

The changing age structure of the workforce: the challenge for workplace health promotion. Austria example

Cambia la struttura per età della forza lavoro: una sfida per la promozione della salute nei luoghi di lavoro. L'esempio dell'Austria

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Keywords: health, work, aging

SUMMARY

Background: over the next decades, the EU will record an increase in the percentage of older workers. This demographic maturity leads to reconsider the position of older workers in the labor market. Raise employment rates of older workers requires action also on the level of work organization.

Objectives: the objective of this paper is to describe and analyze the models and tools tested in Austria, one of the first EU countries that started working on this issue.

Methods: we analyzed the patterns according to the strengths, needs and skills of workers, well-being and productivity of workers, but also the actions in terms of the policies of workplace safety.

The initiatives analyzed are: organization of working hours, type of task being performed and adaptation of the work environment. The "health circles" instrument used to collect the necessary information. Was collected information on: problems and risks, communication in the organization, increase job satisfaction and working atmosphere.

Results: the cases showed that it is necessary to adapt the workplace to prevent the risk of early retirement and work incapacity. Although the health and physical capacity worsen with age many functions in fact improve the mental growth is the positive aspect of aging. The single workers work more efficiently and have more work experience.

Conclusions: in this context, the promotion of health and safety in the workplace plays a crucial role in promoting the active participation of older workers by providing them a better and longer working lives. In summary aging makes older workers better and stronger than before. Therefore active participation in the world of work is also an important factor that promotes active aging. The strengths of older workers should be identified and used so that these workers will become a valuable resource in the workplace.

Parole chiave: salute, lavoro, invecchiamento

RIASSUNTO

Introduzione: nel corso dei prossimi decenni l'UE registrerà un aumento della percentuale di lavoratori anziani. Questa maturità demografica porta a riconsiderare la posizione del lavoratore anziano all'interno del mercato del lavoro. Elevare i tassi di occupazione dei lavoratori maturi richiede interventi sul piano dell'organizzazione del lavoro.

Obiettivi: l'obiettivo del nostro articolo è quello di descrivere ed analizzare i modelli e strumenti sperimentati in Austria, uno dei primi Paesi dell'UE che ha iniziato a lavorare su questa tematica.

Metodi: sono stati analizzati i modelli in funzione dei punti di forza, delle esigenze e delle capacità dei lavoratori, il benessere e la produttività dei lavoratori, ma anche gli interventi sul piano delle politiche della sicurezza sul lavoro.

Le iniziative analizzate sono: organizzazione dell'orario di lavoro, tipologia di mansione svolta e adeguamento dell'ambiente di lavoro. Gli strumenti utilizzati sono stati "i circoli della salute".

Sono state raccolte informazioni sui problemi e rischi, comunicazione all'interno dell'organizzazione, la soddisfazione lavorativa e il clima di lavoro.

Risultati: è emersa la necessità di adeguare il posto di lavoro allo scopo di prevenire il rischio di pensionamento anticipato e di inabilità al lavoro. Sebbene la salute e la capacità fisica peggiorano con l'età molte funzioni migliorano infatti la crescita mentale è l'aspetto positivo dell'invecchiamento. Sono inoltre dediti al lavoro e possiedono una maggiore esperienza lavorativa.

Conclusioni: in questo quadro la promozione della salute e la sicurezza sul luogo di lavoro svolge un ruolo cruciale nel favorire una partecipazione attiva dei lavoratori anziani garantendo loro una vita lavorativa migliore e più lunga. In sintesi l'invecchiamento rende i lavoratori anziani migliori e più forti di prima. Pertanto la partecipazione attiva al mondo del lavoro è un importante fattore positivo che favorisce l'invecchiamento attivo. I punti di forza dei lavoratori anziani dovrebbero essere individuati e utilizzati affinché questi lavoratori diventino una preziosa risorsa sui luoghi di lavoro.

Introduction

The age pyramid of the general population is turning upside-down, so also the working population. In many of the western industrial countries, the average age of the workforce is continuously increasing. In the foreseeable future, a substantial proportion

of the European workforce will have to be recruited from the over-50 age group (1).

