Ageing and work: an overview

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Population ageing is one of the major global challenges of the 21st century. Lower fertility and a reduction in adult mortality, in industrial nations in particular, are driving the demographic shift towards an increase in mean population age—fewer people are being born and people are living longer. Currently, just >20% of workers in developed nations are >60 years old. Global population projections indicate that this figure will rise to ~33% >60 years of age by 2050 [1]. In the UK, around one-third of the population will be >60 by 2033 [2]. As a consequence of population ageing, there will be fewer available younger workers coupled with an increase in the age of the overall workforce. This demographic change provides both challenges and opportunities to optimize a healthy and productive ageing workforce.

In response to the demands of demographic change, policy development and legislation are being implemented. The European Union (EU) has set an agenda for increased participation of older people in society in general, making specific reference to work as a means to achieve this [3,4]. In October 2006, the UK adopted EU legislation on age discrimination [Employment Equality (Age) Regulations 2006], which has set in place statutory protection for persons of any working age [5]. This legislation has particular significance for older workers. Employers are now required to take action to ensure older people are retained in suitable occupations. This requires an improved understanding of older workers capability that is driven by an evidence based upon which informed decisions can be made to best meet the needs of older workers and their employers.

Some excellent pioneering work on age and work has been undertaken to better understand the capacity and potential of older people. The concept of what it means to be an ‘older worker’ is being challenged. There is an emerging view towards maintaining ability, developing potential and continued competence, rather than focusing on ‘age’ per se. A previous review of the ageing workforce in this journal [6–10] took steps to address these issues. Progressive views are challenging the theory of decline associated with age. Such views tend to take a life span perspective of changing ability and development with age that focuses on selective optimization of function as a means to maintain competence [11]. Older workers can compensate for a reduced ability to meet job demands by drawing upon experience and applying their resources in a more economic way [12]. Pioneering work by researchers such as Goedhard, Ilmarinen and Warr (2001) maintain that while variations in ‘inter’ and ‘intra’ individual ability increase with age, most people maintain job competence until retirement age [13–15]. It proposes that even where there is a decrease in worker ability, interventions (e.g. ergonomic tooling) can usually accommodate any decline or loss in competence [15]. Our understanding of the ‘work ability’ of older workers has been enriched by the innovative work of Ilmarinen et al. at the Finnish Institute of Occupational Health. Through initiatives such as Work Ability and Age Management, an increased awareness of the potential of older workers is being realized [14].

The role of health in maintaining work ability of older workers is well established. Research indicates that older workers are at no increased risk of occupational accident when compared with relatively younger colleagues [16]. However, when an older worker is involved in an accident, they tend to have longer recovery times following the event. This can result in more time off work, with an increased risk of work disability following the accident [17]. Therefore, addressing the health, safety and well being of workers as they age is essential for maintaining a healthy productive ageing workforce [13]. Dame Carol Black’s comprehensive review of working age and health represents an important step towards this. Her report links work and health. It provides a basis upon which the idea of work, health, participation and inclusion can be re-examined. The report challenges the view that ill health is incompatible with participating in work suggesting that a shift in thought towards the capability rather than the incapacity of people is required [18]. The report states that, ‘... There is, therefore, a compelling case to act decisively in order to improve the health and well-being of the working age population – to help ensure a healthy,
active retirement, to promote social inclusion and to deliver prosperity to individuals, employers and the nation as a whole’ [18], p. 10.

In light of the above, this current review series on Ageing and Work provides a timely opportunity to make a valuable contribution to the knowledge on ageing and work. Each article addresses issues fundamental to workforce ageing. Two of the articles in this review take a gender perspective when examining evidence of effects of ageing on work and health. The other two reviews address occupational health and safety needs of older workers.

In their review, Payne and Doyal review the literature on older women’s health in the workplace [19]. They focus on work-specific and work-related risks for older women, addressing challenges such as stress, discrimination, physical hazards and what is referred to as the ‘double burden’ of paid work and caring responsibilities. Granville and Evandrou in their related review consider the complex interrelationships between work and health among older men [20]. Their review addresses the link between work, well being and male identity. It considers the cumulative effect of work and health across the life span. This is reviewed in the context of gender, socioeconomic position and ethnicity, and very importantly the changing nature and meaning of career and retirement. Both the Payne and Doyal, and Granville and Evandrou reviews are derived from excellent reports commissioned by The Age and Employment Network and the NHS in Scotland has established a ‘Healthy Working Lives’ programme, which aims to reduce work-related ill health by 20%, and days lost to ill health by 30% [28]. Both are aimed at maintaining the health of the working age population. It is clear that taking such initiatives now will benefit the future ageing population. Yet, there are many issues that still need to be addressed. It is hoped that this in-depth review on Ageing and Work offers a modest contribution to this endeavour.

References


27. See http://www.workingforhealth.gov.uk/.