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# Blue collar timescapes: work, health, and pension eligibility age for mature age Australian bus drivers

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## ABSTRACT

Assumptions about time, value, labour, and health coalesce in the policy decision to extend the pension eligibility age in Australia from 65 to 67 years. Acknowledging the multiple, often incompatible ways in which time is conceptualised and experienced, we question the expectation of extending Australians' working lives. Drawing on semi-structured interviews with 19 male and female bus drivers over the age of 55 in Australia, we illustrate that older blue collar workers may accumulate chronic health conditions that not only limit their ability to maintain the strict time-discipline required to remain in the workforce, but also introduce demands on their time beyond paid employment (including those required for the *management* of chronic health conditions). Poor health, and the multiple ways in which it constrains labour participation and time, fosters diverse, unequal, and uneven experiences of the final years of work for these blue collar workers, which may not allow them to meet the policy expectation to work until the age of 67. We argue that by failing to acknowledge the long-term health effects of blue collar work and its work-limiting bodily effects, raising the pension age devalues industrial work histories and manual labour. Finally, acknowledging the social milestone of retirement, we question the moral dimensions of extending the pension eligibility age.

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## KEYWORDS

Blue collar workers; older workers; health; retirement; Australia

## Background

In many countries worldwide, the age when men and women qualify for the state pension has increased. Nations often consider life expectancy, gender values, and national wealth when deciding the pensionable retirement age (OECD, 2011) which has major implications for citizens' everyday lives, economic well-being, and health. Australia, a relatively wealthy country, has led OECD countries, including the UK and the US, in extending the pension age from 65 to 67 (OECD, 2011). The rationale was re-iterated recently by the Australian Treasurer in a speech to the Committee for Economic Development of Australia, in which he emphasised the economic costs of an ageing population. To offset this, the Treasurer proposed that older Australians should 'stay engaged in work for longer', and be given 'the opportunity and the choice to pursue life-long learning and skills retraining if they so choose' (Frydenberg, 2019). Emphasising rational economic decision-making, and stressing the financial benefits of extended working lives, he invoked neoliberal tropes of individual choice and economic productivity for those approaching retirement age.

Australian life expectancy has increased by around 33 years since the late 19<sup>th</sup> century (Australian Institute of Health Welfare, 2019). Australians are now living to an average of more than 80 years, and with increasing expenditure on health, aged care, and the Age Pension, Australian governments expect to face

additional pressures on their budgets equivalent to around 6% of national GDP by 2060 (Productivity Commission, 2013). The 2014–2015 Budget proposed increasing the pension eligibility age from 65 to 70 (Yaxley, 2018). It was later revised to age 67, and is being enacted with six monthly increases every 2 years from 65 in 2017 to 67 in 2023 (Brooke, 2020). Concerns about an ageing population draining the economy remain, with the current Australian Treasurer arguing that older Australians need to be upskilled so that they can stay in the workforce longer (Wright, 2019).

This policy change, and the Treasurer's statements, contain assumptions about ageing and how older Australians spend their time. Since the adoption of neoliberal ideology in Australia, the population's value has become more explicitly linked to its productive output, supported by a demonizing discourse about non-productive members of society and aggressive measures to prevent individuals from 'cheating the system', by not contributing economically. Similarly, much Australian government discourse on retirement eligibility reflects 'apocalyptic demography', whereby aged, incapacitated and retired bodies spell economic disaster (Robertson, 1997).

A counter-narrative is one of 'successful ageing' (Katz & Calasanti, 2015), in which older people maintain a healthy productive life. However, this ignores the social trajectories of people's lives, including that age amplifies and 'intersects with other inequalities' in later life (Stephens, 2017). Further, it positions those who are older and unhealthy as having been irresponsible about their health, which in turn contributes to their social marginalisation (Stephens, 2017). This focus on personal health responsibility reflects a larger neoliberal rationality, which emphasises self-reliance, self-discipline, and personal enterprise (Heelas & Morris, 1992). As such, 'successful ageing' discourse buttresses neoliberal approaches to ageing bodies (Dillaway & Byrnes, 2009), reinforcing the idea that a worthwhile adult is economically productive.