The change in the age structure is a product of the sinking birth rate combined with an increasing life expectancy (2). The decreasing fertility in western industrial societies and migration implies that there will be

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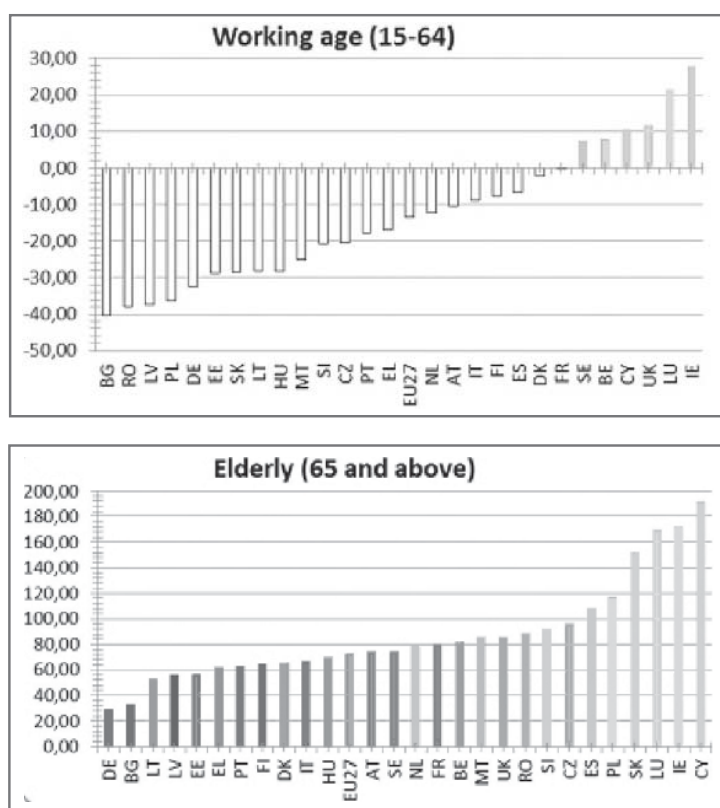
of the European workforce will have to be recruited from the over-50 age group (1).

The change in the age structure is a product of the sinking birth rate combined with an increasing life expectancy (2). The decreasing fertility in western industrial societies and migration implies that there will be

fewer young people joining the workforce than there will be older workers leaving it. Considering these factors, Figure 1 shows the projected (percentual) change of the elderly and population at working age for the

EU-27 Member States. However, an increase in the size of a population group does not necessarily imply a larger share of the population participating in the labour market as illustrated by Figure 1.

Figure 1 - Projected change of the population of working age and the elderly (in % change over the period 2011-2060. (Eurostat)



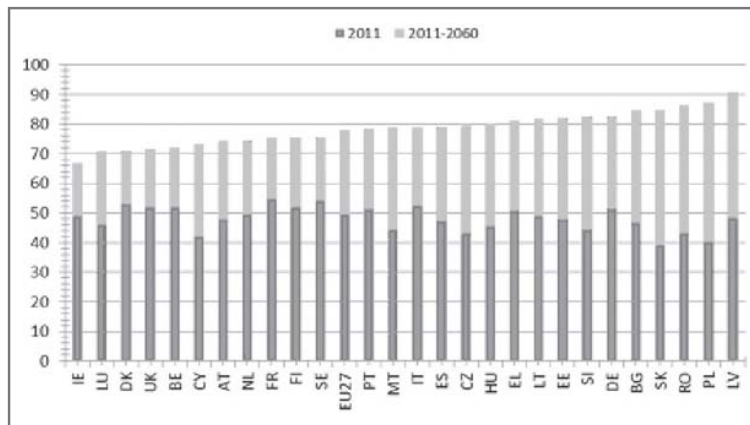
The proportion of young people (aged 0-14) is projected to remain constant in the EU-27 area, declining from 15.6% of the total population in 2011 to 14.3% in 2060. While the proportion of young people fluctuated between 13.2% (Bulgaria) and 21.3% (Ireland) in 2011, it is projected to range

between 11.6% and 18.1% in 2060. The population of persons aged 15 to 64 will become substantially smaller in share, with a projected decline from 66.9% to 56.2% in the EU-27 area. While the working age share of the total population ranged between 61.7% (France) and 72% (Slovakia) in

2011, it is projected to remain below 60% in 2060. Currently, the number of older workers in the workforce is expected to continue to grow (3)]. Furthermore, a similar increase is projected for the proportion of persons aged 65 and over, which accounted for 11.54% to 20.6% of the population in 2011. With the share of the elderly projected to rise from 17.5% to 29.5% of the popula-

tion, they will represent almost one third of citizens by 2060. This ageing of the population creates an important challenge for the economies and welfare systems of European societies, with fewer persons of a working age capable of contributing to the social security system. The projected demographic dependency ratios across the EU Member States are depicted in Figure 2.

