**Working beyond 65: a qualitative study of perceived hazards and discomforts at work.**

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**Abstract**

This qualitative study explored self-reports of hazards and discomforts in the workplace and coping strategies among those choosing to work beyond the age of 65 years. Semi-structured interviews were conducted with 30 people aged 66-91 years. Most worked part-time in professional or administrative roles. Participants described some hazards and discomforts in their current work, but no recent accidents. The main age-related discomfort was tiredness. Other hazards that recurred in participants’ accounts were physical demands of the job, driving, and interpersonal difficulties such as client or customer complaints, and in very rare cases, bullying. Most work-related hazards (e.g. prolonged sitting at computers, lifting heavy items and driving) were thought likely to affect any worker regardless of age. Coping strategies included making adaptations to age-related changes (such as decreased stamina) by keeping fit and being open about difficulties to colleagues, reducing hours of work, altering roles at work, limiting driving, applying expertise derived from previous work experiences, being assertive, using authority and status, and (among the minority employed in larger organisations) making use of supportive company/organisational policies and practices. Overall, the sample took individual responsibility for managing hazards at work and perceived little or no elevation of risk linked to age.

**Keywords**: older people; safety at work; safety practices.

**Introduction**

With the abolition of the default retirement age in the UK in October 2011, and the raising of the age at which State pensions are to be paid, there will be increasing numbers of people working beyond 65 years [8]. In the US, more than 50% of workers expect to work past 70 years [15]. These profound changes will directly affect the work of occupational therapists, vocational specialists, and health and safety personnel who will need to support the increasing participation of older people in the workplace.

There is evidence that people who opt to work into their 60s and 70s tend to have good physical and mental health, both as a prerequisite for continued working and as a consequence of staying involved in productive, satisfying occupations [1, 7, 26, 28]. **However, there** are typical age-related changes which potentially compromise safety and well-being at work. These include increasing difficulties in tasks requiring divided attention, slower information processing speeds, and physical losses such as poor visual acuity in low light, hearing loss, back pain, and reduced strength, flexibility, and standing tolerance [9, 18]. Up to the age of 61, these limitations seem to be associated with greater risk of injury [31]. It remains uncertain whether those who opt to work beyond the age of 65 share these functional limitations or whether they are a healthier group than those who opt for retirement. Furthermore, it is unclear whether people working beyond 65 make self-managed occupational adaptations to cope with any hazards or challenges that they encounter in the workplace.

In terms of safety, limited research with people working into their 60s and beyond has found that as a group they have fewer accidents, but that accidents (when they do occur) tend to have more severe consequences [2, 16, 19, 27]. Workers over 65 years seem to have a greater risk of falls, leading to fractures and dislocations [20]. Nevertheless, these studies largely draw upon rather dated evidence which does not take account of cultural and technological changes in the nature of older people’s work and lifestyle choices, have tended to focus upon older manual workers in dangerous industries such as mining, and have almost exclusively focused upon workers *under* statutory pension age. For example, only about 1% of the sample of workers in the LaFlamme et al study [19]was aged 55-65. Among the over-65s, perceptions of challenges and hazards in the workplace and reported preventative or coping strategies have been largely neglected.

Objective accident data, behavioural observations and other accepted methodologies are considered important for monitoring and increasing workplace safety [24], but qualitative enquiry into perceptions and self-management of risk is also valuable. This is because the process of occupational adaptation in response to ageing is complex and influenced by a rich interplay of personal, social and contextual factors [22]. Qualitative accounts can lead to nuanced understandings of people’s experiences of identifying and managing occupational challenges at work, with implications for occupational therapists, ergonomists and other professionals who seek to promote and protect the work ability of older people. This study focused on the experiences of people who were working beyond age 65, exploring their perceptions of the hazards and discomforts that they encountered within the workplace, and their ways of managing such hazards. The researchers’ backgrounds in health psychology, occupational health and safety, and occupational therapy have combined helpfully to inform and conduct this enquiry.

**Method:**

*Design:* A qualitative interview study was conducted based on single interviews with people working beyond 65 years.

*Ethics:* Prior to data collection, the project was approved by the ethics committee of the host university. Participants making enquiries about the project received full information, including the interview topic guide, and signed consent forms prior to interview. In line with ethics committee requirements, no incentives were given for participation, all data have been anonymised (in terms of personal, place and company names), and participants’ personal details are held securely.