In emphasising economic productivity, dominant discourse also devalues ageing's social significance. It excludes the ways in which workers use unpaid time to maintain their health, and contribute socially as carers and volunteers. It also fails to recognise the social milestones inherent in ageing, with retirement and 'slowing down' in later life being of social importance (Shaw, 2001). In Australia, retirees are considered to have earned their retirement, both symbolically, and financially, through superannuation contributions (compulsory employer contributions to employee retirement funds, as opposed to the state pension), sometimes called deferred wages (ACTU, 2012). The symbolic value of retirement is absent from dominant discourse about pension eligibility, which instead emphasises the government's economic aspirations.

Dominant discourse about mature age workers is also ambiguous. The term 'older worker' is used to describe anyone aged 40 to 65 and over (Marchant, 2013). And while the government emphasises older workers' contribution to the economy, employers focus on their limitations (Billett et al., 2011). Neither takes into account older workers' physical health, social and economic circumstances, or accumulated employment history, on their ability to work. Current retirement policy ignores the work experiences and potentially divergent retirement trajectories of workers in different occupations and industries (Marchant, 2013), discussed below.

### ***Time and health for older blue collar workers***

The relationship between time, work, and health operates in multiple directions. Time is considered a resource for well-being (Goodin et al., 2005) and health (Venn & Strazdins, 2017), while 'busyness' restricts time available for health-promoting practices (Banwell et al., 2005). Health is a key determinant of workforce participation for mature age Australians (Brown et al., 2015). Poor health forces older Australians out of employment (Noone et al., 2018). Stressful work and unsafe working conditions can also contribute to workers' poorer physical and mental health. When these workplace factors are ongoing over time, their negative cumulative effect on health can lead to workforce exit (Noone et al., 2018). Unemployment, in turn, is linked to poorer physical and mental health (Brown et al., 2015). As such, work, health, and time interact to create specific health and employment outcomes.

The complex relationship between work, health, and time manifests itself differently in different occupation types. It is amplified in blue collar occupations, here defined as jobs which are traditionally male dominated, do not require a bachelor's degree or higher, and are heavily reliant on manual labour. Pink collar occupations are those which are highly feminised, do not require a bachelor's degree or higher, typically low paid, and concentrated in service and caring professions. White collar jobs are clustered in the professional and administrative sectors. Blue collar workers frequently labour in physically demanding and dangerous working conditions, which negatively impact their physical and mental health. After controlling for age, blue collar workers are 16% less likely to rate their health as excellent or very good than are white collar workers (Australian Bureau of Statistics, 2011). Repeated, daily manual labouring prevents them from recovering from ongoing, repetitive exertion, which in turn, contributes to the degeneration of the body and health over time (Zwerling et al., 1996). Furthermore, due to existing health issues, older workers may require additional time to both keep healthy, and to manage the injuries and the chronic illnesses accumulated over their working lifespan (Bohle et al., 2010). For example, managing a serious chronic disease can require up to 2 hours per day (Jowsey et al., 2012) to coordinate space and time to meet medical schedules, and to visit health professionals (McQuoid et al., 2015). Further complicating the relationship between occupation type, time, and health is financial need. Blue collar workers tend to work in low-income or intermittent jobs which confer not only low wages over time, but also low retirement savings and wealth (Ogg & Rašticová, 2020). Given the policy decision to defer access to the Age Pension in Australia to 67, we seek to critically examine the Australian government's increase in the pension eligibility age by examining the working lives of older blue-collar bus drivers. In particular, we ask: What role do financial and health vulnerabilities play in older blue collar workers' job participation?