Figure 2 - Total dependency ratio (in percentage). (Eurostat)

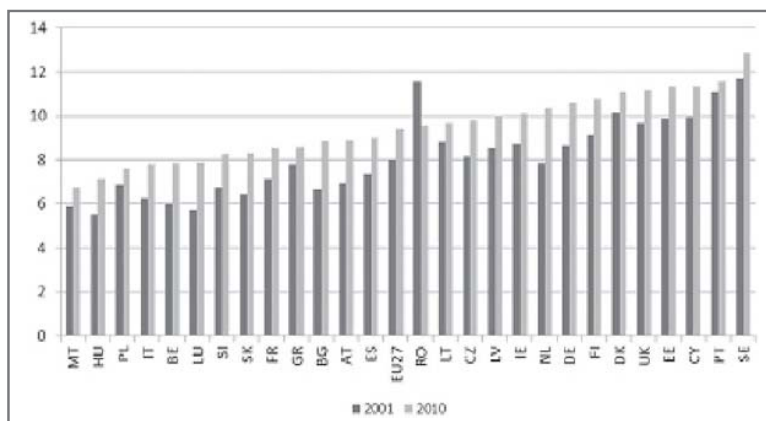


The continuous expansion in the employment rate of older workers is largely due to pension reforms increasing the statutory retirement age. Given that Eurostat no longer publishes the average exit age from the labour market due to quality problems, a new indicator has been developed: the duration of working life (DWL). That measures the number of years that persons of a certain age is expected to be active in the labour market throughout their life. Figure 3 indicates that the number of working years older workers have ahead of them at age 50 generally increased between 2001 and 2010 in all EU Member States, positively affecting the employment rates of older

workers. Romania represents an exception, where the number of working years older workers have ahead of them at age 50 declined by 2 years, from 11.6 years in 2001 to 9.6 in 2010. As with the employment rate of older workers, the duration of working live at age 50 is highest in Sweden and lowest in Malta.

This will mean that enterprises will want, or will have, to keep their older employees at work longer. The changing age structure of the workforce is a new challenge for workplace health policy. Up to now, discussions on demographic developments have centred on safeguarding and financing the pension system. The effects for the labour market

Figure 3 - Duration of working life at age 50 (number of years), (Eurostat)



and the economic strength of enterprises were gladly ignored. However, it is only too obvious even now that enterprises in the future will have to give older workers those tasks previously reserved for young workers. In the light of this development, it is high time to consider how to support healthy ageing and preserve work ability up to an advanced age. Workplace health promotion (WHP) will play a central role here. Only providing special interventions to improve the health of ageing workers, where WHP can also provide solutions, will not be enough. A comprehensive workplace health policy will be necessary to ensure that work and workplace design promote health from an early stage in working life. Guidelines for health-promoting workplaces are the same for all age groups. For this reason they will only approach any kind of success if they are implemented in the context of a comprehensive, functioning workplace health policy (4).

In times when advertising and the entertainment industry flood people with body cult and the craze for youth, being old is a

disadvantage, which means that older workers are considered to be *severely disabled and without a passport* in connection with their job chances.

Whatever direction working life takes in the future, it is a fact that the proportion of older workers will increase. Therefore it is necessary to give older workers and their potential a totally new importance (5). However, it will not be enough just to keep the older workers at work longer under the same conditions. It is necessary to develop and implement programmes which lead to the optimal management of ageing in companies. The starting point for such programmes is on the one hand the potential strengths of older workers (experience, routine, ability to cope with stress) and on the other hand their deficits (resilience, physical ability, endurance, ability to work under pressure).

On the whole, the health of older members of the population has improved over the last decades, at least according to their own estimation (6). The problem of organising an ageing-friendly working life is not to be

found in the increasing morbidity, but in that the proportion of older workers in the enterprises is increasing, and that they also remain in the work process longer. If we look at absence caused by sickness, we can see that there is a massive increase in sick leave per person after the age of 50. This is not because there is an increase in the frequency of sick leave, but the average length of absence increases dramatically for the over 50's.

Careful scrutiny of the European sick leave figures according to age shows that especially young workers (16-18 years) and older workers (54-64 years) had a high average of sick leave. The younger workers tend to have frequent short periods of illness and the older workers have fewer, but longer, periods of sick leave. The reason for the frequent absences of young people – a relatively healthy group – can be found in the fact that the transition to working life during adolescence causes a lot of problems. For example, in this group there is a high incidence of the diagnoses accident and injury. Initially, it may seem surprising that in the over 64 age group there are relatively few days off sick. This is because of the “healthy worker effect”; which means that anyone still working at this age is extremely healthy. Another reason is that persons who are still employed at this age are very motivated people who have a very satisfying occupation with good working conditions.

