

Evidence Review - The Aging Workforce

Recommendations

- Fit the person to the job
- Give people a sense of control
- Allow people more time to pick up new technology
- Be flexible about work patterns
- Improve people's communication skills
- Keep them up to date
- Help them be receptive to change
- Give people stimulating work - 'use it, or lose it'
- Create a positive work environment
- Give people information and advice
- Occupational health interventions work, but the benefits don't last forever
- Make sure that the physical and mental requirements of the job match the capacities of older workers
- Address the full range of needs that older people bring to the job
- Begin to address aging when employees are young rather than waiting until later
- Take advantage of the mix of generations, using older employees to mentor younger ones.
- Tackle burnout
- Foster social support from colleagues and supervisors
- Respect and recognise the achievements of older staff
- Value expertise
- Keep giving people education and development opportunities
- Keep jobs varied
- Use older workers for mentoring
- Fitter workers are happier but there's not much evidence workplace schemes are effective
- Allow for occupational growth
- Make training relevant

White (White & Spector, 1987) found a positive linear relation between age and job satisfaction. He studied 496 city and county managers working in Florida. He found that job congruence and work locus of control accounted for almost all the variance in the age-satisfaction relationship.

Elias (Elias, Elias, Robbins, & Gage, 1987) found that older people took significantly longer to master a new piece of software and performed worse on an exam designed to test their mastery of it.

Martocchio (Martocchio, 1989) found that both voluntary and involuntary absence were inversely related to age: i.e. as people got older they took less time off sick.

Herzog (Herzog, House, & Morgan, 1991) found that persons whose patterns of labour-force participation (or non-participation) reflected their personal preference reported higher levels of physical and psychological wellbeing.

Gilsdorf (Gilsdorf, 1992) made the following recommendations for older workers: develop better communication skills; stay current and be receptive to change.

Warr (Warr, 1992) found a U-shaped relationship between age and job satisfaction with younger and older workers being happier than middle-aged ones.

Crimmins (Crimmins, Reynolds, & Saito, 1999) found that from 1982 to 1993 men and women in their 60s reported significant improvement in their ability to work.

Schooler (Schooler, Mulatu, & Oates, 1999) found that “substantively complex work improves intellectual functioning,” and that this effect was greater for older workers.

Albrecht (Albrecht, 2001) argued that workers aged 55 and over most value a positive work environment and useful information and advice.

Siu (Siu, Spector, Cooper, & Donald, 2001) found that age was positively related to wellbeing. Older managers reported fewer sources of stress, better coping, and a more internal locus of control.

Ming-Ching (Ming-Ching & Herzog, 2002) found that among older Americans “performing more than 100 annual hours of volunteer work and of paid work have independent and significant protective effects against subsequent poor health and death.”

Brooke (Brooke, 2003) analysed the HR benefits and costs of older workers. Brooke found that “net benefits occurred through recruitment and training benefits over the costs of absenteeism and work injuries.”

de Boer (de Boer, van Beek, Durinck, Verbeek, & van Dijk, 2004) studied an occupational health intervention programme for workers at risk for early retirement. 116 employees took part in the study and 61 had the intervention which lasted six months and was “executed by an occupational physician.” Fewer employees in the intervention group retired early, they took less sick leave, had better work ability, less burnout and better quality of life. However “two years after randomisation no differences between the two groups were found.”

In a study of 5,802 people in Helsinki Aittomäki (Aittomäki, Lahelma, Roos, Leino-Arjas, & Martikainen, 2005) found that older people did less physically-demanding work than younger ones and that this trend was more marked for men than women. Age and physically-demanding work were associated with poor functioning. This was particularly pronounced among women because they were more likely to work in health and social care.

Brooks (Brooks, 2006) found that older workers did not sustain more recordable injuries than younger workers and that self-reported musculoskeletal discomfort was strongly correlated to psychological discomfort.

Silverstein (Silverstein, 2007) argued that while older workers can be as safe and productive as younger ones, this will not happen automatically. Supporting programmes need to take

advantage of the strengths and capacities of age while compensating for its vulnerabilities and limitations. A successful programme needs to: make sure that the physical and mental requirements of the job match the capacities of older workers; address the full range of needs that older people bring to the job; begin to address aging when employees are young rather than waiting until later; take advantage of the mix of generations, using older employees to mentor younger ones.