## Methods

Our findings are based on a qualitative study examining the lived experiences of older blue collar workers, in this case, school bus drivers, aged 55–71, who worked at a single bus depot at a private metropolitan transportation company in Australia. In total, 13 men and six women bus drivers and their manager (who also took on bus driving duties), were interviewed. The majority (89%) were above the age of 60. All participants worked either full or part time and were experiencing at least one chronic health condition including back pain, arthritis, joint deterioration, leg and hand injuries from previous work, thyroid conditions, diabetes, cardiovascular disease, kidney disease, and epilepsy. Most participants (63%) had not completed secondary school, and had low annual household incomes, with 26% earning less than 20 USD 000 per year, and another 26% earning between 20 USD 000 and 40 USD 000 per year. Twenty-one percent of those interviewed earned between 40 USD 000 and 60 USD 000 per year.

In this qualitative interpretive study (Knoblauch, 2013) participants' experiences are located within the context of their work and social histories. Semi-structured interviews were conducted in person over a one week period in December 2017 at the bus depot. The interview guide, developed jointly by the authors, covered participants' work and health histories, financial circumstances, plans for retirement, and how they managed ongoing health conditions while working. Finally, participants completed brief demographic and health questionnaires. Interviews lasted between one and two hours.

Interviews were audio-recorded, professionally transcribed and uploaded to Atlas.ti software. Two authors jointly analysed the data thematically (Clarke & Braun, 2013) by successively readings the transcripts, and developing inductive and deductive codes to reflect preliminary propositions and new perspectives. Through a process of ongoing addition and refinement of codes, we developed the key recurring and dominant themes that inform our findings. Pseudonyms are used throughout.

## Findings

### ***Work histories = financial histories***

We found that time, finances, and health intersected in the lives of participants to create specific financial and health histories which both fuelled their need, and constrained their ability to work as they neared retirement age. Financial need is the most commonly reported reason for remaining in the workforce at the time of retirement (Australian Bureau of Statistics, 2017). Financial vulnerability acts as a 'pull' factor, keeping low income Australians in the workforce. Similarly, most study participants had low household incomes, and had come to bus driving later in life, after long time periods in other blue and pink collar occupations in the industrial, trades, farm, retail, and aged care and disability sectors. Several men had had periods of extended unemployment, or frequent job changes. Most women in the study had taken time off to raise children, with some remaining out of the paid workforce for up to 12 years.

For participants in this study, interrupted work histories, and relatively low incomes over time, had negatively impacted superannuation contributions and financial security, strengthening their need for ongoing work as they approached, or worked past, retirement age. Almost 60% of participants said they needed to work to pay off a mortgage, to increase retirement savings, or to supplement a pension. Work was particularly salient for the female participants' financial survival. The median total superannuation for Australian women aged 60–64 is 36,000 USD compared to 110,000 USD for men (Industry Superfunds, n.d), and attests to the significant number of Australians who have very low superannuation balances (Brooke, 2020). Our interviews with the bus drivers illustrate the role of participants' financial histories in determining their need for ongoing work.

Joanne's story is typical of the female participants in the study. Her first three decades of work were in retail, working for a large grocery store chain. She had three children during that time, resulting in breaks in employment. As a single mother, she relied on her parents to help with childcare. This allowed her to work on a part-time, casual basis while her children were still young. After her children had grown, Joanne left retail, and worked as a personal care worker in a residence for adults with special needs, leaving only because of its impact on her health. She turned to part time bus driving because it accommodated her health needs, but she continued to work to supplement her superannuation and Age Pension income. The Australian Age Pension is means tested, with 70% of Australians receiving a full or part pension at the pensionable age, after income and assets eligibility criteria are met (Brooke, 2020). Australians may work a limited number of hours each fortnight while receiving the pension. When asked about her finances, Joanne explained that she combined her low superannuation with the Age Pension, and paid work, saying of her retirement savings, 'I mean, I haven't got much in there, but that's what I do'. For her, the cumulative effect of breaks in employment for caregiving, combined with low wage pink collar work over several decades, left her with few financial resources. Joanne's case illustrates that this outcome, common for pink collar workers, is cumulative, and the result of gender norms surrounding both care giving and the low wages associated with feminised occupations.

