

# Ageing and employment:

are patients ever too old to work?

In the UK more over-50s are in employment than ever before; the employment rate of older people is increasing; and over 1.2 million people are working beyond age 65.<sup>1</sup> Several factors contribute to this. The baby boomer generation is aged 50 to 70. Falling birth rates and increased lifespans require people to work longer to meet staffing needs and provide adequate retirement income as they live longer. The default retirement age was abolished in 2011, making it unlawful to retire someone compulsorily because of age, unless justified objectively. From 2020, the state pension age will be 66, increasing to 67 between 2026 and 2028, and linked to life expectancy thereafter.

Although health is a determinant of how long people continue to work, there are emotional, personal, financial, and occupational factors. Work brings benefits including self-esteem, companionship, and income. Caring responsibilities, hobbies and interests, relationships in and outside of work, a partner's employment status, and financial security all influence decisions to retire or to continue working. Occupational factors include the availability of work that satisfies personal needs, and the fit between job demands, working environment, individual circumstances, and capability.<sup>2</sup> A new comprehensive report considers current evidence on the impact of age on ability to work, and examines perceptions, myths, and strategies that employers, doctors, and their ageing patients might utilise to maintain meaningful employment.<sup>3</sup>

### AGEING IN PERSPECTIVE

Many systems of the body demonstrate age-related changes. The special senses are affected by hearing loss (presbycusis), balance problems (presbystasis), and visual impairment (presbyopia). Presbyopia and presbycusis need not affect job performance and in most cases are overcome by hearing aids, corrective eyewear, or adaptive technology. Dizziness is common in adults but is generally only a concern at work if someone's job requires them to work at heights or operate machinery or vehicles.<sup>3</sup> Working in a noisy environment is associated with an increase in accidents in those with a hearing decrement.<sup>3</sup>

Muscle strength and aerobic capacity decline with age after the fifth decade but

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there is little evidence that these declines adversely affect job performance.<sup>4</sup> While lung function (assessed by FEV1) decreases progressively after the age of about 25, in the absence of disease, the respiratory system maintains adequate gas exchange throughout the lifespan.<sup>3</sup> Age-related cognitive decline is not generally marked before the age of 70, with only 5% of people over 65 showing any cognitive impairment; moreover, language ability and the ability to process complex problems improve.<sup>2</sup> For most people in their 60s any impairment in mental ability and mental agility is slight, and the effects are offset by experience and established skills.<sup>3</sup> Although studies demonstrate slower reaction times with increasing age, caution increases; a trade-off between speed and accuracy reduces the frequency of possible errors.<sup>5</sup> Overall, healthy older people perform equally as well as their younger counterparts.<sup>2</sup>

Ageing is associated with changes in circadian rhythm such that people feel more active in the morning, and are better able to cope with early shifts.<sup>4</sup> There is some evidence that older workers' performance is adversely affected by night shifts, whereas younger workers' performance is adversely affected by morning shifts.<sup>2</sup> There is consensus that older people need longer recovery periods, particularly from shifts of 12+ hours.<sup>2</sup>

Longstanding illness or disability is more prevalent with age, affecting approximately one half of 65–74-year-old working Britons.<sup>6</sup> Around 60% of people of working age who have long-term conditions are in employment.<sup>7</sup>

### FITNESS FOR WORK

Perceptions of older people are frequently based on positive, neutral, and mostly negative stereotypes and myths.<sup>3</sup> People believe that all older people have declining physical health. Fitness to perform in a role is multifactorial, involving an interaction between functional capacity, health, and the nature of the work. Good occupational health and safety risk management

includes job-specific assessments for workers to ensure the environment and work practices are safe, taking into account any individual vulnerability. Although specific evidence about people working into their 60s and beyond is limited,<sup>8</sup> the safety risks arising are often small and tempered by experience and knowledge.<sup>3</sup> Attention to workplace and task design, and adoption of flexible policies, are key strategies to support the retention of the older employee in work. Access to high-quality occupational health support with health promotion programmes, and access to physiotherapy and counselling, all promote employment longevity and staff engagement.<sup>3</sup> Chronic ill-health can be supported in the workplace with adjustments to role, the work environment, or by training or re-skilling.<sup>2</sup>

Those who use physical strength at work retain better strength than those who do not,<sup>2</sup> while an active lifestyle helps to preserve some aerobic capacity.<sup>5</sup> The onset and impact of cognitive decline varies considerably between individuals and is influenced by lifestyle factors, for example, regular physical activity is positively associated and sedentary behaviour is negatively associated with cognitive function over the lifespan.<sup>9</sup>

As most patients obtain fit notes from their GP it is important to be aware that older people tend to have fewer but potentially more serious accidents and may need longer recovery times from injuries sustained.<sup>5</sup> The most frequently identified predictors of prolonged disability are older age and greater baseline pain and functional disability.<sup>3,10</sup>

### PRIMARY CARE AND PROMOTING WORKABILITY

An editorial in this journal noted key challenges for general practice in providing care for an ageing population.<sup>11</sup> These included a greater focus on prevention and proactive care of older people with multiple long-term conditions. General practice is a key player in prevention.<sup>11</sup> GPs

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and primary care staff provide individual support for patients at risk of developing chronic disease from lifestyle factors. Such ‘anticipatory care’ is key not only in preventing deterioration and keeping patients well, but also improving workability and reducing sickness absence. Supporting patients with chronic health conditions to self-manage their health — particularly controlling pain and fatigue — improves job retention and return to work.<sup>3,12</sup>

GPs and primary care staff can help patients understand that age-associated functional declines and their impact on work can be moderated by increased physical and intellectual activity, and other lifestyle factors.

The report finds little evidence of specifically targeted preventive health interventions, but finds there is a case to invest time in general health promotion, because any health interventions work for all ages and not only the older working patient.<sup>3</sup> Programmes should focus on those whose lifestyle factors place them at risk of developing chronic disease (smoking, nutrition, obesity, and cardiovascular risk). Education, support, and valid interventions improve workability, as does access to specialist treatment, counselling, and multidisciplinary rehabilitation programmes for those on sick leave.<sup>3</sup>

## CONCLUSION

Age *per se* does not preclude work. There are wide individual differences in functional abilities at any given age. Age is not the most important determinant of health, and ageing does not inevitably lead to illness. Although the risk of long-term conditions may increase with age, many older workers enjoy good health and most people who have long-term conditions or disability continue to work. In most jobs, declining health has no impact on job performance; many jobs and work environments can be adjusted for emerging disabilities.

Work demands and psychosocial factors may have a greater influence on the risk of developing work-related ill-health than age, and so providing safe and healthy workplaces ought to be the focus for ensuring good health.

With strong evidence that (good) work is generally good for the health and wellbeing for all age groups, and with most individuals across all working-age groups with impaired health or a decline in physical capacity remaining in work, there is little evidence that age *per se* is a strong determinant of workability. In summary, relationships between age, health, and employability appear to be weak.

In the context of older people being fit for work, fit for life, and fit for the future it is vital to remember that the biological effects of ageing are moderated by increased physical and intellectual activity, and the adoption of healthy lifestyle factors from an early age.

### Paul J Nicholson

Retired Occupational Physician, London.

### Grant V Mayho

Global Occupational Health Lead, Pfizer, Sandwich, Kent.

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## ADDRESS FOR CORRESPONDENCE

### Paul J Nicholson

16 North Block, County Hall, London SE1 7PJ, UK.

E-mail: [pjnicholson@doctors.org.uk](mailto:pjnicholson@doctors.org.uk)

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