

Older workers and OSH

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08 November 2011

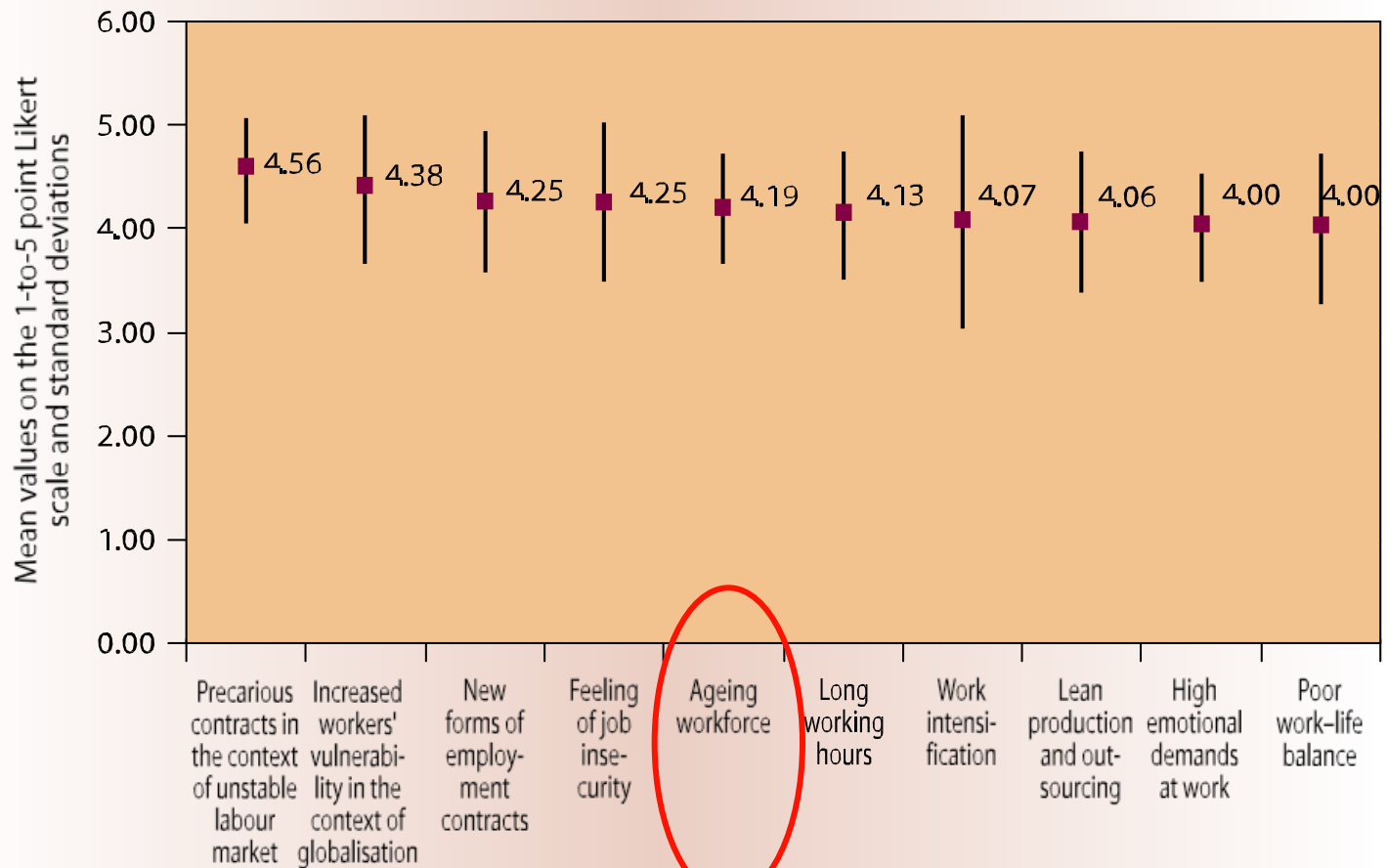
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European Agency
for Safety and Health
at Work

Expert forecast on emerging psychosocial risks related to occupational safety and health

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(NB: MV > 4: risk strongly agreed as emerging; 3.25 < MV ≤ 4: risk agreed as emerging)

OSH risks for the ageing workforce

- The experts strongly acknowledged the issue of OSH risks for the ageing workforce as emerging risks.
- The respondents also underlined the health and safety consequences of jobs not adapted to their condition, and the fact that ageing workers are more vulnerable to poor working conditions than young workers.