Importantly, most participants who said they were working due to financial need were over the age of 65, illustrating that these financial pressures were affecting the oldest of the participants. After decades in the labour market, these men and women simply could not afford to leave the workforce due to career interruptions and insufficient income, savings, and superannuation. Extending the pensionable age to 67 placed a valuable source of retirement income further out of reach for some. For those already qualifying for the Age Pension, decades of work in low paying jobs, combined with interrupted employment histories, both of which were highly gendered, meant precarious financial situations, and the continued need to work.

### ***Work histories = health histories***

Whereas financial need acted as a 'pull' factor, poor health acted as a 'push' factor, jeopardising participants' ability to remain employed. Poor health is the most common reason older Australians

exit the workforce prior to retirement (Noone et al., 2018). The bus drivers were still engaged with work and thus were not actively being 'pushed' out of the labour force by health problems. Remaining in the workforce was the result of both their inescapable financial need, and the collaboration by the bus drivers and their manager to very deliberately work around their varying health needs. These included back pain, arthritis, joint deterioration, leg, and hand injuries, respiratory problems, thyroid conditions, diabetes, cardiovascular disease, and kidney disease. Twenty-six percent of participants described their health as excellent or very good, 56% said it as good, and 21% described it as fair or poor. For all workers in a similar age range, captured in the Household, Income, and Labour Dynamics in Australia (HILDA) survey (2015–2016), 44% indicated their health was 'Excellent', 42% described it as good, and 14% described it as fair or poor (Department of Social Services & Melbourne Institute of Applied Economic Social Research, 2017). As such, participants' self-rated health overall was lower on average than it was for all other working Australians of their age.

A suite of factors mitigated against participants being pushed out of their jobs due to their chronic health conditions, including a proactive manager who fostered a supportive work environment, and actively matched working conditions to employees' health needs. Nonetheless, the nature and origin of participants' health problems bear further investigation, as these health conditions represent both the cumulative effect of decades of wear and tear in blue and pink collar jobs, and the invisible obstacles to extended working lives which are currently negated in Age Pension policy assumptions, and healthy ageing discourse.

Most participants clearly connected their current chronic health conditions to previous long-term manual labour sustained before they started bus driving. Many participants explained that years of physically demanding work had had a detrimental cumulative effect on their bodies, leading to joint deterioration, back pain, and unresolved workplace injuries that now left them with restricted movement or sensation in limbs. The following case studies exemplify the experiences of the bus drivers, and illustrate the cumulative health effects of long work histories in blue and pink collar sectors, now manifested in daily health challenges.

Robert, 67, a former welder and tyre fitter, exemplifies the health impacts of a long career in the industrial sector. Like many participants, Robert's work history spanned a variety of blue collar roles. After finishing school at the age of 15, he started driving trucks, served as an assistant to an auto electrician, and trained as a welder. At the age of 18, he started tyre fitting, then worked in a tyre factory, and later started his own tyre fitting business. His 40 year career in tyre fitting was characterised by long hours, heavy lifting, and a dusty work environment. When asked about the hours he kept when running his tyre fitting business, he explained:

Oh we probably put in 11 hours a day, I suppose. Because the general rule of thumb in the tyre game is you generally get to work at 7 or 7:30am, and by the time you put your boots on and have a cup of coffee it's time to open the door. And you generally work through your lunch, like a lot of jobs. And by the time you finish at the end of the day, then start closing up, and do the end of the day paperwork, yeah, it can be easily 11 hours.

Robert's long days consisted not only of deskwork, but also heavy, dusty manual labour, which eventually led to health problems. The tyre factory was 'very, very noisy, dusty, and totally unpleasant', and his tyre fitting shop was dusty, which meant, as he explained, 'I've worked in a dusty environment all my life.' Robert had recently been hospitalised with breathing difficulties, and diagnosed with chronic obstructive pulmonary disease (COPD). He attributed it not only to his past as a smoker, but also to continuous and long-term exposure to dust at work.

