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Age and work – good or bad for whom?

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Introduction

It is my challenge to analyze the relationships between work and worker as the worker gets older. My background is social and geriatric medicine, and my experiences and perspectives are clinical - what I have learned from being a doctor to old people. I cannot claim to be an entirely impartial observer, since I am 72 and still enjoy my work. Thus, I am not only old, but old-fashioned. But I shall try to arrive at honest - hopefully even true - conclusions.

The problems of age and work are not new. In the year 44 B.C. Cicero wrote a book on old age (2). Here he presented a recipe for a good old age in two short sentences: "Be active!" "Start early in life!". However, Cicero is dead, and let us now start with the facts.

The trends in retirement

Retirement statistics from the industrialized countries show that workers now retire earlier than they did a generation ago. This modern trend started about 1970 or a little earlier in some countries. Figure 1 shows statistics from Britain (16). The downward trend for men is most marked in the age group 60-64, but it is also quite clear for the age group 55-59. For women the statistics are more difficult to interpret, because women still struggle to get into the labour market, not to get out of it. However, the trend is similar for older women, as you see in Figure 2 from Sweden (21).

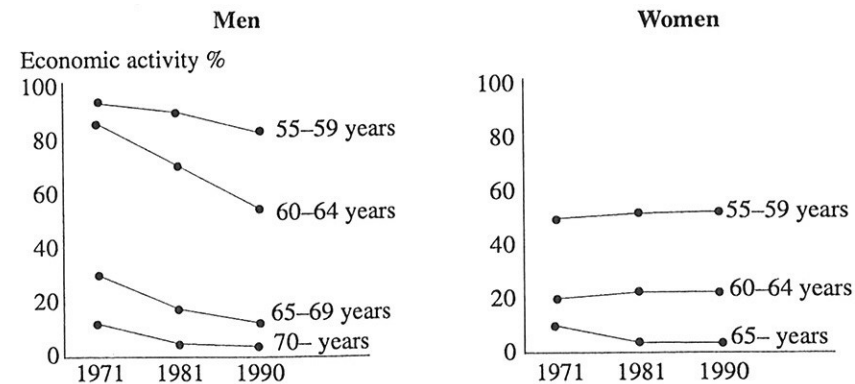


Figure 1. Economic activity rates in Britain 1971-90 (Phillipson C. 1993).

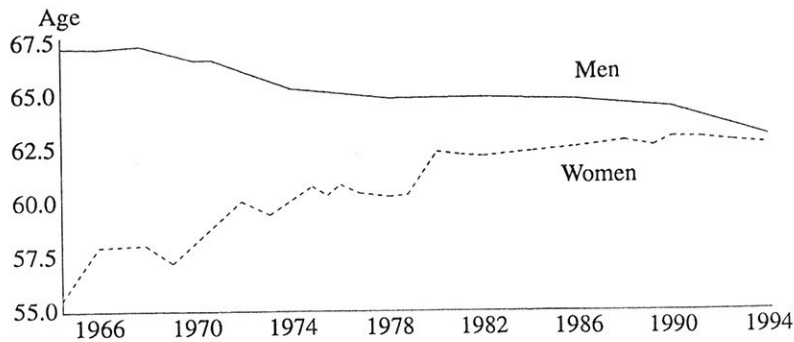


Figure 2. The age at which 50 % are in the labour force, Sweden 1965-94 (Statistics Sweden. Labour Force Surveys. From Wadensjö (1996)).

There are very large differences between the industrialized countries, and here I use Table 1, OECD-statistics to illustrate them (15). These differences tell us that the modern trend has social, economic and political causes, not biological or medical. Recent evidence also suggests that these trends began to slow down in most countries from about 1991 (5).

Table 1. Labour force participation rates at 55-64 years in 1991 in OECD-countries (OECD Employment Outlook, July 1995).