*Recruitment:* Participants were recruited through three routes, namely local advertising through a university science fair held in the nearby shopping centre in Uxbridge, Middlesex (UK), a letter publicising the project in a UK national magazine written for an older readership, and a very limited amount of ‘snowballing’ as some partners and friends of participants expressed interest in joining the project.

*Sample:* Thirty participants were recruited, aged 66-91 years (median age 71). In the sample, 10 were women (age 66-76; median age 71) and 20 were men (67-91; median age 72), all currently in paid employment or self-employment. Fourteen described themselves as working full-time (2 of whom were women); 16 were part-time (ranging from a few hours per week to three days per week). Full-timers tended to be males working in their own businesses or females employed in less well paid retail positions. Thus there were gender differences in the patterns of working. In terms of employment sector, 2 were working (part-time) in baking and preserve-making (a husband and wife partnership); 6 in retail (including employed in call centres, and self-employed in mail order and retail outlets); 5 in healthcare or therapy; 8 in education, and 9 in ‘Other’ (this included HGV/PSV driving, insurance, recruitment, estate agency, communications, market research and public relations). Several participants (both men and women) were running their own businesses, some having started their business upon retiring from their main career jobs. Salary was not asked for, nor past education. However, given that most were professionals, or engaged in skilled business or administrative activities, it was inferred that most participants were well educated and of higher socioeconomic status.

*Procedure:* Semi-structured interviews were conducted either in person or by telephone, by the first author (who has a health psychology and counselling background). Telephone interviews were offered to participants who lived outside London and its suburbs. This enabled the researchers to include people who lived in many parts of the UK. All interviews were audio-recorded and transcribed verbatim. Interviews ranged from about 30 minutes in length to an hour and a half. The telephone interviews were similar in length and richness of detail as the face-to-face interviews. The following topics were presented to participants, with additional questions and probes added as needed to help participants elaborate their accounts. The topics were chosen on the basis of past qualitative research into post-retirement age working [1], previous health and safety research [e.g. 18], and the approved objectives of the funded project.

1. A brief overview of past and current work
2. Reasons for working past the usual retirement age
3. Perceptions of any adverse factors / risks at work (or hazards and discomforts) which affect health/well-being and whether these had changed over time
4. Experiences of any safety/near-miss incidents at work
5. Reflections on strategies for coping with/ preventing hazards at work

Prior to the main study, three pilot interviews were conducted, with people currently in work aged 60-65 (one female and two males), who did not form part of the sample presented here. In the pilot interviews, special care was taken to ask participants about their views regarding the topic guide, and to monitor whether the planned questions helped participants to elaborate upon their experiences in a rich, productive way. These pilot interviews indicated that the topic of health and safety at work needed to be broached rather more carefully with the main sample (see Findings section).

*Data analysis:* This report is based on a thematic analysis [3] of the data which yielded a number of key emergent themes, grouped in terms of perceived hazards and discomforts at work, and coping strategies for managing these adverse circumstances at work.

**Findings**

Only three participants reported any accidents or near-miss incidents in recent years, both ?all involving strain after heavy lifting. One was a heavy goods vehicle (HGV) driver, one was a nurse, and the other worked in retail.

Perceived hazards and discomforts at work

In the pilot interviews, when participants were asked about safety and risks in connection with their work, some queried why safety should be an issue at all. They questioned whether there might be ‘ageist’ assumptions underpinning the research study, which implied that older people could not manage the physical or technical aspects of their work. This created potential for interpersonal difficulties. After some thought, as well as trial and error in the pilot interviews, it was found acceptable to ask participants to consider the ‘hazards and discomforts of working’, rather than ‘health and safety’ aspects, and that this approach generated rich interview material.

*Physical demands of work:*

Several participants expressed awareness of the physical challenges associated with prolonged sitting (at computers, especially), bending, and lifting heavy items, but most considered that they affected people working in different jobs, and that they were not personally vulnerable. In contrast, a participant who had experienced a workplace injury a few years previously, described how his work had changed in recent years to involve much less lifting, through factors such as better technology, his decision to work fewer hours, and taking more personal care:

“The amount of drops [deliveries] I see on jobs [now], they’re nothing. I mean you’re talking about 10 to 15 drops a day. I was doing 60 to 90 drops a day. From the end of a half ton lorry!” (Sam, 67, part-time HGV driver).