The most frequent diagnoses for sick leave in all age cohorts are concentrated in diseases of the respiratory system, infections of the gastro-intestinal tract and disorders of the spine (7); there are, however, age-related differences. The most obvious difference in the reason for sick leave is between

the group of workers up to the age of 50 and those above. The age group up to 50 has by far more frequent illnesses of the respiratory system and the digestive tract. Younger people, especially those who live in a household with children, are exposed to many sources of infection (e.g. their own children when they are ill, kindergarten, school, more contact to people because of more social activity, sport, etc.). These circumstances lead to frequent cases of infectious diseases, in spite of having a better immune system than older workers. Injuries, especially of the upper extremities, are a more common cause of sick leave among younger workers (own calculations based on social insurance data).

After the age of 50, disorders of the musculo-skeletal system, cardiovascular disease, general non-infectious illnesses and depression increase. Degenerative changes, the effects of work-related damaging influences, excessive physical activity, as well as physical inactivity, incorrect nutrition and various noxious substances accumulate and increase their effect with increasing age, which is why morphological changes and painful conditions become more significant. This is also the reason for the enormous increase in disorders of the musculo-skeletal system and the increase in cardiovascular disease. The increase in the incidence of depressive illness with increasing age is also connected with specific social changes in this phase of life. Examples of this are: a reduction of appreciation at work, approaching retirement, the children moving out of their parents' home – to mention just a few. With increasing age and experience at work, potential dangers are more easily seen. Hard physical work is more often carried out by people under 50, which is one reason for

the reduction in the risk of injury for the over-fifties (own calculations based on social insurance figures).

Studies show that mental and physical abilities decrease with age. Limitations of function occur, for example, in the cardiovascular system, in the central and peripheral nervous systems and in the muscles (8). But this does not mean there is a general reduction in ability. Characteristics important for work – such as intelligence, natural ability, co-operation and the ability to direct actions – can be seen as age constant (9). Over and above this there are ‘a range of abilities which develop with increasing age and which are available for a very long time, well past retirement age’ (10). This alludes to mental and social abilities such as power of judgement, awareness of quality, power of reasoning, command of language, loyalty, sense of responsibility, the ability to lead others, and, a particularly natural resource, the great experience of older workers (11-12). Instead of a reduction in the abilities of older workers, there is far more a change in performance and profile of abilities. This means a movement away from a model of deficits to a model of competences for ageing (10). Successful age management means having to adjust the requirements of work to the changing abilities of older workers.

An attempt will be made here to show some models and instruments of structured workplace ageing policy used in Austria, because one of the first Countries that started to work on the issue. What the concepts have in common is that they were either developed or further developed in Austria or have been successfully implemented there.

Concepts and instruments

Just as the increasing number of older peo-

ple in the population prompts politicians and social institutions to develop strategies and concepts to cope with the demographic changes without conflict, in the same way representatives of employee and employer interest groups and enterprises are forced to come to terms with the effects of demographic change. An early reaction is in any case wiser than waiting and then having to act at short notice. It is no coincidence that the concept of workplace age(ing) management is frequently encountered in this issue (13). Workplace age management assumes that workers of different ages have different age-related needs, qualifications, skills and abilities. The aim of age management is to organise work, the work process, the personnel and personnel development so that the age-specific strengths of the workforce can be used for the advantage of the enterprise. Workplace health promotion comes in here, and, because of its participative approach, takes the legitimate, health-related interests of the workers into consideration. The strength of workplace health promotion is that it combines the interests of the employees with the interests of the enterprise and in this way creates a win-win situation.

In order to match the demands of work with an age specific profile of competence permanently, there are three levels of design.

- Lifetime work design
- Occupation/career design
- Working environment design

The first opportunity for ageing and personnel policy can be found in the design of the duration and distribution of lifetime work. A ‘reduction of working hours at a high age and a gradual transfer into retirement can provide support for healthy and productive ageing’ (14). Occupational care-

ers are a second starting point for systematic ageing management in enterprises. Age-linked changes of job, not only in a vertical, but especially in a horizontal direction, increase the opportunity of finding a position which utilises the profile of skills of the individual. In this way, deteriorating physical abilities, which are accompanied by a continuous increase in experience and knowledge, can be compensated for by giving older workers the task of training and supervising younger colleagues.

The wide field of workplace health promotion is addressed through the design of working conditions. A holistic workplace health policy, oriented towards settings and behaviour, contributes to creating the physical, psychological and social working conditions which enable healthy ageing and therefore provide the chance to work until the statutory retirement age. The objective is the long-term and early promotion of work capacity. All workers are addressed; not only those who are already old but also those who are young at present and who will become the older workers later. The overall concept of a health-promoting work situation is the same for all age groups and all groups of workers and should therefore be approached within the scope of a comprehensive workplace health policy (15). The demographic argument can be of great service in sensitising and convincing the decision-makers in the company.

