

# Age, health and work

## Should we worry about the impact of health on older workers?

**THE** debate about age discrimination and legislation has continued for years in the UK, with very little real apparent effort to end the problem until the start of the millennium. In the previous economic downturns of the 1980s and 1990s, older employees were often the ones encouraged to leave their employment as well as being the ones who apparently most wanted to give up work early. This was *not* the context in which age discrimination was likely to be seen as a problem.

Those of us with long memories will recall how retirement was seen as a milestone in life, which many people dreaded. In the 1970s and early 1980s, many employers ran pre-retirement courses for employees who were nearing their normal retirement age. These gave advice on essentials like how to survive on a pension as well as how to cope with the sudden loss of a focus on work and how to fill the void in time previously occupied by employment. What caused the change? It's hard to say with complete certainty, but pension funds were seen as having deep pockets, and early retirement was therefore less of a drain on company budgets than redundancy on the uncertain economic times of the 80s and early 90s – especially for older employees. For those who had been coming to work with health problems and finding it a struggle, it came as welcome relief – a relatively affluent retirement without the need to go to work was a potentially seductive prospect. My view, based on my experience in occupational medicine, is that employers also found employment legislation difficult to deal with, and using the retirement route to deal with 'problem employees' was an easy get-out; particularly in the public sector.

### THE DEMOGRAPHIC TIME-BOMB

You can't escape from the real world forever. The fact is that continuing to discriminate against older employees is not economically sustainable. Consider this. According to DWP under-secretary of state Lord McKenzie of Luton: 'In 1911 there were 10 individuals of working age for every pensioner; today there are about four; and in 2055 there will be two. One in four babies born today is expected to live to 100. There are now 9,000 centenarians.'<sup>1</sup>

If nothing is done, those in work are going to have to generate ever more income to sustain those who don't. To summarise, the birth rate is lower and health and longevity are improving. The percentage of males over 65 has risen from 4% to 13% over the past century, and for females from 6% to 18%. This is projected to rise still further to 19% and 22% respectively by 2025. Older, unproductive people are a potential financial burden on the state and the rise in their numbers will not only cost more in pensions, but also cost more in terms of the need for provision of additional care. The falling birth rate means that there will be fewer people of working age to generate income to support the increasing population of non-productive elderly people.

The government set a five-year strategy target of getting 80% of people of working age into employment, against a level of 75% in 2005<sup>2</sup>. Recent events in the financial markets and resulting economic uncertainty must call the viability of this target into question, but the demographic imperative remains.

### IS EMPLOYING OLDER PEOPLE A PROBLEM?

Many people worry that older workers are more difficult to employ, that they have more health problems and are more difficult to manage. There is also a perception among many people that longer working lives are associated with a decrease in life expectancy. This is supported by an oft-quoted actuarial study of life expectancy by age at retirement of Boeing employees, which apparently showed a lower life expectancy in people who retired from work later<sup>3</sup>. This data failed to take into account the time dependence of the average life span in such information. In other words, life expectancy was shorter in the past and the analysis failed to consider this. Waddell and Burton's more recent review of the literature shows that, on balance, being in work is better for your health than being out of work<sup>4</sup>. A caveat is that this is true for stable, secure employment, but not necessarily for temporary or short-term work.

### CHANGES ASSOCIATED WITH AGEING

The most important point to bear in mind is that any changes that are associated with ageing are not

*Older workers are at risk of discrimination in employment and subject to frequently unfounded beliefs about the impact of health on work. Mike O'Donnell believes that a change in attitude as well as legislation is now vital, and supports the concept of workability in managing an 'ageing' workforce.*

universal or constant and vary considerably from individual to individual. There is considerable evidence that physical capacity starts to decline in one's 40s, with a decline in **physical strength, power and endurance, agility and joint flexibility, balance and eyesight**. Interestingly, studies have shown that this decline is not necessarily associated with an increased risk of injury, and this has been explained by the fact that people are likely to take fewer risks as they mature and as they become aware of a decline in capacity. Decline in physical strength and agility is slowed by regular physical activity, and a fit 65-year-old may have greater capacity for exercise and effort than an unfit 45-year-old.