A nurse expressed awareness of the moving and handling demands of her work, although she described herself as having sufficient knowledge and resources to manage these safely, both through lengthy work experience and a personal incident many years previously that had resulted in injury:

“As far as lifting and things like that handling people, moving people about, I wouldn’t put myself now in danger, you know. Some people say “Oh let’s just ...”, but I say “No, no, we’ll use the hoist ...” It’s the same with carrying, like the trays are very heavy. And I wouldn’t ... carry two of those upstairs. I’m far more careful because you know it’s easy to hurt yourself. You know in the past I *have* hurt myself” (Sarah, 66, part-time ‘bank’ nurse).

Another part-time hospital worker also identified a range of hazards in the workplace, but again emphasised his capacity to cope, through keeping fit as well as using safety strategies learned during his previous experience in the army:

“We lift quite heavy weights, trays of instruments can go … I think it’s 20lbs, 25lbs, the heavy metal ones... And yes, it’s a way of keeping the body toned, because it’s all upper arm strength and waist muscles and stomach muscles if you’re lifting things... There’ll be sharp instrument injuries because we have very fine probes that if you’re not careful, you can pop yourself, and burns … The main things might be there’s a certain amount of heavy lifting but I’m short and stocky and I was used to working with Bailey bridges and things, fortunately, touch wood, I’ve got no problems with backs and anything like that, I usually do my fair share of lifting. So I feel that I’m putting my five eggs in and keeping up with things and trying to, I know it sounds a bit trite, but trying to give older people a good image if they want to employ more” (Christopher, 70).

This participant portrayed his reputation for being safety-conscious at work as not only important for maintaining his own employability but as helping to promote the employability of other older workers. Few of the participants described encountering such physical hazards. Most worked in office environments (whether employed or self-employed) and considered that these posed few physical challenges:

“I can’t really think of anything that really affects me at all, I mean sitting about too long [at a computer] is not a good thing. But I am not by any means overweight … I keep myself fit, I’ve just come in from the gym as it happens half an hour ago. No, the safety issue is never a consideration” (Joseph, running his own recruitment business full-time, 78).

*Driving:*

Driving long distances, either commuting or for business reasons, was identified by a few participants as somewhat hazardous and uncomfortable. In this context, some attributed their increased reluctance to drive long distances to their advancing years, although others pointed out that worsening traffic conditions were unpleasant for everyone regardless of age.

“There are some physical demands like keeping alert when driving out to a distant place or something, but they’re the same things that would apply to anybody. I don’t feel they’re particularly more difficult for me than other people… I suppose I am more careful about stopping if I’m feeling tired and I suppose I’m more aware of places where one can stop to empty one’s bladder or something (laughs) than I might have been as a younger man, this sort of thing, but otherwise, no [i.e. no other hazards]” (Ben, part-time locum GP, 76).

*Interpersonal hazards:*

Most commonly mentioned were the *interpersonal* hazards of lone working, and clients’ impatience, aggression, accusations or complaints (especially in the therapy, health and social care, and education sectors).

“I get very cross with emails and all this nonsense... I sometimes think that people expect too much, you know, they send you an email at half past 10 in the morning and 11 o’clock they’re ringing up and saying ‘Did you get it? Where’s the reply?’ (Geoff, 70, full-time self-employed financial services).

Increasing pressure from managers to make sales was described by some of those working in retail. A few found management styles unacceptably aggressive:

“There was a certain amount of bullying that was going on and the management seemed to think that was acceptable. I’m afraid I don’t agree with them and I think the health service doesn’t allow it either, it’s in their doctrine that they don’t allow bullying, but it’s very difficult to prove sometimes in a big pathology department” (Christopher, 70, part-time hospital worker).

The participants who recounted problems with aggression and unfounded complaints from clients or customers, mostly thought that everyone, regardless of age, was being exposed to an increase in these workplace hazards. The locum vet who was interviewed even thought that these behavioural problems were increasing in pets, as well as pet owners:

“I think that as compared with the pets that we handled then and that we handle now, that we’ve always got muzzles now… nobody thinks for a second about putting a muzzle onto a dog or even onto a cat for that matter … because there is so much more aggression in pets these days” (Graham, part-time locum vet, 68).

