Baby boomers, born between 1946 and 1964, comprise a significant portion of the United States’ older adult population. Retirement is also a hallmark of their current life stage. While a body of literature points to the benefits of leisure activities in later life, the roles and relevance of leisure during the retirement transition among first-generation immigrant baby boomers are not well understood. The purpose of this study was to explore leisure throughout the lifespan among first-generation Korean immigrant men (N = 19) and how their cultural values and leisure involvement played out during the retirement transition. Guided by continuity theory of normal aging (Atchley, 1989) and leisure innovation theory (Nimrod, 2008), findings from interview data through interpretive phenomenological analysis (Smith et al., 1995) indicated that (1) perceptions and definition of leisure is shaped by their cultural backgrounds; (2) leisure in the working years mostly involved family leisure activities with an emphasis on providing their children with educational values; (3) leisure activities such as golf and fishing were a particular interest for this demographic, but meanings changed over time; (3) leisure provided continuity during the retirement; and (4) retirement was viewed as an opportunity for new leisure activities, but limited availability of sport and recreation programs was perceived as a barrier. These findings yield meaningful implications in that (a) leisure engagement can provide continuity in maintaining their social roles over the lifespan; and (b) more community-based sport and recreation programs targeting older adults would help them successfully transition to retirement.

STRESSOR REACTIVITY DEPENDS ON THE CORTISOL AWAKENING RESPONSE AND REACTIVITY TO WORK OVERLOAD

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Ecological momentary assessment (EMA) was used to understand the influence of individual differences in stress reactivity measured by the Perceived Stress Reactivity Scale (PSRS) and the cortisol awakening response (CAR) on emotional reactivity to stressors, operationalized as the within-person change in negative affect (NA) associated with stressor exposure. Five times per day for 10 days, 178 working adults ages 20-80 years old (M = 49.22, SD = 19.07) reported in EMAs their current NA and whether they had experienced a stressor since the previous survey. During the same period, participants provided seven salivary cortisol samples per day. Samples collected at awakening and 30-minutes post-awakening were used to calculate the CAR. Steeper CARs are hypothesized to have a role in preparing individuals to cope with upcoming daily demands. Before the EMA period, participants completed the PSRS, including its Work Overload Reactivity subscale. Multilevel models revealed a significant 3-way interaction between Stressor Exposure x CAR x Work Overload Reactivity predicting daily NA. Individuals with high Work Overload generally reported greater NA, regardless of stressor exposure or the magnitude of their CAR. Individuals with low Work Overload reported lower levels of NA on days they experienced more stressors than usual and had steeper CARs. Effects remained significant after controlling for neuroticism and the Perceived Stress Scale. Findings suggest the CAR’s potential role of preparing individuals for upcoming demands is moderated by work-related stress reactivity. Steeper CARs on days with more stressor exposure may provide enhanced emotional benefits for individuals low in workload reactivity.

MEMBER CHECKING GERONTOLOGY: THE CASE OF RETIREMENT

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Gerontology has long been a public-facing field with an applied focus. As such, the credibility of gerontology’s conclusions and guidance about aging are crucial, our advice having relevance and impact in proportion to its popular resonance. In 2021 I authored an article for a large-circulation newspaper that generated over 500 reader replies, creating an opportunity for member checking of a kind. The article reported my personal experience of having retired—which I expected and what was a surprise. All of my observations about emotions and lifestyle, while my own, were nonetheless grounded in the research literature. Public comments on the article came from a readership that skews male and highly educated, i.e., people like myself. Many comments affirmed my observations (e.g., about time use, awareness of finitude) as experiences we had in common. Some comments disputed my authority, as an academic, to say anything valid about the “real world.” Opinion split on the value of continued work: it gives life meaning, it invites corrosive stress. Likewise, some retirees endorsed surrender to leisure while others urged engagement. One research takeaway: with no standard way to be retired or regard it, the quality of retired life remains a measurement challenge. Another takeaway: Retirees with partners commonly describe experience in the first-personal plural (we, us), suggesting that dyads are often apt units of analysis for retirement studies. This is but one case study, but it indicates that we must continually assess whether gerontology’s knowledge is valid and whether the public is grateful for it.

