

CAVEWAS Corner

The Aging Worker

By Thea Aldrich, CVE, CVP, RRP, PVE

As rehabilitation specialists, we are faced with numerous challenges when attempting to return our injured workers to the labour force but disability is not the only barrier our clients are challenged with when seeking to re-enter the competitive labour market. Often, the files hitting our desk are those belonging to aging workers who are 55+ years old and nearing retirement age. These workers are challenged not only by their injuries but also longer recovery periods due to the natural changes that occur as we age. Physical changes naturally occurring in our bodies as we age make it more difficult for healing to occur if we are injured and recovery time can be extended.

It is no secret that the longer an individual is away from work, the less likely return-to-work will occur successfully. Many challenges can be overcome—and successful rehabilitation can occur—when each client is considered as an individual with different experiences and different emotions. Aging is an individual process and, when managed appropriately, the maturity level of an older worker can be a positive influence on the rehabilitation process.

Physical changes in our bodies as we age may include loss of bone matter (osteoporosis); joint problems such as loosened cartilage, depleting lubricating fluids, and hardened and contracted ligaments; decreased blood circulation; loss of muscle fibres; and deterioration of the thymus (the heart of the immune system). To complicate things even more, if broken bones occur, the individual becomes less mobile

or inactive, which can lead to other health hazards including increased weight (even obesity) and all the problems associated with that.

In addition to a longer recovery period from injury, older workers often experience health problems pre-existent to their injuries such as arthritis, diabetes, and even cardiovascular disease, adding additional challenges to rehabilitation. Things like less acute vision and hearing and noticeably slower reaction times can impact a person's confidence in driving ability, making many older workers less amenable to consider work options that require longer commuting distances. We often hear people commenting, "my memory isn't as good as it used to be" and this—along with other cognitive deterioration—such as reduced ability to plan and organize, can lead to a further lack of confidence when asked to consider retraining options. Additionally, often the individual has been working for many years in the same occupation and therefore consideration of a career change, particularly when nearing retirement age, seems unrealistic, and sometimes even ridiculous to the person.

Another complicating factor is the type of work the individual has been performing over his/her lifetime, which may also have an impact on the person's state of health. Studies have shown that age-related deterioration of health occurs faster for those working in manual labouring occupations, as compared



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to those working in non-physically labouring work. Additional studies show that working long hours and extensive overtime also has adverse effects on health and wellbeing, increasing risk of hypertension, cardiovascular disease, fatigue, stress, depression,

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Dear fellow colleagues and readers, here is our most recent contribution to CAVEWAS Corner.

As many of you know, CAVEWAS (Canadian Assessment, Vocational Evaluation and Work Adjustment Society) is a member society of VRA Canada, serving in large part to represent and support the professional and developmental needs of vocational evaluators as well as professional rehab personnel specializing in work adjustment of injured workers and the like. In this section, you will find current and candid articles authored by CAVEWAS members, non-members (and future members alike) that will share, discuss, and communicate with you developments and changes affecting our membership. Amongst them issues of best practice, professional development and designation, as well as industry trends.

We hope you continue to find the content in this section stimulating, motivating, and informative and we encourage your ongoing participation and contributions.

Enjoy!

CAVEWAS National Board Of Directors

If you are a CAVEWAS member and have any ideas, opinions or thoughts relevant to this section and you would like to share, discuss, and communicate them in the next issue, please contact: Jodi Webster at jodi@keyrehabservices.ca We also encourage you to join our group on LinkedIn.



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musculoskeletal disorders, chronic infections, diabetes, and general health complaints.

All these issues certainly make it more difficult when rehabilitating older workers to return to the workforce. It is not unusual for these clients to experience extended periods away from work when sustaining an injury, yet all literature compiled to date confirms that a positive correlation exists between the amount of time a person is off work and how firmly entrenched she/he becomes in the disability or invalid role. To even worsen this problem is the fact that the disability role is often reinforced, albeit inadvertently, by attending physicians and ongoing treatment, as well as family and friends who may be overly attentive and provide unnecessary care and assistance.

