

OLDER WORKERS ECONOMIC ACTIVITY AND THE HEALTH STATUS - THE IMPLICATION OF AGE MANAGEMENT

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Abstract: With regard to demographic ageing, there is an increasing need to study and understand the factors affecting labour market participation beyond age 50. The present study focuses on the relation between late employment (economic activity) and health condition among the Czech population aged 60+ with respect to gender. The control group used consists of Czechs aged 50 – 59 with the relation between economic activity and health condition with respect to gender is also investigated. The findings also showed that the health status of economically active Czech seniors in both age groups is worse than that of economically inactive ones. This outcome is in contradiction of previous researches which have found that poor health is the most frequently cited reason for an early exit from labour market to early retirement. Also these findings emphasize the increasing need of implementation of age management on the organizational as well as on the national level.

Key words: demographic ageing, older workers, economic activity, labour market participation, age management, health status

DOI: 10.17512/pjms.2019.19.1.25

Article history:

Received March 04, 2019; *Revised* June 01, 2019; *Accepted* June 12, 2019

Introduction

With regard to demographic ageing, there is an increasing need to study and understand the factors affecting labour market participation beyond age 50. This has led to numerous studies investigating retirement behaviour (Fisher et al., 2016). Research results of these studies have defined factors related to retirement behaviour, and thus, helped to develop measures to promote late employment. Some authors define plans for late employment, retirement, and workforce as multidimensional processes formed by the micro-factors of personal living status (health status, age, family and finance), intercompany organisational contexts (corporate policies, standards, and procedures) as well as wider cultural contexts such as social policies, business status and culture (Kojola et al., 2016; Noonan, 2005; Ogums, 2012; Price, 1998, Price and Nesteruk, 2010; Szinovacz et al., 2014; Wang et al., 2008). On the one hand, these plans are influenced by the dynamics of labour and out-of-labour experience while, on the other hand, age and gender have

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a major role, too (Kim and DeVaney, 2005). Over the last ten years, there has been a substantial increase in the research of retirement mainly due to the changing demographic structure of population with a large proportion of the workforce retiring at or near the traditional age (Wheaton and Crimmins, 2013).

In addition, Fisher et al. (2016) mention important factors leading to balancing the relationships between the antecedents and consequences of the retirement process. These contextual factors include the characteristic of the country, a worker's nationality and characteristics such as gender and socioeconomic status (SES), the degree to which workers plan for retirement from the financial and psychological viewpoints, the degree to which they leave their jobs voluntarily as well as the form of their retirement (whether they plan for a bridge job or whether they are heading towards complete retirement). All these variables may influence the process between the employment, late employment, and retirement with possible impacts on the family, employers, and society as a whole.

Literature Review

The total employment in European Union in 2018 was 73.2% in the population between 20 – 64 years (see Figure 1).

Almost 80% of men and 67.4% of women were employed within EU. However, the situation differs in different countries. The lowest employment was in Greece where 70.1% of men and 49.1% of women were employed and in Italy the numbers were only little higher: 72.9% of men and 53.1% of women. The highest employment in 2018 was in Sweden (total 82.6%, 84.7% of men and even 80.4% of women), then in the Czech Republic (total 79.9%, 87.4% of men and 72.2 % of women). Average values in employment of EU countries reaches e.g. Poland with 72.2% of total employment (79.4% of men and 65% of women were employed).

Share of ten main economic activities in EU employment has been changing in times especially within the last 23 years (see Figure 2).

Whereas in 1996 the share of people employed in *agriculture, forestry and fishing* was 8.5%, in 2016 it dropped to 4.5% and is still decreasing (4.4% in 2017, 4.3% in 2018). Similar situation, even though less dramatic is in *industry (except construction)* where the drop in the last 23 years was 5.4% (in 1996 it was 20.7%, in 2018 only 15.3%). Opposite situation is in *professional, scientific and technical activities*, where the employment doubled almost twice within last 23 years, in 1996 the share of people employed in this economic activity was 7.7% it increased significantly up to 13% in 2018. The ascendant tendency is also in *wholesale and retail trade, transport, accommodation; information and communication; real estate activities; professional, scientific and technical activities; public administration, defence, education, human health; arts, entertainment and recreation; other service activities*. Stable situation regarding the share of employees is in the *financial and insurance activities*, around 2.5%.

