

Older Workers



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A number of themes weave through any consideration of the American workforce. Demographic imperatives and our own experience underscore the aging of workers and the heterogeneity of that segment of the working population. As occupational therapists, we treat those older adults whose working roles have been adversely impacted by physical, emotional and/or social losses, or who have retired. We understand how function is affected by the interplay of chronic illnesses that affect adults as they age, as well as the normal effects of aging. But gerontic occupational therapists often do not deal with the majority of elders, those who are successful agers. Remembering that backdrop of successful agers can help us maintain or renew our perspective on the multiple capabilities of aging American workers and diminishes the power of myths perpetuating the notion that older adults do not want to or cannot work.¹ Some of the important threads of the workforce fabric are the dynamic changes, choices, and challenges in our reciprocal relationship with this ever-increasing segment of the population.

Change is a primary theme for older workers and professionals working with them. The rapidity of technological change and its effect on jobs has decreased the number of jobs and increased the demand for skills in the jobs that remain. Concurrently, the number of service jobs has increased, while the number of younger people joining the workforce has decreased. Ageism has blinded employers to the benefits of retaining and retraining or recruiting older workers. At the same time, aging workers have internalized ageist beliefs and feel unable to learn new skills or be of value to society.

Although aging workers exhibit slower reaction and decision-making times, their assets are many; these include maturity, good judgment, experience, skills, motivation, a strong work ethic, and decreased absenteeism and turnover rates.² Older, experienced workers can be more efficient and productive than younger workers when they are engaged in nonphysical tasks requiring experience and decision-making. A relative stability in learning and problem-solving capabilities evolves through the working years.³ However, job flexibility and work satisfaction are necessary to successful continuation of work among aging employees.

Occupational therapists need to reassess their views of the continuing capabilities and assets of older workers. Faced with a diminishing body of new workers, employers will turn to older, female, and disabled workers.⁴ A basic tenet of occupational therapy is the human need to engage in meaningful activity. Occupational therapists can help to change society's view of the ability of the aging to engage in productive work and can provide adaptations that compensate for the primary and secondary effects of aging, thus meeting the dual needs of employers and employees.

Occupational therapists can address the

needs of aging workers in a number of ways. First and foremost, they can encourage aging workers who have become disabled to believe that their working roles need not end. This may involve helping these workers overcome fear of failure and resistance to change during the job-seeking process.⁵ They can help employers understand the aging process and the need for adaptations to the environment, assistive devices, and more flexible working parameters to maintain or recruit workers who are aging.⁶ They can encourage vocational rehabilitation workers to initiate, receive, and fulfill referrals for older persons. Early intervention is just as important for older workers as it is for younger workers. As always, methods of intervention must be responsive to the needs of the individual.

Older workers are considered to be between 45 and 60 years of age or older. The age of disability onset and referral to occupational therapy are important. Two distinct categories of older workers comprise occupational therapists' clientele: 1) older workers who became disabled when they were younger, and 2) those who have recently become disabled. The timing of the disability is important because it can affect a client's adjustment and expectations.

Cohort effects influence each group within the aging population. Cohorts, people born in a 5- to 10-year time period, are influenced by cultural, political, and societal trends and events that occur as they mature and age. Today's older cohorts, workers who are 60-70 years old, grew up with Social Security. They worked with the promise of retirement and its attendant benefits following their employment efforts. That expectation has affected their sense of timing, and ultimately, options about retirement. Today's younger cohorts are growing up uncertain of retirement benefits and length of employment, and knowing that fewer younger workers will follow them. They are better educated and are encouraged to become consumers of health care by a changing public health paradigm in which individuals take more responsibility for their health. These

workers are more discerning about their wants and needs, and they demand that an array of options be available.

The definitions of health and wellness, and what employment alternatives and styles look like, are changing and will have a dynamic effect on society, both individually and professionally, as they pertain to the continuing health and work status of younger and older workers. Occupational therapists working in the gerontic area need to be aware of these changes, demonstrate flexibility, and respond proactively. As a profession we are aware and supportive of the wellness and health promotion model; we do all we can to help those with chronic and acute illnesses maintain or regain independence and well-being. Now we need to help the aging cohorts of workers maintain health and independence as long as possible, and exercise choice in an expanding number of work options. The roles of education about aging and advocacy of the benefits aging workers can bring to a job fit comfortably within the domain of a gerontic occupational therapist.

We must also look to our own profession and provide a solid educational framework for aspiring occupational therapists. Students need to know about the aging process, the heterogeneity of aging cohorts, and those who age successfully *before* they learn about those whose efforts to remain independent have been less successful because of chronic diseases and illnesses. Only then will they approach these individuals—who will need so many of our services—with a perspective grounded in healthy aging, one that will allow, encourage, and respect efforts for autonomy.

Occupational therapists successfully match needs of employers and employees because of their expertise in holistic and functional assessment, task analysis, and adaptations to environment and equipment. Encouraging flexibility in structuring job tasks leads to creativity in scheduling, thus accommodating the energy levels and personal preferences of aging workers.

Just as aging cohorts are demanding more

choices in how they age, our profession must remain current on intervention alternatives and attempt to broaden and add to those already available. Our skills will continue to be necessary as both the successful aging and ill segments of the population grow. We must become more responsive to this larger segment of the aging population while treating the multiple needs of the less-capable aging cohorts. Maintaining exposure to the successful aging group can provide us with a richer, more realistic perspective on what aging people can offer and accomplish. Certainly, the human need to engage in personally meaningful activities that reinforce one's sense of worth and value is the

universal truth on which treatment is based and against which it is assessed.

The challenge is to meet the needs of these diverse groups today and to be prepared to meet the changing needs of the cohorts we will treat in the future. Meaningful, purposeful activity and work remain excellent vehicles for meeting that challenge. The individual, the profession, and society will all accrue the benefits. Attention to our own aging, the needs of the aging cohorts that precede and follow us, and their profound influence on us as health care professionals will help us improve the quality of life and work of those we treat.

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