- **Range of physical and sensory abilities is subject to natural ageing process**
 - muscle strength
 - endurance
 - balance
 - thermal tolerance
 - sight, hearing
 - short-term memory
 - speed of perception
- **Large interindividual differences affected by genetics, personality, lifestyle, physical and intellectual activity, experience, and culture**

- The incidence of occupational diseases becomes linear with the age
- Musculoskeletal and psychosocial disorders are the most prevalent cause of work disability among older workers
- The relationship between ageing and the risk of development of musculoskeletal disorders - further research is required.
- Chronic symptoms and diseases – impaired ability to work
- Return to work

- Based on the number of occupational diseases, the top 5 occupational diseases among older (56 years and over) are hearing problems, pulmonary disorders, cancer, musculoskeletal disorders and allergic effects.
- The portion of older workers in diagnosis group is high (over 50% of the cases) on cancer (81.9%), pulmonary disorders (67.6%) and on hearing disorders (53.7%).

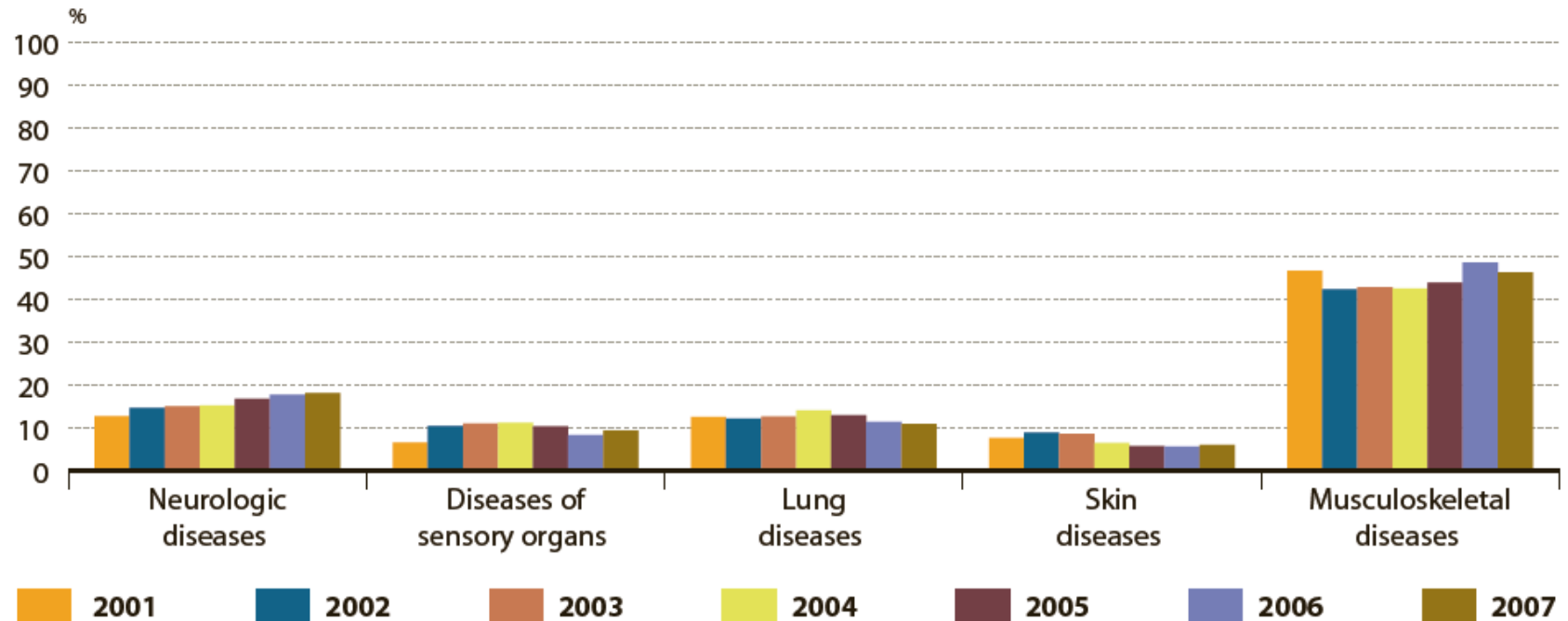
Type of work-related health problem indicated as the most serious among persons with a work-related health problem in the eu27 (%)

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Type of work-related health problem	Persons that work, or Persons that work worked previously	
Bone, joint or muscle problem	28.4	29.5
Bone, joint or muscle problem	18.8	20.1
stress, depression or anxiety	13.7	14.5
Bone, joint or muscle problem	12.6	11.3
Breathing or lung problem	5.2	4.8
Heart disease or attack, or other problems in the circulatory system	5.9	3.8
Headache and/or eyestrain	4.4	4.9
infectious disease	2.5	3.1
Hearing problem	1.4	1.3
skin problem	1.3	1.4
other types of complaint	5.8	5.3

