

Awareness of Aging Workers about Health Effects of Lifestyle

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Abstract: The substantial increase in the mean age of workforce necessitates the study of the factors affecting the aging workers health. The shortcoming of the health of aging workers is partially attributed to improper lifestyle, including tobacco smoking, physical inactivity, improper nutrition and ergonomics. Thereby our basic assumption is that, most of aging workers lack enough awareness of health effects of lifestyle. In order to assess the awareness of aging workers we conducted a descriptive study in year 2001. Although every aging worker might be at risk of developing improper lifestyle practice born disorders, but since the housekeeping staff is believed to be the least privileged ones, were chosen to participate in the study. Seventy subjects all male workers, over 45 years old, less than 12 years of formal education and performing housekeeping duties were selected and their awareness was assessed using a sixteen-item questionnaire. Findings of the study indicated that, the respondents held a good awareness of health effects of tobacco smoking (85%), physical inactivity (77%), improper nutrition (65%) and improper ergonomics; excessive physical demands, stressful and dangerous work environment and poor organization of work (97%). Sixty-four percent of the subjects reported having heard about the programs which aim to improve the awareness of the workers and (66%) reported never attended such programs. Findings of this study also confirmed that formal programs offered by the employers did not have enough incentives to attract the majority of the subjects and the source of their awareness was other than these programs. Thereby findings suggest that employers should continuously upgrade subject's awareness and practice of healthy lifestyle by offering suitable and attractive programs.

Key words: Lifestyle, aging workforce, awareness, assessment

INTRODUCTION

The trend in demographic characteristics of both industrialized and developing countries show a substantial increase in life expectancy and mean age of the population (WHO, 1989). The constant increase of global life expectancy has a profound effect on change of age structure of the workforce (Helsinki, 1989). The mean age of workforce in various occupations is increasing in proportion and will continue to increase (3).

The changing age structure of the workforce has put the societies in a situation, which they have to consider the interaction of the aging workers with the workplace and work environment (WHO, 1988). In the past it was thought that there was no difference between aging and the accumulation of disease over time and many physiological changes were believed to be due to aging.

Nowadays in majority of situations, many decrements, on job performance are attributed to disease, lifestyle, or both (Davis and Sparrow, 1985; Davis and Jones, 1984). In order to optimize the functional ability,

work capacity and health of older workers both lifestyle factors and working conditions should be considered (Davis and Jones, 1984; Iimarinen, 1988; Toumi *et al.*, 1991a, b, c; WHO, 1988).

This is likely to be especially important to focus our attention in exploring, identifying and assessing specific needs and requirements for promoting healthy lifestyle behavior in an aging working population (Salminen *et al.*, 1991; Helsinki and Oitmaki, 1991; Ottawa Charter, 1986; WHO, 1988, 1998).

In many respects, health is essentially related to lifestyle, which is important for all ages of the workforce, but the aging workers, however, have several special features such as; low health status, decline in functional and physical capacities, ingrained habits, need frequent and close monitoring, an individualized approaches, which should be taken into consideration in planning interventions for healthy lifestyle practice of aging workers.

The report of the World Health Organization on health promotion in the work setting deals extensively

with this issue of healthy lifestyle (WHO, 1988, 2001). We assumed that by assessing aging workers awareness level we can develop appropriate interventions to promote their awareness and practice.

Thereby aim of this study was to analyze the present situation in regards to aging workers lifestyle awareness.

MATERIALS AND METHODS

This study is a descriptive study, which aims to assess the awareness of the least privileged aging workers who work as housekeeping staff.

Seventy aging house-keeping staff that was employed with different agencies in Tabriz, Iran, was selected using an initial list of housekeeping staff and following their selection, they were asked to provide their answers to items included in the questionnaire, by our staff that was told how to guide the subjects. Each questionnaire included 16 priority items, which assesses the general awareness on health effects of tobacco smoking, physical activity, nutrition and ergonomics; excessive physical demands, stressful and dangerous work environment and poor organization of work.

Each question included in the questionnaire was structured in such a way, which permitted the assessment of subject s general awareness.

The questionnaires were analyzed and findings were presented using statistical indicators such as frequencies and percentages.

RESULTS

The findings are classified into 4 sections and each section deals with subject s awareness in respect to one of the lifestyle dimensions (Table 1).

Cigarette smoking: Majority of the subjects (100%) were aware that, smoking is a risk factor for cardiovascular disease, lung cancer and respiratory disease.

Thirty eight percent of the subjects did not believe that cigarette smoking is a much greater cause of death and disability than the work environment. Only 14% of the subjects thought those who smoke, did believe that cigarette smoking relieves them from tension, anxiety and occupational stress and high workload.

The findings also indicated that 91% of the smokers believed, cigarette smoking was a significant factor in the decline experienced in physical and mental work capacity (Fig. 1).

Physical activity: The majority of subjects 90% were aware that if they do not take regular exercise both the cardio respiratory and musculoskeletal capacity could decline. When the subjects were asked, whether exercise can have a positive influence on productivity, absenteeism, turnover rate, well-being, enjoyment of life and quality of work only 30% of the subjects were unable to provide a definite answer.

Eighty six percent of aging workers emphasized that nobody at work has given them information regarding the positive effects of physical exercise.

