



Valuing older workers: Keeping healthy

Protecting and promoting the health, safety and wellbeing of nursing staff throughout their working lives is central to enabling and supporting them to work longer. Conversely, unsafe working conditions and poor occupational health and wellbeing can have a negative impact on engagement, productivity and finance in all sectors including health.

In the NHS there is the added dimension of patient outcomes and we know that investment in the health, safety and wellbeing of staff has a positive impact on patient outcomes.

There is evidence to suggest that in general older workers who are in good health, with up-to-date skills, do perform as well as their younger counterparts. However, some factors including physical strength can diminish with age meaning that older workers tend to require longer recovery periods following physical exertion. Despite this, an individual's capacity to work in a particular role will vary greatly depending on that individual's circumstances because individuals all age differently.

Employers should consider some key issues and take action to support older worker's health, safety and wellbeing. This includes consideration of the following:

1. Occupational health and employee assistance

Provision of staff self-referral to occupational health and counselling/employee assistant programme services.

Seeking early support from occupational health (OH) and/or counselling (or other staff support services) services is important in preventing or minimising the impact of work on health or vice versa, irrespective of the age of the member of staff. Some workers may not feel able or indeed want to discuss issues with their managers or may need support on how to broach an issue with their managers.

Access to OH or counselling services should be consistently available to all staff regardless of occupation or working pattern. Self-referral options should be made an option, rather than relying on management referral. This is particularly important for allowing prompt and early action where a member of staff may have mental health or other concerns that need to be handled sensitively and confidentially.

2. Preventative health education

Provision of an occupational health service that supports preventative health education and well-person services and encourages staff to take advantage of these services





Well person services such as health checks, MOTs or health screens are often the first opportunity for an individual to discover that they may be at risk of illnesses such as type 2 diabetes, heart disease or even cancers. Early detection supported by health education programmes such as weight management or smoking cessation can then be targeted and timely to make the most impact. Initiatives of this nature are also beneficial to employers in terms of reduced absenteeism, increased engagement and productivity.

Health problems are the most common reason for premature retirement and long-term health conditions are more common in an ageing workforce. Therefore, alongside prevention of work-related causes of ill health, prevention and early detection of long term conditions is an important factor in promoting and supporting extended working lives.

The NMC Leaver's survey 2023 shows that 63% of 51+ year olds and 57% of 61+ year old leavers left the NMC register earlier than planned (NMC 2023). Physical or mental health and burnout/ exhaustion were secondary factors in leaving the NMC register (NMC 2023).

3. Chronic disease and long-term conditions

Supporting an increasing number of staff with chronic disease and fast track early intervention services such as physiotherapy and counselling services available to all.

Increasing life expectancy and increases in the state pension age mean that the number of working age people with long-term health conditions will continue to rise. With 40% of the working age population predicted to have a long-term condition by 2030, health will play an ever-larger role in determining people's ability to stay in work (Ageing Better, 2018).

A number of health and social care staff will be working with one or more chronic conditions and the number is likely to rise as the age profile of the workforce rises. Employers must develop 'effective early warning, preventive and management interventions for age-related impairments such as musculoskeletal conditions. There is a major gap when it comes to workplace-based prevention and management of slow-onset conditions' (Aging Better, 2018).

Employers must place more focus on preventing occupational ill health in their workforce by assessing risks and putting robust control measures in place.

To support older workers, who may have long term health conditions to remain in employment, employers must consider specific controls in risk assessments to prevent conditions worsening as well as providing reasonable adjustments. This may include adaptation to the working environment, the provision of specific equipment, or changes to the job routine, tasks and duties. There should also be support for individuals to take disability leave to allow them to attend medical appointments and time to support self-care.

Early access to interventions such as physiotherapy and counselling can, in some cases, prevent problems turning into longer term conditions and be cost effective in terms of reduced sickness absence and subsequent costs.





A number of NHS organisations implement fast track schemes for staff, and these have been proven to be valued by staff and be effective in terms of reducing costs associated with absence (NHS Employers 2022).

4. Age-targeted initiatives

The promotion of effective health and wellbeing strategies with initiatives targeted at different age groups of staff where data suggests these will be beneficial.

Health needs can vary over the course of someone's working life. For example, for younger female workers this may mean promotion of and supporting access to cervical screening programmes and advice on health, pregnancy and fertility issues. The menopause and work may create issues for mid-life women workers and their ability stay in work due to symptoms. They will benefit from workplace interventions, reasonable adjustments and support during this period.

5. Risk assessments

Carrying out suitable and sufficient risk assessments which are personalised to the staff member where necessary and make any necessary adjustments to ensure a safe working environment that takes account of the age demographics of the workforce and any agerelated issues for individual staff.

Employers have a legal duty to ensure the safety and health of their workforce, which includes older workers. Older worker fitness levels and capacity can vary greatly and it is important not to make general assumptions on fitness to work. However, there are a number of factors which can impact on an older worker's ability to work safely.

