

## HEALTHY WORK IN THE AGEING EUROPE

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Workplace health promotion (WHP) has been defined as the combined efforts of employers, employees and society to improve the health and well-being of people at work. This is achieved through a combination of: improving the work organisation and the working environment, promoting the active participation of employees in health activities, encouraging personal development. In our country, this subject is still unpopular, and organized work on introduction and implementation of already existing directives of ENWHP still does not exist. As a result, the competitiveness of the European Union during the next few decades will depend on the contribution of older workers, especially in comparison with the North America and Asia. The general aim, therefore, is to extend workability and health up to a higher age. The most important force for change is the workplace. There are different action plans and a host of tools with which the health, qualifications, motivation and therefore the work ability and employability of a company's older workers both now and in the future can be fostered. *Acta Medica Medianae* 2008;47(4): 34-38

**Key words:** health promotion, older workers, Occupational Medicine

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### **Vision: Healthy Employees in Healthy Organisations**

*To make this vision become reality the European Network for Workplace Health Promotion ENWHP is committed to developing and supporting "good practice" for workplace health, which in turn contributes to a higher level of health protection and ensures sustainable social and economic growth in Europe*

### **Introduction**

Health care within its scope is being constantly developed and changed in accordance with fast changes in the world. The promotion of health and health education are also going through changes so that they could be adjusted to actual needs. One area which is also a subject to changes is workplace itself with all its health aspects. The workplace is important segment of health promotion and general welfare. Health at workplace stands for effects of work conditions on corporal and mental health and work capability of workers. The European Network of Health Promotion at Workplace (European Network Work Health Promotion-ENWHP), whose aim was forming of national partnerships and same goals in health

promotion, was formed in 1996 within the European Union. ENWHP has defined health promotion at workplace in 1997. The Definition has been built in Luxemburg Declaration, which represents cornerstone of the Network. Workplace health promotion (WHP) has been defined as the combined efforts of employers, employees and society to improve the health and well-being of people at work (1,2,3). This is achieved through a combination of:

- Improving the work organisation and the working environment.
- Promoting the active participation of employees in health activities.
- Encouraging personal development.

Departments for Occupational Medicine are responsible for healthcare of workers. The activities of Occupational Medicine are not focused only on supervision of health condition, they also account for improvement of social surrounding, hygiene at workplace, organization of work as well as for diminishing of stress at workplace (4). Therefore the position of Specialist in Occupational Medicine would mean in the future spending more time at workplace of his patients. That is preventive field of study and it is expected of that position to be the initiator and actor of health promotion at work place, to react on time on all changes in area of work and also to inform on those changes relevant social structures. In our country, this subject is still not popular, and organized work on introduction and implementation of already existing directives of ENWHP still does not exist. We are aware that we live in time of small population growth rate and generations which are getting older every day and, having in mind the fact that something which is so obvious is always acceptable for one's perception, even if we did not go through previous ENWHP incentives, we have emphasized the one which points to repercussions of this tendencies and refers to possible solutions (5,6).

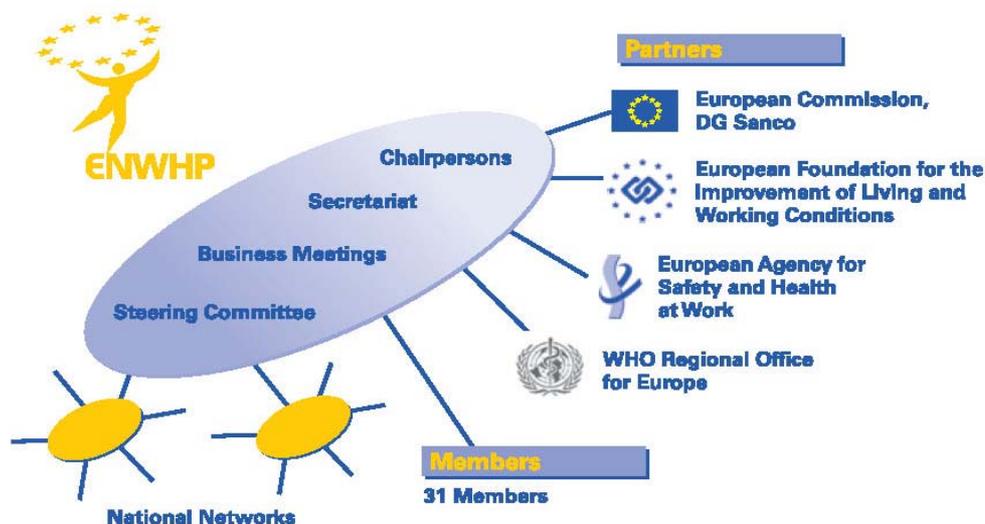
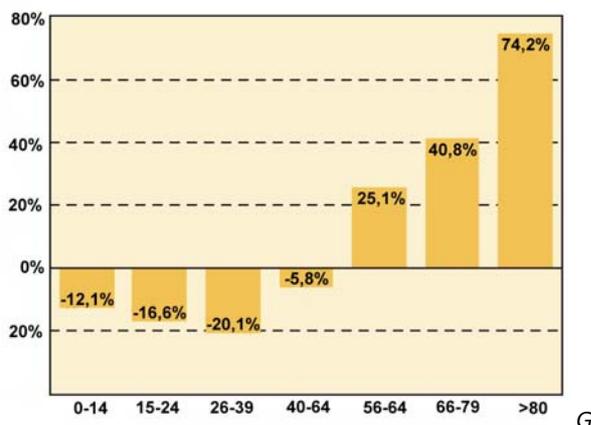