**Back pain and other musculoskeletal problems** become more problematic with age, but their relation to the working environment is complex. Psychosocial factors are being increasingly recognised as being probably at least as important as ergonomic considerations in predicting sickness absence with low back pain. Although ergonomic factors are not necessarily the most important in causing back pain it must be recognised that working with back pain seems to become increasingly difficult in manual jobs as age increases.

Physical risk factors for low back pain include: peak lumbar shear force; peak load handled; and cumulative lumbar disc compression

Psychosocial risk factors include: high perceived physical load; low opinion of the workplace social environment; perception of lack of control of the job; low co-worker support; low job satisfaction; perceived over-education; and a prior worker's compensation benefit claim<sup>5</sup>.

Sensory changes that are almost universally associated with ageing are **loss of hearing and impaired vision**.

#### Hearing loss

► Loss of hearing associated with ageing has been ascribed to high exposures to background noise leading to loss of ability to detect high frequencies. The absence of loss of hearing in the elderly in pre-industrial societies has been cited as evidence.

► Such loss of hearing can be interpreted as intellectual slowing and, because high tone loss impairs discrimination of sounds, can be made worse by high background noise.

#### Eyesight

► Presbyopia is caused by decreasing flexibility of the crystalline lens, leading to inability to read at near distances without visual aids, but does not affect distance vision.

► Macular degeneration is a disease of old age. It is found in about 2% of all people aged over 50 years, and prevalence rises with age (0.7%–1.4% of people aged

65–75 years; 11%–19% of people aged over 85 years).

► Associated with the loss of flexibility of the lens may be a degree of yellowing of the lens leading to impaired colour discrimination.

► Older people tend to need more lighting to accomplish visual tasks such as reading, or fine manual work than their younger colleagues.

► Cataracts are more common, and can lead to difficulties with night vision due to scattering effects causing glare.

#### MENTAL FUNCTION

Evidence on intellectual decline with age can be contradictory. Dementia is rare under the age of 65–70 years and most of the known effects on mental function are associated with extremes of age. Older employees are often perceived as being harder to train and resistant to change. There are conflicting views on this and there is evidence that learning ability does not decline with age, although fluency in foreign languages, for instance, is harder for adults to achieve than children. It has been argued that the perception of older people being hard to train leads to employers not including them in training programmes and neglecting their training needs, for instance when new systems or equipment are introduced.

Another reason for employers' reluctance to train older employees is that they see money invested in training people who only have a few years left to work as money wasted. This is discrimination and the fact that older employees do not get training perpetuates the view that they lose competence. A study by Age Concern published in 2007 confirms this<sup>6</sup>. According to the charity, older people feel that they are perceived as lacking the necessary information technology skills and that it is difficult to get training in them, with employers biased against giving training opportunities to older workers.

The effect of increasing age on cognitive function is also controversial. The emerging consensus is that this is not a 'given'. While there is some evidence that speed of processing declines with age, from as early as 25 years, this may be offset by the benefits of experience or 'crystallised intelligence' in many types of work.

Similarly, while memory, particularly short-term, may decline with age, there is strong evidence that this can be reversed or mitigated by simple memory exercises. Minor problems with memory may be overcome by improved note taking or other similar measures. There is evidence that good cardiovascular fitness is associated with slower decline in mental faculties.

With all the above age-related changes, there is evidence that decline can be slowed by participation in the activities affected – in other words, a 'training effect'. In addition, older workers may find that experience offsets some of the effects of ageing, enabling them to

complete tasks in a more efficient manner. Older people are also better at problem solving.<sup>7</sup>

### ILLNESS AND DISEASES ASSOCIATED WITH GROWING OLDER

It is important to point out that the presence of a diagnosis or the occurrence of an event does not automatically correlate with incapacity for work. Many people who sustain coronary thromboses or who develop cancer but later recover remove themselves from work. Doctors often support or encourage this because they may share unfounded and, possibly harmful, beliefs about causation and the association of risk with work. The assumption that disability and incapacity are the same thing means that many disabled people who would like to work find difficulty in gaining employment.

