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Facts and misconceptions about age, health status and employability

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EXECUTIVE SUMMARY

Older adults are often discriminated against in the workplace on the basis of stereotypes about ageing. Many of these stereotypes may not be accurate or recognise the benefits of employing older workers, although they may influence the recruitment and retention of older individuals.

The government has supported the European Employment Directive on Equal Treatment and made a commitment to introduce legislation, covering employment and vocational training, before the end of 2006. This review is part of a National Guidance Campaign (NGC) being taken forward by the Age Partnership Group (APG) working with the Department of Work and Pensions (DWP). The NGC aims to raise employers' awareness of, and ability to adopt, flexible employment and retirement opportunities in order to increase the recruitment, retention and training of older workers prior to the implementation of the age legislation. The report forms part of a range of information and guidance products, which aim to provide practical information and age diversity employment practices.

The Age Partnership Group (APG) and the Department for Work and Pensions (DWP) have commissioned this report to provide information towards ongoing development work. Responsibility for the views expressed in this report rests solely with the authors. The members of the APG and the DWP do not accept responsibility for the views of the authors.

The report considers some of the common 'myths' about older workers and provides, where possible, evidence and arguments that aim to dispel inaccurate perceptions about older adults and demonstrate that health and safety cannot be used as an "excuse" to justify the exclusion of older workers. The report highlights the facts about older workers' ability to work and the benefits of employing older workers.

The report used information and data taken from a variety of sources, for example statistics from the Office of National Statistics, published journal articles and reports.

Main Findings

Myth?: Chronological age determines health and age brings illness and disease

This myth is not true. Health is influenced by numerous other factors, particularly lifestyle, amount of exercise and nutrition, and although risk of disease may increase with age, there are many actions which both individuals and employers can take which minimise these risks. There are several positive health behaviours, such as eating more fruit and vegetables and reducing alcohol consumption, associated with older adults that younger adults could also benefit from. In addition, the general health and longevity for older adults in society is improving, this may suggest the risk of certain diseases may be decreasing.

Myth?: Getting old is associated with loss of cognitive capacity

Some cognitive functions are thought to deteriorate with age. Cognitive functions are mental processes, such as memory abilities, reasoning, thinking, problem solving, and understanding. However, decline with increasing age is not inevitable. There are vast individual differences in cognitive functions at all ages, and there is some evidence older workers may be able to prevent or compensate for any decline in these functions. In addition, older adults have some cognitive functions that are more advanced than younger adults and, therefore, have much to offer the currently changing work climate. In addition, the laboratory studies often used to demonstrate losses in cognitive functioning are not representative of the capacities and functioning required in the work environment.

Myth?: Older workers have less physical strength and endurance

This myth is incorrect. Physical strength and endurance is very specific to individuals; some older workers may be more physically able than their younger colleagues. Physical ability can be improved through exercise or can often be compensated for, and some physically demanding jobs may maintain the muscles required to perform those jobs. Fewer jobs today are physically demanding, and those adults choosing those types of jobs are often those who have a higher level of physical ability. Physical demands from work can also often be minimised through changes in work design or use of equipment.

Myth?: Older workers tend to have poorer sensory abilities such as sight and hearing

Sensory abilities do tend to deteriorate with age. However, this loss is not consistent in all older adults and most sensory loss can either be compensated for or overcome using, for example, aids or adjustments to the workplace.

Myth?: Older adults have difficulty adapting to change

This myth is not true. Often any difficulties perceived may be the result of resistance to change and this may occur at any age. Some older adults reactions to change may result from questions about the need or value of any planned changes, but resistance to change can be reduced by, for example, effective communication and support. Simple adjustments can also make the changes easier for workers of all ages.

Myth?: Older adults find it harder to learn new information making their knowledge and skills outdated

This myth is incorrect. Older adults can learn new information, but they benefit, like all workers, from training tailored to their needs. Some older adults may appear to take longer to learn new information, but this is because they have more existing knowledge to filter the new information through. All workers will benefit from a continuous learning environment within organisations, and older adults should be offered training opportunities in the same way as younger workers.

Myth?: Older workers take more time off work

This myth is not true. Older workers often show lower levels of short term / non-certified sickness absence than younger workers, which is the biggest source of absence and disruption for employers. On the other hand, older workers sometimes show more long-term / medically certified sickness absence, than younger workers, although the chronic diseases thought to lead to long term absence are often open to prevention by workplace interventions beneficial to all workers. In contrast, employers have less control over the factors associated with short-term absence.

Myth?: Older workers have more accidents in the workplace

This myth is not true. Accident rates vary in terms of a number of factors such as type of accident, but in general younger workers have been found to have a higher accident risk. This may be because the more accident-prone individuals have already left the workforce. The accidents associated with older workers like strains, sprains and falls can often be prevented by interventions beneficial for all workers, and older workers may help improve organisations' health and safety cultures, as they often take a more responsible attitude to health and safety risks based on their number of years experience in the workplace.

Myth?: Older workers are less productive

This myth is not true. Productivity is influenced by a number of factors including, for example, days lost to absence which has been shown to be lower in older workers. There is great individual variation in ability to work with age, and older workers may be able to compensate for any decreases in speed by increases in quality and accuracy. Productivity can be increased by a number of measures that will show benefits in workers of all ages.

Conclusions

One of the conclusions arising from the evidence is that older adults are vastly different from each other. This is as a result of both external and internal factors that interact with the process of ageing, and, therefore, no stereotype of older workers is likely to be true for all, or even most, older workers.

The evidence presented dispels some ‘myths’ more than others. However, it was still recognised that older workers are a valuable resource for organisations. The evidence presented attempts to raise awareness about older workers’ abilities and encourage employers to consider alternative perspectives about the employment and functioning of older adults. Older workers are productive and make a positive contribution to organisations. However, there are often simple measures which can improve the functioning and productivity of workers of all ages. These measures can be equally beneficial for workers of all ages. This report concludes that there is no health and safety justification to exclude older workers from the workforce, particularly given health and safety legislation requiring employers to minimise the health and safety risks to all employees as far as reasonably possible, and in entrusting tasks to employees, take into account their capabilities as regards health and safety. In addition, organisations will benefit from efforts to maintain the ability to work of all employees at any age and the adoption and development of flexible retirement practices that retain older workers longer.

Promoting productivity, health and functioning of all workers

The evidence presented to ‘explode the myths on ageing’ suggests a number of considerations and actions for employers in relation to all workers. These are presented below:

Workers’ health

- Other factors such as lifestyle, exercise, nutrition and smoking habits can be important determinants of health, it would therefore be beneficial for all workers for employers to offer health promotion initiatives within the workplace and provide facilities and opportunities where possible to increase individuals’ participation in healthy lifestyles.
- Older workers who take a positive and healthy approach to their lifestyles, such as exercising regularly, not drinking excessively, and eating well, may set an example for younger workers to aspire to. The positive aspects of all individuals’ lifestyles should be encouraged and enhanced through support for events encouraging such activities and raising awareness of the potential benefits of healthy lifestyles.
- Good ergonomic design, technology, training, work design, management and/or health promotion should be used for workers of any age to prevent unnecessary injuries and accidents and relieve/prevent discomfort for all individuals, with or without current diseases and disabilities.

Cognitive capacity

- Different approaches to cognitively challenging tasks by older workers should be allowed where appropriate. In some instances, experience may even result in a more efficient approach to the task.
- Workers should be encouraged to continue in positions at work that challenge individuals mentally i.e. require difficult decision making or processing of a number of sources of information in order to maintain or enhance cognitive functions.

Physical strength and endurance

- Alterations and equipment may be available that would decrease the physical demands of jobs for all employees, and may enhance productivity as a result.
- Investment in health promotion programmes should increase the potential for healthy young workers today being healthy and physically able workers tomorrow.

Sensory abilities

- Simple adjustments within the workplace can often overcome problems with sensory abilities. These interventions are likely to be beneficial for workers of all ages and possibly prevent future sensory deterioration.

Adaptation to change

- When making changes to work requirements or conditions, there are a number of simple steps that will decrease resistance to change by all workers, including consultation; training; management support; and using personnel practices that regard all workers as assets.

Learning new information

- Tailoring training to individuals' needs is likely to enhance the potential for learning in all age groups, and use of good training practice will produce beneficial training outcomes for all workers.
- Recognising alternative learning approaches should bring benefits to all workers who can learn from experiences of those with longer employment histories.
- Development of a continuous learning environment will increase participation in training and education activities by all workers designed to maintain and update employees' knowledge, skills and abilities.
- Older workers should be offered equivalent training opportunities to their younger colleagues, as the potential for investment return is likely to be relatively equivalent.

Levels of sickness absence

- Taking preventative actions, investing in good ergonomic design and training staff should help minimise sickness absence associated with genuine illness, although it should also be of benefit to all workers.
- New guidance from the HSE on managing sickness absence also encourages employers to keep in touch with employees while they are on sick leave. This should decrease the period of sickness absence and increase the probability sick employees will successfully return to work, thus maintaining a productive and competitive business. The HSE suggests there are six simple steps to managing sickness absence, including recording sickness absence, keeping in contact, planning and undertaking workplace adjustments and developing a return to work plan (HSE, 2004c).