Figure 1. How the ENWHP is structured

### Healthy Work in the Ageing Europe – The 5th ENWHP initiative

Due to the demographic change, the proportion of elderly employees in European companies will increase significantly in coming years. During the next few decades the member states of the EU will be moving into an era in which their workforces will be the oldest in history (7,8). The large generation of baby boomers reaching retirement age is not the only challenge. Only a small proportion of the population will be of working age in the future. According to reliable forecasts, these two factors will affect the structure of the EU workforce by 2030 (Graph 1.)



Graph 1. Ageing of the European population up to 2030 (Source: European Commission, 2005)

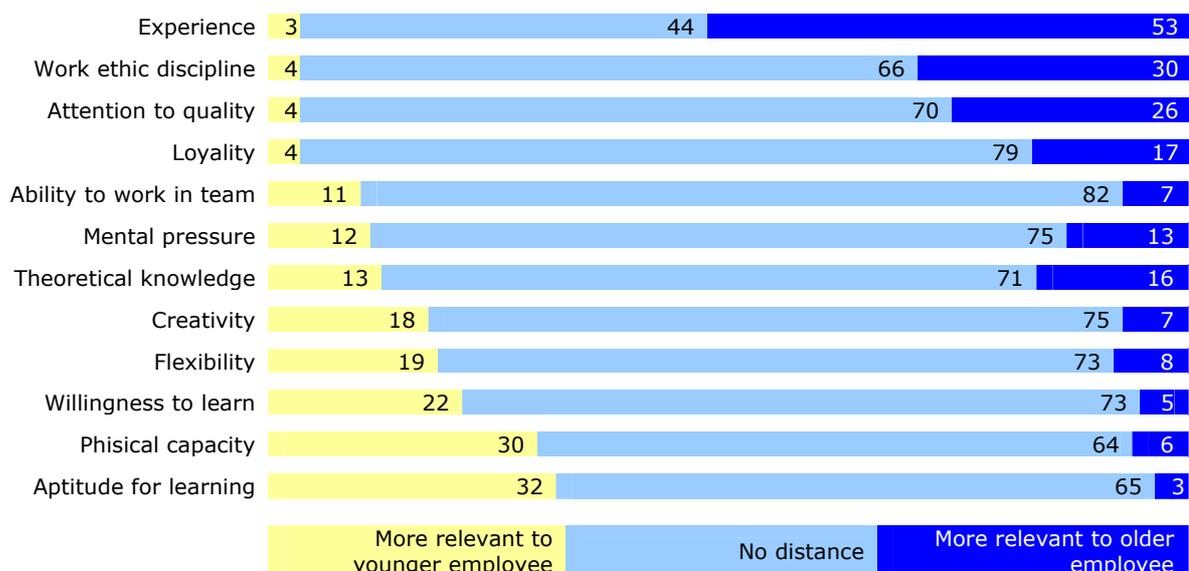
As a result, the competitiveness of the European Union during the next few decades will depend on the contribution of older workers, especially in comparison with the North America and Asia. At the beginning of the 21st century, the pension system reforms and other actions in the EU member states are planned to encourage a longer working life. In a number of countries however, working life has not been extended as wished. New and more effective means are needed which take into account that the health condition of individuals is of major importance for their participation in the labour force (9). Moreover, the effect work has on a person's health has

