

Job-loss and morbidity in a group of employees nearing retirement age

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SUMMARY. As part of a study of the morbidity of a group of workers made redundant from a meat products factory, the health of employees nearing retirement has been investigated. Consultations, episodes of illness and referrals to and attendances at hospital outpatient departments were recorded annually as the indices of morbidity. With the threat of redundancy a significant increase in morbidity was noted for the male employees but not for the female employees. It is suggested that these men adapt less easily to redundancy than the women.

Introduction

EACH week in the UK several thousand people retire. Although there is no compulsory retirement age, employees qualify for a State pension when aged 65 years (60 years for women) and few people continue in full-time paid employment beyond these milestones.¹ With the present high levels of unemployment, many people are now offered financial inducement to retire early under job-release schemes. It seems reasonable that a worker aged 62 years should give up his job for a younger person who would not otherwise have one. Similarly, most people would assume that men aged 62 years should accept compulsory redundancy as early retirement. But what of this new pensioner — even though his financial situation has been catered for, are his personal losses of status, daily occupation and companionship easy to cope with?

The popular notion that retirement is detrimental to health has little objective support once the influence exerted by those retiring because of illness is excluded.^{2,4} Most studies, however, have examined workers retiring voluntarily or at the accepted age for their particular occupation. There is less information on the consequences to health of forced premature retirement.

In a previous study the effects of compulsory redundancy on the morbidity of 129 workers who lost their jobs when a meat products factory closed have been reported.⁵ The oldest employees were excluded on the presumption, also made by previous authors,^{6,7} that these workers would adjust to unemployment more easily than their younger counterparts and simply reinforce the ranks of the retired. The health of this group of older workers has been studied separately and the results are reported here.

Method

The study group consisted of 20 employees who had been omitted from previous studies^{5,8} because they were close to retirement: 10 men aged 61–64 years inclusive and 10 women aged 56–59 years inclusive. They had all been employed by C. and T. Harris (Calne) Ltd for a minimum of six years before the closure of the factory in July 1982 and they were also registered

with the author's practice for the whole of that period. They all remained with the practice for a further two years and therefore for the whole of the study period — 1 July 1976 to 30 June 1984. The eight years of the study period were denoted as years one to eight.

Consultations, episodes of illness and referrals to and attendances at hospital outpatient departments were recorded

Table 1. Annual indices of morbidity for Harris employees^a during years 1–4 (jobs secure) and years 5–8 (jobs insecure or lost).

	Total number of consultations	Total number of episodes of illness	Total number of referrals to hospital outpatient departments	Total number of attendances at hospital outpatient departments
Male employees aged 61–64 years (n = 10)^b				
Year 1	11	8	1	2
Year 2	30	12	3	4
Year 3	14	10	1	1
Year 4	11	5	1	1
Total	66	35	6	8
Year 5	45	13	3	6
Year 6	43	16	4	9
Year 7	27	13	2	9
Year 8	43	11	3	8
Total	158	53	12	32
Significance levels (years 1–4 vs years 5–8)	P<0.01 ^c	P<0.05 ^c	— ^d	— ^d
Female employees aged 56–59 years (n = 10)^e				
Year 1	39	28	2	1
Year 2	28	18	1	2
Year 3	39	22	2	4
Year 4	64	20	0	0
Total	170	88	5	7
Year 5	28	17	0	0
Year 6	38	19	0	0
Year 7	35	20	1	1
Year 8	59	22	5	7
Total	160	78	6	8
Significance levels (years 1–4 vs years 5–8)	NS	NS	— ^d	— ^d

NS = not significant. ^aNo significant differences were found for the spouses; ^bmean age 62.0 years, mean number of years employed at Harris 34.0 (range 15–49 years); ^cderived by the Mann-Whitney U test; ^dnot statistically tested; ^emean age 57.2 years, mean number of years employed at Harris 15.7 (range 10–28 years).

annually as the indices of morbidity for each employee and each spouse — nine wives and four husbands. It was not possible to find an analogous control group of sufficient size. A full account of the study method and of the events leading to factory closure can be found in an earlier paper.⁵

Results

The results are given in Table 1. The data aggregated over the first four years (jobs secure) were compared with the data aggregated over the latter four years (jobs insecure and jobs lost) as in the previous studies. A consistent rise in morbidity was found for the 10 men after year four — when there had been a mass redundancy and major reorganization in the factory. No significant differences were found when comparing the morbidity of the 10 male employees in years seven and eight — after job-loss — with years one to six. No significant differences were found in the morbidity of the 10 female employees or the 13 spouses.

Discussion

Although there was no control group in this study, the increase in morbidity found for the 10 men is difficult to accept as the result of ageing alone. Nor can it be due to the men having more free time to dwell upon problems, because, as with their colleagues aged 41–60 years,⁸ the increase in morbidity began two years before closure of the factory when it became obvious to everyone in the community that the company was in difficulties.⁵ Once again, the threat of redundancy seems to be as stressful as the eventual experience.

For these men, the prospect of being jettisoned, unceremoniously, from their jobs would seem to be more traumatic than retiring at a predetermined time and a substantial redundancy payment does not seem to soften the blow. It is suggested that the men, deprived of what they see as their main role in life, adapt less easily than the working women who play a dual role. Whatever the mechanisms involved, the stress and anxieties that these men experience are sufficient to at least double their consultations with their general practitioners.

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