Without reducing the importance of a non-age-specific comprehensive programme of workplace health promotion, nevertheless it seems necessary to focus on older workers, seeing that the system has failed to provide for healthy ageing in many cases. Creating the right conditions for older workers means setting a special course for this group of

employees. This can be realised through the following measures (16):

- Relieving physical strain
- Reducing the physical requirements of the work
- Avoiding shift work and working at night
- Encouraging learning processes
- Reducing pressure to work at speed
- Allowing the worker to organise his/her own work
- Allowing worker to organise his/her own working time (micro-breaks)
- Enabling flexible and reduced working hours
- Showing recognition and respect
- Training supervisors
- Enabling further training until retirement

Loeppke (17) speaks in this connection of future and ageing-oriented workplace health promotion which is geared to the retention and promotion of health and work ability throughout the whole of working life. The close connection to systematic age management can be very clearly seen with this terminology and its intrinsic focus. Age management refers to the consideration of the age question in all company decisions (13). The effects of the decisions on both younger and older workers must be considered at the time of making the decision, as well as the effects of the decision on the process of ageing in the company. A lasting and sustainable ageing policy can only be ensured when the aspects of ageing are integrated in the management of the company.

Productive ageing

If the health potential of older workers is to be made available at work, then the relevant conditions must be created, allowing people to develop in their occupation throu-

gh finding their work meaningful, receiving recognition, and participating in decisions. Additional factors which enable this development are health-promoting organisational development, collegial professionalism and the holistic development of personality. The Institute for Workplace Health Promotion – IBG Österreich - has developed a process concept which is based on the model 'Respect for the Ageing' of the Finnish Institute of Occupational Health (18).

This concept, which operates under the trademark 'Productive Ageing', refers to a special programme for optimising working conditions for several generations (19). Optimum productivity, fulfilment and work accomplishment should be realised for each age group. The mission is to retain health up to the statutory retirement age and beyond.

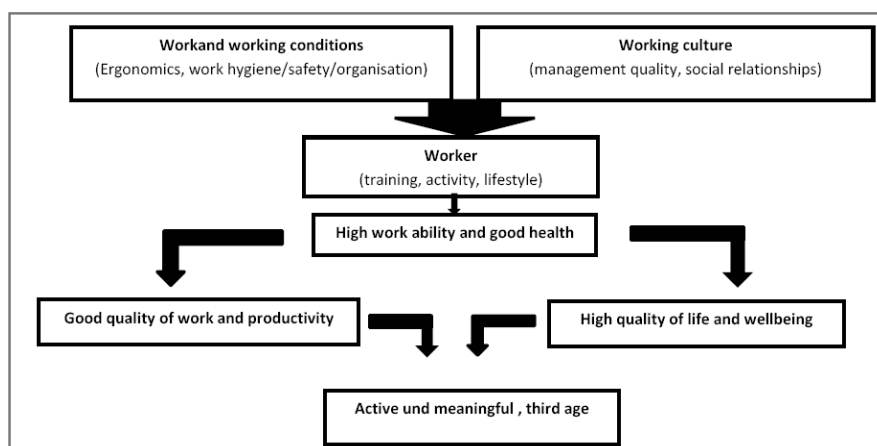
Productive ageing comprises a seminar for company decision makers, work ability monitoring, and training for employees and management staff. Concurrently, ergonomic measures suited to older employees are de-

veloped for the workplaces. The concept integrates settings-related and behaviour-related measures for the prevention of ill health and health promotion in cooperation with occupational medical services, safety experts, and occupational psychology. Health promotion is seen as a cross-functional responsibility connected to other management responsibilities such as organisational development, human resource development, quality management or optimising costs.

Ideally, it is the responsibility of the management to optimise health and thereby productivity through their behaviour. The staff of the Institute for Workplace Health Promotion, who developed the model of Productive Ageing for Austria, provide support to the management through their experience, and by presenting the models of good practice and carrying out cost-benefit analyses. Several models have been developed in this connection.

Project element 1 is a seminar for management of all levels who are personally im-

Figure 5 - Basic model for Productive Ageing



mediately responsible for ageing members of the workforce and who affect the work ability of these persons both directly and indirectly. The seminar gives a good basic theoretical knowledge of the process of ageing, as well as providing impulses for practical action. Self-analysis, case studies and role play provide practical training.

The second project element is a development seminar for staff which has the attractive title – “Middle of life – full of life: the beginning of the third ‘third’ of your career”. The target group are older workers who, whatever their professional status, want to plan their future life so that it is meaningful and active. This seminar is intended to contribute to brightening the horizon and re-defining the aims in life during the second half of working life. Factual information and cognitive work help to erase prejudice and negative ideas about the process of ageing. Informative, relaxed seminars, which also involve the senses, deal with attitudes to ageing and enable individuals to take stock of themselves in order to achieve an awareness of growth, maturity, success and failure. Consideration of roles and tasks, both private and work-related, contributes to discovering meaning and personal development, so that personal rules for success can be constructed.