proved to be one of the determining factors which influence a worker's decision as to whether or not to continue working until retirement age. The production system is also seen to prefer working with a younger age structure than the current age pyramid. But if elements of work, which are targeted mainly at young people remain the same or increase while the proportion of young people falls, simple arithmetic suggests that this distribution between younger and older workers cannot be sustained. The general aim, therefore, is to extend workability and health up to a higher age (10,11,12). The most important force for change is the workplace. Workplaces will ultimately affect how the age challenge is received and how successfully practices will be changed. Together, the employer and the worker should form a team that can change age practices and methods of operation. Both will have to take responsibility for health issues. It is possible to extend working life through improved individual health and lifestyles as well as through a healthier work organisation and environment. Workplace health promotion therefore should not be regarded merely as an additional measure or appendix; it has to take a central position in company policies and strategies.

### The occupational efficiency of older employees

Finally, no empirical proof is available that older employees are less innovative, efficient, creative and less able to cope with stress than younger workers. This frequent prejudice based on the "deficit model of age", which interprets the occupational efficiency of older employees as the consequence of a physical/mental degeneration process, is not tenable. Therefore, there is no general degeneration dependent on age in physical/mental efficiency but, with ageing at work, changes in the structure of the efficiency take place in a healthy "older employee".

The results of laboratory tests initially appear to confirm the first statement above and therefore the so-called "deficit model of age" (13,14).



**Graphic 2:** The efficiency of older workers (Source: IAB-Works Panel 2002)

- According to statistical evaluations, the maximum muscle strength of a 60-year-old is roughly only 75% of the comparable values for a 30-year-old. The efficiency of the cardiovascular system also decreases significantly with age, i.e. viewed statistically, by about 30% between the ages of 30 and 60.
- Results of measurements of physical speed, dexterity, stamina, strength and co-ordination achieve peak values between puberty and early adulthood. The respective performance curves then initially fall gradually and from the age of 40 they drop even more sharply.
- The sensory functions change during a work biography. With increasing age vision diminishes (accommodation capacity and adaptability, sharpness of vision and contrast sensitivity). The hearing threshold, especially in the high frequency range, decreases.

A representative survey by the Institute for Labour Market and Occupational Research, the so-called works panel 2002, also comes to the conclusion that older workers in principle are no less efficient than younger ones. In this survey, different components of occupational efficiency were differentiated. The occupational efficiency of the older workers is no worse than that of their younger colleagues from the point of view of those responsible for HR who were surveyed (cf. Graph 2). Two thirds of those questioned found that there are no differences between older and younger employees – in all surveyed aspects of their performance, with the exception of „empirical knowledge“.

Generally speaking, it can be stated that the level of performance does not change in the ageing process but the spectrum of performance. Many skills, such as empirical knowledge, practice, safety awareness or linguistic skills, only develop over the course of time. Others, such as co-operation and communication skills or creativity, scarcely change. And others such as muscular strength, good vision and hearing or mental agility tend to diminish.

### That is what companies can do

The 5<sup>th</sup> ENWHP initiative has dealt with these facts and the results were presented at the 5th European Conference in Linz (Austria). An important message was conveyed to the European community of stakeholders interested in workplace health promotion.

This message invites them to support a change of company attitudes to the ageing of their workforce. In many companies, the ingrained prejudice that an ageing workforce brings disadvantages still exists.

The ageing of workforces need not be a problem and certainly not a disaster. The change in the age structure may even mean opportunities and a positive development for companies. This prospect is obvious when the work in the companies involves qualifications and variety but, at the same time, when the employees are not overstretched, are committed and have a high level of qualifications. In such cases it can be assumed that the expertise of the older workers and their longer availability, given a later departure from working life in the future, form a solid foundation on which productivity and innovations can evolve in an excellent way.

However, the demographic change may equally represent a major challenge where the emerging and expected problems differ from company to company. The risk of increasing health problems in ageing workforces rises in fields of activity where the work is physically hard or one-sided. By contrast, in areas of work with high demands on performance and workloads predominantly in the cognitive and mental field a higher proportion of older workers can create greater qualification and motivation problems.

