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Occupational Health across the Lifespan

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Occupational Health

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Addressing how changes across the life span affect occupational health is a topic of great interest, especially now that people are living and working longer than in decades past. Occupational health refers to an individual's physical, mental, and social well-being in the context of work and includes both subjective (e.g., positive emotions, work satisfaction) and objective (e.g., physical, cognitive functioning, symptoms of disease) well-being. Despite differences among countries, the average working life span ranges from 15 to 64 years, and people typically retire between 60 and 65 years of age. Dealing with how well-being may affect work-related outcomes and how work, in turn, may affect people's well-being differently across the life span plays an important role in people's lives and in organizations that may need to adjust to an aging workforce. This entry provides a description and summary of empirical research on occupational health in young, midlife, and older workers and on health during retirement; the findings are based on studies done almost exclusively in Western cultures, while research on occupational health across the life span in non-Western societies is lacking.

Occupational Health in Young and Midlife Workers

Although the occupational life span typically does not start before the age of 15, early childhood experiences can influence and create a basis for later occupational health. On one hand, children who grow up in a secure, supportive, and encouraging environment with parents who meet their basic needs develop trust and confidence in themselves and others. This is crucial for developing personal and occupational well-being. On the other hand, research indicates that a low level of occupational health and well-being in parents influences parenting behavior in terms of rejection, emotional withdrawal, and punishment, which in turn negatively affect children's behavior and development.

When starting their careers, younger workers have to face challenges in terms of developmental tasks that might affect their occupational health and well-being. They have to make important vocational decisions, adopt new roles, take on greater responsibilities, and manage their time and efforts, while still in the process of establishing a personal identity. The sparse literature on young workers aged between 15 and 25 years indicates that their occupational health largely depends on their level of education. Those without a college degree report fewer job resources (i.e., autonomy, social support) and worse health status compared to that of young workers with higher levels of education. Moreover, younger, less educated workers are especially likely to enter blue-collar occupations, which by definition require a high level of physical demands; examples include manufacturing and factory jobs. Blue-collar workers tend to work with their hands and generate output (e.g., in terms of products) that is tangible and numerable. In contrast, white-collar employees refer to nonmanual professionals whose work is knowledge intensive and largely nonroutine (e.g., computer specialist, scientist, administrative workers).

In adulthood, workers usually need to fulfill various expectations related to different social, work, and private roles. Development tasks and life roles typically change at this stage in life, as midlife workers are now shouldering increased family responsibility and must reconcile family and work demands. Unemployment is more of a problem and carries social stigma for midlife workers because of the increasing financial obligations they face in contrast to younger workers. These midlife changes are related to an increase in life stressors such as role overload (e.g., work, home, children, marriage) or role conflicts (e.g., home vs. work demands) that may drain workers' energy and create stress. Some research shows that mental health outcomes such as strain are reported to be higher and occupational well-being

lower in midlife workers (late 20s to early 40s) compared to younger and older workers. Yet, it seems that workers at this stage of life do not encounter more stressful events than workers in other age groups, but the intensity or quality of stressful experiences in their daily lives is higher.

Occupational Health in Older Workers

At least in Western societies, negative stereotypes concerning aging are prevalent, suggesting aging is primarily related to deficiencies and losses. It is often assumed that older workers (aged 40 and older) experience greater health problems and have lower well-being compared to younger workers. However, this age stereotype has little empirical evidence to support it. Instead, when the active workforce was studied, no overall decline in occupational health and well-being could be found with increasing age.

That being said, some characteristics distinguish older from younger workers, and these characteristics could potentially influence the occupational health of older workers. Specifically, aging at work is more strongly linked to objective physical health than to subjective well-being, since workers' physical work capacity declines with age. For instance, muscle strength and cardiac capacity diminish, and poorer eyesight and hearing are more likely to increase with age. These changes are, in turn, linked to occupational injuries among older workers who have jobs that require these physical capacities. Despite these physiological constraints, most workers seem to maintain their well-being from midlife to old age. There might be several explanations for this lack of overall negative effects.