Spokus (Spokus, 2008) found that six variables influenced older workers' quality of life. These were: level of job burnout (39%); level of organisational involvement (12%); desire to seek other employment (6%); perceived extent of corporate fit (6%); level of job tension (2%); and social support received from the supervisor (2%). Three factors were found to influence intention to leave which were: quality of life; corporate fit; and role ambiguity.

In 2008 Paton (Paton, 2008) argued that NHS occupational-health practitioners did not understand the health needs of older workers with the result that OH support for this section of the workforce was both patchy and inconsistent.

Moseley (Moseley, Jeffers, & Paterson, 2008) carried out a literature review of factors that influence the retention and turnover of older workers. Factors that helped included: respecting and recognising the achievements of older staff; empowerment and autonomy; valuing expertise; providing challenges; creating a sense of community; education and peer development; work demands and environment; flexible working and shift options; and adequate financial reimbursement.

Sanders (Sanders, 2009) found that job design influenced two measures of successful aging: generativity and personal sense of control. The job-design characteristics of skill variety and co-worker support were most important to successful aging. Sanders recommended that managers design jobs for older workers that incorporate opportunities to use a variety of skills, work collaboratively with other and offer mentoring experiences.

Kène (Kène & Leenders, 2010) studied 2,892 older Dutch workers and their spouses. A high workload, heavy physical work, lack of challenge, autonomy and social support from colleagues and managers were all related to burnout. Older workers with better marriages reported a stronger intention to retire.

Keller (Keller & Burns, 2010) reviewed retention strategies to keep aging nurses at the bedside; methods to adapt the work environment to aging nurses' needs; policies that address the needs of aging nurse and implications for occupational health nursing practice.

van den Berg (van den Berg, Schuring, Avendano, Mackenbach, & Burdorf, 2010) found that poor self-perceived health was strongly associated with exit from paid employment due to retirement, unemployment or disability. Low education, obesity, low job control and effort-reward imbalance were all associated with ill health in older workers.

Fragar (Fragar & Depczynski, 2011) studied challenges for older health workers. These included: reading labels and administering medication; hearing patients and colleagues; manual handling; particular movements and postures; shift work; delivery of babies; patient exercise; and suturing. Issues across settings included: ongoing education; work with computers; and general fatigue. Personal challenges included: coping with change; balancing work-life commitments; dealing with attachments and meeting goals and expectations. Factors that

exacerbated difficulties included: vision and hearing deficits; increasing tiredness; more complex professional roles and a sense of not being valued in the context of greater perceived workload.

Donders (Donders, Bos, van der Velden, & van der Gulden, 2012) studied age differences in frequent and prolonged sick leave. Donders found that workers over 55 were half as likely to have frequent sick leave but 1.6x more likely to have prolonged sick leave.

Cheung (Cheung & Wu, 2012) studied 242 full-time Chinese workers over 40. Perceived organisational support was related to all dimensions of successful aging in the workplace whilst training and development was a significant correlate of occupational growth. Social support from friends and family was positively related to three successful aging dimensions including adaptability and health, personal security and continuous focus on goals. When facing discrimination in the workplace, support from organisations and from friends and family were particularly important for older workers.

Frerichs (Frerichs, Lindley, Aleksandrowicz, Baldauf, & Galloway, 2012) reviewed 83 good practice case studies in eight European countries. The four most frequently used “pathways,” were: training, lifelong learning and knowledge transfer; flexible working; health protection and promotion and job design; career development and mobility management.

Strijk (Strijk, Proper, van der Beek, & van Mechelen, 2012) studied the effectiveness of a “worksite vitality intervention,” lasting six months. This included an exercise programme and three visits from a personal vitality coach. The exercise programme consisted of a weekly yoga session, a weekly workout session and weekly unsupervised aerobic exercise. Free fruit was also provided. No effects were found on aerobic capacity or mental health.

Melillo (Melillo, 2013) discusses the implications of cognitive health, memory complaints, and cognitive impairment among older workers.

Cheung (Cheung & Anise, 2013) found that perceived organisational support, adaptability and health, positive relationships, occupational growth, personal security and a continued focus on goals were all significantly related to intentions to stay in the organisation.