Accidents in the workplace

- Regular risk assessments and investment in training and education of health and safety risks should decrease the risks of accidents in all workers, not just older workers, and the responsible attitude of older workers can be used to develop a better health and safety culture within organisations.

Productivity

- Improvements in the work and work environment; developments in workplace organisational culture; promotion of individual health and functional capabilities; and changes in supervisor attitude should not only maintain productivity and quality of work during ageing but will also be of benefit to workers of all ages.
- When considering the productivity of the workforce as a whole, or even individual workers, employers should recognise productivity is not just about maximal output, but may also concern e.g. quality of products, customer satisfaction, time lost from absence, etc. These additional areas may help employers recognise the value of individual workers who are important to the organisation in additional respects.

1 INTRODUCTION

Older workers are often discriminated against in the workplace on the basis of stereotypes about ageing. Despite many of these stereotypes not being accurate or recognising the benefits of employing older workers, they may influence the recruitment and retention of older individuals.

The government has supported the European Employment Directive on Equal Treatment and made a commitment to introduce legislation, covering employment and vocational training, before the end of 2006. This review is part of a National Guidance Campaign (NGC) being taken forward by the Age Partnership Group (APG) working with the Department of Work and Pensions (DWP). The NGC aims to raise employers' awareness of, and ability to adopt, flexible employment and retirement opportunities in order to increase the recruitment, retention and training of older workers prior to the implementation of the age legislation. The report forms part of a range of information and guidance products, which aim to provide practical information on age diversity employment practices.

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The term 'older' is used in different descriptions to refer to individuals of varying ages; for example, some research suggests older workers are those older than either 40 or 50 years old. However, older adults can be used to refer to any individuals perceived to be different to their colleagues and peers in terms of increased age, and this can be as low as workers over the age of 30 (Taylor and Walker, 1994). For the purposes of this review, 'older workers' will generally be used to refer to workers over the age of 50.

The following report considers some of the common 'myths' about older workers. It will provide, where possible, evidence and arguments which aim to dispel inaccurate perceptions about older adults and demonstrate health and safety cannot be used as an "excuse" to justify the exclusion of older workers. For some 'myths', the evidence to dispel the myth is clear, whilst in others the arguments are less clear-cut. The report aims to highlight fictitious beliefs that can influence the retention and recruitment of older workers and provide an alternative perspective of older workers' abilities. It also aims to raise awareness about older workers to encourage employers to adopt and develop flexible retirement practices to retain older workers longer.

The report recognises that, in some cases, there is evidence to support a myth, and this evidence cannot be ignored. However, the report focuses on highlighting the facts about older workers' ability to work and the benefits of employing older workers. The report, therefore, focuses on supporting the view that, despite any evidence supporting the myth, there is sufficient alternative evidence and perspectives to question the application of these myths to all older workers without consideration of their vast individual differences and specific work situations / requirements.

The report focuses on the following common 'myths' about age, health status and employability:

- Chronological age determines health and age brings illness and disease
- Getting older is associated with loss of cognitive capacity
- Older workers have less physical strength and endurance
- Older workers tend to have poorer sensory abilities such as sight and hearing
- Older workers take more time off sick
- Older workers have difficulty adapting to change

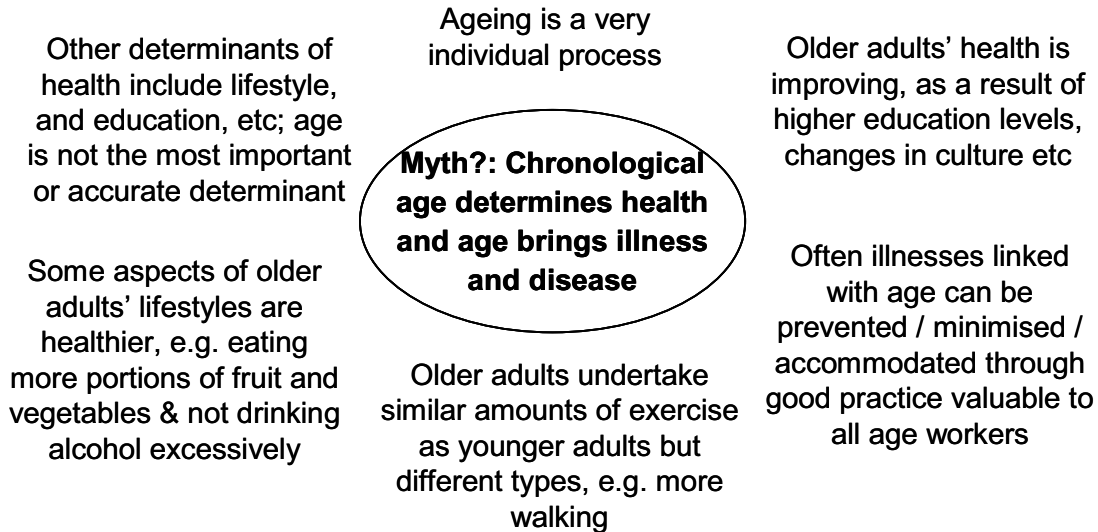
- Older workers find it hard to learn new information making their knowledge and skills outdated
- Older workers have more accidents in the workplace
- Older workers are less productive

The information and data used to ‘explode these myths’ was taken from a variety of sources, for example statistics from the Office of National Statistics, published journal articles and reports.

2 AGE, HEALTH AND EMPLOYABILITY

Health and Capabilities

2.1 HEALTH



- The concept of 'determinants of health' is problematic (Frankish, Milligan and Reid, 1998). This is because categories classed as 'determinants of health' often overlap, such as employment, income and socio-economic status, and the evidence to link specific determinants to specific aspects of health is not always of sufficient quality. However, if determinants are taken as those factors influencing an individual's health, then age is just one of those determinants.
- There are a number of other determinants of health of equal if not greater importance than age including lifestyle, education, socio-economic status, genetics, stress, exercise, nutrition, healthcare, etc (Frankish et al, 1998). For example, Frankish et al (1998) report those people with higher socio-economic status have been found in several studies to be those who tend to engage in more active, diverse and intellectually demanding activities, and tend to be those who have the knowledge, resources and time to organise and engage in sports activities, leading to improved levels of health. Income may constrain people's ability to take part in leisure activities, creating a difference in the types of activities people not in employment engage in. Social support can also be important in determining engagement in active lifestyles, for example, those people with active friends are more likely to be active themselves; and. Furthermore, the social environment can be important in determining people's physical and mental health and choices to engage in active lifestyles. This is evident in the increases in life expectancy for men and women to 76 years and 80 years respectively in 2002 compared to 45 years and 49 years respectively in 1901 (Office for National Statistics, 2004a).
- A longitudinal study also followed economically and educationally disadvantaged young inner city men in North America from approximately age 14 to age 70 and found personally controllable variables such as lifestyle choices were greater predictors of subjective and objective health in old age (Vaillant and Western, 2001). This was compared to uncontrollable factors such as parental class and relatives' longevity. This again suggests

chronological age is not the most important determinant of health, but other controllable factors may be important.

- A report by the Office of National Statistics (2003a) recognised that the risk of poor health does increase with age; however, ageing is a very individual process. Many of the causes of illness can be prevented or minimised through, for example, fitness training, stopping smoking, weight control, etc (Griffiths, 1997). Chronological age is therefore not the most important or accurate determinant of health; aspects such as lifestyle play a more important role in determining individuals' well being.
- There is evidence that the health of older adults is increasing. A report by the Office of National Statistics (2004a) found life expectancy over the 20th century increased by about 30 years, to 76 years for males and 80 years for females in 2002. Similarly, Crimmins, Reynolds, and Saito (1999) found there had been a decrease in the United States in the prevalence of certain types of diseases such as cardiovascular disease and arthritis and a decline in the percentage of people over age 65 who believed they were unable to work. They suggested this improved ability to work was a result of improvements in health. A report for the Department of Health (2004) shows health is improving, as the number of deaths from coronary heart disease, strokes and cancer have all decreased substantially since 1993, and there has been an increase in the uptake of flu vaccinations and breast cancer screening. The improvements in health over time may result from higher levels of education leading to improvements in health habits, use of health care and less exposure to health-affecting situations (Crimmins et al, 1999). This trend of improved health is also likely to continue in the UK, given the increases in educational levels anticipated in future cohorts of older adults (Griffiths, 1997). In addition, the increases in UK life expectancy are likely to have arisen from changes in culture leading to more healthy lifestyles, as evidenced by the decrease in the number of adults who smoke, particularly older men (Office of National Statistics, 2004a).
- There is some evidence older adults undertake similar amounts of exercise to younger adults, implying an equivalent potential for healthy lifestyles. Frankish et al (1998) suggested older adults undertake the same amount of exercise, but the type of activities change; for example, older adults tend to undertake more walking but less team based sports. This suggests the intensity of exercise decreases but not the amount.
- There is also evidence that, for some aspects, older adults are actually healthier than younger adults. There are data from a number of national surveys in 2000-2001 or 2001-2002 such as the National Diet and Nutrition Survey, and the General Household Survey, which support these claims. For example, older adults (aged 50 to 64) were more likely to eat five or more portions of fruit and vegetables each day and less likely to have eaten fast food products and fizzy drinks, than those aged 19 to 24. Adults aged 16 to 24 were also more likely than older adults to have exceeded the recommended number of daily units of alcohol on at least one day in the previous week, and were more likely to use drugs than older people (Office of National Statistics, 2004a). Older adults are likely to have more self-knowledge about their levels of health and, therefore, make more effort to look after themselves.
- However, even if increased age is associated with higher risks of disease and impairment, diseases often associated with old age such as heart disease can be successfully treated or the risks reduced, by changes in diet, alcohol intake and exercise, as well as treated by a range of drugs (Office of National Statistics, 2004a). This suggests age is not a sufficient reason to exclude older workers from employment, as many effects of ageing can be