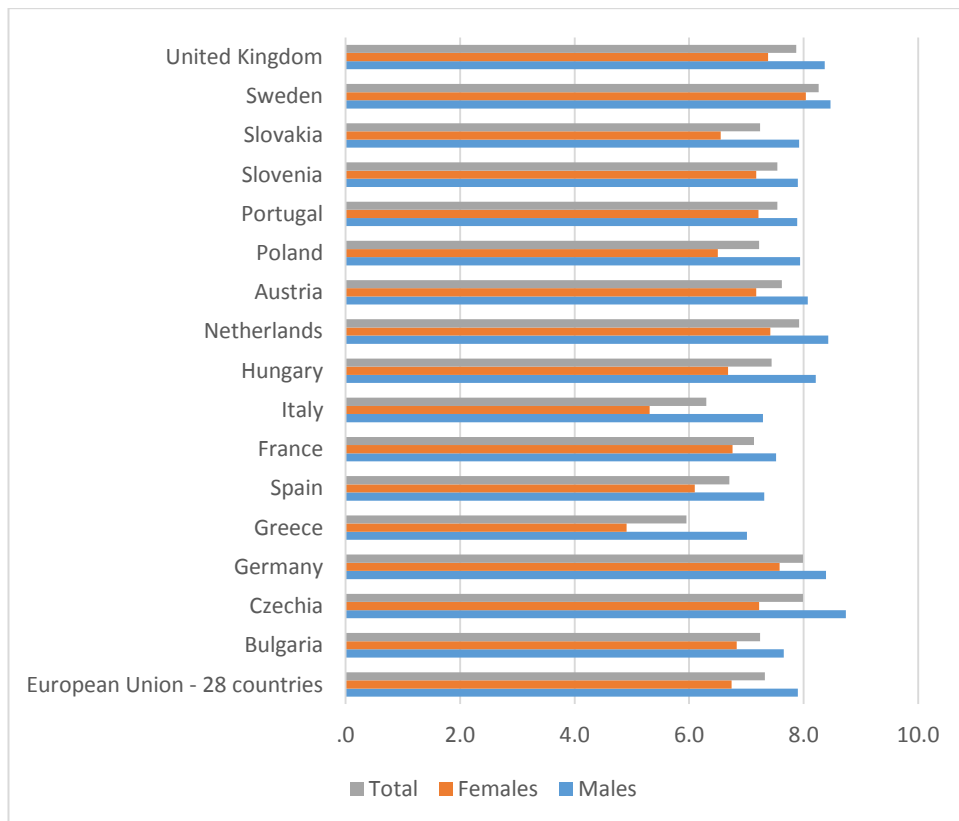


Figure 1. Employment by sex and age (20-64 years, %), 2018 (Eurostat, 2019)

Age Management on the Organizational and National Level

In the next few years, multiple generations will be working together in organizations and, due to the demographic shift of the workforce; the number of mature workers will steadily increase. The different moral values and attitudes of the generations bring about new challenges for organizations. If the population in the developed societies does not grow any longer, then more has to be done to activate the available workforce that could become part of the labor markets, especially unemployed and underemployed, females, but, more than any other group, seniors (Rašticová et al., 2012, Mikušová and Rašticová, 2015).

Age management may be characterized as management that takes into the account the age of employees. The principal idea of age management is to provide support for a comprehensive approach to dealing with the demographic situation bringing about changes in the workplace. Age management applied correctly leads to improved working conditions and quality of life of older employees increasing the chances of a firm to utilize the potential of employees of all age groups (Lösbroek et al., 2018).