*Tiredness:*

Some participants, more particularly those aged 70 or more, described increased physical tiredness as the main discomfort associated with working beyond 65. However, they did not believe that their mental capacity was affected:

“I say to people I’m a tinny old car which don’t work properly. Y=ou find your eyes are getting a little bit weaker and your legs and so on don’t work … they get tired quite easily, you find that … well, perhaps every bit of your body I think is not working as well as it should do. But I have a highly active brain, I’m always thinking of some scheme and so on ... I’m mentally pretty active, I always have something to think about, I always have some project on the go” (Eric, 80, owner of horticulture business, works full-time).

Tiredness, for some, was attributed to work, whereas for others, it was attributed to a general age-related slowing down within the body:

“I now find that if I do an eight to ten hour day, when you get home you do feel a bit tired, have a good night’s sleep. But if you do two days on the trot then you tend to be a bit longer in the morning to get going... obviously the older you get the longer it takes you to get going in the morning. But, um, but I mean I do a bit of gardening, a bit of computing, we go out occasionally, usual lifestyle, and it keeps your mind active” (Sam, 67, part-time HGV driver).

Whilst some, like Eric (above), attributed his physical fatigue to advancing years, others saw it as a normal response to hard work:

“Sometimes, at the end of the day, I’m getting a bit mentally tired, I can feel myself making a few silly errors because I think ‘Oh well, you’re getting to the end of the day now’ but I think it happens to everybody, doesn’t it?” (Christopher, 70, part-time hospital worker).

Strategies for managing hazards and discomforts at work

*Adapting to age-related changes in functioning:*

As described above, tiredness and some loss of stamina was the most prevalent reported discomfort at work, and some felt that these problems might be worsening with age. As in the wider population of older people, several of the participants were living with arthritis and other health problems. Personal coping strategies such as ‘power naps’ (described by a few of the older male participants only), keeping fit, and changing work roles helped to ameliorate these problems.

“I work a highly irregular seven-day week and I’m about to try and import a small sofa into my office in [X University] ...in order to be able to cat-nap. So I think cat-napping for the elderly is very important. It’s a quick restore of the batteries, yes”. (Paul, 70, full-time university researcher)

However, a few were concerned that taking naps might lead to further age-related decline:

“A great friend of ours who lived next door is increasingly too tired to do this and that, and must have a lie down after lunch and this sort of thing. And my view is that ... they have no focus to go on” (James, 79, self-employed, fulltime mail order business)

Some additional coping strategies were described for age-related changes in cognitive and physical functioning, included seeking help and being open about temporary difficulties:

“The hazards really come out of somebody saying to you ‘Have you sent that email off?’ or … ‘Have you got a so-and-so?’ ... and you’ve got no idea about it, it’s completely gone from your memory. That and, as well, names, you’ve got a picture in your mind of somebody and you just can’t remember the name… But either you busk round it and don’t ever mention a name at all, or you come straight out and say ‘Your face is very familiar, but I’m damned if I can remember it!’” (Eric, 80, runs his own horticultural business full-time).

A locum vet who was affected by arthritis in the hands was unusual in explicitly acknowledging the support of colleagues to make adaptations to his work. This enabled him to limit the type of work he did at their practices, in particular surgery:

“I can still stitch up a dog fight or a road accident thing, but I would much rather not because even with painkillers, I find difficulty in my hands [because of arthritis]. And it is a given [in all the veterinary practices attended] that Graham doesn’t operate. Only perhaps on a Saturday, if I’m the most experienced vet in that particular practice when we’re running a bit shorthanded … well then I might well do it. And I’ll do it quickly and I’ll do it well, but there’s always the worry that my hands are going to seize up” (Graham, part-time locum vet, 68).

*Reducing hours and driving commitments:*

The most common means of avoiding or reducing work-related hazards and discomforts was by moving to part-time or portfolio jobs after retirement age. This allowed participants to achieve a better work-life balance through limiting onerous responsibilities and tiredness:

“If you’ve had a long day and then you’re then confronted with a particularly, um, uncooperative couple it can deplete the energy, so generally I work on Fridays and I can come home on a Friday a bit crashed out, heading for the G and T [gin and tonic]! I probably could do another day a week, but I choose not to because I’ve got other things I want to do” (Doug, 73, part-time family mediator).