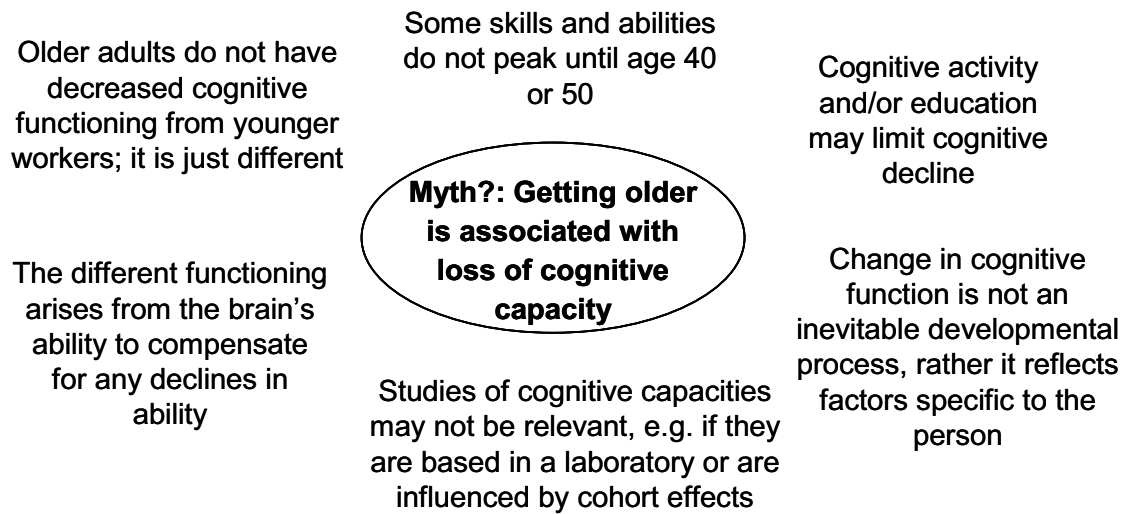
prevented or minimised. Similarly, often impairments, for example musculoskeletal problems, can be accommodated by good ergonomic design or countered by technology, training, work design, management and/or health promotion (Tepas and Barnes-Farrell, 2002; Griffiths, 1997). All these interventions are considered good practice for workers of any age for preventing unnecessary injuries and accidents and can relieve and prevent discomfort for individuals of any age with or without current diseases and disabilities.

- The most common causes of work-related ill health are also changing. The incidence of musculoskeletal disorders, often associated with older workers, is decreasing, whilst the incidence of work-related stress, associated with workers of any age, was increasing until 2001-2002 and has now only levelled off but is not decreasing. For example, according to the Self-reported Work-related Illness (SWI) surveys, 640 per 100 000 people working in 2003-2004 reported the occurrence of a musculoskeletal disorder compared to 750 per 100,000 people in 2001-2002, and 660 per 100 000 people working in 2003-2004 reported the occurrence of work-related stress at a level that was making them ill, compared to 890 per 100,000 people in 2001-2002 (HSE, 2004a). This implies older workers are at no greater risk of ill-health than younger workers, and actions should be taken by employers to prevent both physical and psychological ill health in workers of any age if they are to prevent a decline in productivity due to sickness absence.
- In addition, although Ilmarinen (1997) recognised often the risk of disease increases with age, he also recognised older workers can be better at coping with their ill health. In an 11-year study of over 4,500 Finnish workers, Ilmarinen found older adults had a higher personal opinion of their health than would be expected given their increased risk of illness.

Summary:

Chronological age is not the most important determinant of health, and ageing does not inevitably bring illness and disease. Health is influenced by numerous other factors, particularly lifestyle, amount of exercise and nutrition, and, although risk of disease may increase with age, there are many actions which can be taken by both individuals and employers that can minimise these risks. There are several positive health behaviours associated with older adults which younger adults could also benefit from, and the general health and longevity for older adults in society is increasing, potentially decreasing the risk of certain diseases.

2.2 COGNITIVE CAPACITY



- It is generally thought some cognitive functions, such as memory abilities, deteriorate with age (Ilmarinen, 2001). However, some relatively new evidence using brain-imaging techniques suggests any variation in brain functioning in older adults is not actually *decreased* functioning but simply *different* functioning from younger adults (Reuter-Lorenz, 2002). The evidence suggests functioning is different because the ageing brain has compensated for decreases in cognitive performance in one part of the brain by activating other parts of the brain, without this adversely affecting performance. Reuter-Lorenz (2002) argues the evidence suggests humans have a life-long potential for compensation, which overcomes any changes in cognitive functioning normally associated with ageing.
- In addition, there is some suggestion that although some abilities like the speed of processing of visual information may decrease with age, other abilities like knowledge remain the same or may even increase (Griffiths, 1997). These other abilities may allow older adults to compensate for any decreases in cognitive capacity. There have been some examples of compensation for example in typists and bus drivers. Griffiths (1997) further notes there is some evidence intellectual decline may even be reversible, and there are only limited differences in intellectual abilities when experience, education and occupational type are controlled for.
- Shephard (1997a) notes some skills and abilities such as vocabulary and writing speed do not peak until age 40 or 50 years, making older workers as able if not more able than younger workers in some functions. Similarly, Ilmarinen (2001) suggests cognitive functions such as the ability to process complex information in demanding situations, and the ability to reason, deliberate and comprehend the whole situation improves with age. These assets are particularly important given the continuing changes in work from more physical based work to industries based around service, catering, health and education (see Physical abilities section) (Office of National Statistics, 2004b), where these skills may be more important.
- Some declines in cognitive capacity have been demonstrated in laboratory studies; however, work rarely requires the same cognitive skills or the same level/ intensity of cognitive skills as those demonstrated in the laboratory (Griffiths, 1997). For example, work rarely requires intense sustained attention for long periods of time or the recall of large amounts of information stored in people's memories without the aid of books or paper, which may be required in laboratory studies investigating attention and memory abilities. Furthermore,

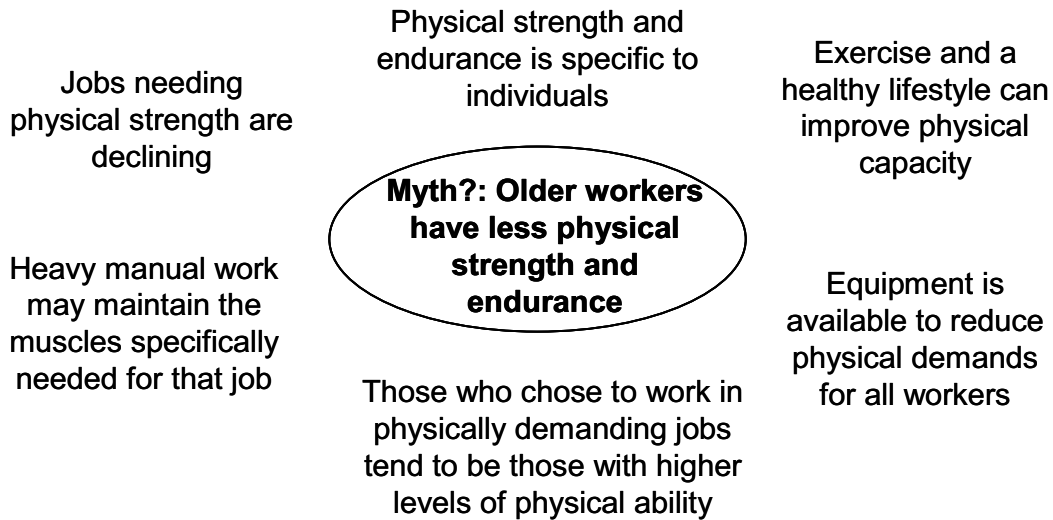
researchers often use participants in laboratory studies at the extremes of the adult age scale in order to demonstrate the age effect more clearly (Griffiths, 1997). However, these factors, therefore, reduce the applicability of the findings to employers considering the employment of older workers. Ardila, Ostrosky-Solis, Rosselli and Gómez (2000) also note longitudinal studies, which follow individual workers over the course of their career, find smaller degrees of cognitive decline with age in comparison to cross-sectional studies, in which workers of different ages are compared at one point in time. In addition, cross-sectional studies that find age effects may, to some degree, be influenced by cohort effects. A cohort is a group of people born during the same period of time who may experience different career or educational opportunities, events, or cultures that may impact on, for example, the general level of education for the majority of people their age. Education levels or other factors may, therefore, vary depending on which cohort individuals belong to, making age group comparisons difficult. Griffiths (1997), for example, suggests future cohorts of older workers will have higher general education levels than previous cohorts of older workers.

