



COUNTRY FRAMING REPORT

Sweden

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The context

The Swedish debate on raised retirement age began at the start of the 1990s. The reason behind the proposed raise was said to be increasing life expectancy and a pension system which relied on economic growth. By raising the retirement age the aim was to lower the costs of the public pension system and reduce the financial burden for the workers (Swedish Government bill 1992/93:155). In 1994, this resulted in the implementation of a flexible retirement age between 61–67 years.

The average retirement age is gradually increasing. In 2015, the average retirement age for women was 64.6 and 64.4 for men (Kris & Karlsson 2015). The number of women in employment is 83 percent and the corresponding number among men is 89 percent (SCB 2014). In 2013, 30 percent of all women held part-time employments (SCB 2014), mainly due to the fact that they are not given the opportunity to work full-time. On average, women earn 86 percent of men's wages. The same differences can also be seen when it comes to pensions, where women over the age of 65 had 66 percent of the men's pension in 2012 (Adolphsson 2015).

Over the past 10 years, the labour force participation rate among older people in Sweden has gradually increased. This increase can be seen in different age intervals (55–59 years, 60–64 years, 65–69 years and 70–74 years) as well as among both women and men. In other words, there has been a general increase in the number of older workers in society. After the age of 65, there are more men in employment than women (Klevenmark 2010). The labour force participation from 2006 to 2015 among men in the age 65–69 increased from 17% to 27%, and among the corresponding group of women, from 10% to 18% (the Swedish Pensions Agency 2016). It should, however, be noted that the working hours decrease the older the worker. In the example with 65–69-year-olds, the average working hours are 29.8 hours/week for men and 24.8 hours/week for women.

Despite this development, a commission of inquiry states that the retirement reform which took effect in 2001 has not been enough to create sufficient driving forces for individuals to retire later in life (SOU 2013). It is stated that more efforts are needed in order to both motivate and facilitate for older people to work, as an increasing number of older people have the ability and will to do so. Older workers are, however, not a homogenous group and many groups have difficulties reaching today's normal retirement age, not to mention extending their working life (Andersson 2015). This is particularly evident for certain groups of women and individuals

within professions with a tough physical as well psychosocial working environment (Anxo et.al. 2014).

Large research programme with a weak gender perspective

A number of research project and programmes on the extended working life have been financed. Quantitative research on demography and large surveys has received extensive support through large research programmes. This applies to, for example, the research programme *Arbete och välfärd i en åldrande befolkning (Work and welfare in an ageing population)* in 2007-2012 and *Vägar till ett aktivt och hälsosamt åldrande (Roads to active and healthy ageing)* in 2013-2018. Programme support has also been received by register and database studies such as *Hälsosamt och produktivt arbete sent i livet: Longitudinella studier av bestämningsfaktorerna för ett hållbart arbetsliv för en åldrande befolkning. (Healthy and productive work late in life: Longitudinal studies of the determinants for a sustainable working life for an ageing population.)* The programme *Möjliggöra deltagande, hälsa och välbefinnande hos äldre anställda - för ett hållbart och inkluderande arbetsliv (Facilitating participation, health and well-being among older employees – for a sustainable and inclusive working life)* is partly based on population studies and epidemiological studies but also includes qualitative and intervention-focused elements. The problem descriptions look at health, but also other factors, which can be related to the policy matter on extended working life. Gender is not a prominent perspective.

Alongside large-scale programmes there are also a number of both completed and current projects on the extended working life. These projects are also usually based on data bases and register studies. There are few projects which focus strictly, or predominantly, on qualitative studies. A current project which is based on intervention studies in an organisation makes up an example of the few qualitative studies. Gender is not prominent in the project descriptions either. One exception is a current project on how age differences between couples affect the time for retirement (Gustafsson in press). The results show that 10 percent of the couples where both have been working synchronise the retirement to the same calendar year and 25 percent to the same or the following year. Women who synchronised usually retired earlier while men who synchronised retired later than other men. This could, in other words, be a factor which creates gender differences in terms of the time for retirement.

Few studies have, to our knowledge, focused on organisational relations such as the workplace organisation, leadership, human resources and how they affect retirement (see also Stattin & Larsson 2015 for similar statements). There is, thus, a lack of more in-depth knowledge about the organisational level in Swedish companies. There is, however, a current project, *Nycklar till ett längre arbetsliv: individuella och organisatoriska perspektiv* (*Keys to a longer working life: individual and organisational perspectives*) with a clear focus on this aspect. The aim of the project is to increase the knowledge on how HR strategies, activities and interventions in workplaces affect the employees' attitudes, motivation and ability to postpone their retirement. The project, which is an intervention study, looks at an organisation within the care sector. Over a three year period, the researchers follow and evaluate how organisational interventions affect the retirement age and wish to retire among the employees. The organisation is also compared with other organisations which are not conducting this type of intervention programme for older workers. It is highly likely that there will be publications based on this project within a relatively near future.