Severity of injuries or seriousness of an accident is not a good predictor of who will suffer psychological distress as a result of said accident and injury. Some people are able to manage better than others following extremely traumatic events, while some are more significantly impacted by what may seem to others as trivial, minor events. Previous psychological illness, such as being excessively stressed pre-injury or having experienced previous losses in the recent past, are some risk-factors that may make some people more susceptible to emotional trauma. Sometimes, even when none of these predictors exist, psychological distress such as depression, anxiety, fear, or phobia is experienced as a direct result of the injury.

The 2005 book *Occupational Disability Claims: Early Intervention and Prevention* reports that the probability of return-to-work after two months of not working is 70 per cent; after five

months this decreases to 50 per cent; after 12 months this decreases to 30 per cent; and at two years, is 10 per cent (Schultz & Gatchel, 2005). In this same book, it is cited that older age is found to be a negative factor in return-to-work statistics. When working with an aging worker in the vocational rehabilitation process, we are faced with the realities that recovery time from injury may be longer for an older worker, as well as the fact that the likelihood of psychological barriers increases the longer she/he is absent from work. In any event, the earlier that psychological disturbance can be identified and treated, the greater the likelihood for success in the rehabilitation process. As well, individuals who are focused on recovery sufficient enough to allow return-to-work, even if on a gradual basis or modified plan, are more likely to have a shorter period of disability and are more likely to avoid psychological problems.

Overall, older workers are often simply less successful in reintegrating into the workforce following injury, particularly if occupational change is a requirement. This may be a result of health issues as detailed above, as well as many other factors, such as a lack of alternate marketable skills, less flexibility and inadequate coping skills to adjust to change, inability to conduct an effective job search in today's high-tech employment arena, or a slower-paced learning style. Practical goal-setting workshops can be helpful to facilitate a more positive-mindset and offset fears of the unknown for the individual. It can also facilitate better adjustment to the disability by refocusing the client on residual strengths rather than the limitations caused by the injury, and it keeps the person focused on return-to-work as the ultimate goal. Training may need to be more

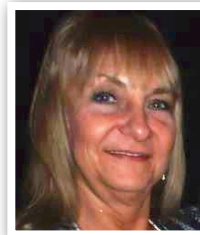
practically based; adult learners tend to base new learning on previous experiences and have a need to understand the logic behind new information. Consider training programs that allow for self-paced learning as an option because training may take longer for aging workers who need to understand how this new information relates to what they have already learned throughout their lifetimes.

In addition to the residual physical, cognitive, or psychological barriers, there are many variables that need to be identified and resolved, or at least accommodated, in order for rehabilitation to be successful. It is imperative that these are identified early in the process and that immediate steps are implemented in order for their impact on the rehabilitation process to be minimal. Once barriers are identified, they can be accommodated through supportive counselling, treatment, and appropriate vocational redirection. As cited in Schultz and Gatchel's book, "Having an understanding of the individual factors for predication of disability including socio-demographic factors, physical factors, and psychosocial factors, such as beliefs, perceptions, expectations, coping and motivation using a cognitive behavioral conceptualization, workplace and job factors as well as with the limitations posed by impairment, is critical" (Schultz & Gatchel, 2005).

In order to better predict what may occur in the near future and understand what crucial steps need to be implemented, and when, in order for your client to enjoy success in the rehabilitation process, you must first gain a clear understanding of where she/he came from and what experiences and events have occurred in the past. In a nutshell, start early and know your client well! ☺



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Thea has worked for vpi-Inc for almost 20 years providing vocational assessment and rehabilitation to a diverse population including but not limited to people with disabilities, older workers, youth, and newcomers to Canada. In addition to membership in VRA and CVRP, Thea is also a

member in good standing of the Canadian Association of Vocational Evaluation and Work Adjustment Specialists (CAVEWAS). She is a current member of the CVRP Board of Directors as secretary of the executive committee, as well as the advisory board for the George Brown College Career and Work Counsellor program.