60-69 %	Japan 67, Norway 62, Sweden 67, Switzerland 65
50-59 %	Denmark 56, UK 52, USA 56
40-49 %	Australia 42, Canada 48, Finland 42, Greece 42, Ireland 42, New Zealand 47, Portugal 40
30-39 %	France 37, Germany 39, Spain 38
20-29 %	Belgium 23, Italy 23, Luxembourg 26, Netherlands 29

How can these fairly dramatic trends be explained? If one looks upon retirement as a complex game with four players, a remarkable consensus developed among them in the 1960's. I have summed up the elements of this conspiracy as follows:

- The state aims at reducing unemployment.
- The employers aim at increasing productivity and competitiveness ("downsizing").
- Trade Unions aim at rewarding the old and making room for the young.
- Workers aim at being relieved and rewarded with an ever lasting vacation while they are still young enough to enjoy it.

There is, however, evidence that at least one of the players - the State - has become worried about the economy of early retirement. Here, I illustrate these worries with some data from France (17). These trends may be summarized as:

- Much larger growth in economy than in employment during 1970-1992, 75% vs 7%.
- Transition to service economy - in 1995 64.5% services, 29.6% industry and 5.9% agriculture.
- Well developed welfare system - in 1993 35.4% of GDP.

- High rates of early retirement, in 1992: 55-59 yrs 64% employed; 60-64 yrs: 19% employed.
- High unemployment, in 1994 - 11%.
- Increasing financial worries.

I believe that this is a very short, but fairly correct description of what has happened and why it has happened.

The ageing process

I then turn to the ageing process, which goes on relentlessly in all of us - from the moment we are born. I shall briefly consider three aspects.

The first is the biology of ageing. It can best be presented and measured as the capacity for maximum muscular work or exercise. It is measured by the maximum oxygen uptake during vigorous exercise, and it falls with age - a little less than one percent per year. At 70 years the capacity for exercise is down to 55-60%. However, this capacity can be markedly increased by training. Men who have trained vigorously throughout their lives are at 65 as fit as an ordinary 25 years old (11), see Figure 3. At 80, one of these men was still competing successfully as a cross-country skier and said: "I run as fast as I did before, but it takes a little longer time". Thus, training markedly influences, but cannot stop or prevent the ageing process.

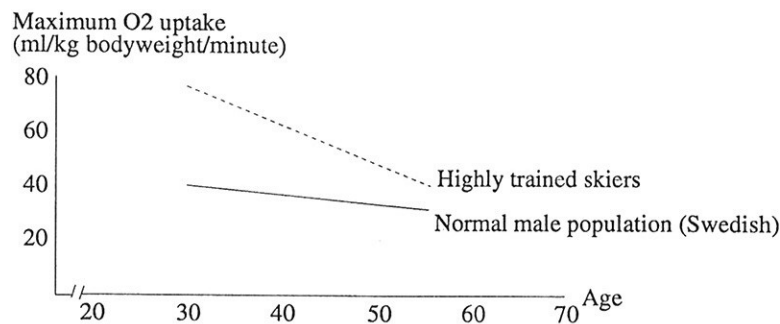


Figure 3. Maximum oxygen uptake: Effect of physical training, male population (Lie and Erikssen 1978, 1984).

Similar declines can be measured for all organs in the body. There is a steady decline in functional capacity, and two facts are important. First, the decline is small - less than one percent per year. Secondly, the functional capacity of the human organs is so large that the ageing process does not reach critical levels. The causes of the ageing process are still uncertain.

The second aspect is the psychology of ageing. The elderly become slower, but not more stupid. What they lose in speed, they gain in carefulness, experience and - for some - in wisdom. A very important aspect of mental ageing is in my experience a loss of self image. I believe this is culturally determined, and I think it is the greatest threat of all to the elderly.

The third aspect is the social, and many of you are experts in social gerontology. Therefore, I limit myself to one observation, which I call the paradox of discrimi-

nation. With this, I mean that the elderly not only accept discrimination, but believe it is justified. This, of course, destroys self esteem and courage.