Contribution of five important diseases to the recognized occupational diseases in europe (%)

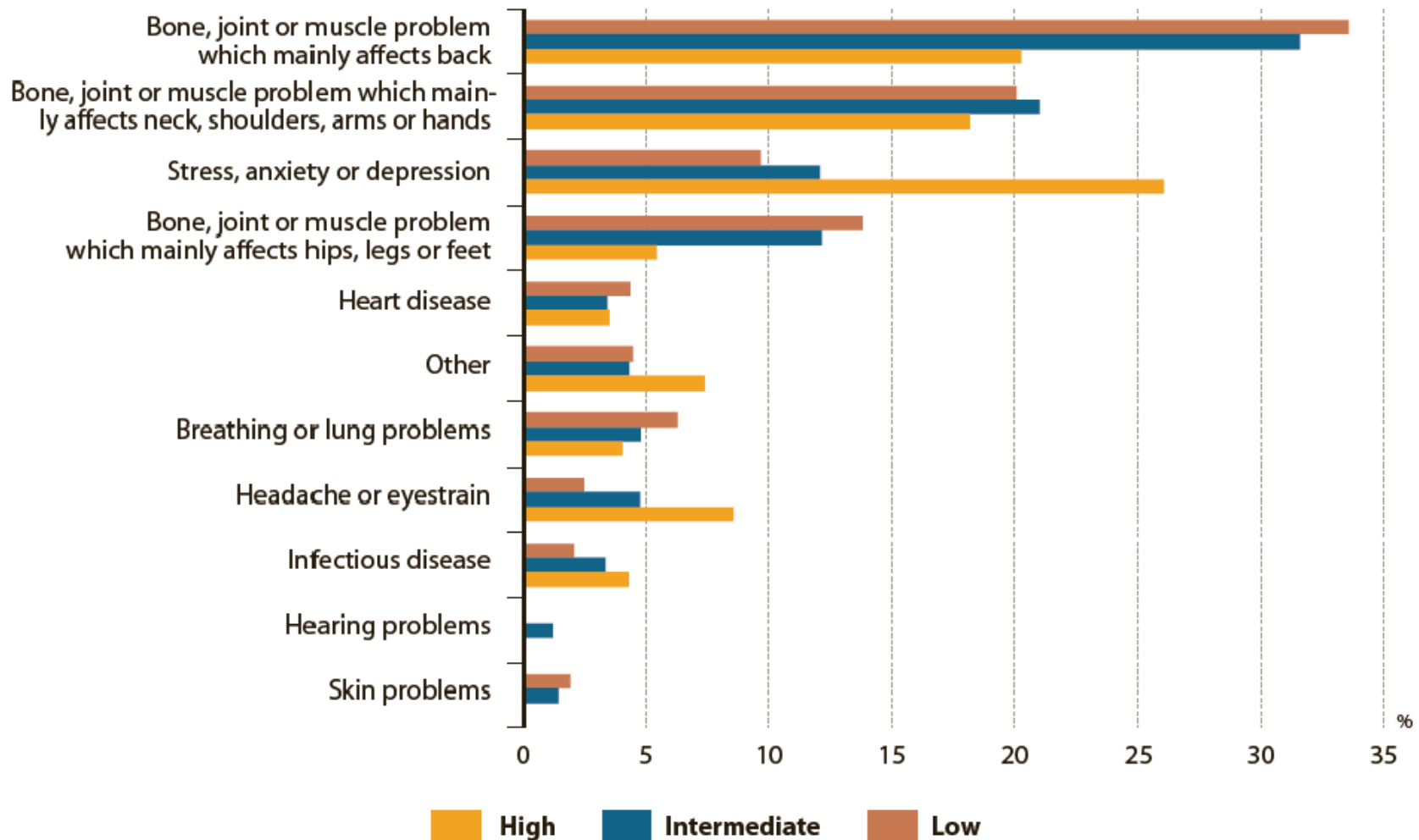
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Source: EODS 2001-2007

Most serious work-related health problem* in the past 12 months in the eu27 by education (%)