- Changes in cognitive abilities can be affected by other factors such as genetics, experience, health, personality and culture, and Shimamura et al (1995) suggest, following their study of university professors (aged 30-71), that any decline in intellectual abilities may be limited by cognitive activity. Therefore, older adults who continue to use their cognitive capacities should either be protected against cognitive decline or be able to compensate for any deficits. In a similar way, Ardila et al (2000) argue level of education can affect certain cognitive changes throughout adult life. Therefore, for some functions, such as word recall, education can provide a protective effect against age-related cognitive decline. Given that future cohorts of older workers are likely to have higher education levels (Griffiths, 1997), cognitive decline in older workers should be less of a source of concern for employers now and in the future.
- A report focusing on the mental health of people aged 60-74 by the Office of National Statistics (2003b) indicated that although the risk of cognitive impairment increased with age, the likelihood of showing signs of cognitive impairment was relatively constant at 16 % for at least the first 10 years of this age group. In addition, the change in cognitive abilities in older adults is very different for each individual. Similarly, a report by the Department of Health (2000) based on the 2000 health survey of England, found, of the 1,600 people over the age of 65 they interviewed, 95% of them showed no signs of cognitive impairment. Wilson et al (2002) conducted a longitudinal study over 6 years, using over 20 tests of cognitive ability on participants over 65 years old; they found there were wide individual differences in changes in cognitive abilities in all participants. The findings led them to conclude that change in cognitive function during ageing reflects factors specific to the person and, therefore, is not an inevitable developmental process.

Summary:

Some cognitive functions are thought to deteriorate with age. However, this is not an inevitable process. There are vast individual differences in cognitive capacity at all ages, and there is some evidence older workers may either be able to prevent cognitive decline or may be capable of compensating for any losses in cognitive functioning. Older adults also have some cognitive functions that are more advanced than younger adults and, therefore, have much to offer the currently changing work climate. In addition, the laboratory studies often used to demonstrate any losses in cognitive functioning are not representative of the capacities and functioning required in the work environment. All these factors suggest employers cannot presume an older worker will experience cognitive decline significant enough to adversely affect their performance at work, and, therefore, age-related cognitive decline in itself cannot be used as a reason against the recruitment or retention of older workers.

2.3 PHYSICAL STRENGTH AND ENDURANCE



- The number of jobs requiring physical strength is now declining (Graham, 1996). Figures from the Office of National Statistics (2004b) suggest manufacturing industries are in decline, whilst other industries such as financial and business services, hotels and restaurants, and health and education are on the increase. For example, in 1980, there were nearly 7 million people employed in manufacturing jobs, nearly 5.6 million employed by hotels and restaurants, nearly 3 million people employed in financial and business services, and nearly 5.6 million people employed in health and education jobs. In 2004, this number decreased in manufacturing to just over 3.6 million jobs, whilst in hotels and restaurants it increased to just over 7 million, in financial and business services to just over 5.8 million jobs, and in health and education to nearly 7.4 million jobs. As physical abilities are not an essential requirement in many of the emerging popular occupations physical abilities should not need to be used as a requirement in retention and recruitment decisions.
- Physical strength and endurance is specific to individuals and can be influenced by other factors for example height, weight, gender etc. Some older workers may be as strong or stronger than some of their younger colleagues (Shephard, 1997a; Ilmarinen, 1997), and, therefore, fitness to complete job tasks should be assessed with all workers on an individual basis. Ilmarinen (2001) also suggests it is difficult to establish how much changes in physical capacity are related to ageing and how much is related to work and lifestyle factors.
- The HSE Manual Handling Operations Regulations 1992 (HSE, 2004b) require employers to avoid hazardous manual handling operations so far as is reasonably practicable; assess any hazardous manual handling operations that cannot be avoided; and reduce the risk of injury so far as is reasonably practicable. These regulations refer to all workers, as risk of injury can vary for all individuals based on, for example, individual capabilities, the nature of the load, environmental conditions, training, and work organisation. For jobs that require physical strength, there is often equipment available to minimise the demands on individuals, e.g. forklift trucks, which workers can easily be taught to operate (Graham, 1996). In addition, the risks of injury for all workers can be minimised by making the load smaller or easier to lift; reducing carrying distances, twisting movements, or the need to lift things from floor level or above shoulder height; improving the environment to make manual handling easier; and ensuring the worker has been trained to lift safely (HSE, 2004b).

- Physical strength and endurance can be improved or compensated for. Exercise has been shown to improve fitness and work capacity; for example Shephard (1997a) noted appropriate fitness programmes improved maximal oxygen intake and muscle strength by 10 to 20%. This improvement in fitness therefore demonstrates functional capacity is not due simply to ageing but reflects, in part, the degree of activity within people's lifestyles. Ilmarinen (1997) also noted the amount of physical exercise is more important to improving health than the intensity of physical exercise, meaning even a brisk 30 minute walk can be beneficial to workers in improving their physical capabilities. The global reference to older workers having less physical strength and endurance is hence inaccurate, because it does not consider the impact of healthy lifestyles on older adults' physical abilities. Investment in health promotion programmes to encourage healthy lifestyles and sufficient exercise should show benefits throughout the workforce and improve the potential of young workers today being healthy and physically able workers of tomorrow. This is highlighted by statistics that show workers in the mid-age range (i.e. late twenties to early fifties) actually show lower amounts of exercise per day than workers at either end of the working age ranges (Office of National Statistics, 2004c).
- Those individuals who remain or choose to work in physically demanding jobs when they are older tend to be those who have a higher level of physical strength and endurance. This may be because their physical work capacity was already above the population average when they initially chose to work in a physically demanding occupation (Shephard, 1997b).
- Recent research has found heavy manual work may maintain specific physical capabilities needed to do the job (Gall and Parkhouse, 2004). Previous research suggesting heavy / physically demanding work does not maintain or increase the physical capacities of individuals has been criticised as insensitive to physical capacity changes, because it ignored the principle of 'muscle specificity' (Gall and Parkhouse, 2004). Muscle specificity refers to the use of specific muscles to a varying degree according to the physical tasks performed on a job. Gall and Parkhouse (2004), looking at power line technicians and the specific tasks and physical demands of their job, used this principle when designing specific tests to assess physical capabilities. The workers verified the tests used in the study corresponded highly to their actual job demands. The authors found older power line technicians were still able to perform the essential tasks of their trade, as specific muscle capacities were maintained. It is likely using this approach to research that these findings could be generalised to other heavy manual jobs. However, as this is a different approach to investigating physical capabilities of workers with age, further investigation into specific physical capability changes in other occupations is needed to confirm the findings of this study.

Summary:

The statement 'Older workers have less physical strength and endurance' is incorrect. Physical strength and endurance is very specific to individuals, so some older workers may be stronger and more physically able than their younger colleagues. Physical strength and endurance can be improved through exercise or compensated for, and some physically demanding jobs may maintain the muscles required to perform those jobs. Fewer jobs today are physically demanding, and those adults who choose jobs requiring physical strength are often those adults who have a generally higher level of physical strength and endurance. In addition, physical tasks can often be minimised through changes in work design or use of equipment for lifting, and restrictions may be placed on all workers in terms of the amounts they are allowed to lift. This suggests older workers cannot be excluded from physically demanding (or any) jobs on the basis of their age.