The ageing diseases

The ageing process is common to all; the ageing diseases are not. The typical example is senile dementia. It is rare before the age of 70 and reaches about 5% at 80. Then, it increases rapidly (7). All the geriatric diseases have similar prevalence curves, and the important point is that they are rare before the age of 70. In fact, they do not increase rapidly until the age of 80. Therefore, geriatrics start at 80. The important conclusion is that geriatric diseases play little role in the discussion about age and work. There is one exception, and that is musculoskeletal diseases which increase with age long before 70. Yet, these are specific diseases, and we should not let them influence the general discussion about age and work.

Differences in ageing

So far, I have reasoned in general terms, as if elderly people are a homogeneous group. This, of course, is not so. In fact, people differ more and more as they grow older. As a doctor, I am impressed by the almost incredible differences between elderly people.

One obvious reason is large differences in living conditions. When old age pensions were first proposed in Britain some 200 years ago, they were to start at 50 years (16). Today, living conditions have greatly improved, and we talk about "successful ageing" (1). I think five groups of factors are important.

The first is inheritance, both genetic and social. As a doctor I observe families, and I see the importance of inheritance for body, mind, health and coping style.

The second is social class, and shocking social differences in mortality, diseases, disabilities and health have been documented in all industrialized countries (8, 24). In figure 4 data published by Wilkins from Canada illustrate this. Similar observations by House in US show that mortality, morbidity and dependency are to a significant extent socially determined (8).

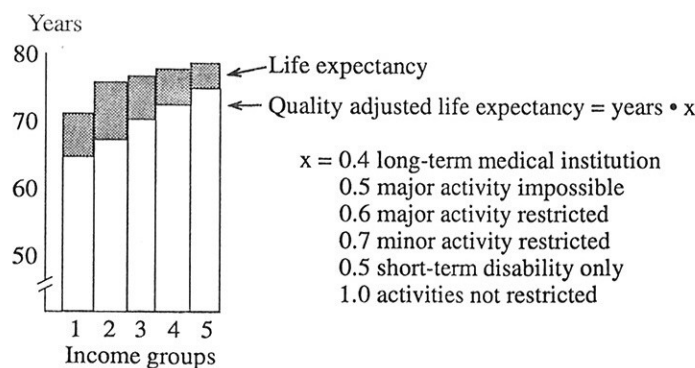


Figure 4. Life expectancy: Total and quality-adjusted. Canada. (Wilkins R, Adams OB. *AJPH* 1983;73:1073-80.)

Even in the more egalitarian Nordic countries there is almost a 10 years difference in life expectancy between the upper and the lower classes in the larger cities (26). Such data suggest that people are born to a destiny. These differences have not become smaller - rather the opposite, but all classes have improved their health. The elderly have become healthier (9), but class differences persist.

The third set of factors is life style. Food, weight, smoking, alcohol and exercise are the most important elements. Based on clinical experience and a very large literature (e.g. 6), I believe that physical inactivity is an important risk factor. What many people believe is due to age is in reality an effect of inactivity - "the disuse syndrome" (22). This is important for the discussion about age and work, because inactivity - including a passive retirement - makes people older.

The fourth set of factors is social life and network, including social support, and the fifth is spirit, optimism and joy of life. This becomes more important the older you are.

These five sets of factors have a tendency to cluster in a positive or negative way. Together, they add up to tremendous differences in health, quality of life and capacity for work. My conclusion is that ageing is an individual and personal affair, which is greatly influenced by social and political structures. To illustrate that, I show an ageing Sisyphos pushing his or her health and quality of life uphill, (See Figure 5). He or she is responsible for pushing, but society is responsible for the steepness of the hill, and for the lower classes the hill is very much steeper.