It is therefore important for companies to first of all carefully analyse their specific starting position from the aspects of ageing. Key issues are:

1. How will the company age structure probably develop in the next few years?
2. What problems are already arising today among the older employees, what problems can be expected in the future?
3. How can the work ability and employability of older employees and their employment possibilities be maintained and promoted?

There are different action plans and a host of tools with which the health, qualifications, motivation and therefore the work ability and employability of a company's older workers both now and in the future can be fostered. Which approach is suitable and viable for a certain company and its employees depends on the initial conditions at the company and on the specific HR tasks. (Slika 2).

Action which has already been tried out in companies and is documented as "models of good practice" can give important ideas to companies which are at the outset of their examination of the "age issue". The fundamental procedure and individual tools may be adopted assuming the problems are comparable. A "one-to-one" transfer of models is, however, not advisable and possible; after all, every company must develop its own concept specific to the company to deal with ageing processes (15,16)

In view of this situation new staff development approaches are required in the shape of horizontal career design and specialised careers. The focus here is on the long-term shaping of work biographies whereas the "work organization which promotes learning" tended to be an ageing appropriate allocation of tasks and staff deployment planning in a "here and now" approach. Taking all the abovesaid in consideration, it is necessary to mobilize all structures of society with first goal being emphasizing of recognition within people on how important is to learn and invest not only into one's health but also in health of

workplace which is not possible to separate from the latter (17,18,19,20,21,22,23,24).

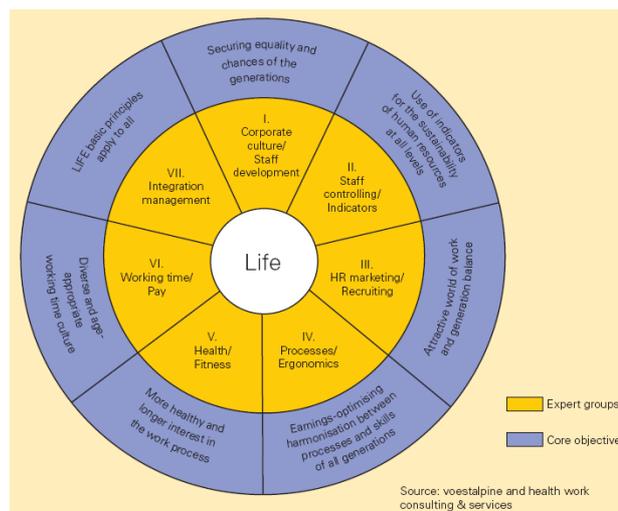


Figure 2: The LIFE programme of Voestalpine (Source: Voestalpine and health work consulting&servies)

It is encouraging and stimulating to see that companies, public administrations, hospitals and schools are investing in good workplace health practices. They are keen on getting involved in three major concepts: they believe in the values of working and living in a healthy way, they accept the need to respond to the challenges resulting from demographic change in all European countries, and they are convinced that these engagements are investments which contribute to their core targets, whether they refer to economic performance, efficient health care, a high level of education or a high standard of services to the public.

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## ZDRAV RAD U EVROPI KOJA STARI

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Promocija zdravlja na radnom mestu je kombinacija uloženi napora poslodavca, zaposlenih i drugih udruženja u cilju poboljšanja zdravlja i blagostanja ljudi na radu. Ovo se postiže unapređenjem organizacije rada i radne sredine, promovisanjem aktivnog učešća zaposlenih u zdravstvenim aktivnostima i ohrabivanjem njihovog ličnog razvoja. U našoj zemlji o ovoj temi se vrlo malo govori i ne postoji organizovan rad na uvođenju i sprovođenju već postojećih direktiva ENWHP. Kao rezultat, konkurentnost privrede EU narednih decenija zavisice od doprinosa starijih radnika, naročito u poređenju sa SAD i Azijom. Na osnovu toga, opšti cilj bio bi da se prolongira sposobnost rada i zdravlja već upošljenog stanovništva do većih godina starosti. Najvažnija mogućnost za promenu nalazi se u okviru samih radnih mesta. Postoje različiti akcioni planovi i niz instrumenata na osnovu kojih zdravlje, kvalifikovanost, motivacija pa samim tim i radna sposobnost i stepen uposlenosti starijih radnika firme, sada i u budućnosti, mogu biti zbrinuti. *Acta Medica Medianae 2008;47(4):34-38.*

**Ključne reči:** *promocija zdravlja, starenje radnika, medicina rada*