Some had reduced their exposure to driving hazards by restricting their choice of work locations (even if this reduced their income), to minimize stress and possible harm. For example, Laura ran a business (part-time) with a colleague providing ‘Moving and Handling’ courses to therapists all over the UK. She explained her increasing reluctance to travel to more distant venues, even at the expense of turning down work opportunities:

“You know, you don’t realise then [when younger] just how much of an effort that is, all that amount of travelling. Because to be honest, I don’t think I could do that now. I don’t think I’d want to... Don’t forget, I’ve seen a tremendous change in the volume of traffic over the years that I’ve been working, from it being very pleasant to absolutely horrendous. My business partner lives in X [a town further South]. She’s got more travelling to get to venues nowadays – but that’s no problem for her, she’s just a young thing” (Laura, 73).

*Applying expertise derived from lengthy experience of work :*

Lengthy experience at work (not only gained in the current job, but from previous jobs, and life experience more generally) was considered to enhance current awareness of safety issues.

Christopher (71), for example, described drawing upon his early experiences of working with explosives in the army as a young man, and then his later years of experience as a heating engineer, to enhance his safety when sterilizing medical equipment (a part-time hospital job that he took up after retirement age). He reckoned that he was more safety conscious than his managers. Several participants thought they had become more cautious in later years, linked both to age and work experience. For example, after being asked about whether his awareness of safety was changing, Sam, an HGV driver said firmly:

“It’s sharpened, even though I mean I’m getting older... The older you get, the more space you leave in front of you, between you and the vehicle in front … I think you slow down as you get older in life to take into account what you’re doing. You realise you’ve got to slow down. It’s no use being a boy racer when you’re 65 or 70, because you’ll come a cropper. But the driving as a result is, you know, kind of more appropriate ... more cautious” (Sam, 67, part-time HGV driver).

Three participants reported experience of back/shoulder strains from their work prior to retirement from their main career, and believed that they had learned how to work more safely as a consequence. For example, Nathan had worked in retail all his life and had bought his own shop after retiring from his career job (fulfilling a life-long ambition):

“But I’ve learnt from experience I never try and lift anything. I’d rather unpack a parcel on the floor and lift the goods up one by one... I did suffer from a bad back at one time. But now, no. I’ve been very careful not to do anything that will make it bad” (Nathan, 71, full-time shop owner).

*Being assertive:*

Increased assertiveness was attributed to both age and previous work experience, and was seen as a powerful tool for managing potential hazards. Some felt that their younger co-workers looked to them to be assertive:

“I mean, I give my frank opinion because I’ve got the confidence nowadays to do that, whereas before I might have curbed what I wanted to say” (Marilyn, 69, part-time administrator, children’s nursery).

With many years of experience in the workplace, often at senior levels. many felt able to make their own decisions about whether or not to carry out a task that might prove hazardous (such as lifting heavy items, or lone working in potentially dangerous circumstances). They were not afraid to speak up about such issues:

“I was a soldier for nine years and I underwent certain training, things like I cross swords with people and survive if I have to. I prefer not to, but on the other hand, I don’t see why I, or anybody else, should be pushed around. We’re all part of a workforce, it can only be efficient if we cooperate with each other” (Christopher, 70, part-time hospital worker).

“With my rail passenger count… I feel a little bit nervous when I’m sitting there [at an isolated station] at 10 o’clock at night. Waiting for the next train and you don’t know whether a drunk is going to get off it. Or whether you’re going to be attacked, because you’re the only one there. So I made representations to the, um - again it’s my insurance background that sort of helped me with this - I made representations to the people who control how many trains you stay for [to count passengers], and we now don’t stay beyond 7 o’clock at night in the winter for these little stations, because of the hazard” (Adrian, part-time traffic/ rail passenger enumerator, 72).

Some participants believed that their assertiveness had increased, not simply because of their lengthy work experience, but also because they were not particularly worried about losing their part-time jobs. As they had pensions to fall back on, they did not feel wholly reliant on their work income. Indeed, they regarded their situation as fortunate, believing that younger people in the same organisation might be nervous about commenting on safety practices for fear of management reprisals.