Health and retirement age

One question which has been debated by researchers is whether the transition to retirement has a positive or negative effect of people's health. Based on the heterogeneous roads to retirement which have emerged in the last decade, the question could be changed into whether there are better or worse transitions into life as a pensioner in terms of future well-being and health (cf. Nordenmark & Stattin 2009). The research points to contradicting results. Previous studies (see e.g. Nordenmark & Stattin 2009) concluded that those who were forced to retire, e.g. due to health reasons or labour market factors, showed less psychosocial well-being than pensioners who retired for other reasons. In addition, this effect was stronger among men than women. The results also showed that those who were able to affect the time for their retirement experienced a greater sense of well-being. Later studies have, however, pointed out that health and well-being as a pensioner is a lot more complex. Halleröd et al. (2013) show that the individuals who are dependent on income from the welfare system, e.g. health insurance, part-time pension or unemployment insurance, prior to their retirement experienced a considerably lower sense of well-being also as pensioners. More in-depth statistical analyses show, however, that health and well-being as a pensioner is rather about the accumulation of positive and negative factors during the life course than the actual transition. The authors therefore base their arguments on the theory of accumulation of advantage and disadvantage

during the life course. Both the roads to retirement and well-being as a pensioner can be seen as expressions of this accumulation. In other words, it is not the actual transition to life as a pensioner which should be in focus in order to understand inequality in terms of health and well-being as a pensioner, rather what is needed is a broader perspective over the life course.

Hult et al. (2010) arrive at similar results in their study on whether early retirement has a negative effect on health and leads to increased mortality. The study analyses a cohort of construction workers in Sweden where those who received disability pension were compared with those who continued working. The results show that the increase in mortality was not caused by the early retirement but by poorer health prior to the retirement. Thus, the time for retirement in itself did not correlate with increased mortality.

Studies have also looked at whether reforms which have been implemented in the welfare sector have affected when people retire. One example is the register-based study by Nilsson et al. (2016). The study looked at the Swedish population in employment as a whole between the age 55–64 and whether it increased between 2004 and 2011 when welfare reforms also had taken place. The result shows that there was indeed an increase in the proportion of working individuals in the age group, but it also shows an increased number of early retirements. Financial reforms in Sweden have resulted in less individuals receiving health insurance and early retirement benefit. These changes mean that the costs to exit the labour market have been transferred from one system to another rather than having contributed to a greater number of people in employment within that age group.

The consequences of family care for older people's gainful employment

In the last few years, researchers have looked more closely at how care for elderly family members affects older people's employment. It is common for individuals who are middle-aged or older to care for a family member who due to high age, disability or illness need assistance to function in their everyday life, so called family care. In most cases the person receiving the care is an elderly parent, but it can also be disabled child or a partner (Szebehely et al. 2014). The majority of the family care which is given to e.g. elderly parents is unpaid.

The Swedish research on the consequences of family care for individuals' health, their connection with the labour market and retirement behaviour has thus far been remarkably limited (Sand 2014; Szebehely 2014). A few studies have, however, shed light on the connection between family care and gainful employment in Sweden (for overviews, see Sand 2014 & Szebehely 2014). In a study which was based on investigations by Statistics Sweden (SCB) from 2002–2003 on living conditions, 4.5 percent of the women and 1.5 percent of the men in the age group 55–74 stated that they worked part-time or had left work to care for an elderly, disabled or long-term ill family member. A survey which was carried out by the National Board of Health and Welfare in Sweden (Socialstyrelsen) in 2012 shows similar data: 9 percent of the women and 6 percent of the men who provided care at least once a month stated that they had cut their working hours (Szebehely 2014). 3 percent of the caregivers replied that they had been forced to quit their jobs as a consequence of regularly providing care for a close family member.

Studies also show that family care in Sweden today has great consequences for the caregivers' well-being, gainful employment and economy (Szebehely et al. 2014). Data collected from a survey which went out to 6,000 randomly selected people in the age group 45–66 shows that it is equally common among men as women to provide care for a close family member at least once a month. This applies to 42 percent of both women and men. However, closer comparisons reveal gender differences in terms of how often men and women act as caregivers. It is more common among women aged 45–66 to provide care for a close family member every day; 6 percent of the female population and 4 percent of the male population provide care on a daily basis. On average, female caregivers provide assistance 5.4 hours per week, whereas male caregivers provide assistance 3.8 hours per week (Szebehely et al. 2014).

The study also shows that women are affected negatively by their role as caregivers to a greater extent, e.g. when it comes to their own well-being and participation in working life. More than half of the female caregivers stated that the role as caregiver was mentally straining, in relation to a mere third of the men, and close to twice as many women as men stated that it was physically straining (27 and 15 percent respectively). Slightly more than 5 percent of the female caregivers and about 2 percent of the male caregivers had been on sick-leave for more than 2 weeks as a consequence of caregiving. Out of the female caregivers, 9.7 percent state that they had cut their working hours during the last 5 years as a consequence of caring for a close family member. The equivalent number for men is 6.8 percent. 3.5 percent of the female caregivers had retired earlier than planned due to caring for a close family member, while the equivalent number among the male caregivers was 1.3 percent.

