or less forced to retire by their employer.

There is substantial empirical support for the idea that retirement agency influences retirement adjustment and retiree emotional well-being. For example, whereas involuntary workforce disengagement is associated with poorer physical and mental health (e.g., Gallo, Bradley, Siegel, & Kasl, 2001; Herzog et al., 1991), Dooley and Prause (1997) demonstrated that when self-initiated, retirement can offer relief from employment-related negative emotional states and consequently enhance the well-being. Moreover, voluntary retirees are more likely to report that their standard of living in retirement has at least maintained pre-retirement levels (Shultz et al., 1998), and that their psychological well-being has even improved after retiring (Floyd et al., 1992).

Building on this notion that the objective voluntariness of the retirement decision may serve as a key predictor of retirement outcomes, Shultz et al. (1998) demonstrated empirical support for a "push-pull" theory of retirement, indicating that how individuals perceive the voluntariness and involuntariness of their retirement decision, also has an impact upon their retirement adjustment and well-being. According to this theory, perceived agency in retirement can be conceptualized in terms of two factors, i.e., the degree to which individuals frame retirement as something involuntary, or "pushed" upon them, and the degree to which retirement is framed as something voluntary, or to which they were "pulled" (Williamson, Rinehart, & Black, 1992). Those perceiving themselves as having been more "pushed" into retirement may experience retirement as more dysphoric than those perceiving themselves as having been more "pulled" into retirement. Notably, Shultz et al. (1998) suggest that while for most individuals, the retirement decision is a function of both "push" and "pull" motivations, the relative strength of each is likely to influence one's retirement experiences and hence the well-being in retirement.

Recent research (Bacharach et al., 2007; Perreira & Sloan, 2001) suggests that to the extent that retirement is experienced as a dysphoric life event, it may have adverse consequences on older adults' drinking behavior. The stress-drinking paradigm (Frone, 1999) underlies this linkage, suggesting that, particularly for older adults maintaining positive alcohol expectations (Bacharach et al., 2007), drinking may serve as a means by which to self-medicate such negative emotional states. The use of alcohol as a mode of self-medication may be particularly salient among retired individuals (Richman, Zlatoper, Zackula Ehmke, & Rospenda, 2006). While for employed individuals, formal organizational policies and informal norms may regulate alcohol consumption and hence drinking as a means of coping with stress or dysphoria (Bacharach, Bamberger, & Sonnenstuhl, 2001), for retirees, the lack of such employment-related constraints may provide greater opportunities for alcohol-based self-medication. Consequently, we posit:

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