The third project element consists of seminars preparing the participants for retirement, bearing the title ‘Beginning active retirement’, which is self-explanatory.

The target group are employees in their last year before retirement as well as personnel managers and works council representatives who want to see their colleagues leave working life with dignity. This seminar prepares participants for the new phase of life and its opportunities and changes by encour-

aging them to give serious thought to their own ageing and to seek a new purpose in life for this new phase. Looking back at their personal development and growth at work helps them to reflect on what they have become. Further modules include in-depth, department-specific counselling for members of management who want to have individual information and advice – about specific problems in their department, for example – and individual coaching for management.

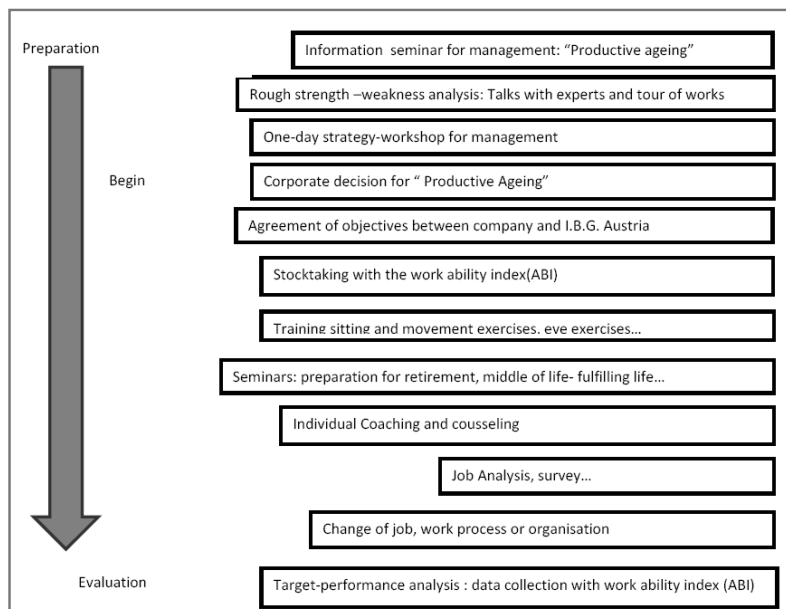
These project elements, which are more or less behaviour-oriented, are supplemented by settings-oriented activities. One example of this is the strength-weakness analysis for departments and organisational units. The aim of this is to collect data on risks for health and work ability during ageing, to survey deficits concerning personal development and relationships with colleagues, and to discover any potential for health, meaning of work or organisation. The strength-weakness analysis is conducted by an external team of experts on workplace health promotion in co-operation with function-holding members of the organisation from different levels of the hierarchy. The first step is an analysis of the sick leave data, the age structure of the staff, the mission statement of the enterprise, the various company media, the organigram and the structure of communication in the enterprise. On the basis of the information gained, semi-structured interviews are carried out with representatives of the management, the staff, the personnel department, the works council, and the company doctor. This is followed by a visit to the company, and an anonymous written survey of all employees. One important instrument is the collection of data on work ability using the

work ability index. This work ability index is a questionnaire developed by the Finnish Institute of Occupational Health which collects data on the workers' ability to deal with the demands of work, their state of health, any impairment of work ability through illness, the number of sick leave days they had in the past year, their assessment of their own work ability in the coming two years, their attitude and their state of mind (11). Special attention is paid to the interface between management, staff and customers. The results are given in the form of a written report, which is presented and discussed. It gives information about the strengths and weaknesses in the company and contains suggestions for specific improvements. Health circles are established concurrently. It is not necessary to go into detail about

the methods and organisation of health circles here (7). The health circle meetings are used to find a consensus on the extent to which the employees are affected by the individual problems and hazards. The five most important problem areas are ranked according to the necessity for action. This catalogue serves to prepare the management to make the necessary decisions. The health circle work is expected to:

- Provide information on problems and hazards
- Change the communication culture in the organisation
- Increase job satisfaction and improve the working climate to produce better health and ability to cope with work
- Improve work organisation and therefore increase productivity.

Figure 6 - Structure of the Productive Aging process



Productive ageing also offers seminars and training courses on specific topics such as personal fitness, back exercise, relaxation and stress reduction, and nutrition. Employees who are suffering from a great 'crisis' and who can only take advantage of the health promotion measures after a phase of therapy are offered individual interventions and therapies by the Institute for Workplace Health Promotion.