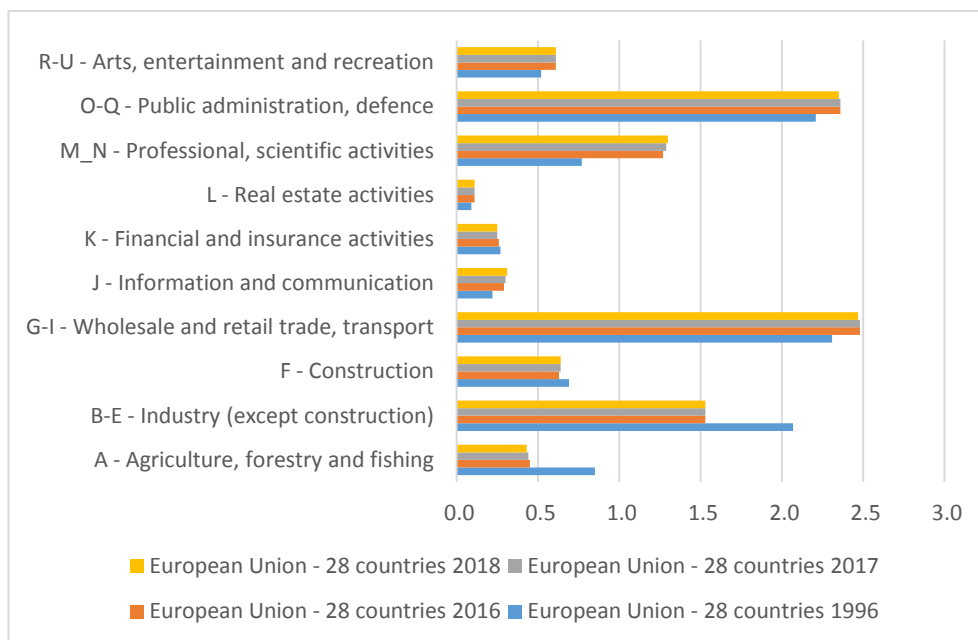


Figure 2. Share of 10 main economic activities in EU total employment, 1996, 2016, 2017, 2018 (%) (Eurostat, 2019)

Age management is not concerned with the older employees only, but focuses on all age groups (see also Rašticová et al., 2012). Other authors emphasize the broad concept of age management and its relation to many issues such as: population ageing, medicine, active ageing, diversity management or anti-discrimination (Gorzeń-Mitka et al., 2017).

Wolker (2005) reminds us of five main reasons why age management has moved up the organisational and labour market agendas in recent years: *the ageing of the European workforce, the age/employment paradox, public policy imperatives, initiatives by individual employers, and the European-wide drive against age discrimination*. Thus it is the age/employment paradox that is the main spur to the involvement of public policy in age management: while life expectancy in the EU has increased by around 10 years since the 1950s, the labour force participation of older male workers (60-64) has dropped from close to 80 per cent to approximately 30 per cent (ibidem).

By 2018, some European countries had put in place measures whereby the income level of pensions is rewarded by delaying retirement and penalised through early retirement (European Commission, 2018).

Extending Working Life in Relation to Health and Gender

The continuity theory, according to which individuals attempt to preserve stability over their lifetimes (von Bonsdorff et al., 2009), accounts for the role of health

status in the decisions about late employment, retirement timing and withdrawal from the labour market. Worse health status may be the reason for a withdrawal from the labour market. In other words, bad health status may prevent an individual from continuing to carry out a job. The most frequently stated reason for premature retirement is worse health status (McGarry, 2004; Park, 2010; Talaga and Beehr, 1989; van Rijn et al., 2014). Investigating the ways changes in health status may influence the expectations of retirement, McGarry (2004) discovered that health-status judgement has a major impact on premature retirement. The most important fact he pointed out was that changes in the expectations of retirement were caused by changes in health status to a much greater degree than by changes in income or wealth.

The relationship between health status and late employment is not necessarily unequivocal. Although worse health status is correlated with premature retirement, some individuals may decide to cut down on their working hours or retire prematurely in order to have more time for their leisure or other non-work activities provided that their health status is good (von Bonsdorff and Ilmarinen, 2013). This is the reason why good as well as bad health status may cause premature retirement.

The availability and nature of job opportunities on an international scale influence the population health, particularly the overall mortality (Gerdtham and Johannesson, 2005) and suicide (Dooley, Fielding and Levi, 1996) rates. Moreover, stability or reliability of employment as well as the job type and related working conditions are the national employment trends that help maintain the population health.

