**Workers’ health, mental and physical conditions**

Main barriers to foster AA culture at the workplace: description-example-how to overcome it?

**Identified Barrier: Workers’ health, mental and physical conditions**

**Description:**

Age-related physical and psychological changes comprise a natural consequence of employees’ aging and as such can be noticed in the entire population of aging people. Furthermore, they may affect the quantitative and qualitative outcomes of work, accidents at work, sickness absence, and thus the costs incurred by employers. Functional and sensory impairments or chronic diseases which increase with age pose a number of potential threats that older workers are exposed to. Some of them can be weakened by the proper equipment or workplace adjustments, others, such as signs of early dementia (onset of pre-dementia earlier in time) or mild cognitive impairment, are difficult to determine. This is especially disadvantageous when a senior employee works on a job requiring high-level mental functioning where high competences related to intact cognition (mental process of knowing, including aspects of awareness, perception, reasoning and judgment) constitute one of the requirements. This can be counteracted, yet only to some extent, through an increased both physical and intellectual activity as well as other lifestyle-related factors. The increasing risk associated with workplace hazards involving older employees may be weakened by compensatory strategies or experience. In older age, especially among women, falls tend to intensify and lead to a greater morbidity and mortality. In addition, the probability of falls among older employees increases due to other factors such as strokes, dementia, cataracts, age-related macular degeneration and others. The aerobic capacity is reduced and this is related, among others, to weight gain among people over 50 years of age; the incidence of chronic neck and shoulder pain, musculoskeletal complaints and many others increase together with the employees’ age. These changes are of great importance to those whose work not only requires constrained postures but is also connected with physically demanding jobs with heavy manual work. Overall, the health of the older workers and the quality of employment are interrelated, especially in the case of the lack of support at work and the feeling of job insecurity. Health-related barriers hinder the introduction of AA practices in the workplace and force the management to devote greater and individual attention when it comes to providing solutions aimed at supporting older employees.

**Example – how to overcome the barriers ?**

Zofia, 58, was employed as a cleaning lady in the office of company X. Her manager noticed that mopping the floor started to be even more difficult than usual. Therefore, the company bought a cleaning machine for Zofia which eased the process of cleaning the room. Later, the manager noticed with surprise that Zofia does not use the cleaning machine and continues to do her work as before. Zofia provided no answer to the question why she rejects to use the cleaning device. Yet soon, she explained that she cannot read the instruction manual because everything is written in a very tight and small font she cannot read even when she is wearing glasses. The manager asked someone from the office to rewrite the instructions using a large font and with large intervals, and then, together with Zofia, they started the cleaning with a cleaning machine for the first time. Moreover, Zofia visited an ophthalmologist who checked her vision and advised the exchange of lenses. The problem has been solved.

**A possible solution:**

* Trainings among older employees on risks connected with ageing in the workplace and solutions offered by employers to facilitate problem solving;
* Introduction of changes in the work environment and organization to reduce the likelihood of recurrent falls;
* Paying attention to preventive medical examinations among employees covering a wider profile of health threats connected with age;
* Promoting physical and intellectual activity among all employees, especially among those 50+;
* Promoting a healthy lifestyle (including nutrition) among all employees, especially among those 50+;
* Consultation with a physician about reduction of medications (polypharmacy, i.e. 4 or more medications can be considered a risk factor when it comes to e.g. falls in the workplace);
* Ergonomic adjustment of workstations to the requirements of aging employees,
* Introducing breaks at work devoted to stretching exercises;
* Selection of the type of work – job characteristics such as job demands and job control can have an impact on depression and/or anxiety in working older populations;
* Preparation of instructions, documents, explanations, warnings in the workplace written in large fonts, to make them easier to read by older employees and which will improve their feeling of a job security; presbyopia usually occurs among people aged 45 to 65 and it is manifested by an impaired short distance vision;
* Due to the age-related hearing loss, it is necessary to communicate with older employees in a slower, slightly louder and clear manner;
* Advising older employees on how they can make use of their professional experience, developing individual strategies targeted at coping with versatile occupational situations when advancing age becomes an obstacle in the performance of tasks at the workplace.

**Questions to consider:**

* Do occupational health physicians pay attention to the impact of aging processes on the functional abilities of employees in your company?
* Do the older employees know who they can turn to for help when, because of their age, they face difficulties in completing tasks at their current job position?
* Is the older employees’ acknowledgement of the health problems considered a reason to justify the termination of their employment?
* When was the last time when the older employees had the opportunity to take advantage of a health services package tailored to their needs?
* Are the causes of sickness absence among older employees regularly analyzed in the company?
* Is the accident rate among older employees (especially recurring cases) monitored in terms of the preventive actions that can be taken by the company?
* Are the older workers offered the health rehabilitation opportunity the costs of which are covered by the company?
* Does the company co-finance trips to the sanatorium or spa for employees of all ages?
* Are there any training sessions on a healthy lifestyle?
* Are there consultations, trainings or counseling on healthy aging targeted at 50+ employees?