



WORKING FOR A HEALTHY FUTURE

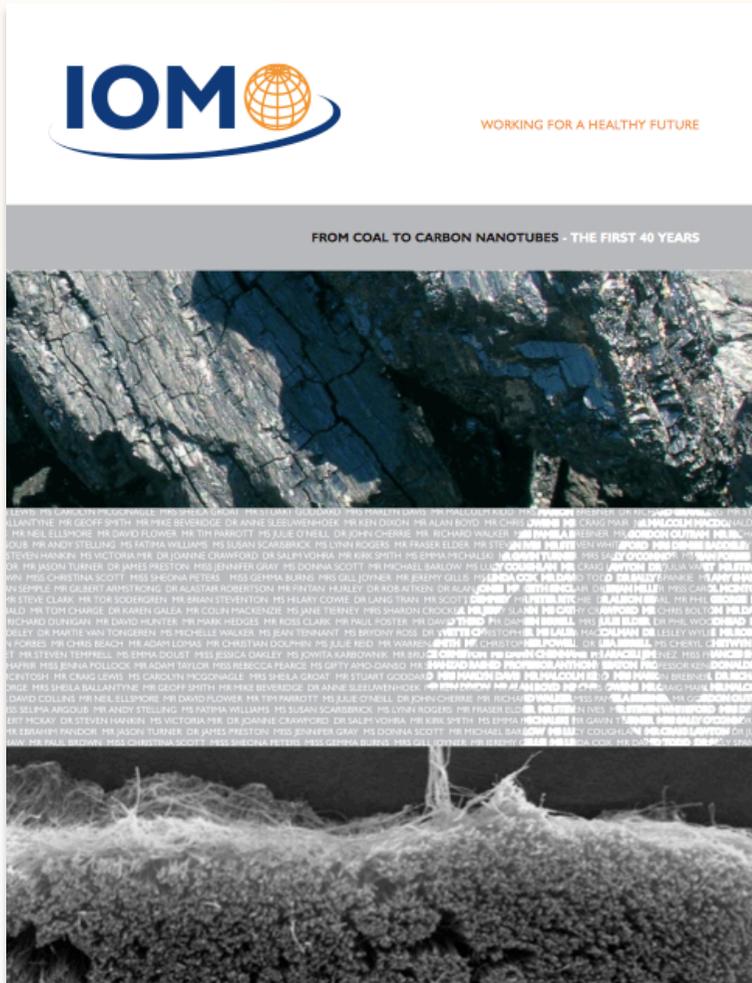
# Fit for purpose: current and future impacts of health on retirement decisions

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# Summary of Presentation

- What do we mean by getting old
- What happens as we age
- How does that impact on our ability to work?
- What can we do to aid and retain older workers?
- Evidence Gaps
- Conclusions

# The Institute of Occupational Medicine



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# What do we mean by getting old?

- We are ageing from the time we are born right through to death – a life course approach
- When do we get too old to do things?
- Often told in the early years we are too young to do things
- What is it about age that makes everyone else an expert in deciding on our own future
- Need to be clear that the variation in changes due to ageing across different people is huge

# What happens as we age?

- IOM was funded by IOSH to carry out a systematic review to identify evidence in relation to the occupational health, safety and health promotion needs of older workers.
- First stage of the review was to understand age-related change in relation to work



# Methodology

- Used a systematic review methodology and searched 17 databases and 5 websites
- Identified 180 papers but only 60 were included in the final review
- Presented the results as age-related change in relation to work

And

- Evidence from interventional research to support the needs of older workers (50+ years)

# Methodology

- Quality assessment using the criteria below
  - \*\*\* Strong evidence provided by consistent findings in multiple high quality scientific studies
  - \*\* Moderate evidence provided by generally consistent findings in fewer, smaller or lower quality scientific studies
  - \* Limited or contradictory evidence, produced by one scientific study or inconsistent findings in multiple scientific studies
  - No scientific evidence

# Findings

- Physical Capacity
  - Reduction in aerobic capacity; approximating to 10% for each decade (\*\*)
  - Increase in weight (\*\*)
  - Reduction in stature (\*\*)
  - Increase in BMI (\*\*)
  - Reduction in muscle strength (\*\*)

All of these changes can be mediated by maintaining physical activity

# Findings

- Potential training effect found for – may be due to the cross-sectional design of the research
- Specific muscle groups in heavy physical work in male power line technicians and male waste collectors (\*)
- Functional balance when comparing construction workers and fire fighters with nurses and home care workers (\*)

# Findings

- Musculoskeletal Disorders
  - Both incidence and prevalence increase with age but so does exposure duration (\*\*)
- Heat Tolerance
  - Suggested that reduction in heat tolerance is not related to age itself, rather related to reduction in cardiorespiratory capacity. (\*\*)
  - Potential issue of reduced thermoregulatory ability of individuals with Type II diabetes (\*)

# Findings

- Psychological Changes
  - Reduction in reaction time due to increased central processing time (\*\*)
  - Increase in caution (\*\*)
  - Increase in accumulated knowledge and experience (\*\*)
  - Cognitive abilities affected by numerous external and internal factors (\*\*)

Although there may be a slowing it is vital that this is examined in relation to the work being carried out and the potential compensation effects.