Remarkable differences between men and women can be observed as a consequence of wages and salaries affecting the retirement timing. For example the data of the EC Household Panel (Austria, Belgium, Denmark, Spain, Greece, France, Finland, Italy, Ireland, and Portugal), De Preter et al. (2013) investigated the impact of work and life factors on the retirement timing of men and women in Europe discovering that higher earnings motivate women to quit employment at lower ages. Evers, De Mooij, and van Vuuren (2008) relate this to the fact that, in most cases, women are the secondary wage earners in the family with earnings elasticity greater than that of men, which may account for their decision to quit employment. Other researchers show that women's earnings have a strong and positive influence on their participation in the labour market and, thus, on their decision to retire. This is the reason why increased participation of women in the labour market is expected to make the job offer less susceptible to their or their husbands' salaries (Blau and Kahn, 2007).

Based on the life-cycle perspective and in conformance with the theory of roles, Moen (1996) described how the ways the family characteristics affect the career models differ in men and women. Women are much more likely to take on the caring roles that they influence or are paid for jobs at different lifetime stages. For example, a Danish study by Danø et al. (2005) studied singles rather than couples

finding that healthy single women tend to value retirement more than single men do. Using the data of the English Longitudinal Study of Aging (ELSA), Rice et al., (2011) discovered that premature retirements were positively related to female gender while Finch (2014) found out that married women retire more often in the United Kingdom. The tendency of women to retire earlier than men is contingent upon earnings and wealth as well as on education in less educated women and those who experienced unemployment retired earlier (Chan and Stevens, 2004; Raymo et al., 2011).

Gender-differentiated employment modules are the surviving characteristics of the labour market across countries. They were regarded as the *"most important and permanent aspects of labour markets all over the world"* (Anker, 1997: 315) to a large extent related to the gender-based income inequality. While this relationship is far from being straightforward, the proportion of women in relatively poorly paid profession categories is large (Grimshaw and Rubery, 1997), their under-representation in the upper echelons of many occupations and over-representation in part-time/non-career jobs, and the widespread undervaluation of female dominated work underline the significance of sex-differentiated patterns of employment for understanding gender inequality in labour markets.

Data and Methods

The economic activity of people aged 60+ in the Czech Republic is rapidly increasing and, with regard to the labour market policies postponing the retirement, it will continue in the years to follow. Based on the literature evidence regarding late employment, gender, and health summarized above, it is obvious that health has a major influence on decisions as to whether to stay in or withdraw from the labour market. We have chosen the Czech Republic as a typical example of Central European country for providing the comprehensive analysis.

The present paper investigates the interdependence of extending working life (the economic activity of seniors aged 60+) and health status in the Czech population with respect to gender in 2010 and 2015. The control group consists of Czechs aged 50 – 59 with the relationship between economic activity and health status with respect to gender being also investigated. There are large differences between the newly granted regular retirement pensions in the years 2010 and 2015 with respect to the age of seniors (before and after 60 years of age) as well as with respect to the gender of seniors. The number of female seniors newly retired is highest at an age between 50 – 59 in 2010 and over 60 in 2015. The number of male seniors newly retired is highest at an age over 60 being much the same in 2010 and 2015 (ČSU, 2016). For this reason, the age for late employment was set to 60 years, most people are retired or in the process of retirement after this age. For the purposes of this paper, the years 2010 and 2015 have been selected. The year 2010 was selected on purpose being the first year to show signs of the positive impact of the economic revival after the 2007 recession (OECD, 2009, 2010). In these terms, the years 2010 and 2015 are comparable. At the same time, the five-

year difference makes it possible to analyze the development in the area of health status, economic activity in relation to the gender of seniors in the two age groups. At the time of the analyses, 2015 was the last year to provide usable data.

The main data source for the study is data from the European Union Statistics on Income and Living Conditions (EU-SILC), which deals with income and living conditions. It is a sample survey that provides data on the income distribution of different types of households, manner, quality and financial demands of housing, household facilities, long-term use, and working, material and health status of people living in households.

In this paper, the data are evaluated in two age categories, 50-59 and 60+ years always with gender distinction. Attention is mostly paid to the indicators of health status, health problem, and economic activity.

For all calculations, the conversion coefficient is taken into account. Thus, the values calculated reflect the entire population of the Czech Republic.