“I always feel it’s part of my job actually [to advocate safe practices]. Hospitals are highly pressurised now, you can get people who … let’s put it this way, overstate their authority if you like. And if you’ve got young people onboard, they will accept it as normal and I know it isn’t normal and I will not let them suffer under that regime” (Christopher, part-time hospital worker, 70).

*Using one’s authority and status:*

Many participants were self-employed or employed in senior positions in their companies, thereby having considerable control over delegating tasks.

“It’s the fact that as you get older, you find it more difficult to do heavy physical jobs. I haven’t got the same energy … the same strength that I used to have, and now if it’s just a case of heaving something about which is quite heavy, I let somebody else do it… It’s the advantage of being the boss!” (Eric, 80, owner of a horticultural business, works full-time).

Self-employment either in a single business or via a portfolio of different teaching, coaching or therapy jobs enhanced choice and control, which could be translated into strategies to limit hazards and discomforts of work. Several of the women, in particular, who had this ‘portfolio’ pattern of part-time working, described choosing to travel less to limit stress, even though this meant that they turned down certain job opportunities.

A minority of the participants experienced relatively little autonomy or power in the workplace, including those who were currently employed in less senior positions than they had occupied prior to retirement (e.g. a few who were shop assistants or call centre workers). This group generally pointed to personal skills such as knowledge and assertiveness in helping them to address any perceived laxities or hazards in the workplace (as illustrated by the quotation from Christopher in the previous section, who used his previous work experiences in explosives and engineering to support his ‘stand’ for safe working practices in a hospital where he worked sterilising medical equipment).

*Supportive company / organizational policies and practices*:

The relatively few participants who were employed by large organizations thought that potential workplace hazards (e.g. transport of heavy items, office seating arrangements) were sufficiently managed by the company to ensure their comfort and safety. No aspect of their work was seen as posing special risks to workers aged beyond 65, compared with any other age group.

“If you’re sitting ... in one position for a long time, you’ve got to make sure you’re in a comfortable seat. And the company does make an effort to provide people with comfortable seating if they have back problems. You know they’re pretty good on that and it complies with all the HSC directives ...[so] no problem really” (Aileen, 67, full-time call centre worker with a mail order company).

Employers were generally thought to offer adequate protective resources:

“Certainly with the estate agency, you are issued with a yellow jacket to wear if you’re on a site where yellow jackets are the norm. You’re also issued with a rape alarm, which you know every member of staff has … I think it was the Lamplugh [murder] case that sort of brought it to the attention of employers”, (Adrian, 72, part-time estate agency worker).

Some described allocating younger staff the more physically demanding tasks such as lifting or working on ladders. The participant who ran a plant nursery asked his customers to lift the heavy items:

“When someone buys a bag of compost, I say can you put it in the car yourself? And they say yes I can do that, and I say well you look stronger than me, a bit younger than me!” (Eric, 80, owner of a horticultural business, works full-time).

**Discussion**

In this Discussion, we seek to interpret the themes that we inferred from participants’ accounts, through linking these with relevant literature. We also comment on the insights offered by the qualitative methodology, as well as its limitations. This qualitative study was designed to elicit older workers’ perceptions and understandings relating to hazards in the workplace, rather than objective evidence or ‘facts’. In a qualitative study, it is not possible to presume that the accounts of a small volunteer sample will necessarily generalise to the wider population. Rather its value is in providing insights, especially about under-researched experiences, and opening up questions for further research.

Participants were asked about harmful incidents at work, in light of previous evidence that indicate that older people have fewer but more severe injuries than younger people in the workplace [2,16,19,27]. No recent harmful incidents at work were reported, which suggested that these participants did not perceive themselves as more vulnerable to safety risks by virtue of their age. The few incidents that were discussed in interviews all related to work prior to reaching statutory pension age. Hence it remains an issue for further research whether the wider population of people working beyond 65 are rarely found in arduous or risky manual work, through opting out of such settings before, or when they reach, pensionable age.

The participants in this study portrayed themselves as a highly engaged, experienced workforce, largely unencumbered by the frailties traditionally associated with ageing. In this respect, they resembled participants in a previous qualitative study of workers continuing beyond pension age, who typically regarded their good health as enabling them to continue in work [1]. Participants seemed to be well motivated, with positive mental health, although some reported increased levels of tiredness, a pattern noted among other workers aged over-60 [17].

