


# Occupational health and safety (OHS) and risk factors of workers over 50 years old - the participation of older citizens in the labour market and proposals for measures in the industrial and commercial sectors - part 4

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**Bezpečnost a ochrana zdraví při práci (BOZP) a rizikové faktory pracovníků nad 50 let - uplatnění starších osob v pracovním procesu s návrhy na opatření na úrovni odvětví a podniku - 4. část**

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starší pracovníci

stárnutí

kvalita pracovního života

pracovní podmínky

prevence rizik

projekty

VÚBP

**Abstract**

Next article about results from project Occupational health and safety and risk factors of workers over 50 years old - the participation of older citizens in the labour market and proposals for measures in the industrial and commercial sectors is this time looks on target group - workers over 50 - from the general view of statistics and data from information systems (the topic is „health“)..

**Keywords:** elderly worker, employers over 50 years, quality of working life, working conditions, safety and health at work, risk prevention, labour market, statistics, data, projects, results, Occupational Safety Research Institute

### **Abstrakt**

Další článek ze série přinášející informace o výsledcích projektu “BOZP a rizikové faktory pracovníků nad 50 let - uplatnění starších osob v pracovním procesu s návrhy na opatření na úrovni odvětví a podniku” se tentokrát na cílovou skupinu projektu - pracovníci nad 50 let - dívá z pohledu statistik a dat z různých informačních systémů (stěžejní téma je zdraví).

**Klíčová slova:** starší pracovníci, zaměstnanci ve věku 50+, kvalita pracovního života, pracovní podmínky, trh práce, bezpečnost a ochrana zdraví, prevence rizik, pracovní trh, statistiky, data, projekty, výsledky, VÚBP

### **Are quinquagenarians really so much sicker, less fit and less quick to learn?**

According to sociologists it is less important to be physically fit in the modern economy. Based on statistics over forty per cent of 50 - 65 age pensioners do not have health problems or, if so, only minor ones. Nowadays people over 50 years old make up one fifth of all unemployed. In a few years they will be the strongest age group in our country.

Ageing, as a natural process of gradual unfavourable changes in the organism, influences the working ability of a person and their work performance in a disadvantageous way. We have to realize that the 50+ age corresponds with the period of the second half of our lives; meaning a descending phase on the curve of human life. Recovery from overload (e.g. illness or strain) takes much longer and does not always result in a full recovery.

Findings from the analyses of the ageing process of the Czech population have proved, among other things, that the incapacity to work can be considered as a reliable negative indicator of the state of health - especially in the second half of one's productive age.

In the Czech Republic the proportion of chronically ill people is rather high (52% men and 63% women). On the other hand countries with the lowest proportion of chronically ill people show values lower than 20%. Once again there are evident differences from the point of view of gender. Women have a higher prevalence of chronic illnesses than men; the differences are greatest in countries with the largest total prevalence of chronic illness. It is clear that the incidence of long-term illnesses and health problems increases with age, and this applies to all countries. The Czech Republic has witnessed quite a sharp increase mainly in the 35 - 65 age categories. After this age limit the value of the indicator remains steady; in some cases it even slightly decreases in the highest age category. The differences in the state of health in particular population groups are caused mainly by values in the 45 - 74 age categories.

An incidence of long-term illnesses is closely connected to age. This ageing factor is significant for most groups of illnesses - occurring in the most frequent groups of illnesses such as cardiac illnesses, blood pressure disorders, circulatory system illnesses and last but not least kinetic apparatus diseases. Illnesses of the stomach, liver, kidneys and other illnesses of the digestive system are significantly represented. Another disease, diabetes, is also connected with old age. A higher age does not play any significant role in cases of epilepsy, mental disorders and in the group of speech disorders, whose frequency of incidence is, however, generally lower. A group of progressive diseases (sclerosis multiplex, HIV, cancer and Parkinson's disease) is also a sensitive matter.

The fact that skin diseases (including allergies) are the only ones occurring less often with age (or not being referred to as the most important) is surely noteworthy.

The correlation of a type of disease and age is significant for both genders. Deviations between men and women in respect to how the individual types of illnesses are represented can be seen in the 50-and-over population. Men of middle and higher age suffer from cardiac illnesses, blood pressure and circulation illnesses relatively often whereas women of the same age suffer more often from problems with the upper and lower limbs, back and neck. We cannot forget general problems such as a decline in physical fitness, the worsening functioning of the sensory organs, worse short-term memory and speed of perception, lower resistance to mental and physical stress, a lower speed of processing new information and reaction time.

In the oldest age group (i.e. 60 - 64) it is other illnesses that have no connection to current or former employment that unequivocally dominate as the causes of health problems of this group. In the 30 - 54 age group there is clearly a higher proportion of work-related injuries; in the group of people in their forties and fifties there is also a higher proportion of work related diseases. Women have long-term health problems more often than men in virtually all middle and higher age groups.

Accordingly, it is possible to determine professions with health risks. Those who suffer most from health problems are those working in blue-collar and service professions, such as skilled labourers in agricultural, forestry and related fields, in addition to workers belonging to the large group of craftsmen, skilled manufacturers, processors and repairmen. There are also those who work in the servicing and maintenance of machines and particularly assistants and unskilled workers whose rate of long-term health problems is nearly twice as high as their ratio to the total of all working people or those who worked in the former regime's national economy.

One group of work injuries and work related illnesses is closely tied to one's previous or current employment. Work injuries as a cause of long-term health problems have a serious impact on the economic activity of the people involved. Male and female employment is structured differently and it has been proved by the fact that the number of men who get injured at work is nearly five times higher than the number of women.

Generally, work related illnesses do not have as much impact as work injuries for the employment of the people affected by them. People with such health problems work mainly in the processing industry and construction industries, most often as craftsmen and skilled producers, processors and repairmen and in the servicing and maintenance of machines. Factors in the work environment, such as physically demanding and monotonous work, play a significant role in this issue.

Employment safety in favourable working conditions has been connected to a huge decline in health risks and a decline in the occurrence of disabling illnesses. This increases the probability of improving workers' state of health. A positive correlation between achieved education and health has been proved, especially in middle and higher age groups of the population. A strong correlation has also been proved between socio-economic factors, work place exposure and disability due to diseases of the kinetic apparatus, which are significantly influenced by unfavourable

conditions in the work environment; a stronger correlation has been identified in men than in women.

As for age, the worst lifestyle can be found in the middle-aged population. Although these people are the most physically active, there are among them the largest group of regular smokers and a higher than average group of alcohol consumers. The health conditions of people worsen with age and are associated with the more frequent use of health services and the use of medicine. People with only a primary education are more often overweight, have bad eating habits and more often smoke and consume alcohol. These people also exhibit a worse state of health. People with a university education take advantage of preventive health care services more often and for treatment less often than people with a lower education.

It has been proved that the biological age of a person does not necessarily correspond to their calendar age. It depends, of course, on our lifestyle and on how we avoid illnesses in general, not only those resulting from the ageing of the organism. Ageing is a natural phenomenon; nevertheless, it has been shown that it can be postponed. The possible methods used to do so are dealt with by a new medical field called Anti-Ageing Medicine.

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