Research indicates that, compared to midlife workers, the advanced age of workers is associated with reduced occupational stress, fewer daily hassles, and lower levels of strain symptoms such as exhaustion and anxiety. Furthermore, on average, older workers tend to report slightly higher levels of job attitudes such as satisfaction, organizational identification, and job involvement. Gains are also seen in older workers' higher levels of emotional stability as well as their ability to better regulate positive and negative emotions and accept change and adversity. Overall, mental health and subjective well-being do not decrease in aging workers. One reason for these favorable effects might be the change in workers' goal orientation and future orientation across the occupational life span. Although younger workers strive for career accomplishments and prioritize occupational goals, older workers have only limited expectations of their occupational future. Thus, they tend to conserve existing resources (such as well-being), prevent loss, and focus on establishing and guiding the next generation.

There is also considerable person-to-person variation in health and well-being with age, depending on workers' disposition, genetic factors, the occurrence and management of life events, and workers' social or socioeconomic status. Successful and healthy aging is further determined by the availability and use of self-regulatory resources to effectively cope with potential health issues. Older workers benefit from cognitive-behavioral strategies to maintain important competencies despite age-related losses. Specifically, selection, optimization, and compensation strategies for setting, pursuing, and maintaining personal goals have shown to aid successful aging and development. Contextual factors and differences in the nature of work play an additional role. For example, decline in well-being and health are likely to be more pronounced in jobs that involve a high level of physical activity (e.g., craftspeople, construction workers, warehouse staff) or are fast changing and cognitively more demanding than others (e.g., air traffic controllers).

Moreover, most older age health constraints become evident after people retire but do not apply to the working population. This *healthy worker effect* implies that people who remain employed at older ages are, on average, healthier than those who leave their jobs and retire earlier. This, in turn, limits the range of variation in well-being and health among older workers. Hence, work itself tends to fulfill a health-maintaining function for older workers as long as they are part of the active work force. The degree to which work may maintain individual well-being and health depends on the nature and characteristics of the job. Jobs with low autonomy but high demands tend to have negative health consequences, such as cardiovascular disease, compared to those with high autonomy and high demands.

Health and Retirement

The transition from working to retirement is a key turning point in most people's lives. When people retire, their roles, duties, and personal identities change; some people are actually at risk of losing purpose, structure, and status. Research shows that the effects of retirement on people's well-being and health remain inconclusive. Meta-analytic findings based on longitudinal studies reveal that, on average, retirement has beneficial effects on mental health or well-being. Retirement provides relief from the pressure, stress, and performance expectations experienced at work. This improvement in mental health might be especially evident in people engaged in highly demanding occupations and those who exit early from working life due to psychological job strain.

Social activities and social interactions are especially beneficial for maintaining well-being in retirement. Even continued involvement in paid work or volunteer work provides opportunities for social interaction and has been found to relate to enhanced mental well-being (e.g., life satisfaction, lower depressive symptoms) regardless of people's physical health status. According to a perspective of proactive aging, older people are able to actively influence their development and well-being after retirement, for instance, through health prevention, cultivating social relations, setting goals, and planning the transition from work to retirement.

So far, there is only conflicting evidence in the literature on the effects of retirement on people's physical health (i.e., chronic or serious health problems) and self-reported general health, showing, overall, there is no significant positive or negative effect. However, preliminary evidence suggests that workers who perceive a lack of control over the transition from work to retirement or those who retire involuntarily are more likely to report a decline in perceived general health after retirement compared to those who are in control of the retirement decision or retire voluntarily.

Based on the limited empirical studies, no clear differences can be found between blue- and white-collar workers when it comes to how retirement affects physical health. However, some research demonstrates that people who retire from work environments that are characterized by high physical or psychological demands report greater benefits in terms of improved general health after retirement. Further research is needed here.

See also [Adult Development](#); [Life Expectancy](#); [Retirement](#); [Social and Emotional Behavior](#); [Successful Aging](#); [Well-Being](#)

- occupational health
- midlife
- health

- retirement
- health and well-being
- well-being
- workers

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Further Readings

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