Extending Working Lives of Older Workers Experiencing Chronic Health Conditions

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Research staff: 35

Of whom 12 PhDs and 8 Postdocs

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Four theme groups:
- Ageing and Longevity
- Migration and Migrants
- Families and Generations
- Work and Retirement
EXTENSION OF WORKING LIVES

Why do we need to extend working lives?
- Demographic shifts –
  - High life expectancy
  - Low fertility rates

How has the Netherlands extended working lives?
- By increasing retirement ages
- By blocking workforce exit routes
Old age is associated with:

Declining:
- Physical health
- Mental Health

Increased susceptibility to:
- Injury
- Infectious disease
- Chronic health conditions (CHCs)

59% of Dutch older workers experience a chronic health condition
HOW DO CHCS IMPACT OLDER WORKERS IN THE WORKPLACE?

- Increases the likelihood of an early exit from work.

- Reduces older workers’:
  - work productivity,
  - work ability, and
  - work functioning.

- Increases WORK LIMITATIONS experienced by older workers.

How can organizations help older workers experiencing work limitations caused by their CHCs?
HEALTH-RELATED WORK LIMITATIONS –

THE ROLE OF FLEXIBLE WORK ARRANGEMENTS AND ORGANIZATIONAL CLIMATE

THE GERONTOLOGIST, 2019

HTTPS://DOI.ORG/10.1093/GERONT/GNZ073
To what extent are:

- **perceived access to flexible work arrangements and**

  - Working-time flexibility
  - Workplace flexibility
  - Phased retirement

- **organizational climates**

  - Healthy ageing climate
  - Psychological safety climate

associated with **perceived health-related work limitations of older workers with**:

1. arthritis,
2. cardiovascular disease, and
3. sleep disorders?
THEORETICAL FRAMEWORK

- Based on Job Demand-Resource model.

- Flexible work arrangements and organizational climate = Job Resources.
METHODS: DATA — NIDI PENSION PANEL SURVEY

Pension funds

Organizations

Older workers:
- 60 – 65 years
- >12 hours per week

Stratified random sampling
### METHODS: PARTICIPANTS

Older workers (60 – 65 years of age) with:

<table>
<thead>
<tr>
<th>Disease</th>
<th>N</th>
<th>Organizations</th>
<th>% of Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>2,330</td>
<td>567</td>
<td>43.0%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>720</td>
<td>368</td>
<td>13.3%</td>
</tr>
<tr>
<td>Sleep Disorders</td>
<td>816</td>
<td>396</td>
<td>15.1%</td>
</tr>
</tbody>
</table>
METHODS: MEASURES

Independent Variables

Individual-level – Flexible Work Arrangements

Perceived access to –

a. Working-time flexibility (dummy variable 0, 1)
b. Workplace flexibility (dummy variable 0, 1)
c. Phased retirement (dummy variable 0, 1)

Organizational-level – Organizational Climate

Healthy aging climate (scale variable)

Psychological safety climate (scale variable)

Dependent Variables

Health-related work limitations
1 = Not limited
2 = Moderately limited
3 = Severely limited
Methods: Analysis

- Descriptive statistics

- Multilevel ordered logistic regression
  - Separately for the 3 CHCs

- One-way analysis of variances with interrater reliability indices ICC1 and ICC2
  - Multilevel modelling
  - Aggregation tests
RESULTS: EXTENT OF HEALTH-RELATED WORK LIMITATIONS

- **Arthritis**: 32% with no limitations, 54% with moderate limitations, 14% with severe limitations.
- **Cardiovascular disease**: 42% with no limitations, 43% with moderate limitations, 15% with severe limitations.
- **Sleep problems**: 27% with no limitations, 54% with moderate limitations, 19% with severe limitations.
## RESULTS: FLEXIBLE WORKING HOURS BENEFIT OLDER WORKERS WITH CHCS

<table>
<thead>
<tr>
<th>Variables</th>
<th>Arthritis (N = 2,330)</th>
<th>Cardiovascular disease (N = 720)</th>
<th>Sleep disorders (N = 816)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coefficient</td>
<td>Standard error</td>
<td>Coefficient</td>
</tr>
<tr>
<td>Perceived access to flexible work arrangements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working-time flexibility</td>
<td>-0.43**</td>
<td>0.10</td>
<td>-0.34*</td>
</tr>
<tr>
<td>Workplace flexibility</td>
<td>-0.17</td>
<td>0.11</td>
<td>0.01</td>
</tr>
<tr>
<td>Phased retirement</td>
<td>-0.01</td>
<td>0.09</td>
<td>0.11</td>
</tr>
</tbody>
</table>
RESULTS: FLEXIBLE WORKING HOURS BENEFIT OLDER WORKERS WITH CHCS

Predicted probability of severe health-related work limitations

- Older workers with arthritis: 11%
- Older workers with cardiovascular disease: 13%
- Older workers with sleep disorders: 21%

Colors:
- Yellow: Working-time flexibility - Accessible
- Blue: Working-time flexibility - Inaccessible
# RESULTS: PSYCHOLOGICALLY SAFE ORGANIZATIONAL CLIMATE BENEFIT OLDER WORKERS WITH CHCS

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<tbody>
<tr>
<td></td>
<td>Coefficient</td>
<td>Standard error</td>
<td>Coefficient</td>
</tr>
<tr>
<td>Healthy aging climate</td>
<td>0.04</td>
<td>0.12</td>
<td>0.18</td>
</tr>
<tr>
<td>Psychological safety climate</td>
<td>-0.33*</td>
<td>0.13</td>
<td>-0.45*</td>
</tr>
</tbody>
</table>
RESULTS: PSYCHOLOGICALLY SAFE ORGANIZATIONAL CLIMATE BENEFIT OLDER WORKERS WITH CHCS
CONCLUSION

Proving older workers with:

- Working-time flexibility
- Psychological safety climate

..may:

- Extend older workers’ working lives
- Facilitate healthy ageing in the workplace
THANK YOU!

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REFERENCES