Altogether, 13 percent of the female and 8 percent of the male caregivers had cut their working hours, resigned or retired early. In relation to the population in the age group 45–66 it involves 6.9 percent of all women and 3.9 percent of all men (Szebehely et al. 2014). The connection between the extent of family care and its consequences is described as very strong; the more care an individual provides for a family member, the greater the likelihood that the well-being, gainful employment and economy is affected negatively. Women also risk ending up in a situation in the later part of their working life where family care has significant consequences for their gainful employment to a great extent than men. This is related to the cuts in the publically funded geriatric care, which means older people have less access to assistance. As an example, there has been a 25 percent cut in the number of places in nursing homes during the 21st century, which has contributed to an increased need for family care (see also Ulmanen 2015).

Paid care work, part-time work and retirement

The research on direct connections between working environment and time for retirement in Sweden is still limited (Anxo et al. 2014). A report from the Swedish Municipal Workers' Union (Kommunal), based on phone interviews (Wall 2015), illustrates that the economic situation as a pensioner differs between women and men. On average, women receive 11,000 SEK per month before tax in total pension whereas the corresponding number for men in the study is 15,300 SEK per month. The economic differences between women and men are described as a consequence of the fact that women generally have lower wages and that they to a much greater extent than men have been working part-time. It is also a consequence of the fact that women still take on a significantly greater responsibility when it comes to household and children than men do, e.g. through parental leave.

Further, the report notes that the opportunity to work until the age of 65 and beyond is not equally divided. People with professions which require a lot of social contacts with caregivers or clients, so called contact professions, run a greater risk to leave working life early due to heavy workload, strain and lack of control over their work situation (Wall 2015; see also Anxo et al. 2014). A great number of the women within the Swedish Municipal Workers' Union work in contact professions, e.g. as assistant nurses. Difficulties to cope with work was also presented as a reason for early retirement by some of the pensioners who were interviewed in the study by the Swedish Municipal Workers' Union (Wall 2015).

When it comes to time-limited and uncertain forms of employment within the female dominated areas of the Swedish Municipal Workers' Union, there are some examples that show that

different forms of contracts of employment can have an effect on how long a person stays in working life. “Contracts which include great uncertainty, reduced influence and stability seem to have a negative effect on the length of a person’s working life” (Anxo et al. 2014). 17). A contributing cause could be that people with uncertain and time-limited employment are called in during the peak of production, i.e. when the workload is at its heaviest, and it is not uncommon that they work for more than one employer in order to obtain a sufficient income. Within the municipal sector, part-time and temporary employment have become close to a norm within female dominated care and welfare professions (Wall 2014). 57 percent of the women and 53 percent of the men work part-time in the female dominated professions within the Swedish Municipal Workers’ Union. This can be compared to male dominated professions within the Swedish Municipal Workers’ Union, where 84 percent of the men and 67 percent of the women work full-time. Close to 207,000 women and 71,000 men state that they would rather work full-time, but that there is a lack of suitable full-time employments. Women are thus forced into part-time unemployment to a greater extent than men, which can also lead to a weaker connection with the labour market and greater difficulties to remain in working life in the long term (Wall 2014).

Retirement patterns and attitudes towards retirement age

Older people’s retirement behaviour has been looked at in a number of studies. A discussion on factors which lead to early retirement among older people (SOU 2012:28) presents poor health, reduced work ability, having straining or monotonous work tasks, the retirement of a close family member and the wish to have more leisure time and time with family and friends. That societal norms also are central factors which affect retirement behaviour transpires in that the overwhelming majority continue to retire at the age of 65 despite that this retirement age was revoked more than 10 years ago.

Similar results have been presented in several other studies. As an example, the Swedish National Audit Office (2001) states that married or cohabiting people tend to retire earlier than single people, that high demands on employees in terms of working efficiently and hard, as well as poor health contribute to early exits and that economic incentives such as the existence of collective agreement pensions create an increased tendency to leave working life early and that the same thing can be seen among individuals with an average income level above the ceiling in the public old-age pension system.

Studies on who remain in gainful employment after the age of 65 follow the same line. Klevenmark (2010) notes that the increase in employment among older people which has been noticeable since the start of the 21st century can be explained, for example, by that the birth

cohorts which are now reaching retirement have better health and a higher educational level, as well as the fact that political decisions have made it profitable from an economic perspective to postpone retirement. He concludes the picture by adding that entrepreneurs, highly-qualified people, single people, people with poor economy and more men than women tend to work after the age of 65. In addition to this, some adds (Arnek 2012) that family, leisure time and the opportunities which come with the collective agreement pension are factors which contribute to early retirement while the profitability of continued employment, opportunities to part-time and flexible working hours may contribute to postponed retirement, as well as the fact that a lot of people continue to work longer because they find it enjoyable and stimulating. Others emphasise that work satisfaction and the perceived health/poor health is more important for a lot of people than income and that poor health in itself does not necessarily pose an obstacle for someone who views their work as satisfying and who has enough time and opportunities to recover (Nilsson 2013).

The recurring studies on the theme show that there has been a certain change in terms of which factors that contribute to the will to retire. More time with family and friends and more leisure time is less important today. The same applies to negative working conditions and little appreciation for the competence held by older workers. However, the feeling of being forced to retire seems to be an increasingly important factor (SOU 2012:28).

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