Methodology

Below, the operationalization of each variable is discussed. Dependent variables are health status and health problem.

Health status: The EU-SILC questionnaire contains several items focusing on the health of respondents. One of them is a self-evaluating question focused on health status (What is your overall health (1) Very good (2) Good (3) Fair (4) Bad (5) Very bad.)

Health problem: The next item in the EU-SILC questionnaire focuses on searching for a serious health problem and might be considered more objective (Do you have any health problem and does that health problem limit you? (1) Do not have any health problem (2) Do have, however it does not limit me (3) Do have and limits me to certain extent (4) Do have and limits a lot).

According to the analysis, the correlation between health problem and health status is high, significantly more people who consider their health status very good (95.3%) do not suffer from any health problem. On the other hand, those who regard their health status as very bad suffer from a health problem that limits them a great deal (80.6 percent). (The Pearson Chi-Square 3887,060a, df 12, p <0.001). For further analysis, we will work with health status.

Independent variables are following:

Economic activity: The respondents were divided into two groups by their economic activities; a respondent is regarded as working if he or she is (1) employed, (2) self-employed (3), on paid maternity leave, (5) unemployed and non-working if he or she is (4) on parental leave, (6) a student (7), retired from paid work (8), has been sick or disabled for a long time, (9) supporting a family/household, caring for a disabled/older person, (0) needs no employment or , any other reason.

Gender: The differences between men and women were also analysed for both age groups (50 – 59 and 60+).

Year: In the Czech Republic the collection of EU SILC data has been mandatory since 2005. For the purposes of this paper, the years 2010 and 2015 have been selected (see the explanation for choosing these two years above).

The questionnaire phrasing and the descriptive statistics can be found in Table 1.

Table 1. Descriptive statistics

Variable		N	Marginal Percentage	Min	Max	Phrasing
Age 50-59, year 2010, 2015 (N=9309)						
Health status	1 (1+2+3)	7675	82.50%	1	5	How is your health in general; would you say it was... (1) Very good (2) Good (3) Fair (4) Bad (5) Very bad
	2 (4+5)	1634	17.50%			
Economic activity	Working (1,2,3,5)	3812	40.90%	0	9	Please indicate your work activity in each month of the previous calendar year and at present. Working: (1) Employed (2) Self-employed (3) Paid maternity leave (5) Unemployed; Non-working: (4) Parental leave (6) Student (7) Retired from paid work (8) Long-term sick or disabled (9) Looking after the family/home, Caring for a disabled/older person (0) Doesn't need employment, Any other reason
	Non-working (4,6,7,8,9,0)	5497	59.10%			
Gender	Male	3797	40.80%	0	1	Are you male or female? (0) Male (1) Female
	Female	5512	59.20%			
Year	2010	2774	29.80%			
	2015	6535	70.20%			
Age 60+, year 2010, 2015 (N=11763)						
Health status	1 (1+2+3)	9196	78.20%	1	5	How is your health in general; would you say it was... (1) Very good (2) Good (3) Fair (4) Bad (5) Very bad
	2 (4+5)	2567	21.80%			
Economic activity	Working	2279	19.40%	0	9	Please indicate your work activity in each month of the previous calendar year and at present. Working: (1) Employed (2) Self-employed (3) Paid maternity leave (5) Unemployed; Non-working: (4) Parental leave (6) Student (7) Retired from paid work (8) Long-term sick or disabled (9) Looking after the family/home, Caring for a disabled/older person (0) Doesn't need employment, Any other reason
	Non-working	9484	80.60%			

Gender	Male	4757	40.40%	0	1	Are you male or female? (0) Male (1) Female
	Female	7006	59.60%			
Year	2010	5228	44.40%			
	2015	6535	55.60%			

The data set was analysed by IBM SPSS software by using Pearson's chi-square test. To find the relations between the selected variables, ordinal logistic regression is used. The dependent variable is health status. The independent variables include economic activity, gender, and year. In each analysis, the observed reference category is determined, against which the odds ratio of the health status in the other categories will be monitored.

Results

Health status and the economic activity (among the Czech population aged 50 – 59 with respect to gender in 2010 and 2015).