Zacher (Zacher, Jimmieson, & Bordia, 2014) found that employees in their late 20s to early 40s had lower job satisfaction and higher emotional exhaustion than younger and older employees. Time pressure and co-worker support fully mediated both relationships.

Delloiacono (Delloiacono, 2015) provides a critical synthesis of research on age-related physical and cognitive changes and their impact on safety, providing “best practice,” evidence for occupational health nurses to examine and apply.

Zwick (Zwick, 2015) argued that older employees get higher returns from informal and directly relevant training and from training contents that can be mainly tacked by crystallised abilities.

Hintsä (Hintsä et al., 2015) found that a higher effort-reward imbalance predicted exit from the labour market independent of age, sex, education, occupational class, allostatic load and depression.

Negrin-Wiener (Negrin-Wiener, 2015) addressed the issue of older workers who are also caregivers. “Flexible workplace policies, such as eldercare programs, are proven to enhance productivity, reduce costs, and lower absenteeism and presenteeism.

Leijten (Leijten et al., 2015) found that severe headache, diabetes and musculoskeletal, respiratory, digestive and psychological health problems all predicted an increased risk of disability benefits. Circulatory and psychological health problems predicted unemployment, and musculoskeletal and psychological health problems predicted early retirement. Work-related factors did not modify the influence of health problems on unemployment or early retirement. Among worker with health problems higher autonomy, higher support and lower psychological job demands reduced the risk of disability benefits by 82%, 49% and 11% respectively.

Poscia (Poscia et al., 2016) reviewed the evidence on workplace health promotion (WHP) for older workers and found that “studies addressing WHP for older workers are few and generally of poor quality. Current evidence fails to show that WHP programmes improve the work ability, productivity or job retention of older workers. In addition, there is limited evidence that WHP programmes are effective in improving lifestyles and concur [sic] to maintain the health and wellbeing of older workers.”

Hennekam (Hennekam, 2016) found that motivation, integrity and social skills were linked to job satisfaction in older workers and that motivations and social skills were linked to success at work in this group.

Durosaiye (Durosaiye, Hadjri, & Liyanage, 2016) studied older nurses in the NHS. For managers the three characteristics of an age-friendly NHS workplace were: health, retirement and flexibility. A focus group with six older nurses found that older nurses would generally not want to stay in the job if they had to work in the ward area. “The physical, cognitive, and sensory constructs of older nurses are negatively affected by the job and environmental demands of the ward areas.”

D'Angelo (D'Angelo et al., 2016) studied 5,437 people aged between 50-64 from 24 English general practices. She found job dissatisfaction was most common among men between 50 and 60, those living in London and South East, among the better educated and in those working for larger employers. The main contributors to job dissatisfaction were: feeling unappreciated and/or lacking a sense of achievement. Job dissatisfaction was associated with worse general health, mood and wellbeing.

Chinoy (Chinoy, Harris, Kim, Wang, & Duffy, 2016) found that scheduled evening sleep and enhanced lighting improved adaptation to shift work in older adults.

Drake (Drake, Haslam, & Haslam, 2017) studied the facilitators and barriers to the protection and promotion of the health and safety of older workers. She found that employers were uncertain how to proceed with implementing actions to protect older workers and that older workers did not feel supported or engaged. Older workers were fearful of reporting any capability changes that could affect their ability to perform work tasks as they thought this could have negative consequences for their future employment.

Puciato (Puciato, Borysiuk, & Rozpara, 2017) studied 1,013 people between 55-64. He found that people who had the highest intensity of physical activity had the best quality of life and a higher perceived health status.

Fisher (Fisher, Chaffee, Tetrick, Davalos, & Potter, 2017) reviewed the evidence on cognitive functioning and aging at work.

Fleischmann (M. S. Fleischmann & Head, 2017) found that, after adjusting for a person's age, the onset of a chronic disease was related to lower decision authority, and lower social support. A decline in mental health was related to more unfavourable working conditions – specifically job security, social support and decision authority. Fleischmann concluded that “working conditions do not seem to alter in order to accommodate older workers' changing needs when their health declines. Rather, older workers with declining mental or physical health report deterioration in their working conditions.”

Havermans (Havermans et al., 2018) found that improvements in psychological demands, autonomy, support and distributive justice were associated with improved mental health.