HSE state that a separate risk assessment is not required specifically for older workers, but the activities older workers undertake should be considered as part of the overall risk assessment and specific controls or changes should be identified.

Specific considerations should include:

- Manual handling and ergonomic hazards potential reduced muscle strength, flexibility and mobility, arthritis and an increased risk or frequency of musculoskeletal disorders
- Shift work decreased tolerance of night work, long days and more recovery time needed between shifts
- Thermal intolerance related to changes in the cardiovascular system, diabetes or menopause.





6. Musculoskeletal disorders

Up to 72% of nurses are suffering from non-specific chronic low back pain (WHO 2023). Nursing staff who are also older workers may have existing musculoskeletal disorders that need to be taken not consideration in risk assessments and may also require specific reasonable adjustments to allow them to stay in work for longer.

7. Psychosocial Hazards

- Work related stress peaks in 50 to 55 year olds and may be more prevalent in female workers due to the impact of the menopause or caring responsibilities/worklife balance.
- Obsolete skills, lack of training and training opportunities.
- Poor digital skills.
- Age discrimination.
- Poor work-life balance due to caring responsibilities.
- Accumulative effect of working in an emotionally and physically demanding environment.

8. Acting on risk assessment

Employers need to act on the findings of the risk assessment and make adjustments to match the changing capacities and health status of workers.

It is recommended that measures should be based on objective risks and workers' capabilities, rather than on their age.

Examples of adaptations/ adjustments include:

- Adapting existing equipment or providing new equipment to eliminate or reduce manual handling, repetitive and forceful movements, awkward postures and static postures.
- Providing adjustable workstations to suit all users of all ages operating them.
- Rotating tasks.
- Automating routine or monotonous tasks.
- Changing shift patterns limiting night work, shortening hours and increasing breaks.
- Adjusting lighting.
- Ensuring easy access to hygienic toilets and welfare facilities.
- Allowing workers to move to other types of work.
- Examining the work schedule to ensure recovery time is adequate.
- Flexible working arrangements.





9. Health and safety culture

Provision of a working environment and culture where staff feel able to identify risks and problems and staff are actively encouraged and expected to work safely and effectively, utilising equipment and adapted ways of working where appropriate.

Promoting a positive health and safety culture is not only important in protecting the health, safety and wellbeing of older workers but, in the health sector, can have a positive impact on patient outcomes.

Characteristics of a positive culture include management consultation on health and safety matters and risks; effective two-way communication, allowing workers to feed in to development processes and come up with solutions, valuing health and safety representatives, investing in training and equipment to reduce the risks and monitoring that work processes and equipment are being used safety and effectively.

10. Ergonomic equipment

Provision of appropriate ergonomic equipment to take account of an ageing workforce and the cumulative effects of physical work demands that working longer can have.

Any jobs in the health sector are physically demanding and the risks to health from ergonomic hazards, such as repetitive movements, manual handling, awkward, uncomfortable postures and static postures need to be minimised across all age groups.

Failure to minimise the risks early on in someone's career can lead to a cumulative effect and long-term damage through wear and tear. Furthermore, conditions associated with ageing and cumulative wear and tear, such as osteoarthritis can be exacerbated by work and make it difficult to carry out day to day tasks.

Appropriate equipment, good task and workplace design can help reduce risks, prevent the development of musculoskeletal disorders and minimise difficulties for workers with age related musculoskeletal disorders.

11. Adjustments and role redesign

Develop and implement policies to support workers, where possible, to move into new roles or redesign their current role or working patterns if age related issues are making their current job difficult.

Whilst everyone ages differently, there are some common age-related changes which can make roles more difficult. This can also be exacerbated by other long-term conditions associated with age as osteoarthritis.





Common age-related changes are outlined below:

Cardiovascular and Respiratory System	Reduction in 'aerobic power' by approximately 10% per decade (reduced cardiac output, decreased maximum breathing capacity and maximum oxygen uptake during physical exertion)
Potential impact at work	 Particularly relevant for jobs with heavy physical work. Older workers may be working nearer to their own maximal levels resulting in fatigue.
Addressing the changes	 Provide equipment to reduce heavy physical workload. Introduce frequent short breaks. Allow self-pacing of work. Ensure sufficient time for recovery. Provide regular health checks.

Musculoskeletal system	Muscles, bones, joints, ligaments and tendons. Reduced mobility and stiffer joints, increased bone fragility.
Potential impact at work	 May impact jobs where people use a wide range of movements. Jobs where manual handling is involved. Increased risk of musculoskeletal injuries, as older workers may be working nearer to their own maximal levels. Increase risk of bone fractures.
Addressing the changes	 Identify where groups or individuals are having difficulties. For example, tracking musculoskeletal pain and discomfort in the workforce associated with particular tasks or workstations. Avoid repetitive work by incorporating job rotation and allow regular (short) breaks. Avoid fixed postures (prolonged sitting or standing). Design work to allow movement and postural change. Also, avoid prolonged bending and other extreme demands on the joints. Provide tools that are designed to fit the task and user.