In summary it can be seen that the concept of Productive Ageing certainly deals with an area which has been neglected up to now – perhaps an area that was even taboo. It fulfils the quality requirements for workplace health promotion projects to a great extent and largely complies with the Luxembourg Declaration (20). The main difference is in one point. Co-operation with employee representatives in the company is seen as desirable, but is not an essential requirement for the implementation of Productive Ageing.

Age-linked work careers

Before was mentioned already that the design of careers – generally in a horizontal direction – in a company can be a central link to age-related human resource management. The Institute @rbeitsleben KEG in Austria has developed 'Age-linked Working Careers (9). This is a model for age-related policy on personnel and work in companies and organisations.

The idea of age-linked careers is to suit the work to the age. The main point is to develop company-specific sequence profiles for job transfers, which are mainly horizontal. The systematic planning of careers should fix age-linked job change in advance to enable employees to change their type of work regularly according to age. The aim is "by

changing jobs, for employees to have working conditions and job demands which age at the same rate as they do, and at the same time, so the employees can learn to adjust to the change in working conditions and demands (21). The continuous age-linked balancing of work demands and competence should prevent health impairments and work against a decrease in work ability. The concept of age-linked careers does not aim for a direct change of job, but for the reorganisation of the organisation in a company and the career paths within the company. It widens the view of traditional personnel development, which previously concentrated on the training of new employees and the promotion of leaders, to include the retention of the work ability of the employees.

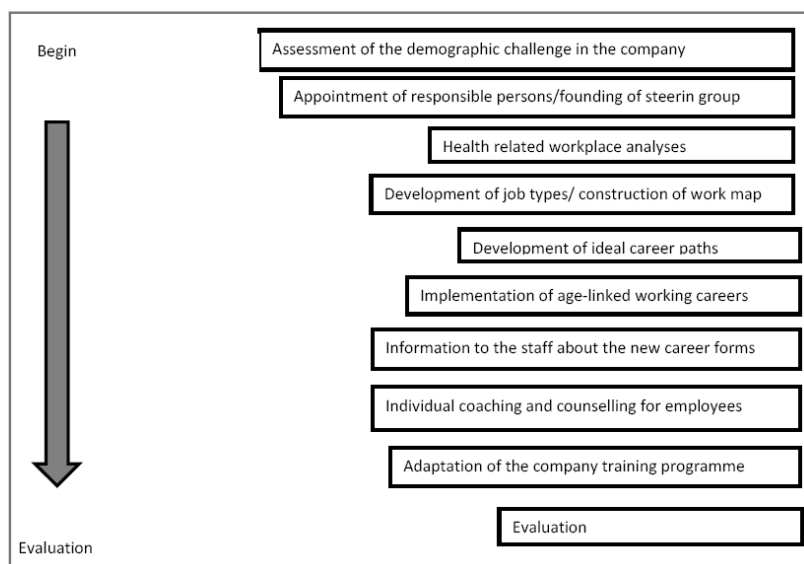
The first project was carried out in a German steel concern, where a career model was developed with five different types of job according to health criteria (9). These were jobs suitable for

- Entry level– limited duration for job training
- Transfer – change of strain and/or further development
- Advancement - vocational further development
- Long term – unlimited length, age related
- Exit (higher qualifications, age-related).

These types of jobs were distributed throughout the whole chain of production, which enabled all employees to have ideal working careers.

The age-linked work career programme also places great value on co-operation with the employees and staff representatives. Employees should participate in job evaluation and the development of career paths. Con-

Figure 7 - Process structure of age-linked work career



tinuous and comprehensive information for all employees is a matter of course, as is individual counselling on personal opportunities for horizontal career moves. Individual coaching on health matters gives assistance to the workers in the process of coming to a decision on this.

An age-linked work career appears to be a successful approach for the sustainable harmonisation of the demands of work with an age-specific profile of competence. It enables the challenges of demographic change to be dealt with within the company in an organised way, and complies with workplace health promotion's intrinsic requirement of employee participation.

Appreciation talks

In the meanwhile, it is certain that the so-called soft factors such as acknowledgement and appreciation play a central role in the

retention of health and work ability (22). Conversely, lack of acknowledgement from superiors and a decrease in appreciation for work done (10) is considered to be a risk factor contributing to the reduction of work ability with age. These viewpoints fit into a general new development in the field of workplace health promotion, namely, in an increasing orientation towards the healthy workers (23). Recently, it has increasingly been recognised that we can learn a great deal from workers who have no health impairments, particularly how they have managed to cope with the demands and strains of work so successfully that they have not suffered any negative consequences. This knowledge should be utilised in the company and stressed more in workplace health promotion.

