

Overcoming the return-to-work challenges for workers aged 45 and over*

A number of current demographic trends, including an aging population, low birth rate, labour shortage and later retirement age, point to an aging of the labour force in the near future. While work disability does not occur more systematically or more frequently in aging workers (aged 45 years and over), the severity of these disabilities and the duration of the related sick leaves generally tend to increase with age.

Yet little is known about the factors that could explain these particularly prolonged sick leaves in aging workers. Studies on this issue, which are mostly epidemiological, focus mainly on the magnitude of this phenomenon without necessarily trying to explain it. In addition, the extensive literature on aging at work, while offering an interesting starting point for reflection, does not look specifically at the issues related to disability and return to work (RTW).

The aim of this study, whose main results are summarized here, was to fill this gap by forming an overview of the factors and issues affecting specifically the RTW of aging workers following prolonged sick leave for one of the four main causes of disability: musculoskeletal disorders (MSDs), common mental disorders (CMDs), cancers, and other chronic diseases (OCDs).

Methods

The methods used are detailed in the published article*. Briefly, they involved integrating the results obtained from two sources: 1) a critical review of the scientific literature (2000-2018) and 2) four focus groups with various RTW stakeholders.

Results

The factors and issues identified fall under two main themes: 1) aging workers' capacity to meet their job demands and 2) the active engagement of these workers in their RTW.

Key Messages

The RTW of aging workers with a disability is influenced by an assortment of rules, beliefs, attitudes and behaviours adopted not only by the worker and his or her workplace, but also by the healthcare and compensation systems.

Many of these attitudes and behaviours are grounded in negative beliefs (or stereotypes) about aging workers' capacities that do not appear to be evidence-based.

Aging workers with a work disability would benefit from greater adaptability/flexibility not only in their working conditions and job demands, but also in the rules guiding the delivery of health care/services and their compensation.

Greater recognition, by all RTW stakeholders, of aging workers' personal resources and their particular contributions in the workplace may facilitate implementation of actions conducive to their RTW.

Factors and issues related to workers' capacity to meet job demands

Workers' *capacity* to meet their job demands constitutes a factor that influences their RTW. In some workers, a reduction in these capacities occurs naturally with aging. This reduction appears to translate into a deterioration in health (existence of co-morbidities) and a reduction in certain psychological (stress tolerance), recovery, adaptation and performance capacities. These effects of aging may be greater in women due to specific biological interactions (e.g. menopause). Understandably, the occurrence of an MSD, a CMD, a cancer or another chronic disease requiring a prolonged sick leave is therefore seen as an additional "vulnerability" factor in aging workers.

Timely access to the healthcare services required by the worker's condition may, by improving these capacities, help facilitate the RTW. However, aging workers often face obstacles in this regard. Certain behaviours and attitudes characteristically displayed by aging workers seeking care, particularly for mental health issues, play a role in their late access to the necessary care (e.g. mistaking depressive symptoms for "normal grieving" may delay their efforts to seek care). The attitudes and behaviours of some health

professionals whose decisions are rooted in a set of prejudices about aging workers (particularly about their capacities) may also limit the range of treatments offered to these workers, significantly hindering their RTW. Another factor influencing RTW is the *compensation rules* imposed by insurers, as they specify the care and services that can be offered to workers. The highly generic nature of these rules rarely offers the additional scope and duration of care and services needed by aging workers to improve their capacities. Moreover, their capacities are often underestimated by insurers and health professionals compared to those of younger workers.

The obstacles to RTW posed by these reduced capacities are even greater if the *demands (physical and psychological) of the work* are high. Yet the current context of work intensification, characterized by major organizational and technological changes, requires increased performance and adaptation capacities. Adaptation and performance demands are particularly high in certain types of predominantly female jobs (e.g. education, healthcare).

This gap between capacities and demands could be narrowed by making appropriate *adaptations* to the job demands and working conditions. A number of studies thus propose that aging workers would benefit from having greater autonomy and control over how they carry out their work, as it would allow them to adapt their work pace and methods. Accommodations offered by the employer are also especially important if we are to facilitate the RTW of these workers. However, offering such accommodations to aging workers poses its own specific challenges for employers. The reduced capacities of aging workers point to the need for bigger accommodations, in turn requiring substantial efforts from the employer.

The granting of accommodations by the workplace presupposes its willingness to offer the worker its *support*. However, in some contexts, the magnitude of the accommodations regarded as necessary implies a significant transfer of workload from aging workers to their co-workers. Given that the value and professional contribution of these workers is still underrecognized today, they may have a particularly hard time obtaining this support.