2.4 SENSORY ABILITIES

Loss in sensory abilities can often be compensated for

Myth?: Older workers tend to have poorer sensory abilities such as sight and hearing

Sensory impairments can be overcome by e.g. wearing spectacles or hearing aids

As sensory impairments can often be accommodated easily, this is not a sufficient reason to exclude older workers from the workforce

Sensory impairments can be overcome by interventions within the workplace e.g. larger text on computer screens & reduced glare

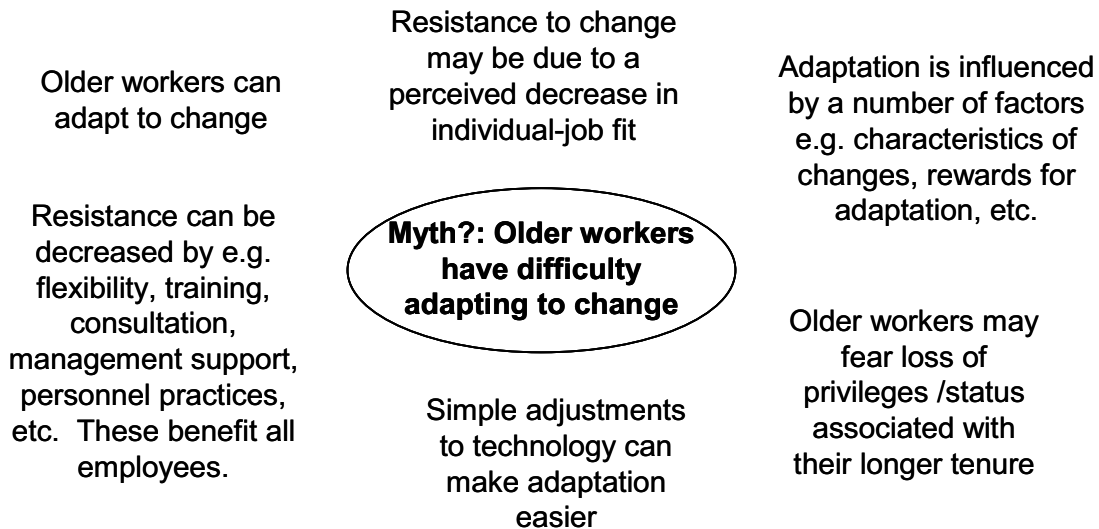
- Visual and auditory acuity are generally thought to deteriorate with age (Griffiths, 1997, WHO, 1993). However, loss in sensory abilities can often be compensated for. For example, Shephard (1997b) argues any deterioration in vision may be compensated for by the increases in patience and judgement in older workers, therefore limiting the impact of sensory loss on, for example, accident rates.
- Declines in vision or hearing abilities can often be offset by interventions either within or outside the workplace. For example, workers with sensory impairments often overcome difficulties using spectacles or hearing aids arranged through opticians or general practitioners. Employers have a duty under the Health and Safety Display Screen Equipment Regulations 1992 to offer employees who work with display screen equipment eyesight tests. This should mean employees receive professional advice on appropriate compensation and preventative interventions available for any declines in visual abilities as a result of work activities. Appropriate aids should also mean many impairments are not detrimental to work performance.
- Within the workplace, using technology or equipment or simple adjustments to existing equipment can overcome some sensory impairment. For example, the text on computer screens can be made larger, which is a simple function within most computer programmes, or lighting can be adjusted to reduce glare (Graham, 1996). The improvements to the work environment can be useful not only for workers of any age with slight visual or hearing impairments, but also for workers without any current impairment. Furthermore, minimising strain for all workers may prevent any future sensory deterioration.
- Sensory loss is not consistent in all older adults. Different older adults may experience different degrees of sensory loss and not all workers will require interventions such as glasses or aids to maintain their level of functioning at work.

Summary:

Sensory abilities do tend to deteriorate with age. However, this loss is not consistent in all older adults and most sensory loss can either be compensated for or overcome using, for example, aids such as spectacles or hearing aids, or adjustments to the workplace such as larger text on computer screens. Sensory impairments, where accommodation can be made within the workplace or aids are available, will not sufficiently affect work performance and therefore cannot be used as an excuse to exclude older workers from the workforce.

Adaptation

2.5 ADAPTING TO CHANGE



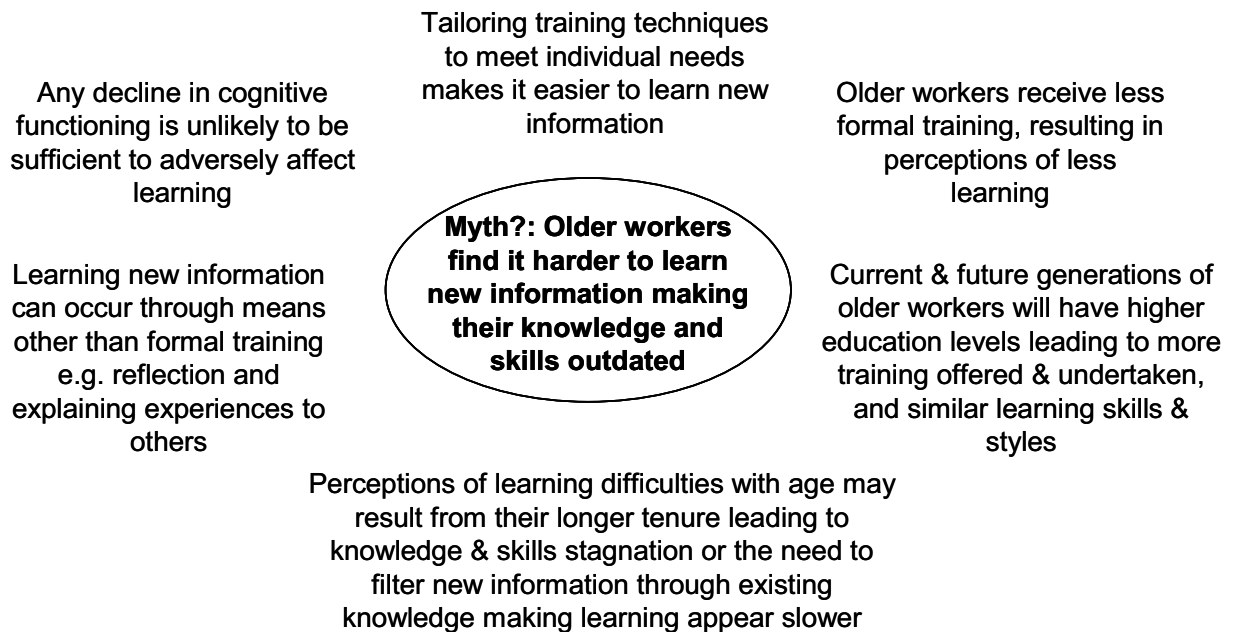
- Older workers can adapt to change. Any resistance to change by older adults may be due to the changes not being perceived to meet their needs, values and interests (Yeatts, Folts and Knapp, 2000). There are numerous factors that influence perceptions about the value of adaptation to workplace changes, and these include perceptions about the purpose of the changes, characteristics of the changes and rewards for adaptation, training requirements and methods, management support, personnel practices, etc (Yeatts et al, 2000). Older workers may have different needs and values meaning some organisational change programmes are not as valued by all employees. Resistance to change amongst some older workers may result partly from fears the job changes will result in a loss of privileges / status, or in different working conditions / requirements to those which longer tenure older workers have spent more of their time and energy invested in. Although obviously all workers must adapt to necessary changes in the knowledge, skills and abilities required in the changing job market, there must also be some degree of perceived job-individual fit, i.e. the aspects of the job which are perceived to meet the needs of the individual worker. Without this 'fit', individuals may not choose to remain in a job. This is true of workers of all ages.
- There is a large literature on change management that offers ways to reduce resistance to change from all workers. Examples of good practice include communication and consultation about the changes; this includes the provision of reliable information that allows employees to make their own judgements about the need for change, and information on the rationale for changes, the exact changes planned and any anticipated effects on employees and/or the organisation (Yeatts et al, 2000). Other good practice includes providing the necessary support for the changes such as offering flexibility and financial incentives in the redesign of jobs; providing accessible and effective training to narrow the gap between job requirements and skills of employees; offering sufficient management support during the transition stage of change; and using personnel policies that actively assist employees to maintain an acceptable individual-job fit and regard all workers as renewable assets that will continue to be valued by the organisation given adequate training and management (Yeatts et al, 2000).

- Filipczak (1998) suggested the negative impact of changes on individuals, such as the introduction of computers to a job, could be minimised by making simple adjustments to the needs of different workers. As an example, older workers may have different physical abilities or requirements and simple adjustments to, for example, the position of a chair to make the person sit slightly higher in relation to the screen may make reading using bifocals (often associated with older workers) easier; this facility is available on most adjustable chairs and can be useful to workers of other ages of different heights. Similarly, as noted previously, the size of text on computer screens can easily be made larger on many computer programmes, as a simple facility that does not require special technology but can make a great difference to usability. Many simple adjustments like these will make the usability of new equipment/technology easier and therefore decrease resistance to changes by all workers as the changes will not be perceived as challenging or potentially having an adverse effect on their health or performance.

Summary:

Older adults in general do not have difficulty in adapting to change; they may, in some situations, question more the need or value of any planned changes. However, resistance to change may be reduced by, for example, effective communication about the changes and support to smooth the change process. Simple adjustments can also make the changes easier for workers of all ages. Resistance to change is likely to occur at any age, so employers need to consider fully the impact of the changes and the best way of justifying the changes needed. However, adaptation to change is possible and is therefore not a sufficient reason to ignore the potential contribution older workers can make to organisations.