Fleischmann (M. Fleischmann, Carr, Stansfeld, Xue, & Head, 2018) found that chronic disease significantly increased the risk of any type of work exit and specifically the risk of health-related exit. High skill discretion in midlife reduced the risk of any type of work exit, retirement and health-related exit. High work social support in midlife decreased the risk of health-related exit and unemployment.

Sanders (Sanders, 2018) studied 10 older workers in a manufacturing company. She found that age-related changes affecting job tasks included: near vision, arm strength; grip strength; joint stiffness and endurance. Older workers adapted job tasks by changing their work style, using equipment available and relying on close co-workers for assistance.

Magnavita (Sanders, 2018) found that lack of awareness on the part of management and inflexibility in the occupational health and safety system were major barriers to health promotion.

Baidwan (Baidwan et al., 2018) studied 7,212 US workers aged 50+. Risk of experiencing a work-related injury was over two times greater among those whose job had work requirements for physical effort, lifting heavy loads, and stooping/kneeling/crouching. Over time injured workers had higher risks of functional limitations and working reduced hours.

de Wind (de Wind, Maaikje van der, Deeg, & Boot, 2018) studied healthy work life expectancy (WLE) in workers between 55 and 65 with a chronic disease. de Wind found that workers with a chronic disease extended their working lives by approximately 18 months from 1992 to 2016. In the first decade unhealthy WLE increased, whereas in the second decade healthy WLE increased.

Kossek (Kossek et al., 2019) studied the effectiveness of an intervention to improve psychological health among older employees with care-giving responsibilities. The intervention was more effective in reducing stress and psychological distress for caregivers who were also caring for other family members off the job. Kossek concluded that caregivers “may benefit from interventions designed to increase work/non-work social support and job control.”

Merkus (Merkus et al., 2019) compared older workers in construction and healthcare. She found that compared to younger workers, older workers had similar strength and lower aerobic capacity. Older healthcare workers had higher demands than younger ones. Older healthcare workers were also working at a higher percentage of their heart-rate capacity.

Chen (Chen & Gardiner, 2019) found that work demands, learning and development opportunities, job autonomy, recognition and respect, mentoring opportunities, a supportive

organisational climate and social support were significant factors that predicted older workers' workforce participation.

