MONITOR

Keeping folk in work for longer

Ageing populations are growing worldwide which will likely continue for 40 years or so [1]. However, the proportion of those who remain in work in these populations will decline unless older employees are motivated and capable to remain longer in the workforce [2]. Continuing gains in life expectancy coupled with fixed retirement ages lead to a widening gap between the length of the work career and the length of life in retirement. A large part of the gains in life expectancy is typically spent in good health, and thus there is an increasing pressure to keep people in work for longer.

Occupational and public health services need to emphasize preventive measures in tackling work disability and subsequent early retirement. Successful prevention could feasibly and cost-effectively extend work careers. The two sides of work ability are, firstly, health and disability, and secondly, the demands of the work environment. Disability retirement schemes in many countries judge work as a function of health status and work demands [3].

Prevention requires the effective targeting of risk groups and determinants of work disability. The key health problems leading to early retirement are chronic diseases, such as musculoskeletal diseases, and mental disorders, which account for up to two-thirds of disability retirements. Like ill-health in general, work disability is unevenly distributed among socioeconomic groups, with manual workers being disproportionately vulnerable to disability and early retirement. Such inequalities operate throughout working life with considerable socioeconomic inequalities in actual retirement ages.

Lahelma [4] suggests targeting three areas in order to narrow socioeconomic gaps in disability retirement. (i) Primary prevention through health promotion countering unhealthy lifestyles and improving the physical work environment. (ii) Secondary prevention through early detection and treatment of chronic diseases, thereby avoiding or delaying the diseases and progress towards severe disability. (iii) Tertiary prevention by moderating the consequences of disability with treatment and occupational rehabilitation, hence limiting the onset of severe work disability that eventually leads to premature retirement.

A Dutch study of relationships between chronological and functional age and work outcomes found that the association of chronological and functional age of workers aged ≥45 years on work outcomes was significant but small, except for the presence of a chronic health condition [5]. Workers with higher chronological age, especially between 50 and 59 years, experienced more age-related problems, got less facilitation to continue working and needed more support to continue work compared with younger workers. Also their work ability scores decreased with age. Employers need to help older workers more to remain in the workplace.

Much research studies the effect of unemployment on mental health, but few stratify such associations by demographic and/or socioeconomic groups. A recent Swedish study found that unemployment has a moderate impact on mental distress even after adjustment for previous mental health status [6]. Unemployment impact appears stronger for men, those working overtime, those with high social support or low control in their previous job, self-employed, with low occupational class or low wage. Unemployment was least associated with mental distress in couples without children.

OECD countries implement various labour market integration initiatives to improve employment of disabled and chronically ill individuals. A recent review of interventions aimed at changing the behaviour of employers showed few robust evaluations of the programmes or their differential effects. A population-level effect of anti-discrimination legislation was not found. Intervention aimed at changing employer behaviour showing most promise included financial incentives to hire disabled workers (if suitably generous); support for making the work environment more accessible/ flexible; and schemes involving employer participation in return-to-work planning. Many schemes suffer low awareness, low uptake, and limited population-wide impact [7].

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References