Like many study participants, Robert experienced lower back pain, the result of decades of heavy lifting. He described the onset of the pain, and the discovery of the damage done to his back:

I had some lower back problems towards the end of the time working for myself. I'd been almost crippled for a couple of weeks, so I finally got talked into going to the doctor's. They actually took a CAT scan and it turned out two of the lower vertebrae had actually worn off at an angle.

He explained that even as a business owner, he was involved in heavy manual work:

Well primarily with the truck tyres, you still fit them by hand, even these days. And once they're finished, you just stand them up and then you'd either go put them on a truck or if they're being delivered, you actually lift them up on the tailgate of a ute. And I think lifting them on there – because most of the work I used to do was actually deliveries to trucking companies – I think the main damage I'd done was actually physically lifting them on the back of ute. So after I was initially virtually crippled, that was a horrible time. I've never experienced pain like it.

Over his 40-year career in the tyre fitting industry, Robert's body had started to break down. He explained, 'You've just got to recognise that you're not as young as you used to be and work accordingly. That's all you can do.' Robert sold his business, and took up school bus driving, which allowed him to manage his back pain. His experience illustrates the ways in which decades of work in a physically demanding job can lead to the deterioration of the body, culminating in chronic health conditions.

Joanne's work history also influenced her health history, and her ability to work. Earlier work in pink collar occupations had had a cumulative, detrimental effect on her health, leading to joint deterioration and arthritis. With over 25 years in retail roles, she spent long days on her feet. In her most senior role as a store manager, she was expected to wear high heels. She developed a bad back carrying large bags of change from the front cash registers to the safe at the rear of the store. She eventually left retail to work in the disability care industry as a personal aide. She enjoyed working with the residents at the facility, 'because those guys became like family'. Nevertheless, after 11 years, Joanne left her job on medical advice because, as she explained, the night shifts left her exhausted, and the repeated heavy lifting took a toll:

I mean they had the hoists and not lifting, but you still had to pull the resident. Like, the wheelchair's big like that, [I] put the sling under them, [I] pushed it. So, I bring this thing up then bring the resident forward to put ... all the time you were stretching your back. I know they couldn't help it, but it was just ... by the end of your day off, as the years got on, I found it very hard.

Still in need of work, she took up bus driving. By this time, she was managing arthritis in her back and hips, and fatigue. She worked part time, and relied on the split shifts of school bus driving for time to take a nap. As she explained,

If I don't go home and have a granny nap each day, most days, I'm absolutely ... I feel tired ... and if I haven't had a granny nap by Thursday, I'm absolutely tired, and pushing myself

For Joanne, fatigue, and arthritis, the result of previous pink collar work, challenged her ability to remain employed. She relied on bus driving, with its lack of heavy manual labour, and split shifts, to manage her health conditions. Like Joanne, many participants emphasised the importance of being able to take a nap between shifts during the day in order to manage fatigue. Joanne's case reflects not only the cumulative effects of heavy lifting on an ageing body, but also the realities of ageing, and the need for more rest.

## Discussion

The Australian government policy on the pension eligibility age, and the Treasurer's reiteration that older Australians should continue to work, carry neoliberal assumptions about time, value, labour, and health. We explore these assumptions, and contrast them with the realities of older blue collar workers with specific experiences of labour and health in time.