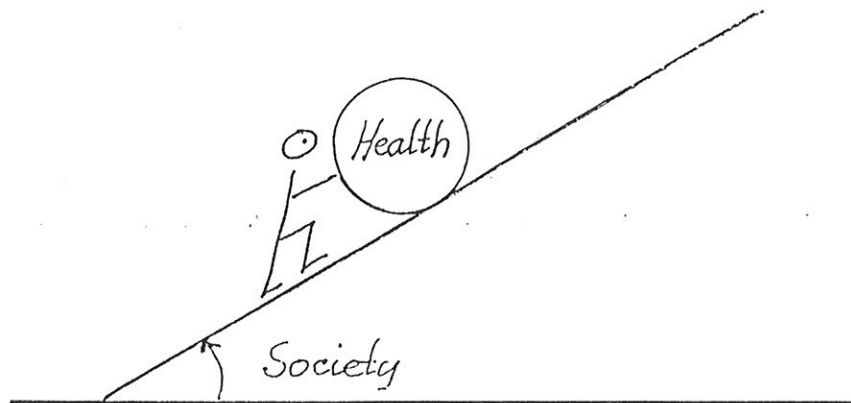


Figure 5. Health: Responsibilities of individuals and society.

The concept of health

I must now insert a brief section on the concept of health, because health is such an important part of the discussion about age and work. My concept of health is based on clinical experience with elderly patients. The fact is that most elderly people - above perhaps 75 - do have at least one chronic health problem, and yet they are usually satisfied with their health. They have health in spite of disease.

Here, in Figure 6, you see a vertical scale starting in the negative - disease, passing through zero - no disease, and continuing in the positive - health. The point is that most elderly people have health problems below the zero line, but they cope with them because they have positive resources above the zero line. In my experi-

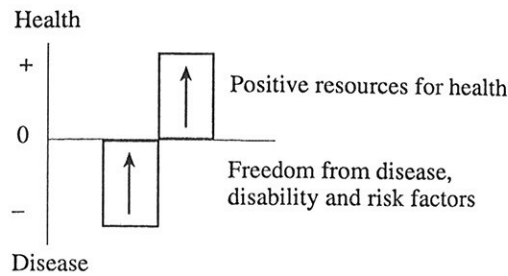


Figure 6. The concept of health.

ence positive resources which people use can be summarized as I have done below. Work, activity, interests and social life are important aspects of these positive resources. Positive resources for health are:

- *Personal characteristics:* optimism and a positive self image
- *Well-being and security:* trust in one's ability to cope with life
- *Social network and support:* trust in one's fellows
- *Positive local environment:* to give and get support
- *Cultural fellowship:* to know one's roots and to belong in a culture
- *Political rights:* to belong and be respected in the society

The individual worker

These are my foundations for the discussion about age and work, and I now move on to consider the individual worker. I think it has been documented beyond any doubt that activity - physical, mental and social - is good for people. Obviously, work means activity, but it is not the only activity for people approaching retirement. Many factors influence the individual choices, and the decision process is complex and varies from person to person (12).

The individual worker has to balance his experience of work against the attractions of retirement - Figure 7.

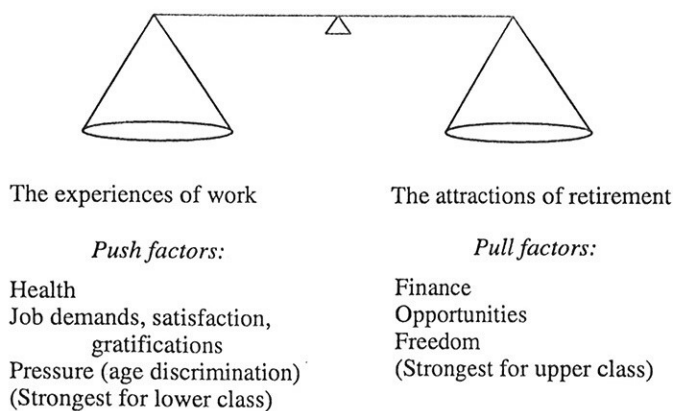


Figure 7. The early retirement decision process.