2.6 LEARNING NEW INFORMATION



- Older adults can learn new information. As noted in the section on cognitive abilities, cognitive functioning is very specific to individuals, and although some cognitive functions are thought to deteriorate with age, this is not an inevitable process; the majority of individuals over 65, particularly those functioning independently i.e. not living in a care home, show no signs of cognitive impairment (Department of Health, 2000), and cognitive decline may be compensated for or prevented by continued use of cognitive functions with age. This suggests older adults should have no more difficulty in learning new information than their younger colleagues.
- Like all individuals, older adults benefit from training and education programmes tailored to their specific needs. For example, older workers may prefer self-paced training, with sufficient testing and practise opportunity, or collaborative training where they can help peers of a similar age (Filipczak, 1998). However, these approaches are not specific to older workers but reflect good training practice, beneficial for all workers. Organisations can increase the learning potential of all workers by conducting thorough training needs analyses regularly and prior to training design and delivery.
- Learning does not have to refer to formal education; instead, learning from life experiences can occur throughout an individual's life. Older adults may have different ways of learning, for example, through reflection or explaining their experiences and knowledge to others (Williamson, 1997). However, these approaches to learning may have benefits for younger workers by offering a different perspective or learning from previous experiences of those older than themselves.
- The speed of learning may slow with age (Ilmarinen, 2001); however, older workers may take longer to learn new information because they have to filter the new information through their existing stored knowledge and experiences (Filipczak, 1998). This more sophisticated understanding may be beneficial in providing different perspectives and may aid in the

development of unique solutions. Motivation to learn can also compensate for slower learning speeds (Ilmarinen, 2001).

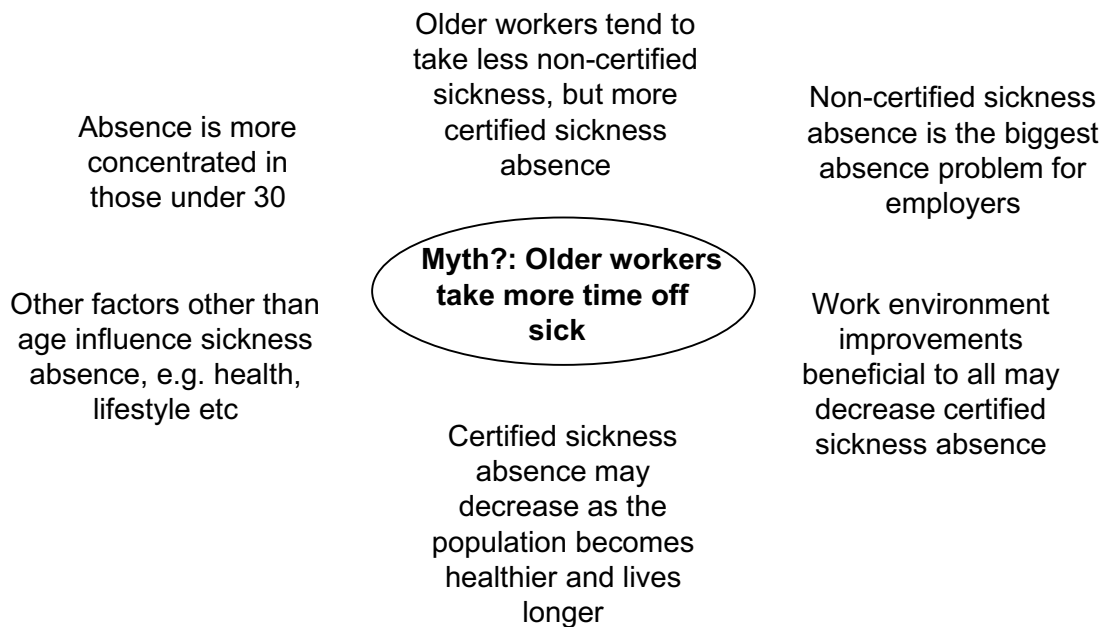
- The perception older workers have less up-to-date knowledge and less potential to learn may partly result from the tendency for older workers to receive less formal training at work (Griffiths, 1997). The lack of training opportunities is often due to employer decisions, based on perceptions like a lower potential return on their training investment (Taylor and Urwin, 2001). However, this view may be inaccurate, as although older workers may have less time until retirement, they also tend to have lower turnover rates increasing the potential return for training of older workers (Taylor and Urwin, 2001). Encouraging the participation of older workers in training activities and, therefore, their potential to learn new information could be enhanced through the development of a continuous learning environment within organisations, which would benefit all workers and potentially enhance the organisation's ability to respond to change.
- In addition, the perceived lack of ability in older workers to learn new information may not arise from age *per se* but rather their generally longer tenure in jobs resulting in a tendency for their knowledge, skills and abilities to stagnate (Yeatts et al., 2000). Again, this suggests a need for a continuous learning environment in organisations to prevent those who have invested most time and energy in their jobs being neglected in terms of training and the updating of their knowledge and skills.
- The average levels of higher education are increasing in current and future generations of older workers (Griffiths, 1997; Office for National Statistics, 2003a). This is likely to impact on their participation in training and education at work and flatten differences between ages in terms of learning activities. This is because those individuals who achieve a higher education level are more likely to be offered and undertake training (Taylor and Urwin, 2001). In addition, the increase in average education level with age is likely to mean older adults will change to having similar learning skills and styles to some younger workers, who currently may appear to approach learning differently given their different and often greater learning experiences.

Summary:

Older adults in general do not find it hard to learn new information, but they do benefit, like all workers, from training tailored to their needs. Older adults may appear to take longer to learn new information, but this is because they have more existing knowledge to filter the new information through. All workers will benefit from a continuous learning environment within organisations that emphasises the need, and provides the support for, continual learning and development. Older adults should be offered training opportunities in the same way as younger workers and respect needs to be given to alternative ways in which older workers may learn. There is no reason, therefore, for older workers' skills and knowledge to become outdated if they are given the same opportunities as younger workers.

Productivity and output

2.7 LEVELS OF SICKNESS ABSENCE



- Contrary to popular belief, sickness absence is not higher among older workers than younger workers; the picture is more complicated.
- Absence has actually been found to be concentrated among those aged 30 or under. This was the conclusion of the Office for National Statistics (2002) report which examined data in the UK from the Labour Force Survey, the General Household Survey and employer surveys. In 2001, absence rates, showing those who were absent in the week before data collection, indicated rates were highest for men between 25-29 (e.g. nearly 4% of those individuals scheduled to work in the reference week) and for women between 20-24 and 30-34 (e.g. nearly 5% and just over 4% respectively), compared to those aged 50-54 (e.g. just over 2.5% for men and 3% for women). The same report also suggests young people are more prone to short-term absences whilst older workers tend to have more long-term absences. This was supported by a report by the Government Statistical Service (1999) again looking at one working week. It suggested younger workers, referring to 16-24 years olds, were more likely to have one day off sick. Older workers, those in the 50+ age range, on the other hand, were more likely to be off sick for the whole week when they were off sick (which was less often than younger workers). For example, data from the Labour Force Survey in 1999 showed 45% of those aged 16-24 who had been off sick in the reference week were off for 1 day compared to 23 % off all week. Of those aged 50+ who had been off sick in the reference week, only 14% of these were off for 1 day, but 64% were off for the whole week.
- Recent research of local government employees (ranging from age 18 to 65 years old) by Thomson, Griffiths and Davison (2000), found age tends to be positively associated with long, medically certified absence, but negatively with short, self-certified absence. They suggested the comparison of certified and non-certified sickness absence provides a better methodology for examining sickness absence trends, as it reflects more accurately the total time lost, the length of absence spells and when illness was a causal factor in the absence.

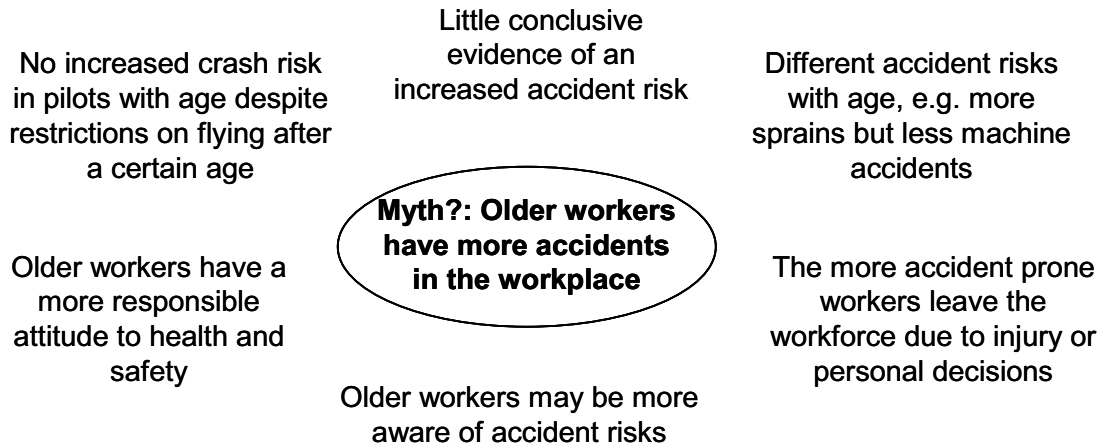
They further suggested the higher level of certified absence in older workers was likely to reflect absence as a result of chronic disease, whilst the higher levels of non-certified absence in younger workers was more likely to reflect social and psychological factors, for example factors outside work.