Health problems that are more frequent with increasing age include: cardiovascular disease; cerebrovascular disease; peripheral vascular disease; osteoarthritic conditions; neoplasms; and prostatic disease

Many sources state that depression increases in incidence in older workers and studies have indicated that intolerance of adverse workplace factors also increases with age. The incidence of suicide is higher in older age groups, particularly in men. Yet, actual workplace data do not support these assertions.

Internal data from Unum income protection claims show a marked decline in the proportion of claims attributed to mental ill health with increasing age. When 2,527 claims were examined in the five commonest diagnostic categories (mental and psychological ill health, musculoskeletal disorders, malignancy, cardiovascular disease and neurological disorder) nearly 60% of all claims were attributed to mental ill health in the under-41 age band and only 14% in the 61–65 age band. Similarly, a recent survey of employers conducted by the EEF in association with Unum showed that employers with a higher proportion of younger employees experienced higher absenteeism due to mental ill health and 'stress'<sup>8</sup>. This suggests that 'stress-related' illnesses are not more frequent among older workers and would possibly indicate that people who are predisposed to getting ill and giving up work with common mental health problems are likely to have done this by the time they reach the age of 60.

It may also be that discrimination against younger workers can be a source of job dissatisfaction and, ultimately, ill health. Failure to train new employees, failure to set expectations, failure to provide adequate supervision, and lower pay for similar work are all examples of how younger workers can suffer discrimination. There are questions about whether younger workers are as resilient as their more mature colleagues, and whether this is due to the educational

system, parenting or the emergence of a 'stress culture'. These ideas should not, however, be used to excuse lack of provision of adequate support mechanisms for any staff or discrimination against them.

### SOCIAL FACTORS ASSOCIATED WITH AGEING

As people age, their financial circumstances change; with fewer family expenses as their children leave home and they pay off their mortgages. They also need to devote less time to childcare. However, they now much more frequently have to assume the role of caregiver for elderly parents, which can equally be very demanding of time.

Older employees are more motivated, take fewer spells of short-term absence, and tend to remain longer in the same job. They are more conscientious, more reliable, emotionally more stable and more 'agreeable'. Supportive line management may be a factor in performance and stereotypical attitudes from supervisors can lead to them undervaluing performance of older employees.

### WORKABILITY INDEX

The concept of workability emerged from studies conducted in Finland in the 1990s, spearheaded by Professor Juhani Ilmarinen of the Finnish Institute of Occupational Health, based on an 11-year follow-up research project<sup>9</sup>. It is defined as the ability of workers to perform their jobs taking into account specific work demands, individual health conditions and mental health resources.

Ability to work is a function of:

- ▶ health and functional capacities (physical, mental, social)
- ▶ education and competence
- ▶ values and attitudes
- ▶ motivation
- ▶ work demands
- ▶ work continuity and management
- ▶ work environment.

*(Note that competence is only one component of workability.)*

Seven measures are taken from a questionnaire as follows:

- ▶ current work ability compared with the lifetime best
- ▶ work ability in relation to the demands of the job
- ▶ number of current diseases diagnosed by physician
- ▶ estimated work impairment due to diseases
- ▶ sick leave during the past year (12 months)
- ▶ own prognosis of work ability two years from now
- ▶ mental resources.

Poor scores have been shown to be a predictor of

## CONCLUSIONS

- **Ageing** is inevitable, but its effects on an employee's ability to work are not consistent
- **Reduced** ability to work in older employees is probably more likely to result from illness or injury leading to acquired disability rather than directly as a result of decline in performance. However, knowledge about the level of decline in cognitive function in the older working age groups is weak and physical decline is likely to be more important in manual jobs
- **It is important** to remember that age discrimination can occur at both ends of the spectrum, with stereotypes about young people potentially being just as harmful as those about their older colleagues
- **Adaptations** for problems should be made collaboratively with employees, taking into account individual difficulties and preferences
- **Flexible** working helps all employees manage their work–life balance
- **Support** and being valued are important for employees of all ages
- **Workability** is a useful concept in supporting workers throughout their working lives

early retirement. The workability index is work in progress and has been adapted for use by other countries – notably in Australia in trials by Swinburne University of Technology, in partnership with Australian industries.