Table 2 shows the effects of predictors on the health status of seniors aged 50 – 59. The effects of economic activity and year are not due to mere chance. The significance test values of the regression coefficient (Wald) are lower than 0.05. Unlike the other factors, gender contributes somewhat less to the model. The p-value of the test of this coefficient is greater than 0.05, however, the difference being only in the third decimal position. For this reason, this variable should be left in the model.

For significant factors, the Wald statistic values are high. For the insignificant gender factor, the value is low.

An economically active senior aged 50 – 59 has poorer health (being in the lower health-status cohorts) than an inactive one. This is what the negative regression coefficient indicates. In other words, the economically active respondents' chances of feeling better are 0.1753 ($e^{-1.753}$) times higher. Or, economically inactive respondents' chances of feeling better are 5.78 times higher. With a probability of 0.95, the chances of better health status of an economically active respondent will be between 6,347 ($1/e^{-1.848}$) and 5.255 ($1/e^{-1.659}$) times higher than those of an economically active one.

Men in this age bracket feel a little better than women. The regression coefficient is positive. In other words, men's chances of feeling better are 1.083 ($e^{0.08}$) times higher. With a probability of 0.95, men's chances of better health status will be between 0.998 ($e^{-0.002}$) and 1.175 ($e^{0.161}$) times higher than women's. (Thus, they may be even a little lower than women's).

In 2010, seniors felt better than in 2015. The regression coefficient is positive. In other words, in 2010 the respondents' chances of better health status were 1.256 ($e^{0.228}$) times higher than those of the respondents in 2015. With a probability of 0.95, the chances of the year-2010 seniors are between 1.142 ($e^{0.133}$) and 1.383 ($e^{0.324}$) times higher than those of the year-2015 seniors.

Table 2. The effects of predictors on the health status of seniors aged 50 – 59

		Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval	
							Lower Bound	Upper Bound
Threshold	[Health_status = 1]	-1,033	0,034	928,748	1	0	-1,1	-0,967
	[Health_status = 2]	1,13	0,034	1092,401	1	0	1,063	1,197
Location	[EA_YES_NO=1]	-1,753	0,048	1316,502	1	0	-1,848	-1,659
	[EA_YES_NO=2]	0 ^a	.	.	0	.	.	.
	[Gender=1]	0,08	0,042	3,7	1	0,054	-0,002	0,161
	[Gender=2]	0 ^a	.	.	0	.	.	.
	[Year=2010]	0,228	0,049	21,847	1	0	0,133	0,324
	[Year=2015]	0 ^a	.	.	0	.	.	.

Health status and the economic activity (among the late employed Czech population aged 60+ with respect to gender in 2010 and 2015)

Table 3 shows the effects of the predictors on the health status of the 60+ seniors. Again, the effect of economic activity and year is not due to mere chance. The significance test of the regression coefficient (Wald) yields values less than 0.05. In contrast to other factors, the gender one contributes only little to the model. The p-value of the test of this parameter is much higher than 0.05 (p=0.692).

While for the significant year and economic activity factors, the Wald statistic values are high, the value for the insignificant gender factor is low.

Those economically active feel worse (find themselves in the lower health status cohorts) than those economically inactive. This is what the negative regression coefficient indicates. In other words, the 60+ economically active respondents' chances of feeling better are 0.213 (e-1.547) times higher. Or, the economically inactive respondents' chances of feeling better are 4.69 times higher. With a probability of 0.95, the economically inactive respondents' chances will be between 5.181 (1/e-1.644) and 4.263 (1/e-1.450) times higher.

Men feel a little worse than women. The regression coefficient is negative. In other words, women's chances of feeling better are 1.014 (1/e-0.14) times higher than men's. With a probability of 0.95, men's chances will be between 0.918 (e-0,086) and 1.059 (e0.057) times those of women. Thus, they may be even a little less than the women's chances.

Also, in 2010 respondents aged 60+ felt a little better than in 2015. The regression coefficient is positive. In other words, in 2010 the respondents' chances of feeling better were 1.247 (e0.221) times higher than the chances of the year 2015 respondents. With a probability of 0.95, the chances of other respondents in 2010 would be between 1.161 (e0.149) and 1.339 (e0.292) times higher than those of the year 2015 respondents.