Implementing such accommodations also implies having *alternatives* to offer in place of the originally held job. The limited number of alternatives available for certain types of jobs (mainly physical) could also hinder the RTW of some aging workers. Even when such alternatives exist, access to them could be limited by the fact that some aging workers, particularly those from ethnocultural minority

communities, lack the skill set needed to meet the related demands.

Regardless, these accommodations are not a panacea for all the challenges. Even when offered, the *cumulative workload* (i.e. paid work + domestic and family work) borne by some aging workers may continue to exceed their capacities. While the departure of older children from the family home can alleviate family obligations for aging workers, a growing number of workers aged 45 and over are taking on the role of informal caregiver for aging parents. As this domestic and family workload is still borne primarily by women, the burden it poses may affect older female workers more negatively than their male co-workers of the same age.

Factors and issues related to the engagement of aging workers in their RTW

The first engagement factor identified concerns the *worker's capacity for resilience and the value he or she places on work*. Workers with a high level of resilience and/or who derive a sense of accomplishment from their work will be more engaged when it comes time to return to work than those who see work as a burden or the cause of their disability. However, it is worth noting that the influence of this factor on active engagement and RTW is not specific to aging workers.

The desire to retain certain *employee benefits* is also regarded by many workers as a strong incentive to return to work. Having had longer to accumulate such benefits through their cumulative experience within the same organization, they may see retaining their benefits as a significant reason for being engaged in their RTW.

Combined with certain *compensation rules*, this desire to retain employee benefits could nevertheless encourage a level of engagement that is not conducive to a sustainable return to work. Several observers note that the limitations imposed on the duration of compensation, combined with the fear of losing cumulative employee benefits, appear to induce many aging workers to return to work prematurely (i.e. before they have recovered sufficiently to meet the job demands), resulting in major risks of relapse. At the same time, certain compensation provisions *specifically designed to support aging workers* in disability situations, by offering compensation until the planned retirement time in non-RTW cases, may actually reduce engagement among some of these workers.

This last observation also raises the issue of access to *alternative sources of income* and its influence on active engagement in RTW. Access to retirement benefits or insurance actually appears to reduce engagement quite

significantly in these aging workers, and as they approach retirement, work becomes a lower priority for many of them.

Conversely, aging workers lacking such alternatives may be more engaged in RTW, particularly as they see themselves as having relatively low *employability* prospects. As many aging workers appear to have adopted the view that aging is synonymous with reduced capacities, they may be particularly motivated to retain their contractual relationship with their current employer.

Discussion and conclusion

In light of these results, the RTW appears to raise specific issues for aging workers (aged 45 and over) with a work disability. First, they are generally perceived as having fewer work and recovery capacities than their younger counterparts. This finding concurs with a certain segment of the literature on aging at work which suggests that aging workers may be less efficient and productive, less flexible and versatile, and less capable of adapting to changes and technologies than their younger counterparts. However, this assertion contradicts another segment of the same literature, which instead tends to show that there is no such decline when capacities are measured in real working situations.

Nonetheless, this perception of a decline in aging workers' capacities, which is shared by many RTW stakeholders, may influence their decisions regarding these workers. This is the case notably when the workplace stakeholders assess the pertinence of making the accommodations

requested. Health professionals may also be inclined to underestimate the recovery and RTW possibilities of aging workers on this basis.

The corollary to this generalized perception of a decline in capacities with aging is the lack of recognition of a potential transformation of capacities that would allow aging workers to focus on the aptitudes they have acquired through experience in order to offset the decline in other capacities. Identified in a number of studies on aging at work, such a transformation implies that losses of fluid intelligence (e.g. work memory, capacity for abstraction) may be compensated for by increases in crystallized intelligence with age (i.e. knowledge acquired through education and experience), allowing the worker to apply certain optimization strategies. It could be very useful to take this transformation into account when developing the strategies to adopt during the RTW, as it would induce stakeholders to identify the personal resources the worker has developed through experience, resources which could then be mobilized to recreate a balance between capacities and job demands.

Lastly, our results highlight the influencing factors related not only to the worker and workplace, but also to the stakeholders in the healthcare and compensation systems. It is therefore important that the efforts made to promote the RTW of aging workers be harmonized so as to ensure consistent action among these various systems, hence the importance of dialogue and joint decision-making among the various stakeholders.