Gerontological Nursing and the Aging Work Force

Until now, a youthful work force is all the Western world has ever known. The U.S. Census Bureau predicts that the number of Americans ages 65 and older will be near 70 million by 2040 (U.S. General Accounting Office, 2003). Many “baby boomers” are facing retirement when they can least afford it, so they will keep working to retain health care benefits and supplement social security. What does this mean for nursing? Nurses need to be prepared for an increased emphasis on functional outcomes across the spectrum of health care, especially in outpatient clinical settings for treatment of chronic conditions, minor injuries, and illness. The usual instructions of “stay off your feet for a few days while that knee heals,” for example, are going to pose serious problems for older adults who have to work.

This is challenging because many gerontological nurses have not been educated in worker health or workplace hazards that may endanger older adults. They may not know how to take an occupational health history or what questions to ask about job activities. Case management of older workers is going to be more complex because in addition to optimal function, nurses will need to design a return-to-work plan.

While the Occupational Health and Safety Administration (OSHA) protects employees from dangerous workplace practices, and jobs are indeed safer for most Americans, older workers’ needs are often overlooked. For example, age-related changes in cardiac, pulmonary, and renal systems increase the risk of exposure to environmental toxins. Most of OSHA’s recommended dose levels for hazardous work exposures were derived from studies of young men, not women or older adults. What we need is more collaboration with the disciplines of ergonomics, occupational therapy, occupational medicine, and industrial hygiene in helping to keep older workers in the workplace (Moyers & Coleman, 2004). We also need nurses who can specialize in occupational health and more advanced practice nurses in workplace settings (Healy, 2001).

Changes in vision, hearing, and musculoskeletal systems pose some physical and biomechanical risks in the workplace, but these health problems do not disqualify older adults from employment. Employers need help matching the right person for a job. It is inappropriate to assign someone with an arthritic hip to climb a stepladder to stock shelves in a retail store. Employers need to change how they operate their production facilities and businesses. They are going to need help reorganizing the work environment to accommodate older workers.

For example, the Americans with Disabilities Act (ADA) protects workers with health problems from being denied jobs when reasonable accommodations are possible. While employers cannot conduct pre-employment assessments specifically targeting older adults, they can conduct pre-placement screenings based on functional tasks required on the job. Also, employers will need to document pre-existing deficits in hearing or musculoskeletal problems before they hire an older worker.

Organizational structures may need to change as well. Leave policies and job sites were designed for younger workers, not an older adult who has grandchildren or an illness (Lissenburgh & Smeaton, 2003). The Family and Medical Leave Act of 1993 was a step in the direction of balancing the needs of employers with the needs of young families. This law must be adapted to the needs of older workers.

Although older workers differ from their younger counterparts in a variety of physical, biological, mental, and social dimensions, they are just as able to be good workers. Attitudes and expectations about retirement and labor force participation are changing (Collison, Society for Human Resource Management, 2003). Nursing, as a profession, can be a catalyst for bringing about this change in our society.

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REFERENCES