The findings also indicated that 36% of the subjects did not have any information on availability of sport facilities and training opportunities in their work environment (Fig. 1).

Nutrition: Six percent of those interviewed were unaware of the relationship, which exists between overeating and risk of some of the disease including heart disease, arteriosclerosis and diabetes. 1.5% ofthe participants in

Table 1: Awareness percentage of subjects in regards to lifestyle health effects

Items (questions)	% of individuals
Smoking	
Smoking is a risk factor for cardiovascular disease, lung cancer and respiratory disease	100
Cigarette smoking is a much greater cause of death and disability than the work environment	62
Cigarette smoking relieves them from tension, anxiety and occupational stress and high workload	14
Cigarette smoking is a significant factor in the decline experienced In physical and mental work capacity	91
Physical activity	
Regular exercise will increase both the cardio respiratory and muscle skeletal capacity	90
Exercise can have a positive influence on productivity, absenteeism, turnover rate, well being, environment of life and quality work	70
Nutrition	
There is a relationship between overeating and risk of the disease including heart disease, arteriosclerosis and diabetes	94
Malnutrition and under nutrition have significant health problems and influence on work productivity	98.5
Ergonomics	
Excessive physical demands, stressful and dangerous work environment and poor organization of work lower work capacity and might lead to disability	97
Combination of ergonomic factors are associated with a premature decline of work capacity and differs for individuals with poor health status	94

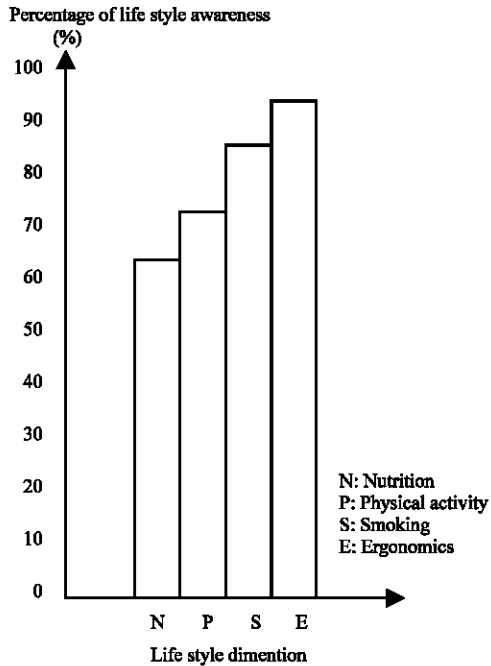


Fig. 1: Average percentage of lifestyle awareness

the study had no knowledge of malnutrition and under nutrition and its significant health problems and influence on work productivity (Fig. 1).

Ergonomics: The findings of the study in relation to ergonomic factors responsible for premature decline in work capacity showed that 3% of the staff interviewed hold no ideas about these issues and did not believe 3% that excessive physical demands, (e.g., use of muscular strength, sudden extreme effort, lifting and carrying, static muscular work) stressful and dangerous work environment, (e.g., dirty and wet workplace, risk of work accidents, changes in temperature during the working day, poor lighting) and poor organization of work (e.g., conflict of responsibilities, fear of failure and mistakes, lack of freedom of choice, lack of acknowledgement and appreciation) could lower their work capacity and might lead to disability. The 6% of the subjects also did not think that the combination of these risk factors associated with a premature decline of work capacity differs for individuals with poor health status.

Sixty six percent of the sample verified that their organization neither offers them educational programs in this respect nor they have attended any program on these issues (Fig. 1).

DISCUSSION

The aging house keeping workers constitute a special group in the work settings, which requires

specific health interventions, because of their demographic characteristics.

We assumed that their well-being is partially affected by disorders due to lack of their awareness.

Thereby we were interested to study the awareness of the least privileged aging workers, which we believed was a prerequisite to practice of healthy lifestyle.

The findings indicated that the awareness level of subjects were high (Fig. 1).

Although 98.5% of the subjects were aware of the benefits they receive from suitable lifestyle practice, but national and international statistics show a drastic increase in non-communicable disorders such as cardiovascular and respiratory disease, musculoskeletal disorders, cancer, arteriosclerosis, diabetes, excessive stress, injury and disabilities in working population, which are linked by common preventable risk factors related to lifestyle. In 1998 alone, NCDs contributed to almost 60% (3107 million) of deaths in the world and 43% of the global burden of disease. Based on current trends, these diseases are expected to account for 73% of deaths and 60% of the disease burden in the year 2020 (WHO, 2003).

This finding implied that appropriate awareness level by itself does not ensure that subjects will practice healthy lifestyle and thereby the aging workers might experience shortcomings in their well-beings.

In this respect, international organizations such as occupational health section of World Health Organization in Europe, encourages the countries to start their own lifestyle improvement programs at work settings (WHO, 1995).

Thereby, we need to plan appropriate interventions in work settings not only to maintain the awareness, but also foster the healthy lifestyle practice among aging workers through developing supportive environment and improving the lifestyle practice skills of the individual aging workers in order, to overcome the stressors specific to lifestyle dimensions, such as, tobacco smoking, physical inactivity, improper nutrition and ergonomics.

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