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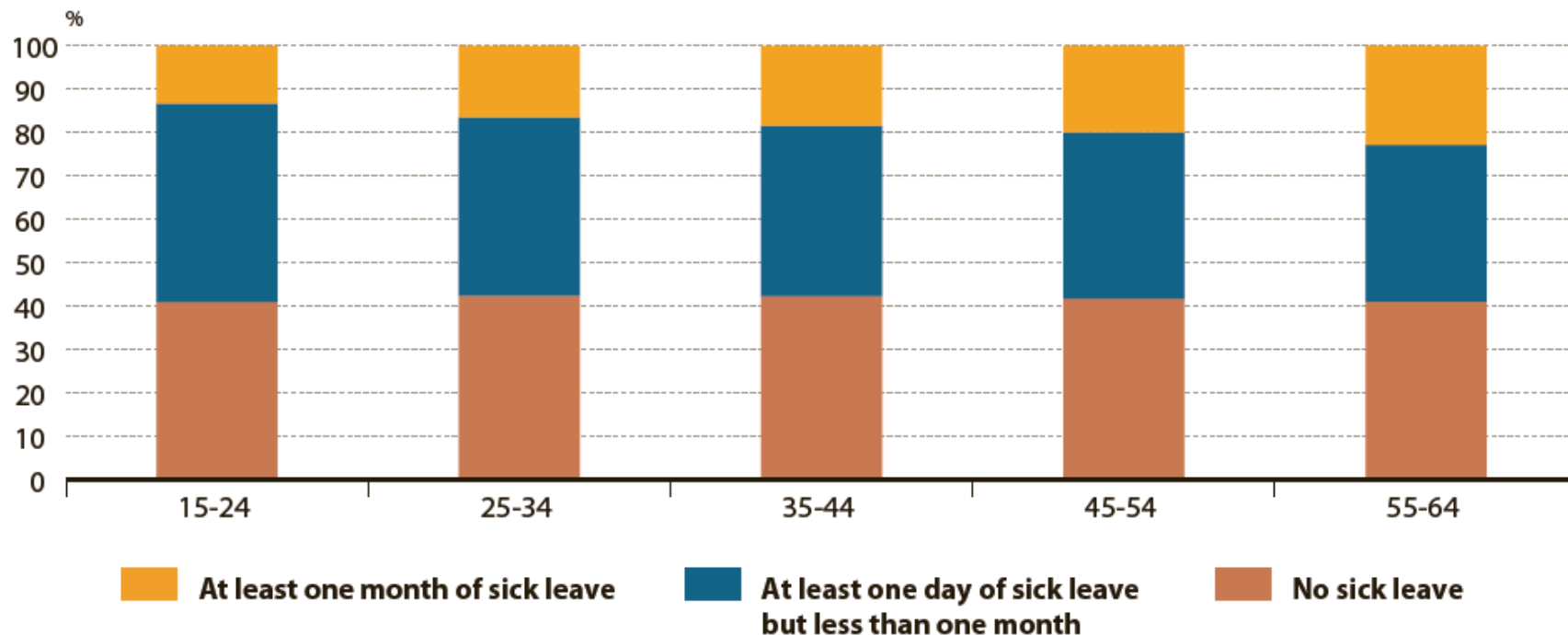


Source: LFS ad hoc module 2007 – FR not included

- **Studies inconsistent relating the relationship between age and the numbers of accidents**
- **The research on occupational injuries suggests that although younger workers are more at risk of an injury at work, older workers are more at risk of a fatal accident.**
- **Age and types of injury**
 - injuries of back and neck (due to fast movements or extreme overload)
 - knee and leg injuries (due to slips and falls)
 - especially at risk of injuries related to fast movements, overload, slips and falls

Sick leave in employed persons with a work-related health problem in the last 12 months in the eu27 (%)

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Source: LFS ad hoc module 2007 – FR not included

SHARE “50+ in Europe” - Summary of initial results

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- **Preventing ill health pays for itself by preserving employability**
 - Individuals in good health retire about two years later than workers in poor health.
- **Quality of employment is strongly associated with well-being**
 - Lower quality of employment - poor health and depression.
- **Strong link between health behaviour and socioeconomic status.**
 - Individuals with lower levels of education are 70 percent more likely to be physically inactive and 50 percent more likely to be obese.
- http://www.share-project.org/t3/share/fileadmin/pdf_documentation/FRB2/Chapter_6.pdf

- **Ill health is an important predictor of withdrawal from paid employment among 50-64 year olds.**
 - Most evident for those on a disability benefit, but also increases the likelihood of becoming unemployed or retiring early.
- **There is a large potential for increasing the labour force participation by health interventions.**
 - If (the effect of) ill-health (on withdrawal from the labour market) among 50-64 year olds could be eliminated, the average duration of working life would increase by 13-16 months.

Solutions?

