Seniorpreneur: we need you!

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Australia’s population 1950-2100

Source: http://esa.un.org/unpd/wpp/Graphs/DemographicProfiles/
Ageing pop.= Ageing workforce

% of 60-64 year olds in paid employment

What does this mean?

- Imminent future skills shortage due to retirement of Baby Boomers
- Vital for orgs to encourage & support mature age employees to remain in the workforce
- Must address the reasons why mature age workers exit the labour market
Ill health, injury & disability (IID)

• Poor physical & mental health major factors leading to early permanent retirement (ABS 2013; Luo & Herzog 2002; Brown et al. 2006)

• Mature age workers’ health problems that are manageable & temporary, face greater difficulties finding a job following IID (Vegeris et al. 2010)

• Many mature age people with health problems have the potential to remain or return to workforce if their conditions are acknowledged & supported
Ill health, injury & disability

• Most common: cardiovascular disease, arthritis, musculoskeletal injury, & mental health illnesses

• Work-related injuries high in male dominated industries: agriculture, forestry & fishing; manufacturing; & construction (due to high levels of physical demand) (ABS, 2007)

• Musculoskeletal disorders e.g. sprains & strains

• Rising prevalence in female dominated occupations e.g. nursing - manual handling & physical demands involving actions of lifting, pushing or pulling heavy objects
Ill health, injury & disability

• Socioeconomic inequalities = low employment & poor health e.g. low education, unskilled labour & low income

• Workers aged 55+ have lowest rates of work-related injury (ABS, 2007)

• Possibly indicates poor health at older ages less likely caused by work-related injuries & more likely pre-existing health conditions
Mental ill health

• Cause of longest work absences (LaMontagne 2010)
• Teachers & police: stress, depression & anxiety
• Stems from low job satisfaction, work overload & pressure, poor work/life balance, lack of control & decision making, poor support, & unclear management & work roles (Schnall et al., 2009)
• Physical/mental comorbidity reduces engagement
• Bi-directional r’ship bw physical/mental conditions
Changing nature of work

- Change in work environments
- Decline in full-time permanent jobs
- Growth in: ‘non-standard’ work arrangements: casual, part-time, temporary, contract etc.
- Rise of the Seniorpreneur
- Decrease in job security= could be equally detrimental to mental health as unemployment (PricewaterhouseCoopers, 2010)
Changing nature of work

• Involuntary non-standard work agreements can constitute underemployment

• Underemployment adverse effects: income adequacy, underutilisation of skills or qualifications, employment stability, desired hours of work = potential harmful effects on employee mental health

• Voluntary non-standard work agreements can improve employee mental health
Changing nature of work

• Non-standard employment can = ‘bad’ job characteristics: low income; job insecurity; deficient benefits; hazardous conditions (e.g. vibrations, loud noise, or hazardous products); painful, repetitive or tiring positions; lack of induction & safety training (OH&S); little/no superannuation; greater physical & psychological demands; low control over processes; & involuntary part-time or seasonal work
• Reactive measures: understanding & support to manage pre-existing health problems
• Preventive measures: health & wellbeing programs designed to establish & maintain healthy behaviours
Reactive measures

• Cooperation, org policy & +ve workplace culture

• Return-to-work plan: job adaptations, change to type of work & tasks, additional leave, special equipment & individual assistance, flexible work, supervisor & co-worker support

• Encourage & enable self-managing behaviours e.g. taking prescribed medications, symptom management, follow appropriate diet & exercise, space & privacy for safe completion of behaviours
Dame Carol Black’s Review

• Review of health of Britain’s working age pop., *Working for a healthier tomorrow* (2008)
• Employers can facilitate return to work through early, regular & sensitive contact
• Replace paper-based sick note with electronic fit note - alter mindset from what employees cannot do to what they can do
• Improve communication b/w employers & GPs
Preventive measures (H&W)

• Take stock of existing programs
• Make use of experts & consultants (Quit)
• Provide information & advice
• Promote healthy physical activities (10,000 steps)
• Make use of medical & other services
• Look at equipment & infrastructure
• Embed in workplace policies
Benefits of H&W programs

• Reduce risk of injuries/work-related accidents
• Improve workplace morale, satisfaction, motivation and workplace culture
• Reduce stress levels & absenteeism
• Improve retention/delay retirement & prevent premature exit due to ill health
• Increase productivity & external image
• Increase retention of valuable knowledge, skills & experience of mature age workers
Examples of best practice

Oil company, UK

• Workplace health assessments to resolve common problems e.g. back pain
• A doctor available on site to review employees’ existing health problems and to intervene when serious health problems arise. In addition, as a preventive measure, the company offers annual medical examinations for employees aged 50+
Example of best practice

- BMW group
- https://www.youtube.com/watch?v=1b2aLleeC4A
Conclusion

• IID adversely affects engagement of mature age people
• Non-standard work: +ve & -ve effects depending on voluntary nature of arrangement
• Reactive measures: management & co-worker support; less psych & physically demanding; return-to-work programs; mod to tasks, equipment, infrastructure
• Preventive measures: H&W, health assessments, opp. for exercise & info for healthy lifestyle
• Evaluate & update regularly for sustainable policies
Thank you!

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