Very few workers were recruited to this study from the manufacturing sector, a gap noted in previous relevant UK research [1, 28]. This issue is returned to later in the critical evaluation section. Unlike workers aged over 60 in a recent Australian study [11], physical demands of the job were not widely considered as problematic. Given the sample’s limited engagement in manual work, perhaps not surprisingly, relatively little concern was expressed about heavy lifting, bending, stretching or working at height. Instead, the challenges of technical equipment, lone working, interpersonal difficulties such as complaints, impatience, aggression and accusations (from clients or students/pupils), and traffic congestion, were the hazards that received much more attention. Interpersonal difficulties have been described by other older workers [23] but relating to colleagues rather than clients, customers and students. These various difficulties that participants identified were not thought to have any disproportionate effect on people working beyond 65 years. Rather, these particular hazards were seen as increasing in frequency or severity in recent years, and likely to affect everyone in the participants’ work sector regardless of age. Although there is some previous research into older workers’ perceptions of the benefits and difficulties of using computer technology [e.g. 6, 14], these other issues appear to be under-explored in existing research literature.

Participants described a range of coping strategies. Some perceived hazards and discomforts were avoided or managed through opting for part-time work or new work roles. The trend for people working after statutory pension age to take up part-time work, self-employment and transitional ‘bridge’ jobs has been portrayed in some previous literature as promoting a range of benefits such as financial security, choice, identity, feelings of competence, a better work-life balance and social well-being [10, 30]. The accounts gathered in this study furthermore indicate that recourse to part-time working is also regarded as a strategy for maintaining safety and reducing discomforts at work, such as tiredness and the stressful demands of others.

Fatigue was managed not only through part-time working but by keeping fit. A few of the older men described taking day-time naps, but this strategy was thought by others to be risky and likely to herald further age-related deterioration, a suspicion that is borne out by some research evidence [12]. Research indicates that day-time naps are associated with night-time insomnia among older people, which is in turn linked to inactivity and life dissatisfaction [25]. However, the small numbers of participants making limited use of ‘power naps’ did not manifest any evidence of dissatisfaction with their lifestyle but described using this strategy as a positive means of relieving tiredness to enable further participation in work and leisure activities.

The move to part-time employment, or to full- or part-time *self*-employment after retirement age was associated with a considerable degree of autonomy among this sample. This was translated into participants believing they had substantial control over hazards and discomforts at work. Many participants also felt confident that their length of work experience, and increased preparedness to be assertive were helpful for managing potential hazards at work. Some recognised that they enjoyed sufficiently high status/authority to delegate certain physical tasks, and to control their work environment (including, in one case, introducing a sofa into an office to enable ‘power naps’). These largely individualistic attitudes towards the management of risk might reflect the specific work contexts of a substantial group who were self-employed, or working in a freelance or consultative role, hence being necessarily self-reliant. However, this individualistic emphasis has also been noted among temporary workers, compared with full-time permanent workers who place more emphasis on organisational responsibilities for safety [21]. It remains open to further research to determine whether these individualistic perceptions of safety were linked with the liminal status of some of the participants in this study. A liminal context is transitional and transformative. It seems to apply well to the experience of those who saw themselves as occupying a bridge between full-time work and full retirement, often in highly satisfying new roles and settings that had changed since retirement age, or who were working in a locum arrangement across a variety of teams and locations.

*Critical evaluation:* Participants’ limited safety concerns may have genuinely reflected positive knowledge and awareness derived from their considerable work (and life) experiences. These experiences were thought by participants to increase confidence for speaking up about such issues if they arose. Yet we acknowledge that the types of work represented in this sample (mostly in professional, administrative or self-employed business-related fields) may present very limited physical hazards. The accounts cannot be assumed to generalize to others of post-retirement age who work in manual jobs or harsher work environments. Nevertheless, participants did identify some hazards and discomforts, particularly in relation to interpersonal difficulties in the workplace, although they judged these to be stressful for all workers regardless of age.