- Short-term absence is the biggest source of absence for both manual and non-manual workers in the UK (Thomson et al, 2000). Non-certified absence generally associated with younger workers, rather than medically certified absence, generally associated with older workers, tends to be of greater concern to employers. Furthermore, reasons for long-term or medically certified sickness absence, e.g. resulting from musculoskeletal problems, may be influenced by working conditions and therefore should be open to improvement through training and redesign (Thomson et al, 2000). For example, ergonomic design may reduce musculoskeletal illness and team-based work may reduce decisions to be absent. Improvements made to working conditions are likely to be of benefit to all employees, and employers already have a duty under the Health and Safety at Work Act 1974 to protect the health and safety of their employees. Sickness absence costs businesses over £3.8billion per year (HSE, 2004c) so it is in organisations' interests to take steps to prevent sickness absence where possible. Therefore, loss in productivity associated with long-term absence, the form of absence generally associated with older workers, can be minimised by preventative actions beneficial for all employees.
- Factors other than age influence the likelihood of absence. For example, low control over work demands increases the number of absences in Finnish food workers (Arola, Pitkänen, Nygård, Huhtala and Manka, 2003). The simple statement of 'older workers take more time off' does not reflect the large variations in absence according to occupation, roles and responsibilities, health status and lifestyles, etc, which all impact on the likelihood of absence. The stereotype of older workers having higher levels of sickness absence can, therefore, not feasibly be used as an excuse for the exclusion of individual older workers from specific job roles.
- The trend of improving health and longer life expectancy of older adults (Office of National Statistics, 2004a) may gradually decrease certified sickness absence amongst older workers. As longevity increases, certified absence, more associated with older workers, should decrease.

Summary:

Older workers do not take more time off work. Older workers have been found to show lower levels of short term / non-certified sickness absence than younger workers, which is the biggest source of absence and disruption for employers. On the other hand, older workers do show more long-term / medically certified sickness absence, which is suggested to be the result of chronic diseases. However, across all age groups, sickness absence is attributable to less than 5% of the workforce at any time. In addition, the chronic diseases leading to long term absence are often able to minimisation by workplace interventions beneficial to workers of all ages, in comparison to the external influences often thought to lead to short term absences which are outside the control of employers. Absence is also influenced by other factors. A higher risk of absence from work amongst older workers is not supported by the evidence and therefore is not a valid reason to exclude them from the workforce.

2.8 ACCIDENTS IN THE WORKPLACE



- There is little conclusive evidence to suggest older workers have more accidents in the workplace than their younger colleagues. Accident rates vary depending on whether they focus on those that are major, those that require over three days off, or those that are non-fatal. Accident rates also vary by gender and occupation (HSE, 2004d).
- Some research and statistics actually suggest younger workers have a higher accident risk. For example, statistics from the Labour Force Survey in 1996-1997 suggest if all workplace injuries are taken together than younger workers have a 40% higher accident risk than older workers; the accident risk for 16-19 year olds is 6.7 per 100 men, and 8.4 for 20-24 year olds, compared to 4.9 for men aged 45-54 years old (HSE, 2004e). However, younger workers have a lower risk of fatal injuries (HSE, 2004e). In Finland and Sweden, studies have also found younger workers to have a higher accident risk than older workers (Salminen, 1993; Laflamme, Menckel, and Lundholm, 1996). In addition, although some figures suggest accidents may become more severe with age, for example the rate of fatal injury in 2000-2001 increased from 1.16 in 16-24 year olds to 2.74 in 55-59 year olds (HSE, 2004e), other authors suggest there is little support for this (Laflamme et al, 1996). The lower accident rates in older workers may result from the more accident-prone individuals leaving the workforce earlier or are working in less dangerous work environments (Graham, 1996; Laflamme et al, 1996), as a result of previous accidents and injuries sustained earlier in their working lives.
- Some research suggests there is no difference in accident risk with age. For example, in a 10 year American study of commercial pilots (initially aged between 45-54), crash risk remained fairly stable as pilots aged and flight experience showed a protective effect against the risk of crash involvement (Li et al, 2003). Li et al suggested the stable crash risk with age was a result of the rigorous medical standards required of professional pilots and questioned the restriction on pilots to not fly after a certain age.
- Organisations have a duty under the Health and Safety at Work 1974 to protect their employees' health and safety. By performing regular risk assessments, they should be able to minimise the risks of accidents to all workers. In addition, experience and training, for example on manual handling, may be beneficial for organisations in further reducing accident risks.
- The accidents older workers do have tend to be different to those of younger workers (Salminen, 1993; Laflamme et al, 1996). For example, older workers are more likely to

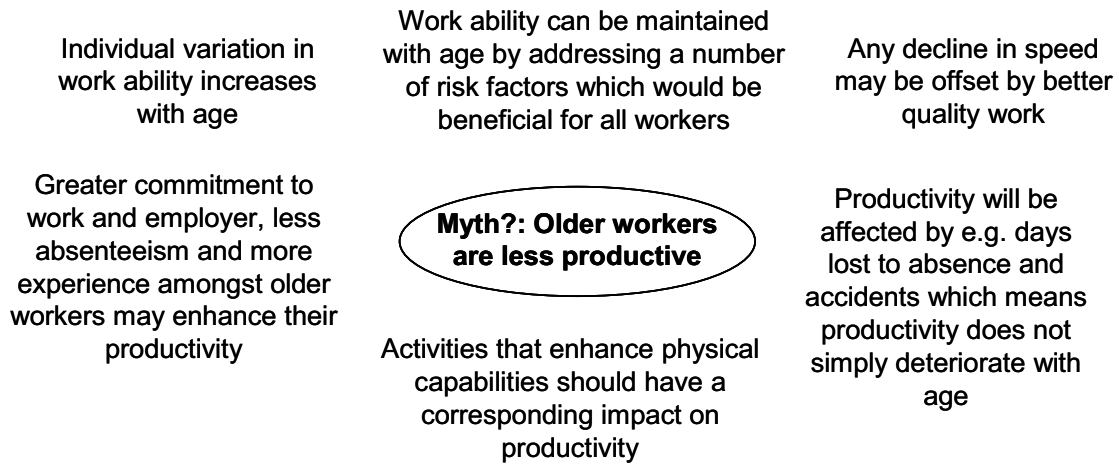
experience strains and sprains or falls, whilst younger workers are more likely to have machine accidents or be struck by objects. Interventions intended to prevent accidents associated with older workers like manual handling training, minimising obstructions and installing non-slip flooring to prevent falls, are likely to be useful for all employees.

- Experienced older workers may take a more responsible attitude to health and safety risks (Challen, 1998). For example, they are likely to use their experience to judge their limits more accurately, be more likely to follow rules and advice (HSE, 2002), be more cautious than younger workers (Shephard, 1997a) and may be more aware of potential accident risks (Salminen, 1993). Organisations can benefit from the employment of older workers in developing a more responsible culture and attitude towards health and safety risks in the workplace.

Summary:

Older workers do not have more accidents in the workplace. Accident rates vary in terms of a number of factors such as type of accident, but in general younger workers have been found to have a higher accident risk, although the numbers involved remain a small minority. This may be because the more accident-prone individuals have already left the workforce. The accidents associated with older workers such as strains, sprains and falls can often be prevented by interventions beneficial for all workers, and older workers may help improve the health and safety culture within organisations as they often take a more responsible attitude to health and safety risks based on their number of years experience in the workplace.

2.9 PRODUCTIVITY



- Older workers are often perceived to be less productive than younger workers and longitudinal studies in Finland have generally found ability to work, as measured by a Work Ability Index, declines with age (e.g. Ilmarinen, 1995). However, there is great individual variation in ability to work, and this variation increases with age (Ilmarinen, 1995), meaning that general decline in ability to work cannot be used as an excuse to exclude individual employees on the basis of age given the large variations in individual potential.
- Ilmarinen (1995) found in a four-year study in Finland that there are three main groups of risk factors, which affect the decline in ability to work. The study included over 6,000 Finnish ageing workers in 40 different occupations. The three main risk factors for decline in ability to work included '*physical demands that were too high*', referring to, for example, repetitive movements or simultaneously bent and twisted work postures; '*stressful and dangerous work environments*', including dirty, wet, hot or cold workplaces or risks of work accidents; and '*poorly organised work*', including lack of influence on an individual's own work, role conflicts, or lack of acknowledgement and appreciation. These factors were found to have a particularly negative effect on older workers; however, they are likely to affect ability to work at any age. Ilmarinen (1995) went on to suggest poor ergonomic design is the main cause of early decline in ability to work and productivity and quality of work can be maintained during ageing with improvements in the work and work environment; developments in the workplace organisational culture; and promotion of individual health and functional capabilities – all of which should prove beneficial to improving productivity in workers of all ages. In 1997, Ilmarinen also suggested changing supervisor attitudes, such as having a positive attitude towards ageing and co-operating with employees based on the team concept, can be important in improving ability to work. Furthermore, the negative impact of work conditions on workers' productivity, as found in Finland, may not be as relevant in the UK context, particularly given the duty on all UK employers under the Health and Safety at Work (1974) to protect the health and safety of all their employees as far as reasonably possible. This is likely to include the minimisation of physical demands, and stressful and dangerous work environments, and the improvement of work organisation – the factors identified above as important determinants of ability to work.
- Productivity is a complex issue that should not simply be defined as the maximisation of output; rather it is a complex relationship balancing the quantity and quality of production achieved by any individual (Shephard, 1997a). Some authors, therefore, suggest older

workers do not show a decline in productivity, because, although some older workers may show a slower working speed, they offset this by a higher quality output as a result of experience and are more diligent and accurate once they have mastered a task (Shephard, 1997a; WHO, 1993). Furthermore, Shephard (1997a) argues it is too simplistic to argue productivity would increase if the average age of the workforce decreased. This is because, for example, it is difficult to assess productivity on an individual basis, as production is increasingly a team effort that includes both good and bad performers at any age, and because older workers are less prone to the short sickness absences, which can be more disruptive to production than longer sickness absences.