Table 3. The effects of predictors on the health status of seniors aged 60 and above

		Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval	
							Lower Bound	Upper Bound
Threshold	[Health_status = 1]	-1,039	0,032	1047,968	1	0	-1,102	-0,976
	[Health_status = 2]	1,176	0,033	1302,933	1	0	1,112	1,24
Location	[EA_YES_NE=1]	-1,547	0,049	978,265	1	0	-1,644	-1,45
	[EA_YES_NE=2]	0 ^a	.	.	0	.	.	.
	[GENDER=1]	-0,014	0,036	0,157	1	0,692	-0,086	0,057
	[GENDER=2]	0 ^a	.	.	0	.	.	.
	[YEAR=2010]	0,221	0,037	36,585	1	0	0,149	0,292
	[YEAR=2015]	0 ^a	.	.	0	.	.	.

Discussion

The data analysed in this paper offers an analysis of the relation of economic activity of seniors on health status with respect to gender and age in a chosen Central European country.

The health status of economically active Czech seniors in both age groups is worse than that of economically inactive ones. This outcome is in contradiction of previous research which has found that poor health is the most frequently cited reason for an early exit from labour market to early retirement (McGarry, 2004; Park, 2010; Talaga and Beehr, 1989; van Rijn et al., 2014 etc.). The results of this paper show that Czech non working seniors are in a better health status than working seniors, regardless of their age and gender. This can be caused by inadequate working status, missing age management in Czech companies, very low number of part-time jobs in the Czech Republic, missing home-office option in most of the jobs, missing flexible working conditions, in general (Araújo and Maleček, 2015). Such rigid working conditions are typical for the majority of jobs and positions in the Czech Republic and they do not enable an adequate work – life balance style. Thus people feel and perceive their health status worse than those who are no longer obliged to spend their time working.

On the other hand, free healthcare on a very high level is provided in the Czech Republic for the entire population. Economically active as well as economically inactive people do not pay any fee (not even a co-pay fee) for either a physician appointment or for health treatment. Many pensioners, retired, and non-working people visit the doctor's office regularly and spend lots of time discussing their health problems with professionals. This helps them to deal with their health issues and at the same time it reduces their suffering from loneliness and increases the feeling that still, there is somebody who cares for them. This support by professionals may help considerably to improve the perception of health status

among Czech non-working seniors compared to working seniors. Unfortunately, the data do not allow a full explanation for this hypothesis and for this reason further research is needed to focus on the determinants of better health status among non-working seniors in the Czech Republic.

The findings also showed that seniors of both age groups had better health (more satisfied with their health status) in 2010 than in 2015. This might be caused by the retirement timing difference as well as by the different economic situation in these two years. Whereas in 2010, the hope of economic revival was slowly becoming a reality and seniors left the labour market earlier, in 2015, the threat of repeating global financial crises strengthened and seniors left the labour market later.

Further research should also focus on the relation of voluntary, involuntary late employment and health status of seniors. Also, special forms of employment such as self-employment, precarious work, helping family member etc. in the context of retirement benefits and their relation with health status would deserve more research focus.

The data regarding economic activities indicate the fast increasing tendency of digitalization on the enterprise level which might be one of the reasons in the changing share of people employed in different areas and sectors of economy. Nowadays, the emphasis on the social and personal component in the general mainstream of innovation activity is one of the strongest grounds for the successful functioning and development of enterprises (Shpak et al., 2017). Also, shaping strategy of corporate social responsibility on the organizational level is according to the study of Shpak et al. (2018) boosted by social-labour component.

On the managerial level, is the actual move of employees among economic sectors and economic activities highly influenced by the skills, knowledge and competencies of employees. With the increase of robotization and digitalization in Central European small and medium enterprises one of the major concerns that human resource departments are facing when searching for future employee is insufficient competencies (Kot and Pigoń, 2014).