This concept of productive ageing has been enthusiastically adopted in Finland and promotes the idea that job demands should change as workers change with age. This has assumed particular importance in Finland because it has one of the most rapidly ageing populations in the developed world and, until recently, the age of retirement was also falling. The idea that people cannot be productive when they are older was a threat to economic wellbeing, and the implementation of a tool that enables people to match their abilities to their employment, and their employers to do the converse was seized upon. Between 1998 and 2003, the rise in the employment rate for older workers aged 55–64 in Finland was a little over 13%, as opposed to around 6.5% for the UK and just over 5% for the EU average.

The above change in employment rate was, however, accompanied by financial incentives for older employees to remain in work and it is important not to ascribe too much to the introduction of workability alone. Older workers were, for example, offered a 4.5% increase in pension for every year worked from 63 to 68 years.

Interestingly, many of the workability measures rely on self-, probably subjective, assessments of capability. In spite of this, they have been shown to be a good predictive tool for remaining in work over a number of years.

Workplace modifications can be relatively straightforward for sensory decline – increasing lighting levels, and regular vision testing or providing

amplification for telephones or quieter working environments, for example. And because the workability index uses subjective measures, it may be successful because it actually reflects psychosocial issues as well as purely physical ones; enabling preferences and perceptions to be addressed rather than purely physical issues. It could also be argued that workability is a useful tool throughout life rather than just for older workers. It can help match all workers to appropriate jobs as it takes account of perceived abilities in a general form.

## A NEED FOR ACTION

The key message about ageing is that it is not in itself a problem, although the number of people with disabilities rises with age. People have individual needs and preferences, and employers need to take this into account for all their workers, regardless of age, gender or race.

It must also be recognised that abilities and preferences change with age and experience. Failure to recognise this can lead to dissatisfaction, lack of motivation and engagement, and ultimately the premature loss of people who still have plenty to offer. ■

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### Notes

1 Lord McKenzie of Luton. *House of Lords. Hansard* 14 July 2008 : Column 967.

2 Department for Work and Pensions *five year strategy – opportunity and security throughout life*. London: Department for Work and Pensions, 2005, [www.dwp.gov.uk/publications/dwp/2005/5\\_yr\\_strat](http://www.dwp.gov.uk/publications/dwp/2005/5_yr_strat)

3 <http://draltango1.blogspot.com/2007/09/on-retirement-and-semi-retirement.html>

4 Waddell G, Burton AK. *Is work good for your health and well-being?* London: the Stationery Office, 2006.

5 Kerr MS, Frank JW et al. *Biomechanical and psychosocial risk factors for low back pain at work*. *American Journal of Public Health* 2001; 91(7): 1069–1075.

6 *Older people missing out on IT skills training for the workplace*. *Age concern press notice*, 30 April 2007.

7 Griffiths A. *Older workers' strengths and weaknesses: fact and fiction reviewed*. In: *Age old concerns – Unum CMO Report 2008*. Dorking: Unum, 2008, [www.unum.co.uk/Home/Advisers/Literature/Corporate/Reports.htm](http://www.unum.co.uk/Home/Advisers/Literature/Corporate/Reports.htm)

8 Unum and EEF. *Sickness Absence and Rehabilitation Survey 2008*. London: EEF, 2008, [www.eef.org.uk/UK/preview/surveys/allmembers/Sickness\\_absence\\_and\\_rehabilitation\\_survey\\_2008.htm](http://www.eef.org.uk/UK/preview/surveys/allmembers/Sickness_absence_and_rehabilitation_survey_2008.htm).

9 Ilmarinen J, Rantanen J. *Promotion of work ability during ageing*. *American Journal of Industrial Medicine* 1999; 36(5): 21–23.