

TRENDS & Ideas

AGE AND WORK

Risky Business

Older workers face significant risks in the workplace, writes Michael Moss in the *Wall Street Journal*. Data collected by the Bureau of Labor Statistics show that workers over age 65 are nearly four times as likely as their younger counterparts to die from job-related causes. They are five times as likely to have a fatal transportation accident, 3.8 times as likely to get killed by objects and equipment, and 3.4 times as likely to die in an assault.

These older-worker fatality rates have taken labor and health officials by surprise. The departments of Labor and Health and Human Services have targeted them as a priority problem to tackle.

The government research has been little publicized, in part because federal regulators are uncertain what, if anything, they can do. Legal and political considerations make the issue of workplace deaths among older workers particularly sensitive, and older people and their lobbyists, having fought hard against age discrimination, shun special-protection measures which

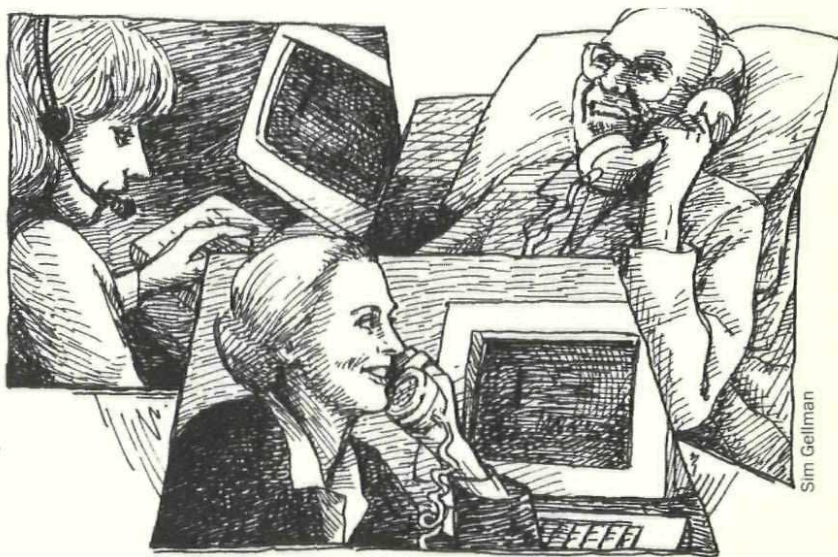
could easily become restrictions. Protective measures may be barred by federal law, in any case; the 1967 Age Discrimination in Employment Act prohibits employers from considering age in hiring and firing.

On the other hand, there are indisputable medical differences between thirty-somethings and those in their golden years. Older people take longer to heal after injuries (and are more likely to die from injuries that younger people would recover from), have weaker defenses against infection, and are more prone to falls and brain injuries. Lives undoubtedly could be saved if more employers were aware of these distinctions.

As the number of older workers in the United States continues to rise—and there is evidence that it will—workplace safety will undoubtedly become more of an issue. The National Institute for Occupational Safety and Health is planning new studies on the causes of fatalities, which could lead to the development of safety measures that would benefit all workers, not just older ones.

POSTDISCHARGE CARE

Volunteering Via Modem



Three women religious have found a way to be hospital volunteers long distance. The trio—Sr. Norine Kromm, Sr. Nola Weiner, and Sr. Verona Reeb—are members of the Sisters of the Poor Handmaids of Jesus Christ (PHJC), based in Donaldson, IN. Their hospital—PHJC-sponsored, 173-bed St. Mary Medical Center—is in Hobart, IN, 50 miles away.

A job redesign at St. Mary in February 1996 cut case managers' time to make follow-up calls to recently discharged patients. Such calls are important, especially those to patients thought to be high-risk. So the three sisters stepped in.

Thanks to modern technology, the 50 miles between Donaldson and Hobart turned out to be no

problem. The sisters' project (conceived by Sr. Stephen Brueggeman, PHJC, and named "Care Connections" by Sr. Esther Dolezal, PHJC) was outfitted with telephones, computer hardware, and a modem. Thus equipped, Sr. Kromm, Sr. Weiner, and Sr. Reeb call discharged patients to see how they are faring and e-mail that information to the case managers at St. Mary. The case managers then contact those who have told the sisters they are not feeling well.