# Findings

- Recovery Time
  - Increased need for recovery identified with increasing age (over 45 years), high physical and high psychological demands, monotonous work and working more than 24 hours per week (\*\*)

# Findings

- Working Time
  - For heavy physical work, working more than 60 hours per week associated with poor outcomes in older workers (\*\*)
  - Reduction in work ability identified in health care workers doing shiftwork and this reduction found to happen sooner in females (\*)

# Findings

- Accidents and Injuries in Older Workers
  - Older workers less of an accident risk than younger workers
  - Older female workers (over 55 years) had the highest estimated incidence rate; this was related to the occupations of this age group
  - The number of fatal accidents found to be higher in comparison with other age groups specifically in agriculture, construction and transportation
  - Serious accidents result in a longer absence time from work but return to work can be aided by engaging with the employee before return to work

# Findings

- **Illness in Older Workers**
  - Increased risk of developing disease with age but this is not always a reason to exclude someone from work (\*\*)
  - The largest source of absenteeism is short-term absence; older workers do take more time away from work. (\*\*)
  - Highest estimated prevalence rates for self-reported work-related illness are for those over 45 years for musculoskeletal symptoms and stress (\*\*)
  - There are 17 million people in the UK with chronic health conditions – this is predicted to increase with current data including diabetes, cancers and heart disease

# Since our review in 2009

- Mental Wellbeing

- The relationship between stress and age appears to be an inverse-u with people between the ages of 35 and 54 reporting higher levels. Those with low levels of control are likely to retire earlier. Those with low levels of job satisfaction report poorer mental and physical health.

- Have to identify why this is:

- Healthy worker effect
- Different coping strategies

- Factors identified as important include social support, risk reduction strategies for stress and improving coping strategies (\*\*)

(Griffiths *et al* 2009)

# Since our review in 2009

- A longitudinal study (over 28 years) published this year has identified that the Work Ability Index can be used to predict both disability and mortality.
- The study compared white-collar and blue-collar workers and found higher mortality rates for those whose work ability scores were moderate or poor; especially in the blue-collar group
- Found increased risk of disability where individuals had poor or moderate scores
- This means we can identify those at risk early on.
  - Von Bonsdorff *et al* (2011)

# Since our review in 2009

- A two year follow-up of 4611 employees in 11 EU countries aged 50-63 years
- Identified that self-perceived poor health was more strongly associated with exit from paid employment when compared to other health issues such as chronic diseases and mobility issues.
- Lifestyle issues as well as work conditions were attributable for 0-19% of exits from paid employment
- Examining the breakdown of people who exited employment, 61% went on to disability, 27% unemployment and 9% retired
  - van den Berg *et al* (2010)

# Interventional Research

- No interventions identified for safety in older workers
- For occupational health, a reduction in early retirement and increased work ability with an intervention involving occupational physicians and line managers assessed at 6 months post-intervention
- Health checks, counselling and health condition tests seen as positive by older workers
- Worksite health promotion can improve wellbeing but no long-term evaluation of programmes made.

# What can we do to aid and retain older workers?

- Finding out what is going on with the work force
  - Using tools such as the Work Ability Index or the HSE Management Standards for stress
  - Taking a risk management approach - there is a requirement for a healthy and safe workplace

# What can we do to aid and retain older workers?

- The lack of high quality evidence does make developing guidance difficult
- From ergonomic principles should consider the following
  - Physical capacity – objective assessment, work-rest scheduling
  - Shift Work guidance
  - Heat tolerance
  - Working environment - noise, visual environment
  - High risk industries
  - Psychological and psychosocial factors

# What can we do to aid and retain older workers?

- Occupational Health and Safety
  - Accident prevention and post-accident analysis
  - Don't assume ill health is an inevitable outcome – how can we prevent, treat and make workplace adjustments
  - MSDs and stress anxiety and depression an issue for prioritisation – assessment tools are readily available
  - Ensuring access to health promotion activities

# What can we do to aid and retain older workers?

## Health Promotion

- Start promotional activities at a younger age taking a life course approach to reducing chronic disease
  - Including smoking cessation, increasing physical activity, reducing obesity and reducing cardiovascular risk
  - If we intervene earlier and improve health then this increases the potential for health in later life
- Do general interventions work or would tailored interventions have a better impact – what stops people becoming involved?
- Ensuring employees have equal access to activities.

# What can we do to aid and retain older workers?

- Training for age management
  - HR
  - Occupational Health and Safety Professionals
  - Older Workers
- Managing issues
  - Is there an impartial system to report issues
  - Is there a perception of punishment if problems are identified?

# Evidence Gaps

- Lack of longitudinal research resulting in cross-sectional methodologies
- Lack of high quality intervention studies
- No further analysis on fatal injuries
- Lack of research on rehabilitation and return to work
- No further exploration of how to develop health promotion strategies for this age group
- A need for occupationally relevant objective measurement to identify capacity for physical and mental work

# The Bigger Picture in Health

- The Black Review – the health of working age people; employed and unemployed
- Health inequalities - Health and Wellbeing from Childhood Onwards (Marmot *et al* 2010)
- Although we can intervene in the workplace, this still leaves a big gap in relation to the unemployed.

# In conclusion

- What we want is a healthy and safe working life and by achieving that extending the number of healthy life-years into retirement
- To understand the routes to retirement we need to consider different factors – not health on its own
- “Good work is good for you” but good work is sometimes hard to find!

Thank you for listening

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