



A systematic review of interventions to promote work participation in older workers



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ABSTRACT

Purpose: The objective of this systematic review was to synthesize evidence on the effectiveness of interventions aimed at promoting work participation in older workers. **Methods:** We followed a systematic review process developed by the Institute for Work & Health and a best evidence synthesis that ranked evidence as strong, moderate, limited, or insufficient. **Results:** Seven electronic databases were searched from inception to March 2014. Evidence from 14 studies were synthesized in 4 different intervention categories: multi-component, exercise, medication and other interventions. There was moderate evidence that work participation was improved by multi-component interventions encompassing at least two of three components (health service delivery, coordination of services, and work modifications). There was not enough evidence to recommend the other interventions. **Conclusions:** Although there is a vast body of research on work participation of older workers, there are only a few high quality intervention studies aimed at improving work participation in this population. We recommend that multi-component interventions could be considered for implementation by practitioners to help improve work participation in older workers. **Practical applications:** With a moderate level of evidence, multi-component interventions could be considered for use in practice if practitioners deem it suitable for their setting. There is not enough evidence to recommend exercise interventions, pharmaceutical interventions, different types of surgeries, patient education or work accommodation alone to improve work participation. However, the lack of evidence should not be considered, as absence of effect and practitioners should continue to be creative in developing solutions.

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1. Introduction

A number of reviews have highlighted the benefits of work participation and the importance of 'good work' to health and well-being (Black, 2008; Rueda et al., 2012; Waddell, Burton, & Aylward, 2007). Improving or maintaining work participation is encouraged as a target for working age adults. In addition, policies to extend working life

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have become a central response to aging populations in developed countries. However, negative impacts of aging on work are also reported. Aging workers are more likely to report a variety of chronic diseases making them at increased risk for having to leave their job and become un- or underemployed or in other cases not being able to retire because of healthcare benefits associated with being employed (Benjamin, Pransky, & Savageau, 2008; Pransky, Benjamin, & Savageau, 2005; Wilkie, Cifuentes, & Pransky, 2011). On the other hand, research on work injury finds that aging workers are more likely to return to work following an injury (Pransky, Benjamin, Savageau, Currivan, & Fletcher, 2005). In a subgroup analysis of a randomized controlled trial on the effectiveness of a workplace intervention consisting of participatory ergonomics and communication with healthcare providers on return to work, (Steenstra et al., 2009) found that the intervention was especially effective in workers 44 years and older when compared to usual care. There has been a lack of attention to the role of aging in work disability prevention. Often aging was regarded as not modifiable and therefore not of interest for priority setting in research (Guzman et al., 2007).

Although there have been many reviews, opinion papers, and editorials on the aging workforce, a systematic literature review of the role of aging in work disability prevention has not, to our knowledge, been published.

We found one systematic review focusing on the related topic of health and safety in aging workers in general and return to work in particular (McDermott, Kazi, Munir, & Haslam, 2010). The review limited its search to randomized trials from before the year 2000. In this systematic review on the effectiveness of occupational health and safety (OHS) interventions in the aging workforce, the authors concluded that few OHS interventions have addressed the health and workability of aging workers. This review found only three studies (Bonde et al., 2005; Braathen, Veiersted, & Heggnes, 2007; Vicente-Herrero, Burke, & Lainez, 2004) focusing on workers that were on sick leave due to their health condition. However, this review covering return to work, job lock-in (not being able to retire due to financial concerns related to health) and early retirement in aging workers provides limited evidence due to the restrictions in publication date and study design.

The primary objective of our systematic review was to synthesize all studies designed to identify the effectiveness of interventions to improve work participation in older workers.

The research question was: What is the effectiveness of interventions aimed at improving work participation in older workers?

2. Methods

This systematic review followed the six review steps developed by the Institute for Work & Health (IWH) for Occupational Health & Safety (OHS) prevention reviews (Irvin, Van, Amick, & Brewer, 2010): (a) question development, (b) literature search, (c) relevance screen, (d) quality appraisal, (e) data extraction, and (f) evidence synthesis. The review team consisted of researchers (with backgrounds in epidemiology, ergonomics, physical therapy, psychology and medicine), library scientists and knowledge exchange associates from Canada, Europe and the United States.

The IWH Systematic Review program follows an integrated stakeholder engagement model during reviews (Keown, Van, & Irvin, 2008). Stakeholder meetings were held on multiple occasions through the review process in Toronto, Canada. A diversity of stakeholders were engaged to provide input at different stages of the review: workers compensation, insurance and disability management specialists, health, productivity and human resources consultants, and healthcare professionals. All provided valuable input on search terms, inclusion/exclusion criteria, and definitions. They also gave feedback on how findings of the review might be used by potential audiences, and how the finalized review and findings could be disseminated.

2.1. Question development

The review team and stakeholders participated in a meeting to discuss the review question, and proposed search terms. The discussion was guided by using a PICO framework: what *population* are we interested in? What kind of *interventions* are we interested in? Would the study need a *control or comparison* group? What are the *outcomes* we are interested in?

2.2. Literature search

Search terms were developed iteratively by the research team in consultation with a librarian (QM), content area experts and the stakeholders described above. Both database-specific controlled vocabulary terms and keywords were included. The terms within each category were combined using a Boolean OR operator and then terms across the three main categories were combined using a Boolean AND operator. The complete list of terms used in our Medline search is reported in Appendix I.

2.2.1. Inclusion criteria for papers

There is no consensus on when a person is defined as “aging.” For this synthesis, we defined aging workers as those that are part of the “baby boom” generation (born between 1946 and 1964) and used 50 years and older as the working definition. In consultation with our stakeholders, we broadened the age range to 45 years and older to consider workers with physically demanding jobs, since the impact of reduced physical capacity associated with aging likely results in a higher risk of poor outcome in workers with more physically demanding jobs. We also included studies where the objective was clearly aimed at the effectiveness of interventions in older workers on the outcomes of interest. Some terms to limit the search to studies examining aging workers were: age, aging, older workers, senior workers, seniors, elderly.

We included all interventions aimed at return to work or stay at work in the defined population.

The outcomes of interest in this review followed the framework as proposed by Young et al. (2005). Besides return to work, staying at work was defined as possible advancement in the job and the possibility to retire at a moment in time as determined by the worker. Return to work is the initial resumption of work duties, where stay at work is concerned with optimal function while at work, advancement and the possibility to work until voluntary retirement. One adverse outcome unique to aging workers, early retirement, can have significant both positive and negative social and economic consequences for workers and employers. The outcomes in our literature search were: return to work, career advancement, work ability, stay at work, (early) retirement, workers' compensation, disability, work limitation and job-lock as they pertain to a stay at work outcome. The following electronic databases were searched; Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (OVID), EMBASE (OVID), Web of Science, Sociological Abstract, PsycINFO (OVID), American Business Index (ABI) Inform, EconLit, Health and Safety Science Abstracts from their inception to October 2014. All peer-reviewed literature was included, including non-English citations.

In addition to the database searches, the review team identified, from their own holdings and via contact with international content area experts, a list of studies that were in press or otherwise forthcoming in the published peer review literature. In addition reference lists of previous reviews on return to work and included studies (Kuper, Nicholson, & Hemingway, 2006) were examined for additional relevant studies.

References were loaded into commercially available review software (DistillerSR®, 2015, which was also used for all remaining review steps.

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