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- **Prevention of work-related diseases and symptoms in all age groups**
- **Treating the disease is not enough – adjustments at work**
- **Health promotion**
- **Role of occupational health services**
- **Age management**
- **Coordination and cooperation between different players**

➤ Human resources

- Health, physical and mental capacities, competences, social functioning, attitudes and values

➤ Working conditions

- Work content and demands, physical, ergonomic and psychosocial environment, management and leadership issues

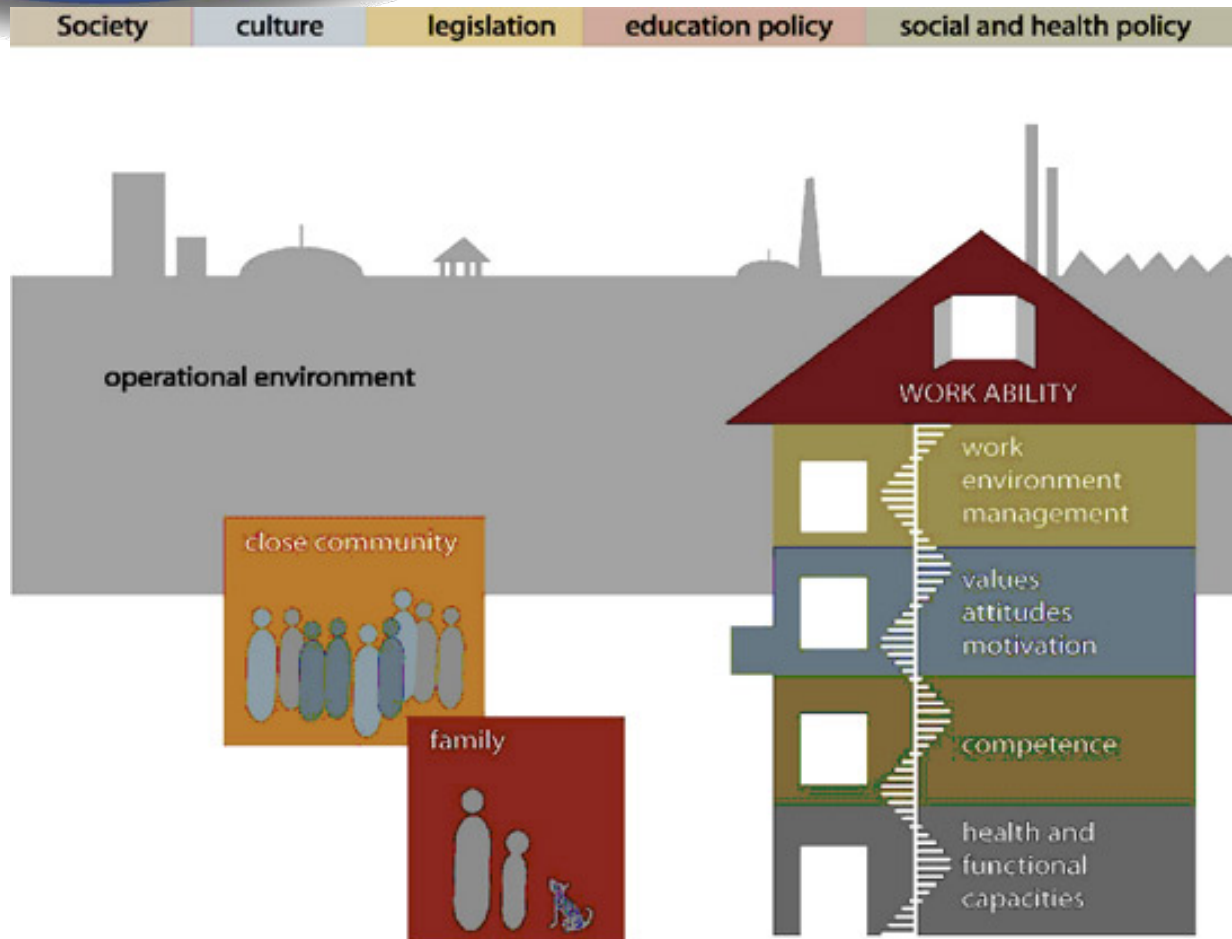
➤ Micro- and macroenvironment

- Family, friends, infrastructure, services, and other societal dimensions

➤ Integration of actions focussing on all these aspects

Multidimensional work ability model

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http://www.ttl.fi/en/health/wai/multidimensional_work_ability_model/Pages/default.aspx

➤ Background

- Europe 2020 Strategy
- Community strategy 2007-2012 - demographic change and the ageing of the working population - one of the challenges in the field of OSH

➤ European Year of Active Ageing 2012

- Article and double factsheet / two complementary factsheets
- Updating thematic page on ageing workers

➤ In the long-term

- Updating EU-OSHA materials on ageing and OSH
- Collection of case studies