- Older workers also tend to demonstrate a stronger commitment to work, tend to stay with the same employer for longer, show less absenteeism and greater work experience (Ilmarinen, 2001), and their job performance and efficiency has been shown in a number of studies of different occupations to be at least as productive as that of younger workers (Ilmarinen, 2001; WHO, 1993). Therefore, the potential for older workers to maintain their productivity should not be based on simple speed calculations but should consider other factors that impact on the productivity and quality of organisational output.
- Activities that maintain or increase physical capabilities should also have a corresponding impact on maintaining or increasing productivity (Shephard, 1997a), therefore healthy older workers should remain as productive as younger workers.
- Productivity does not simply decline with age. The previous arguments, evidence and issues discussed in the sections on ‘exploding the myths’ suggest the health, cognitive, physical and sensory functioning; abilities to adapt to change and learn new information; and rates of absence and accidents do not simply deteriorate with age. Productivity therefore, cannot simply be considered to decline as a straightforward function of age, as it will be affected by factors such as days lost from absence and accidents, and there will be great individual variations in productivity with increasing age.

Summary:

Older workers are not less productive. Productivity is influenced by a number of factors including, for example, days lost to sickness absence which has been shown to be lower in older workers. There is great individual variation in ability to work with age, and older workers may be able to compensate for any decreases in speed by increases in quality and accuracy. Productivity of older workers can be increased by a number of measures that will show benefits in workers of all ages and any increases in physical capacities should show equivalent increases in productivity. Productivity cannot, therefore, be used as an ‘excuse’ to justify the exclusion of older workers from the workforce.

3 CONCLUSIONS AND CONSIDERATIONS FOR EMPLOYERS

One of the conclusions evident from the previous sections on ‘exploding the myths’ is that older adults are vastly different from each other. This is a result of both external and internal factors interacting with the process of ageing. Therefore, no stereotype of older workers is likely to be true for all, or even most, older workers. From the evidence presented, some ‘myths’ have been dispelled more than others. For example, the myths on chronological age being the most important determinant of health or older workers taking more time off work or having more accidents are not true. Other myths, whilst partly having some truth to them, for example, that cognitive capacities or sensory abilities generally decline with age, can still be considered inaccurate as they do not recognise these changes do not occur for most individuals or can be compensated for by a number of means. They also fail to recognise that these changes are unlikely to impact on the work performance of older workers. In this way, these stereotypes / myths cannot be used to justify the exclusion of older workers from the workforce.

A note of caution is necessary when interpreting ageing studies, as there can be a number of methodological problems with such research. For example, Griffiths (1997) noted ageing studies often simply compare younger and older workers, have a restricted age range, regard age as a confounding variable or employ a cross-sectional rather than longitudinal study design which does not follow workers through their working careers. However, many of the studies used in this report have attempted to overcome these criticisms using, for example, longitudinal designs or samples that represent large age ranges or a number of different occupations. Therefore, the conclusions of this review of evidence should be valid.

Productivity is likely to be of greatest interest to organisations in their decision to retain and recruit older workers. However, the evidence suggests older workers cannot simply be described as less productive than younger workers. Productivity is likely to be affected by absenteeism and accident rates, both of which are not found to be worse in older workers. Declines in health or cognitive, physical or sensory functioning can be minimised, prevented or overcome by simple adjustments or personal actions; therefore, age cannot be used as a health and safety ‘excuse’ to exclude older workers from the workforce. Older workers are also quite capable of adapting to change and learning new information, but organisations may need to convince more experienced workers of the value of any changes and/or training. The process of consultation and communication with workers of any age can be beneficial in ‘getting workers on board’ with the changes and the process of justification may result in reconsideration of the cost/benefits of any change/training initiative.

Older workers are a valuable resource for organisations, and this was highlighted in many of the sections in Part 2 ‘age, health and employability’. For example, older workers can have a more responsible attitude to health and safety; show less absenteeism; show more advanced functioning in some cognitive capacities; and have more healthy lifestyles in some respects. Shephard (1997a) also argues employers, through appropriate job placement, should take advantage of older workers’ assets, such as their experienced judgement, emotional stability, and their lower inclination to take dangerous or unnecessary risks, to maximise their productivity, effectiveness and safety.

The evidence presented in this report attempts to raise awareness about older workers and encourage employers to consider alternative perspectives about the employment and functioning of older adults. Older workers are productive and make a positive contribution to organisations. However, there are often simple measures that can improve the functioning and productivity of workers of all ages. This report, therefore, presents the view that older workers should not be excluded from the workforce on the basis of health and safety, or poor productivity or

functioning, rather organisations will benefit from efforts to maintain the ability to work of their workers at all ages. Furthermore, the adoption and development of flexible retirement practices that can retain older workers longer are likely to have benefits for both the organisation and individual older worker.

3.1 PROMOTING PRODUCTIVITY, HEALTH AND FUNCTIONING OF ALL WORKERS

The evidence presented to ‘explode the myths on ageing’ suggests a number of considerations and actions for employers in relation to all workers. These are presented below:

Workers’ health

- Other factors such as lifestyle, exercise, nutrition and smoking habits can be important determinants of health, it would therefore be beneficial for all workers for employers to offer health promotion initiatives within the workplace and provide facilities and opportunities where possible to increase individuals’ participation in healthy lifestyles.
- Older workers who take a positive and healthy approach to their lifestyles, such as exercising regularly, not drinking excessively, and eating well, may set an example for younger workers to aspire to. The positive aspects of all individuals’ lifestyles should be encouraged and enhanced through support for events encouraging such activities and raising awareness of the potential benefits of healthy lifestyles.
- Good ergonomic design, technology, training, work design, management and/or health promotion should be used for workers of any age to prevent unnecessary injuries and accidents and relieve/prevent discomfort for all individuals, with or without current diseases and disabilities.

Cognitive capacity

- Different approaches to cognitively challenging tasks by older workers should be allowed where appropriate. In some instances, experience may even result in a more efficient approach to the task.
- Workers should be encouraged to continue in positions at work that challenge individuals mentally i.e. require difficult decision making or processing of a number of sources of information in order to maintain or enhance cognitive functions.

Physical strength and endurance

- Alterations and equipment may be available that would decrease the physical demands of jobs for all employees, and may enhance productivity as a result.
- Investment in health promotion programmes should increase the potential for healthy young workers today being healthy and physically able workers tomorrow.

Sensory abilities

- Simple adjustments within the workplace can often overcome problems with sensory abilities. These interventions are likely to be beneficial for workers of all ages and possibly prevent future sensory deterioration.

Adaptation to change

- When making changes to work requirements or conditions, there are a number of simple steps that will decrease resistance to change by all workers, including consultation; training; management support; and using personnel practices that regard all workers as assets.

Learning new information

- Tailoring training to individuals' needs is likely to enhance the potential for learning in all age groups, and use of good training practice will produce beneficial training outcomes for all workers.
- Recognising alternative learning approaches should bring benefits to all workers who can learn from experiences of those with longer employment histories.
- Development of a continuous learning environment will increase participation in training and education activities by all workers designed to maintain and update employees' knowledge, skills and abilities.
- Older workers should be offered equivalent training opportunities to their younger colleagues, as the potential for investment return is likely to be relatively equivalent.

Levels of sickness absence

- Taking preventative actions, investing in good ergonomic design and training staff should help minimise sickness absence associated with genuine illness, although it should also be of benefit to all workers.
- New guidance from the HSE on managing sickness absence also encourages employers to keep in touch with employees while they are on sick leave. This should decrease the period of sickness absence and increase the probability sick employees will successfully return to work, thus maintaining a productive and competitive business. The HSE suggests there are six simple steps to managing sickness absence, including recording sickness absence, keeping in contact, planning and undertaking workplace adjustments and developing a return to work plan (HSE, 2004c).

Accidents in the workplace

- Regular risk assessments and investment in training and education of health and safety risks should decrease the risks of accidents in all workers, not just older workers, and the responsible attitude of older workers can be used to develop a better health and safety culture within organisations.

Productivity

- Improvements in the work and work environment; developments in workplace organisational culture; promotion of individual health and functional capabilities; and changes in supervisor attitude should not only maintain productivity and quality of work during ageing but will also be of benefit to workers of all ages.
- When considering the productivity of the workforce as a whole, or even individual workers, employers should recognise productivity is not just about maximal output, but may also concern e.g. quality of products, customer satisfaction, time lost from absence, etc. These additional areas may help employers recognise the value of individual workers who are important to the organisation in additional respects.

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