OLDER ADULTS LEAVING THE WORKFORCE: SENSORY LOSS, RETIREMENT, AND DISABILITY

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Hearing loss (HL), vision loss (VL), and their combination (dual sensory loss, DSL) are common among older adults. Sensory loss impacts labor productivity which might result in departures from the workforce. Whether older adults leave due to retirement or a disability, and how these responses are associated with sensory loss remains unexplored. Using the 2004-2018 rounds of the Health and Retirement Study, self-reported sensory loss (No Impairment/HL/VL/DSL) at baseline, and reason for leaving the workforce (retirement or disability) were observed. Competing risk models models for departures from the workforce treating retirement or disability as a competing risk were estimated. Among 5,201...
adults employed at baseline, ages 50-94, 3,436 reported retirement, and 4254 reported a disability as a reason for not working. In Fine-Gray models, treating retirement as a competing risk and adjusting for sociodemographic and clinical characteristics, we found that compared to older adults without impairments, DSL was associated with a 50% increase in the rate of departures from the labor force due to disability among adults in the in the risk group (SHR=1.51; 95% CI=1.09,2.11). In contrast, when treating disability as the competing risk, HL was associated with a 22% increase in the rate of departures labor force due to retirement (SHR=1.22; 95% CI=1.10,1.36) among adults in the risk group when compared to those without impairments. In sample of older adults, we provide evidence that the presence of sensory impairments is associated with departures from the workforce. Our results highlight differences in the type of departures by sensory loss.

STICKING WITH THE UNION? LABOR UNION MEMBERSHIP, WORKING CONDITIONS, AND POSTRETIREMENT HEALTH IN THE MIDWEST
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American Employment experiences over the past five decades have been shaped by growing prevalence of bad jobs – those that are precarious and offer few pension or health insurance benefits – and a marked decline in unionization. Previous health research has highlighted the deleterious implications of bad jobs and yielded mixed or inconclusive findings about union membership. However, most of this research focused on working-age adults, and few studies have examined the long-term impacts of working conditions and union membership. We fill this gap via data from the Wisconsin Longitudinal Study – a sample of men and women who graduated from Wisconsin high schools in 1957 and have been followed through their working years, past retirement, and into oldest-old ages. We estimated regression models examining the impact of union participation in 1975 on subsequent self-rated health and depressive symptoms (measured in 1993, 2004, and 2011). Our findings suggest that union participation was associated with poorer self-rated health in 1993 (OR=0.67, 95% CI (0.48, 0.96)), with a stronger negative effect for more active union members (OR=0.58, 95% CI (0.36, 0.96)), even after controlling for socioeconomic status in childhood and adulthood. This effect dissipated by 2004, when most WLS participants were nearing retirement and further diminished by 2011, when participants were in their 70s. We found no significant effects of union activity on depressive symptoms. Job characteristics and the historical decline in the prevalence and power of unions over the cohort’s lifetime provide important contexts for interpreting these results.

TOWARD AGE-FRIENDLY WORKPLACES: IDENTIFYING FACTORS THAT SUPPORT COGNITIVE FUNCTION IN OLDER WORKERS
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Older adults in the workforce face natural age-related decline that may impede their work performance. Sleep and cognitive function, both of which are degraded with age, may affect work performance in older workers. Workplace demands and support may also play roles in older workers’ performance. Yet there remains a lack of effort in identifying modifiable factors that contribute to older workers’ performance. This review compiled previous studies on modifiable factors across personal and workplace domains that support or impede older workers’ performance at work. Databases utilized for this systematic review include Google Scholar, AgeLine, and APA PsycINFO. Inclusion criteria were empirical studies conducted in developed countries, published in 2000 or later, that focused on older adults (age >55) working full-time (≥ 35 hours/week). Keywords included: sleep, older adults, workforce, cognition, aging, work performance, aging workforce, workplace support, management strategies. Of the 32 studies initially identified, 13 qualified for this analysis. In 6 studies, poorer sleep (measured by actigraphy) was prevalent in older workers and was negatively associated with their cognitive performance at work. Across 7 studies, demanding and non-supportive workplace characteristics (i.e., greater job demands, lower supervisor support, and higher ageism) were identified as common risk factors for poorer sleep, poorer cognitive function, and lower work performance in older workers. Bridging this information together may help identify specific factors that may be modifiable by workplace interventions to support optimal performance in workers and promote more age-friendly work environments.

SESSION 6720 (POSTER)
END OF LIFE, HOSPICE, AND PALLIATIVE CARE

TO TELL OR NOT TO TELL: TYPOLLOGIES OF OLDER ADULTS PREFERENCES ON DIAGNOSIS DISCLOSURE OF CRITICAL ILLNESS IN CHINA
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Background: A priori of advance care planning, that older adults should know their diagnosis, is not guaranteed nor legally supported in China. Typically, doctors will inform the family members of the diagnosis and prognosis of critical illness and let family members decide whether to inform or not. This study aims to explore how older Chinese prefer diagnosis disclosure of their critical illness and the factors related to each typology of desired roles.

Methods: We surveyed 571 older adults in Shanghai from late-2021. We included 7 items measuring values of diagnosis disclosure on three levels: to self, to significant others, and regarding physician disclosure approach. We characterized preference types using latent class analysis. Multinomial regression models on class memberships were used with cultural, sociodemographic, and healthcare experiences predictors.

Results: Three latent classes were identified: 34% of respondents preferred control over own diagnosis and respected significant others’ rights to know their own diagnosis (“transparent”). 50% of respondents has conflicted values.