- Aittomäki, A., Lahelma, E., Roos, E., Leino-Arjas, P., & Martikainen, P. (2005). Gender differences in the association of age with physical workload and functioning. *Occupational and Environmental Medicine*, 62(2), 95. doi:<http://dx.doi.org/10.1136/oem.2004.014035>
- Albrecht, D. G. (2001). Getting ready for older workers. *Workforce*, 80(2), 56-62.
- Baidwan, N. K., Gerberich, S. G., Kim, H., Ryan, A. D., Church, T. R., & Capistrant, B. (2018). A longitudinal study of work-related injuries: comparisons of health and work-related consequences between injured and uninjured aging United States adults. *Injury Epidemiology*, 5(1), 1-9. doi:<http://dx.doi.org/10.1186/s40621-018-0166-7>
- Brooke, L. (2003). Human resource costs and benefits of maintaining a mature-age workforce. *International Journal of Manpower*, 24(3), 260-283.
- Brooks, D. M. (2006). *Psychosocial variables impacting the safety and health of aging workers*. (3206565 Ph.D.), Capella University, Ann Arbor. Retrieved from <https://search.proquest.com/docview/304910323?accountid=48232> Health Research Premium Collection database.
- Chen, M. K.-L., & Gardiner, E. (2019). Supporting older workers to work: a systematic review. *Personnel Review*, 48(5), 1318-1335. doi:<http://dx.doi.org/10.1108/PR-11-2018-0455>
- Cheung, F., & Anise, M. S. W. (2013). Older workers' successful aging and intention to stay. *Journal of Managerial Psychology*, 28(6), 645-660. doi:<http://dx.doi.org/10.1108/JPM-09-2011-0062>
- Cheung, F., & Wu, A. M. S. (2012). An investigation of predictors of successful aging in the workplace among Hong Kong Chinese older workers. *International Psychogeriatrics*, 24(3), 449-464. doi:<http://dx.doi.org/10.1017/S104161021100192X>
- Chinoy, E. D., Harris, M. P., Kim, M. J., Wang, W., & Duffy, J. F. (2016). Scheduled evening sleep and enhanced lighting improve adaptation to night shift work in older adults. *Occupational and Environmental Medicine*, 73(12), 869. doi:<http://dx.doi.org/10.1136/oemed-2016-103712>
- Crimmins, E. M., Reynolds, S. L., & Saito, Y. (1999). Trends in health and ability to work among the older working-age population. *The Journals of Gerontology*, 54B(1), S31-40. doi:<http://dx.doi.org/10.1093/geronb/54B.1.S31>
- D'Angelo, S., Coggon, D., Harris, E. C., Linaker, C., Sayer, A. A., Gale, C. R., . . . Palmer, K. T. (2016). Job dissatisfaction and the older worker: baseline findings from the Health and Employment After Fifty study. *Occupational and Environmental Medicine*, 73(8), 512. doi:<http://dx.doi.org/10.1136/oemed-2016-103591>
- de Boer, A. G. E. M., van Beek, J. C., Durinck, J., Verbeek, J. H. A. M., & van Dijk, F. J. H. (2004). An occupational health intervention programme for workers at risk for early retirement; a randomised controlled trial. *Occupational and Environmental Medicine*, 61(11), 924. doi:<http://dx.doi.org/10.1136/oem.2003.009746>
- de Wind, A., Maaik van der, N., Deeg, D. J. H., & Boot, C. R. L. (2018). Working life expectancy in good and poor self-perceived health among Dutch workers aged 55–65 years with a chronic disease over the period 1992–2016. *Occupational and Environmental Medicine*, 75(11), 792. doi:<http://dx.doi.org/10.1136/oemed-2018-105243>
- Delloiacono, N. D. N. P. R. N. A. N. P. B. C. (2015). Musculoskeletal Safety for Older Adults in the Workplace: Review of Current Best Practice Evidence. *Workplace health & safety*, 63(2), 48-53. doi:<http://dx.doi.org/10.1177/2165079915570299>
- Donders, N. C. G. M., Bos, J. T., van der Velden, K., & van der Gulden, J. W. J. (2012). Age differences in the associations between sick leave and aspects of health, psychosocial workload and family life: a cross-sectional study. *BMJ open*, 2(4). doi:<http://dx.doi.org/10.1136/bmjopen-2012-000960>
- Drake, C., Haslam, R., & Haslam, C. (2017). Facilitators and barriers to the protection and promotion of the health and safety of older workers. *Policy and Practice in Health and Safety*, 15(1), 4-18. doi:<http://dx.doi.org/10.1080/14773996.2017.1289453>