Muscle strength	Reduction in muscle strength and endurance A loss of around 20-40% between the ages of 20 and 60 years	
Potential impact at work	 Might have implications for physically demanding jobs where high levels of strength are required. Jobs where manual handling is involved. Increased risk of musculoskeletal injuries, as older workers may be working nearer to their own maximal capacity. 	
Addressing the changes	 Avoid fixed postures (either standing or sitting) and design movement into work tasks. Avoid tasks that require twisting the torso while lifting. Ensure objects are lifted from waist level. Ensure that work activity is carried out between the thighs and shoulders (avoiding bending and lifting). Consider lifting aids or other ways of reducing loading. Schedule frequent (short) breaks. Adapt the workplace to allow effective movement of workers (clear path, accessible storage, accessible tools). Provide grip-friendly tools. Provide long-handled tools to reduce bending. Provide guidelines and training for: lifting, sitting, standing, bending and stretching. 	

Vision	Changes in vision. Decreased ability to see in low lighting, to distinguish between colours and to judge distances and the speed of moving objects
Potential impact at work	 Impact on night driving. Implications in case a worker needs to move between light and dark working environments. May affect the ability to read printed material, dials and screens. May impact the ability to do very detailed tasks.
Addressing the changes	Improve contrast between objects by increasing the lighting levels.





•	Avoid shades of blue, blue on green or blue on black in work environment.
•	Install local lighting or task lighting that does not interfere with the visual field of others – if possible make it individually adjustable.
	individually adjustable.
•	Reduce sunlight glare with shades and awnings.
•	Reduce the need for workers to move between bright and dark environments.
•	Make signs clear, visible and easily readable.
•	Consider changes from night to day shift in case of, for example, night driving.
•	Provide or encourage regular eyesight tests.

Hearing	Changes in hearing including not being able to hear high pitched sounds well and the ability to locate the source of sounds	
Potential impact at work	May have an impact on communication in general, on understanding of instructions, and on awareness of hazards in the immediate surroundings, especially in noisy environments.	
Addressing the changes	 Control noise in the working environment. Use sound-absorbing construction material. Avoid creating places that have echoes. Provide PPE across all working ages and encourage workers to wear PPE throughout working life. Ensure that emergency signals can be understood by everyone in the workplace; complement auditory signals with visual or vibrating alarm signals. Provide hearing tests for workers. Support the purchase of hearing aids. 	

Balance	Changes in balance control
Potential impact at work	 Higher risk of falling, slipping and tripping. Implications for firefighters and rescue personnel. Implications for construction workers and others working at height.





Addressing the changes	 Ensure proper lighting of all walkways. Clean up spills immediately, keeping floors in good condition and use absorbent materials to avoid slipping. Use high contrast colours on stairs and uneven areas. Match work with abilities – not all workers can carry out work with ladders and scaffolds.
	 Ensure that guidelines and safety measures for work at height are known and followed. Provide shoes/boots with non-slip soles.

Skin	Skin becomes thinner and dryer	
Potential impact at work	 Increased susceptibility to skin inflammations. Impacts jobs where the skin is exposed to chemicals, 'wet' jobs, e.g. in kitchens, cleaning and jobs in the health sector which involve frequent hand hygiene. May impact on outdoors jobs due to exposure to weather. 	
Addressing the changes	 Avoid/reduce exposure to chemicals. Reduce the risk to skin damage from wet work/frequent hand hygiene. Ensure appropriate glove use. Monitor health of workers/skin surveillance programmes. Ensure that appropriate PPE is available, fit for men and women. Ensure that guidelines on PPE are known. 	

Cognitive Process	Minor changes in memory and information processing	
Potential impact at work	 Processing information may take longer. Limited impact, as experience and skills usually provide a compensatory effect 	
Addressing the changes	 Provide training opportunities and promote skills development throughout the working career for all ages. Ensure stimulating work environment/tasks. Avoid work underload and overload. 	





•	Reduce multi-tasking, if necessary.
•	Increase time between steps of a task.
•	Increase the available time for decision-making

Sleep	Changes in sleep patterns
Potential impact at work	 Implications for night work or shift work. Implications for work that requires intense concentration for long periods of time
Addressing the changes	 Consider a reduction in the length of night shifts. Where possible, allow a choice of shift. Introduce fast forward rotating shift schedules. Design work schedules to allow time for recovery within work and outside of work. Reduce the number of sequential night shifts as this is related to accident occurrence.

Even when actions have been taken to reduce the risks to older workers, some individuals may need additional support particularly if they have a long-term condition or disability.

Individual measures or adjustments may be required to support the worker to carry on in their role or in some cases, be redeployed to another role. Whilst it is recognised that redeployment to another role can be a challenge for organisations, at a time when there are skills shortages of occupational groups, retaining and valuing the skills and experience of older workers is essential.

12. Monitoring adjustments

Monitoring the effectiveness of actions taken in relation to retention and performance management.

Workplace adaptations should be a dynamic and continuous process based on risk assessments. Monitoring the effectiveness of measures introduced is an important part of this process.





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Published December 2024