Often there are negative work factors, especially for lower social classes, that push away from work. At the same time there are positive factors that pull towards retirement, especially for the upper social classes. To favour the decision to continue to work, I believe two factors are essential, viz., satisfaction with work and gratification from work. If these factors are strong, people continue to work, even in their nineties. We see this devotion to work in actors, authors, artists and to some degree in doctors, farmers, fishermen, house wives and business people. I think retirement data from Norwegian doctors are most revealing. Doctors have training and traditions for hard work and late retirement, but this is now changing, and they increasingly prefer early retirement, see Figure 8. The reasons are that both satisfaction and gratification from work have decreased - for many reasons (10). Thus, if we believe in work, as I do, it is essential that the work gives both satisfaction and gratification. However, I emphasize that the decision must be personal, voluntary and informed. Information is essential, and people should understand the importance of continuing activity as they grow older.

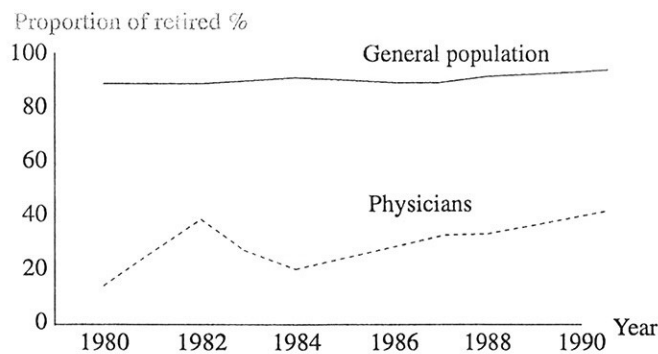


Figure 8. The proportion of physicians and of people in general who retired at the age of 67, Norway 1980-91 (Kristiansen JS, Hensrud A, 1996).

You may feel that I play the old doctor's old-fashioned paternalistic tune. However, I emphasize that the role of a doctor is to give advice, not to make decisions for people. People own themselves, and they should make their own decisions - right or wrong.

I have tried hard to find out whether there is a common and reasonable age for retirement, but I have come to the conclusion that there is no biological foundation for a general cut-off between work and retirement. The individual and social differences are much too large for that. Therefore, I believe we need four different ages for retirement (Figure 9):

- The first is the age at which you can opt for early voluntary retirement with reduced pension without having to give medical reasons. This age should probably be between 60 and 65 years.
- The second is the age at which you can voluntarily retire with full pension. This age is probably somewhere between 65 and 70 years.
- The third is the "official retirement age". At this age any worker can be dismissed because of age. A reasonable proposal for this age may be 70 years. It

is interesting that the USA has an "Age discrimination in employment act", which makes it unlawful to refuse to hire or to dismiss a person because of age.

- The fourth is the age at which you are no longer allowed to work because you may do harm to other people. This age varies greatly - from 55 for pilots to 75 for doctors. For many people there are no such limits, f.ex. for artists, farmers and house wives. The USA rejects such an age limit.

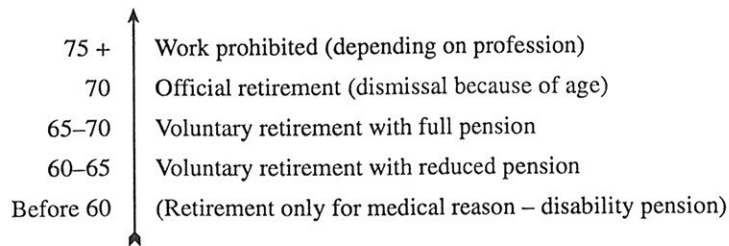


Figure 9. The four ages of retirement.