In terms of age management the impact has to be paid on the new paradigm of lifelong learning. Lössbroek and his colleagues (2018) stress the need to overcome the conception that education is only for young people, whereas middle-aged and older persons do not have anything to learn anymore. Quite the contrary, the swiftly changing nature of today's economy and the ongoing technological innovations require a constant updating of skills across the age spectrum. On the employers level it could be recommended to promote access to training, which is unequal for older workers and appears to be affected by gendered ageism among managers (Lössbroek and Radl, 2017); encourage employees in the decision to use personnel policies; and stimulate diversity training for managers. On the policy makers level we recommend together with Lössbroek et al. (2018) to support anti-ageism projects, e.g. through information campaigns and government sponsored 'best practice' company prizes; fund social scientific research to carry out more randomized trials and undertake field experiments to evaluate promising practices;

stimulate employers to extend successful policies also to include those who are marginally or temporarily employed, many of whom are women.

There are several limits of the research. The first concerns the availability of the data which was limited by the EU-SILC data set. The Czech version of EU-SILC questionnaire offers only a limited number of health related items compared to other European EU-SILC questionnaires. Also missing data in the data sets had to be calculated during standard statistical procedures. Still, we consider the EU-SILC data as a very appropriate choice especially because of the conversion coefficients which enables to calculate the values and the results to the entire Czech population.

Summary

The present paper is concerned with the relationship between economic activity and the health status of Czech seniors in the late employment phase respecting their gender. The economic activity of Czech seniors has been continuously increasing due to the factors described. The question this paper attempts to answer is the following. How does the extended participation of Czech seniors in the labour market relate to their health status? The data analyzed in this paper offer a unique analysis of the relation of economic activity of seniors on health status which was not previously provided to such an extent in the context of the Czech Republic.

The findings showed that seniors of both age groups had better health (more satisfied with their health status) in 2010 than in 2015. The findings also showed that the health status of economically active Czech seniors in both age groups is worse than that of economically inactive ones. This outcome is in contradiction of previous research which has found that poor health is the most frequently cited reason for an early exit from labour market to early retirement.

The situation on the European labour market including the ageing population is sustainable only through the prompt and effective implementation of age management policies on both on organisational as well as national levels.

Acknowledgements

The paper publication is funded under the program of the Ministry of Science and Higher Education titled „Regional Initiative of Excellence” in 2019-2022 project number 018/RID/2018/2019, the amount of funding PLN 10 788 423.16

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DZIAŁALNOŚĆ GOSPODARCZA STARSZYCH PRACOWNIKÓW A STAN ZDROWIA - IMPLIKACJA ZARZĄDZANIA WIEKIEM

Streszczenie: Rozważając starzenie się społeczeństwa, istnieje coraz większa potrzeba zbadania i zrozumienia czynników wpływających na uczestnictwo w rynku pracy po 50. roku życia. Niniejsze badanie koncentruje się na związku między późnym zatrudnieniem (działalność gospodarcza) a stanem zdrowia wśród ludności czeskiej w wieku 60+ z uwzględnieniem płci. Grupa kontrolna składa się z Czechów w wieku 50–59 lat, przy czym bada się również związek między aktywnością zawodową a stanem zdrowia w odniesieniu do płci. Wyniki pokazały, że stan zdrowia aktywnych ekonomicznie czeskich seniorów w obu grupach wiekowych jest gorszy niż stan biernych zawodowo. Wynik ten stoi w sprzeczności z wcześniejszymi badaniami, które wykazały, że zły stan zdrowia jest najczęstszym powodem wczesnego wyjścia z rynku pracy na wcześniejszą emeryturę. Wyniki te podkreślają również rosnącą potrzebę wdrożenia zarządzania wiekiem zarówno na poziomie organizacyjnym, jak i krajowym.

Słowa kluczowe: starzenie się społeczeństwa, starsi pracownicy, aktywność gospodarcza, uczestnictwo w rynku pracy, zarządzanie wiekiem, stan zdrowia

老年工人经济活动与健康状况 - 年龄管理的意义

摘要: 关注人口老龄化，未来的研究涉及捷克共和国。

+关于性别。使用的对照组包括年龄在50-

59岁之间的健康的捷克人。捷克斯洛伐克，捷克共和国，波兰。这个结果是提前退休。如果是这样，你能做什么？

关键词: 人口老龄化，老年工人，经济活动，劳动力市场参与，年龄管理，健康状况