Extending the pension eligibility age so that older Australians may 'stay engaged in work for longer', is a text that attempts to shape, regulate, and codify our understanding of time (May & Thrift, 2001). The pension age frames the life cycle and defines the age at which Australians may stop working. Those with sufficient superannuation and savings may retire earlier than this. The Age Pension is a key source of retirement income support for those who have insufficient superannuation and retirement savings, and who are the most financially vulnerable as they approach retirement. An increased pension eligibility age means that financially vulnerable older Australians stay in the



workforce longer. Consequently, extending the pension eligibility age removes older low-income Australians' 'choice' to continue to work. Those with the highest wealth and income at retirement are well positioned to 'choose' to continue to work; our analysis of the HILDA data (2015–2016) indicates that people in white collar occupations, who are also in good health, are those with the most agency surrounding labour participation at this juncture in their lives (Department of Social Services & Melbourne Institute of Applied Economic Social Research, 2017). This suggests a paradox, whereby those with the most health-protective occupations, who are the healthiest in older age, are able to retire the earliest, while those with poor health, and in jobs that have a negative cumulative effect on health over the life course, are the most in need of retirement due to their health needs, yet are the least well positioned to do so due to financial circumstances. For financially vulnerable Australians, including these bus drivers, remaining in the workforce is a necessity. Extending the pension age by two year ties these workers to the labour market by default, even though it is framed in neoliberal terms, as freedom to choose, in official government discourse about pension policy.

The lived experiences of participants highlighted here also provide detailed illustrations of the ways in which occupation, income, health, and gender intersect to create particular constellations of disadvantage that are not accounted for in current age pension policy. Age pension policy is predicated on the assumption that older workers are uniformly healthy in older age, in health-protective or health-promoting jobs over the life course, wealthy enough to retire at or before the pensionable age of 67, and free of caring responsibilities. This suggests an ideal older worker who is male and in a white collar job, which is well paying, and health-protective. Our findings illustrate the fault lines in the construction of a monolithic group of older workers. The interviews provide a window into the myriad ways in which occupation, income, health, and gender intersect to fragment the imagined ideal older worker on which the policy is predicated.

Joanne's story illustrates the ways in which implicit assumptions about gender – in her case, the expectation that she wear high heels while also lifting heavy loads – negatively affect health, in ways that can only be elucidated by digging more deeply into the lived reality of older blue or pink collar workers. Gendered expectations about caregiving lead to breaks in employment over the life course, which result in superannuation gaps. The stories shared by participants bring into sharp relief the cumulative disadvantages to their health created by pink collar work histories, low wages, and the ways in which these intersect with gender over time.

Moving the pension eligibility age from 65 to 67 also carries moral implications, given the importance of retirement as a social milestone. As Shaw explains, when 'doing the life cycle', there is a 'right time' for men and women to reach certain life markers, including stopping work (in May & Thrift, 2001, p. 129). Older age and retirement are intended to be periods of slowing down, and a move away from the 'places and pain associated with work' (May & Thrift, 2001). Our study shows that delaying access to the Age Pension delayed participants' access to this slowing down stage of life. Furthermore, participants with the cumulative health effects of decades in physically demanding jobs had built the 'slowing down' phase necessitated by older age and chronic health conditions into their work lives. Many participants, like Joanne, relied on daily naps to rest and manage fatigue. Extending the pension eligibility age by two years suggests a transgression against this milestone in the life course, particularly for Australians whose work histories have impacted their health, and for whom slowing down is sorely needed.

Finally, the policy decision to extend the pension eligibility age fails to value the experiences and realities of blue and pink collar workers. It devalues labour-intensive work histories by ignoring their work-limiting effects on the body. Robert's and Joanne's experiences were echoed by the other bus drivers in our study; years in blue and pink collar occupations, and the accompanying strain on their bodies, had resulted in long-term health conditions such as respiratory problems, joint deterioration, and chronic pain. These conditions introduced daily restrictions on their physical capabilities, and over the long term, continuing in their previous jobs had become unsustainable. This precipitated their turn to bus driving, which was much less physically demanding, and afforded more rest time. Age pension ignores the diversity of experience across a range of occupation types, and the ways in which certain



jobs, with particularly hazardous or health limiting working environments, negatively impact workers' health over the life course, ultimately restricting their ability to extend their working lives.