This thinking is of course not new, but during the last 20 years all the emphasis has been on downward flexibility and upward rigidity (3). I think the time has come to increase the upward flexibility.

Many writers argue that we need at new flexibility throughout life (3, 19, 18, 4). The old and outdated model is to divide life rigidly in three almost equal parts - education, work and retirement. The retirement period has increased through earlier retirement and through a longer lifespan. The new model is to make the middle part much longer and to allow people to shift between work, education, family care and leisure. As they grow older, required work must be reduced and personal arrangements allowed for.

Such a model requires new thinking and new attitudes among workers, employers and authorities. It is not my task here to go further into the legal, technical and economic challenges in this model, but I think they can be solved if we so wish.

For example, in the report on "Aging and working capacity" (25) the World Health Organization argues that retirement should be postponed through two measures:

- The workers should maintain their working capacity through health promotion, especially regular exercise,
- the employers should adapt the work in order to reduce the physical working demands.

The employer

What are the considerations of the employer? In the past 20 years, I think two considerations have coincided. The first is that elderly workers are slow and less efficient. The other is that competition requires that costs are cut by reducing staff. "Downsizing" has been the mark of the young, dynamic and efficient leaders. These two considerations have led to the early retirement movement.

It seems to me - for many reasons - that this movement has gone too far. In the literature there are lists of the pros and cons of elderly workers (4, 23), Table 2 is one version of such lists. The evidence suggests, I think, that many businesses can

benefit from elderly workers. A natural example for me is the health service. All the Norwegian hospitals have older, highly experienced doctors who have learnt their hard lessons and pass on their careful judgements to the young and vigorous. It is interesting, I think, that Cicero remarks that he in his old age no longer goes to war, but he takes part in the decisions about which wars should be fought and which not (2). There are also examples in the literature which show that businesses may benefit from older workers and wish to keep them (13). This is especially true in Japan (20).

Table 2. The older worker: pros and cons.

<i>Pros:</i>	are reliable works hard are effective in their job have long experience think before they act, are more careful have interpersonal skills work well in teams can perform multiple tasks are less absent are more flexible have higher working morale
<i>Cons:</i>	learn and work more slowly are less able to grasp new ideas are less adaptable to change are less willing to accept new technology

In order to keep the older workers at work, it is necessary to adapt the working conditions. I think there are four essential steps:

- Education and training are essential, and I was interested to learn that the large Japanese Fuji film corporation (14) runs three types of education and training courses: technical, health and lifestyle, and quality of life.
- Flexible working tasks and conditions.
- Shorter working hours and longer vacations.
- Provisions for job satisfaction and job gratification: the worker must like the work and feel that it is appreciated.

I think it is time to reconsider the early retirement movement and to try to adapt the work in such a way that it is tempting for the elderly workers to stay on a bit longer. Obviously, this is a formidable challenge, since it is necessary to create a new culture for work in general, and especially for the elderly workers. In short, we need a cultural revolution in this part of the society, and it is essential that the labour unions take their part in it.

The society

What are the interests of the modern society in this question? A major interest is of course the financial consequences of early retirement. Many nations have learnt that early retirement may become very expensive, and from about 1990 we see the first attempts to reduce early retirement simply for financial reasons (5).

Many nations have also realized that early retirement does not automatically give employment to the young unemployed. Downsizing has so far not given room for that.

In some countries, especially Japan, there are also demographic reasons for encouraging elderly workers to continue to work (16).

For me, however, there are two important reasons for trying to reverse the early retirement movement. The first is that activity is good for all ages. The second is that I believe in a society which has room and need for all its people.

Conclusions

I have argued that activity is important for health at all ages. Work is an important form of activity, and elderly workers should be encouraged to continue in a working situation that is adapted to them. However, the decision to continue should be personal, voluntary and informed.

To achieve this, we need a new culture, and I hope this conference will mark the beginning. Essential for this culture is Cicero's prescription for old age, and therefore I end where I started: "Be active!"

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