- Durosaiye, I. O., Hadjri, K., & Liyanage, C. L. (2016). Identifying Challenging Job and Environmental Demands of Older Nurses Within the National Health Service. *HERD : Health Environments Research & Design Journal*, 9(3), 82-105. doi:<http://dx.doi.org/10.1177/1937586715613586>
- Elias, P. K., Elias, M. F., Robbins, M. A., & Gage, P. (1987). Acquisition of word-processing skills by younger, middle-age, and older adults. *Psychology and Aging*, 2(4), 340-348. doi:<http://dx.doi.org/10.1037/0882-7974.2.4.340>
- Fisher, G. G., Chaffee, D. S., Tetrick, L. E., Davalos, D. B., & Potter, G. G. (2017). Cognitive functioning, aging, and work: A review and recommendations for research and practice. *Journal of Occupational Health Psychology*, 22(3), 314-336. doi:<http://dx.doi.org/10.1037/ocp0000086>
- Fleischmann, M., Carr, E., Stansfeld, S. A., Xue, B., & Head, J. (2018). Can favourable psychosocial working conditions in midlife moderate the risk of work exit for chronically ill workers? A 20-year follow-up of the Whitehall II study. *Occupational and Environmental Medicine*, 75(3), 183. doi:<http://dx.doi.org/10.1136/oemed-2017-104452>
- Fleischmann, M. S., & Head, J. (2017). P56 Do working conditions alter to accommodate older workers' changing needs when their health declines: a 10-year follow-up of the english longitudinal study of ageing. *Journal of Epidemiology and Community Health*, 71. doi:<http://dx.doi.org/10.1136/jech-2017-SSMAbstracts.157>
- Fragar, L. J., & Depczynski, J. C. (2011). Beyond 50. challenges at work for older nurses and allied health workers in rural Australia: a thematic analysis of focus group discussions. *BMC health services research*, 11, 42. doi:<http://dx.doi.org/10.1186/1472-6963-11-42>
- Frerichs, F., Lindley, R., Aleksandrowicz, P., Baldauf, B., & Galloway, S. (2012). Active ageing in organisations: a case study approach. *International Journal of Manpower*, 33(6), 666-684. doi:<http://dx.doi.org/10.1108/01437721211261813>
- Gilsdorf, J. W. (1992). The New Generation: Older Workers. *Training & Development*, 46(3), 77.
- Havermans, B. M., Boot, C. R. L., Hoekstra, T., Houtman, I. L. D., Brouwers, E. P. M., Anema, J. R., & Allard, J. v. d. B. (2018). The association between exposure to psychosocial work factors and mental health in older employees, a 3-year follow-up study. *International Archives of Occupational and Environmental Health*, 91(1), 57-66. doi:<http://dx.doi.org/10.1007/s00420-017-1261-8>
- Hennekam, S. (2016). Competencies of older workers and its influence on career success and job satisfaction. *Employee Relations*, 38(2), 130-146. doi:<http://dx.doi.org/10.1108/ER-05-2014-0054>
- Herzog, A. R., House, J. S., & Morgan, J. N. (1991). Relation of work and retirement to health and well-being in older age. *Psychology and Aging*, 6(2), 202-211. doi:<http://dx.doi.org/10.1037/0882-7974.6.2.202>
- Hintsä, T., Kouvonen, A., McCann, M., Jokela, M., Elovainio, M., & Demakakos, P. (2015). Higher effort-reward imbalance and lower job control predict exit from the labour market at the age of 61 years or younger: evidence from the English Longitudinal Study of Ageing. *Journal of Epidemiology and Community Health*, 69(6), 543. doi:<http://dx.doi.org/10.1136/jech-2014-205148>
- Keller, S. M. R. N. M. S. N. M. P. H., & Burns, C. M. P. A. (2010). The Aging Nurse: Can Employers Accommodate Age-Related Changes? *AAOHN Journal*, 58(10), 437-444; quiz 435-436. doi:<http://dx.doi.org/10.3928/08910162-20100928-04>
- Kène, H., & Leenders, M. (2010). Burnout and older workers' intentions to retire. *International Journal of Manpower*, 31(3), 306-321. doi:<http://dx.doi.org/10.1108/01437721011050594>
- Kossek, E. E., Thompson, R. J., Lawson, K. M., Bodner, T., Perrigino, M. B., Hammer, L. B., . . . Bray, J. W. (2019). Caring for the elderly at work and home: Can a randomized organizational intervention improve psychological health? *Journal of Occupational Health Psychology*, 24(1), 36-54. doi:<http://dx.doi.org/10.1037/ocp0000104>
- Leijten, F. R. M., de Wind, A., van den Heuvel, S. G., Ybema, J. F., van der Beek, A. J., Robroek, S. J. W., & Burdorf, A. (2015). The influence of chronic health problems and work-related factors

