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STAKEHOLDERS’ VIEWS ON THE AGEING CONSTRUCTION WORKFORCE: PRELIMINARY FINDINGS


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The UK population is rapidly ageing, resulting in an older workforce. In construction older workers face particular challenges due to the harsh conditions of the workplace and the heavy manual nature of tasks. Although perceptions of older workers include them being slow and averse to health and safety training, the construction industry needs to consider the ways in which healthy ageing can be encouraged in the workplace. This is an important issue for both managers and the workers themselves. Focus groups were held with construction stakeholders in three companies to investigate their views on older workers, healthy ageing and opportunities and barriers. This paper presents the preliminary findings from these focus groups.

Introduction

The UK is experiencing an ageing population due to a decrease in birth rates and an increase in life expectancy (Jacobzone, 2000). This has coincided with the abolishment of an official retirement age and an increase in state pension age to 68 by the year 2046 (EUOSHA, 2014). In construction, ageing can be tough for example, harsh weather, poor natural light and ventilation and high levels of noise have the ability to exacerbate natural declines in ageing such as vision and hearing difficulties. Heavy manual tasks and repetitive bending and twisting have been shown to be important predictors in early retirement from the construction industry, as well as increasing the likelihood of musculoskeletal symptoms (Hengel et al., 2012).

Older workers have been shown to be negatively viewed by some managers in construction. For example they are considered to be slower, more difficult to train than younger workers and averse to health and safety regulations such as wearing personal protective equipment. However, positive perceptions of older workers include their dedication, reliability, knowledge and experience and they are often respected by younger workers, who appreciate their experience and advice (Leaviss et al., 2008).

In the light of an ageing workforce, research is needed to investigate healthy ageing at work. Research has shown that changes to the design of the workplace
and working behaviours can influence the health and well-being of employees, leading to an increase in productivity and a decrease in absenteeism (Loch et al., 2010). Healthy ageing can be encouraged by workers of all ages sharing ideas about good working practice and healthy behaviours. Intervention and change can have a strong impact when the end-user is involved (Hignett, 2005) which provides sound evidence for participatory ergonomics in the construction industry.

Previous research by the authors has found that construction workers of all ages have good ideas about how to improve their health and well-being at work (Eaves et al., 2014). The findings suggest that involving the workforce in improving the workplace is beneficial for all workers. For change to be effective, managers must be supportive of both the initiatives and of the workers. Based on this, focus groups were held to investigate stakeholders’ perceptions of older workers and their views on the opportunities and barriers to change in the industry.

**Method**

Stakeholders (such as site managers, engineers, health and safety professionals and client liaison officers) of a maintenance facility, domestic build company and a civil engineering company were asked to take part in focus groups. Table 1 summarises the structure and content of these focus groups.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Welcome and introduction</td>
<td>Context &amp; background of the older workforce</td>
</tr>
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<td></td>
<td></td>
<td>Experience and knowledge of ageing in construction</td>
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<tr>
<td>Views</td>
<td>Perceptions of older workers</td>
<td>Advantages, disadvantages, barriers and issues faced with an older/ageing workforce</td>
</tr>
<tr>
<td>Design</td>
<td>Ideas from the workforce</td>
<td>Company specific ideas presented</td>
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<tr>
<td></td>
<td>Discussion</td>
<td>Do you think these would work?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Opportunities/barriers</td>
</tr>
<tr>
<td>Future</td>
<td>Moving forward</td>
<td>How will you keep your workers involved?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How will you continue to capture their ideas?</td>
</tr>
</tbody>
</table>

Stakeholders were given a short presentation providing background to the research and were then asked to discuss their opinions and perceptions of older workers both in general and specifically in the construction industry. They were then presented with ideas on potential changes to improve health, well-being and working behaviours from their own workforce, these were extracted from in-depth interviews from previous research (Eaves et al., 2014). Preliminary findings from the focus groups will be presented in this paper.
Results

Three focus groups were held with stakeholders (17 participants). Audio recordings of the groups were uploaded, transcribed and thematically analysed in NVivo10 by the researcher under the themes shown in Table 1.

There were similar numbers of positive and negative perceptions of older workers, with 22 negative and 24 positive references in total. Negative perceptions included older workers having ‘old school’ habits; not being very open to change; older workers thinking they know better and not complying with health and safety regulations. Older workers were positively perceived to be more experienced, loyal, knowledgeable of their trade, more respectful and less lazy than young workers. Managers felt that they worked at a slower pace but in doing so were more consistent and productive over long periods of time.

Stakeholders were positive about the ideas to improve health and well-being from their own workforce. They agreed changes could be easily made for low cost solutions such as improving facilities and increasing engagement in toolbox talks. There were lengthy discussions held about how these improvements could be made, including revising previous techniques used within the companies such as incentives of certificates, awards evenings or free meals in the canteen. However it was felt that incentives such as free fried breakfasts undermined the purpose of health and well-being initiatives. Ideas less favourably perceived included physiotherapists providing massages for workers and having on-site occupational health professionals; the biggest barrier to these suggestions was money. Another barrier was the engagement of the workforce; whilst they recognised that the ideas were good, they felt that in reality, long-term engagement was impractical due to the workforce losing interest.

Stakeholders were positive about moving forward and there was much discussion on how the workforce could continue to be involved. Ideas included noticeboards to present posters on health and well-being and feedback on initiatives and ideas. They felt it was important to place less emphasis on ‘safety’ and more on ‘health and well-being’. They were wary of making big changes as previous initiatives had not been followed through very well on sites. More importantly they were prepared to listen to the workers’ ideas and seemed keen to make improvements.

Discussion

Stakeholders appear to hold mixed perceptions of older workers, echoing findings of previous research. As older workers are perceived to be knowledgeable and experienced, industry stakeholders should consult them when making changes to the workplace: previous research has shown that workers of all ages can make valuable contributions to change which can encourage healthy ageing in the workplace and potentially help combat issues arising with the ageing workforce (Loch et al., 2010).
Previous research has shown that including workers in decision making can lead to them feeling valued with a higher sense of worth in the workplace (Wilson, 1995). This may reduce negative perceptions about older workers such as their aversion to health and safety regulations and personal protective equipment, and instead improve communications between the workforce and management.

**Conclusion**

Older workers are perceived to be an asset to the construction workforce but stakeholders also have concerns regarding their attitudes to change and health and safety. Changes are necessary to ensure workers are able to age healthily in the workplace: it is essential that the benefits of older workers are exploited to ensure their knowledge, experience and loyalty is not lost.

**Statement of relevance**

Good practice and working behaviours can be facilitated to encourage healthy ageing in the light of an ageing workforce. Managers and supervisors have a responsibility to listen to the ideas of their workers in order to improve health and well-being in the construction industry.

**References**


Hengel, K. M. O., Blatter, B. M., Geuskense, G. A., Koppes, L. J. L. and Bongers, P. M. 2012. Factors associated with the ability and willingness to continue working until the age of 65 in construction workers. *International Archives of Occupational and Environmental Health, 85*(7), 783-790.