None of the participants reported any need for special adaptations at work or job re-design to promote safe working. But it should be noted that participants typically enjoyed considerable control over their working hours and tasks, and some had explicitly developed their businesses or portfolios of employment since retirement age to suit their needs and interests. Many were able to influence their working environments, especially those working from offices at home or from private therapy/ consulting rooms, who described designing their workspaces to suit their needs for light, comfort, organization of materials, and so on. Very few people described working in manual jobs with little autonomy. As noted above, these less powerful workers thought that they had sufficient personal coping skills for safeguarding themselves (such as assertiveness, derived from previous work experiences and also their preparedness to leave work and live on a pension should work become overly stressful).

No simple generalizations are possible from qualitative studies as samples are relatively small, and inevitably self-selected. Participants tend, by virtue of their interest in being interviewed, to be reflective and better educated. As in previous research into this segment of workers [1, 28], manual employment was under-represented in the sample. This may reflect either the disproportionate loss of older people working in this sector in the UK [as noted by 13], and/ or a failure within this study to reach less educated, manual workers through the routes used for recruitment. It remains possible that the participants’ optimistic accounts of health and safety in the workplace reflected their wish to present a competent self-image and/ or to combat ageist attitudes during the interview. However, such suspicions are partly allayed both by participants’ richly nuanced accounts of managing and excluding discomforts and hazards, and also by their openness about past work (and other life) difficulties at certain points during the interviews.

Positively, the sample was larger, and older, than recruited in previous UK and Australian qualitative research into the experiences of people working beyond statutory pension age [1, 11],and uniquely focused upon perceptions relating to safety rather than broader motivations for working. Co-analysis and saturation in the themes helps to support the credibility of the findings.

**Conclusions**

This study was based on the accounts of 30 people working beyond 65, with a median age of 71 years. The sample was fairly evenly split into full-time and part-time working patterns; a small minority worked in manual or low status occupations. Participants believed that they encountered very few hazards and discomforts in their current work. The main discomfort that they attributed to the ageing process was tiredness, which was largely managed through keeping fit, working part-time hours, and in few cases, day-time naps. Although participants mentioned hazards such as prolonged sitting at computers, lifting heavy items and driving, more emphasis was given to interpersonal difficulties such as complaints and aggression from clients. Participants perceived most hazards to affect all workers similarly regardless of age. A range of strategies was identified for managing hazards and discomforts, including making adaptations to age-related change (such as loss of stamina, arthritis and minor memory difficulties), reducing hours of work and taking up preferred work roles, applying expertise derived from their lengthy past experience of work, being assertive, using their authority and status (as most had a high degree of control over their work roles), and making use of supportive company/ organizational policies and practices (among the minority who were employed by larger companies).

The relatively high degree of autonomy enjoyed by this sample may reflect their relatively advantaged socioeconomic status, but may also reflect the choice process that led participants to maintain their employment or to return to employment after a period of retirement.

Some workers have optimistic beliefs regarding their safety in the workplace [5, 29], although this previous research has not included post-retirement age workers. In the present study, it cannot be determined whether participants described facing limited hazards at work through being motivated to project a competent self-image to the interviewer, or even through lacking knowledge about workplace safety. However, the accounts seemed to provide rich, authentic details about participants’ working lives, and suggested that people who work beyond 65 years in professional, therapy, business and education fields regard themselves as sufficiently safety-conscious, and able to cope with hazards at work, including those of an *interpersonal* nature. There was also some indication that those who bring a wealth of past work experiences, confidence and assertiveness, to their current roles might even enhance safety practices within the workplace, and that management might offer more consultation about safety issues with the older workforce. This study did not support the view of Brun and Milczarek [4] that people who work beyond retirement age increase safety risks in the workplace.

Some of the participants were living with health problems such as arthritis, or had returned to work after periods of illness. Occupational therapists and vocational specialists who advise and support people who are working beyond 65 may encourage them to anticipate the hazards noted in this study and reflect on the coping strategies reported. Part-time working may offer a helpful strategy for maintaining safe working as well as a more satisfying work-life balance. Older workers may draw confidence from recognising that they bring expertise regarding safety and hazards to the workplace.

The research has been valuable for challenging negative stereotypes of the ‘older worker’, and for emphasizing that post-retirement age workers can bring enormous experience and commitment to their work, potentially enhancing the safety culture. Lengthy experience may help to increase awareness of certain hazards and safe practices at work, and the assertiveness that is built on such experience may also help to manage any hazard as it arises, but we are mindful that the accounts reflect a particular range of largely white collar jobs and work environments, including self-employment.

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