In their examination of the social significance of time, May and Thrift (2001) speak of the strict time-discipline required for productivity. Our study found that most participants could no longer maintain the strict time-discipline required of full time work, and relied on the part-time nature of their work roles, as well as the split shift associated with school bus driving, to make job participation possible. The break between the split shifts in the morning and afternoon had become essential in their ability to manage fatigue and chronic health conditions; it was a time not only for naps, but also doctor's appointments, and the management of health problems. Our in-depth interviews suggest policy implications for facilitating extended working lives amongst older workers with health needs, including offering employee-centred flexibility in shifts, and adjusting working conditions to accommodate the cumulative health effects of long-term employment in hazardous work environments over the life course. Ultimately, our findings suggest the appropriateness of adjusting expectations surrounding extended working lives that acknowledge the diversity of experiences amongst older workers by occupation type, gender, and long-term socioeconomic status, rather than applying a one-size-fits-all policy assumption based on an ideal worker.

Our study identifies three issues: (1) many blue collar workers have low levels of accumulated savings, superannuation and other financial assets that force them to remain working; (2) they are likely to accumulate more chronic health conditions over time due to the physical demands of their working lives; and (3) on a more positive note, if specific work conditions are met which accommodate health needs, it is possible for blue collar workers to continue in employment over the age of 65. However, the current Age Pension policy and the assumptions which inform it do not acknowledge any of these issues. Embedded within the current pension age is the assumption that blue collar workers are similar to white collar workers, who tend to have less physically demanding jobs, and higher financial resources than their blue collar counterparts. These characteristics not only buffer against an early, health-related exit from the workforce, but they also allow white collar workers to retire voluntarily from 55 onwards when they can access a comparatively generous superannuation rather than relying on the Age Pension for support. In these circumstances, extending the pension age from 65 to 67 presents an additional two years of work as more of a 'choice' for the white collar workers than it does for blue collar workers. It also encapsulates the assumption that working an additional two years has little bearing on the physical or mental health of older Australians, whether in blue, pink, or white collar occupations.

However, for many blue collar workers, specifically, the increase in the pension eligibility age fails to acknowledge the already precarious nature of their employment in older age, which is a result of the cumulative effects of decades in physically demanding jobs. This silence about the work-limiting cumulative effects of manual labour over the course of a lifetime of employment implicitly devalues these work histories, and its impact on blue collar workers' bodies.

## Conclusion

The policy decision to raise the pension eligibility age assumes a neoliberal valuing of time and the individual, which stress economic productivity, adherence to strict time-discipline, and the 'choice' to remain employed. It ignores the role of health in the lives and workability of older workers, and the ways in which it complicates adherence to this strict time-discipline. It also assumes the milestone of retirement can be easily deferred, ignoring the social implications of redefining the 'right time' to retire or the symbolic value of 'free time'. Our work with school bus drivers challenges these assumptions. Far from a 'choice' to keep working, raising the pension age further ties financially vulnerable Australians to the workforce, out of financial necessity.

Furthermore, while pension age policy ignores time as a determinant of health, our interviews illustrate the very real work-limiting effects of long-term employment in physically demanding jobs. The assumption that older Australians are uniformly capable of working until the age of 67 glosses

over the diverse and uneven work histories of older Australians, and their cumulative effects on their bodies. Contrary to the policy emphasis on productivity and its associated assumption of strict time-discipline, a key feature of the workplace allowing the school bus drivers to maintain employment, despite chronic health conditions, was a *break* in strict time-discipline, in the form of work flexibility for the worker (Dixon et al., 2019), rest and recovery, and the management of health conditions, between split shifts.

Finally, our study findings challenge the assumption that the ‘right time’ for retirement can be deferred, with an ever increasing pension eligibility age. Our interviews with older bus drivers suggest that the assumptions implicit in the extension of the pension eligibility age are out of sync with the lived experiences of blue collar workers, and with the value implicit in the social symbolism of retirement: that is a much needed, and well earned, period of rest in one’s life.

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