- on loss of paid employment among older workers. *Journal of Epidemiology and Community Health*, 69(11), 1058. doi:<http://dx.doi.org/10.1136/jech-2015-205719>
- Martocchio, J. J. (1989). Age-related differences in employee absenteeism: A meta-analysis. *Psychology and Aging*, 4(4), 409-414. doi:<http://dx.doi.org/10.1037/0882-7974.4.4.409>
- Melillo, K. D. P. A. N. P. C. F. F. (2013). Cognitive Health and Older Workers: Policy Implications. *Journal of Gerontological Nursing*, 39(6), 13-18. doi:<http://dx.doi.org/10.3928/00989134-20130415-01>
- Merkus, S. L., Lunde, L.-K., Koch, M., Wærsted, M., Stein, K., & Veiersted, K. B. (2019). Physical capacity, occupational physical demands, and relative physical strain of older employees in construction and healthcare. *International Archives of Occupational and Environmental Health*, 92(3), 295-307. doi:<http://dx.doi.org/10.1007/s00420-018-1377-5>
- Ming-Ching, L., & Herzog, A. R. (2002). Individual consequences of volunteer and paid work in old age: Health and mortality. *Journal of Health and Social Behavior*, 43(4), 490-509. doi:<http://dx.doi.org/10.2307/3090239>
- Moseley, A., Jeffers, L., & Paterson, J. (2008). The retention of the older nursing workforce: A literature review exploring factors that influence the retention and turnover of older nurses. *Contemporary Nurse : a Journal for the Australian Nursing Profession*, 30(1), 46-56.
- Negrin-Wiener, M. (2015). The Aging Workforce and Eldercare: What Employers Need to Know. *Employee Benefit Plan Review*, 70(1), 16-17.
- Paton, N. (2008). Health needs of older workers misunderstood by OH in NHS. *Occupational Health*, 60(2), 5.
- Poscia, A., Moscato, U., Daniele Ignazio La, M., Milovanovic, S., Stojanovic, J., Borghini, A., . . . Magnavita, N. (2016). Workplace health promotion for older workers: a systematic literature review. *BMC health services research*, 16. doi:<http://dx.doi.org/10.1186/s12913-016-1518-z>
- Puciato, D., Borysiuk, Z., & Rozpara, M. (2017). Quality of life and physical activity in an older working-age population. *Clinical Interventions in Aging*, 12, 1627-1634. doi:<http://dx.doi.org/10.2147/CIA.S144045>
- Sanders, M. J. (2009). *Job design factors in the workplace that support successful aging for older workers*. (3366984 Ph.D.), Walden University, Ann Arbor. Retrieved from <https://search.proquest.com/docview/305095781?accountid=48232> Health Research Premium Collection database.
- Sanders, M. J. (2018). Older Manufacturing Workers and Adaptation to Age-Related Changes. *The American Journal of Occupational Therapy*, 72(3), 1-11. doi:<http://dx.doi.org/10.5014/ajot.2018.021238>
- Schooler, C., Mulatu, M. S., & Oates, G. (1999). The continuing effects of substantively complex work on the intellectual functioning of older workers. *Psychology and Aging*, 14(3), 483-506. doi:<http://dx.doi.org/10.1037/0882-7974.14.3.483>
- Silverstein, M. M. D. M. P. H. (2007). Designing the Age-Friendly Workplace. *Occupational Hazards*, 69(12), 29-32.
- Siu, O.-l., Spector, P. E., Cooper, C. L., & Donald, I. (2001). Age differences in coping and locus of control: A study of managerial stress in Hong Kong. *Psychology and Aging*, 16(4), 707-710. doi:<http://dx.doi.org/10.1037/0882-7974.16.4.707>
- Spokus, D. (2008). *Factors influencing older worker quality of life and intent to continue to work*. (3431430 Ph.D.), The Pennsylvania State University, Ann Arbor. Retrieved from <https://search.proquest.com/docview/845695919?accountid=48232> Health Research Premium Collection database.
- Strijk, J. E., Proper, K. I., van der Beek, A. J., & van Mechelen, W. (2012). A worksite vitality intervention to improve older workers' lifestyle and vitality-related outcomes: results of a randomised controlled trial. *Journal of Epidemiology and Community Health*, 66(11), 1071. doi:<http://dx.doi.org/10.1136/jech-2011-200626>

- van den Berg, T., Schuring, M., Avendano, M., Mackenbach, J., & Burdorf, A. (2010). The impact of ill health on exit from paid employment in Europe among older workers. *Occupational and Environmental Medicine*, 67(12), 845. doi:<http://dx.doi.org/10.1136/oem.2009.051730>
- Warr, P. (1992). Age and occupational well-being. *Psychology and Aging*, 7(1), 37-45. doi:<http://dx.doi.org/10.1037/0882-7974.7.1.37>
- White, A. T., & Spector, P. E. (1987). An investigation of age-related factors in the age-job-satisfaction relationship. *Psychology and Aging*, 2(3), 261-265. doi:<http://dx.doi.org/10.1037/0882-7974.2.3.261>
- Zacher, H., Jimmieson, N. L., & Bordia, P. (2014). Time pressure and coworker support mediate the curvilinear relationship between age and occupational well-being. *Journal of Occupational Health Psychology*, 19(4), 462-475. doi:<http://dx.doi.org/10.1037/a0036995>
- Zwick, T. (2015). Training older employees: what is effective? *International Journal of Manpower*, 36(2), 136-150. doi:<http://dx.doi.org/10.1108/IJM-09-2012-0138>