Leaders at St. Mary say Care Connections has been beneficial in three ways:

- Patient care. The calls enable the hospital to monitor discharged patients more closely than before, yet without adding to case managers' and nurses' workload.

- Clinical information.

Each month, the case management department examines the record of the sisters' calls, thus adding to the hospital's storehouse of clinical information.

- Marketing. The quality improvement department also examines the record, thereby learning how the hospital might improve its services.

The sisters, who between them make about 100 calls a month, say they enjoy the work. Other members of PHJC have expressed interest in helping them do it, and they are likely to get the opportunity. Care Connections has proved so successful that St. Mary is expanding the service to include its home health agency.

—Sherry Brewer, RN
Director, Case Management
St. Mary Medical Center

EMPLOYMENT

A Short-Lived Worker Shortage

Extra attention is being focused on the U.S. labor market right now, as unemployment stands at a 23-year low, job markets are tight almost all over the country, and there is a dearth of job applicants with technical expertise for computer and research and development positions. Inquiring minds want to know: Will this state of affairs continue? Worsen? Improve?

Pessimists predict that as baby-boomers begin to retire around 2000, shortages of skilled labor here will force companies to look overseas for help. But Anne Fisher, writing in *Fortune*, musters

evidence that the current shortage of workers will not last. Indications are that the labor force will both increase in numbers and be more highly educated. More people will train for and seek out higher-paying high-skilled jobs, and, finally, more people will receive training from their employers.

At both ends of the scale, the workforce will grow. Birthrates through the 1980s and 1990s were far higher than those during the 1970s, so millions more young entry-level workers will be entering the workforce over the next five to fifteen years. Meanwhile, fewer and fewer

people are actually retiring these days. Bureau of Labor statistics show that the number of men over age 55 who continue to work while receiving pension income is significantly on the rise. As more people stay healthy and active later into life—while living expenses continue to climb—the expectation is that many won't stop working completely.

Workers will be better educated, too. College enrollment rose 17 percent from 1984 to 1994; statistics show that more people are returning to school at later ages and that enrollment in graduate programs is up.



Much of the growth is in engineering and computer science.

U.S. companies have also begun devoting more resources to in-house training and development programs. Ameritech and several nonprofit groups have formed a coalition called the Jobs and Work Force Initiative to

develop Cleveland's workforce. Other big employers—including AT&T, Du Pont, Johnson & Johnson, Lucent Technologies, NCR, TRW, Unisys, and UPS—have set up a nonprofit group called the Talent Alliance, which pairs employees' skills with available jobs across the United States.

LONG-TERM CARE

Abused Nursing Assistants

Nursing assistants are much more likely than other healthcare workers to be assaulted by patients, writes Doug Brunk in *Contemporary Long Term Care*. In 1994, 454 licensed practical nurses and 128 registered nurses missed work after being injured by patients, according to the U.S. Bureau of Labor Statistics. But 4,061 certified nursing assistants (CNAs), orderlies, and attendants missed work for the same reason that year.

"With the exception of a prison guard or a mental health worker, there's no job I can think of where you are subject to the same kind of verbal aggression and physical assault that nursing assistants are," says Karl Pillemer, director of Cornell University's Applied Gerontology Research Institute.

Such abuse only increases the pressure on CNAs, who are paid an average wage of only \$6.65 an hour, even though they are often the family breadwinner. Unsurprisingly, there is a good deal of job turnover among



nursing assistants. And those who remain are typically wary of "difficult" patients. "They tend to be less likely to be attentive to a person who is verbally or physically aggressive," says Eva Mihovich, supervising psychologist for Florence Nightingale Health Center in New York City. What is even worse, abused CNAs may retaliate by abusing patients. In facilities with abusive patients, the quality of care tends to fall.

Nor are things likely to improve much in the future. Mihovich notes that long-term care centers are increasingly becoming homes for deinstitutionalized psychiatric patients, older mentally retarded people, and traumatic brain injury patients, all of whom have a tendency to "act out."

But savvy nursing assistants learn to avoid direct confrontations with patients. And many long-term care centers are now helping abused CNAs. Such centers educate staff to understand abusive patients. After incidents of abuse, they provide staff with counseling.