One instrument complying with these new perspectives is the appreciation talk. The

appreciation talk, developed by Geißler and Geißler-Gruber (Institute @rbeitsleben KEG, Austria) is a 'participative monitoring of the work relationship and working conditions between employees and management' (24). This is based on the idea that concentrating on sick leave completely ignores the fact that a considerable number of the staff are seldom or never on sick leave. The intention of the appreciation talks is to recognise the health potential of these employees and to analyse the conditions and situations which lead to a strengthening of the health of the workforce so that they can be widely implemented.

Appreciation talks provide a structured focus on the performance of the workers in the company and are more than just praise. Appreciation is described as serious interest in the employees, in their performance, their assessments and their suggestions. The appreciation shown in these talks between management and workers provides a source of well-being and status to everyone who has the chance to participate in such a talk, including older workers. In this way the talks help to maintain health and work ability, and so contribute towards productive ageing in the company.

Conclusions

Older employees have particular strengths such as knowledge and experience, a high

work moral, reliability, loyalty, orientation to quality and social competence. They are also equally as good at learning things as younger workers, though their speed of learning may be somewhat slower. Legal restrictions in labour and pension legislation are making the dismissal of older employees as an appropriate measure of human resource management more difficult, which leads to a process of rethinking in the company. Companies are increasingly looking for ways of retaining the health, and therefore the productivity, of their employees longer. Companies will only be able to cope with the effects of demographic change on the labour market if they can provide working conditions which maintain the work ability of all age groups in the company up to retirement. Such working conditions include a corporate culture which encourages the generations to work together and which understands work ability as a unity of health, motivation and qualification (25). The workplace health promotion approach is ideally suited to supporting and accompanying such processes. The players in the field of workplace health promotion would be well advised to adjust to this recognisable trend and to focus their endeavours on the target group of older workers in the company.

Conflitti di interesse dichiarati: nessuno

BIBLIOGRAPHY

1. European Commission. Europe's demographic future: From challenge to opportunity. Luxembourg: Luxembourg Office for Official Publications of the European Communities; 2007.
2. Muenz R. Aging and demographic change in European societies: Main trends and alternative policy options. Washington, DC: Hamburg Institute for International Economics/World Bank; 2007.
3. Kriener B, Neudorf E, Künzelmann D, Aichinger A. Health through working life. Recommendations for the future and aging-oriented workplace health

- promotion in small and medium enterprises. Vienna: diepartner.a; 2004.
4. Maltby T. Extending working lives? Employability, workability and better quality working lives. *Social Policy and Society* 2011; 10(3):1-10.
 5. Behrend Ch. Demographic change and implications for personnel policy. In: Schott, T. (ed.): *Instead of incorporating Retire. Options and strategies for ensuring the employment of older workers.* Weinheim-Munich: Juventa; 2005: 23-37.
 6. Eurofound. *Sustainable work and the ageing workforce.* Luxembourg: European Union, 2012.
 7. Meggeneder O. *Avoid sick leave - reduce absenteeism. A guide for businesses.* Vienna: Linde; 2005.
 8. Hondeghem EA, Vanmullem K. Training the older worker. Paper for the 5th International Conference of the Dutch HRM Network. Tilburg, 9-10 Nov 2007. Palgrave: E. Parry, Sh. Tyson, *Managing an age-diverse workforce*; 2007.
 9. Geissler-Gruber B, Geissler H. Age management in small and medium enterprises. In: *Age-appropriate work environment. Presentations and discussions of the Exper Innen hearings the social partners.* 27-28 March 2004. Vienna: media service. 2004: 61-67.
 10. Maintz G. The older workers in the tension between power demand and expectation. In: Busch, R. (ed.): *Age management in the operation. Older workers - between early retirement and extension of working life.* Munich and Mering: Hampp. 2004: 113-122.
 11. Hess Graefenberg R. Age, experience and healthy - Towards an Integrated Approach. In: Busch, R. (ed.): *Age management in the operation. Older workers - between early retirement and extension of working life.* Munich and Mering: Hampp. 2004: 155-171.
 12. Ilmarinen J, Temple J. *Ability to work in 2010. What can we do to help you stay healthy?* Hamburg: VSA, 2002.
 13. Kuda E. Age management in the automotive industry. In: Busch, R. (ed.): *Age management in the operation. Older workers - between early retirement and extension of working life.* Munich and Mering: Hampp. 2004: 175-183.
 14. McNair S. *A sense of future: A study of training and work in later life.* A report for the Nuffield Foundation. Leicester: NIACE, 2010.
 15. Maltby T. 'Older workers', workplace training and better quality working lives. Can a workability approach help? *International Journal of Education and Ageing* 2010; 1(2), 141-152.
 16. Von Cranach M, et al. *Elderly people in the company.* Bern. Ilmarinen J., *Towards a longer working life*, 2004.
 17. Loeppke RR, Schill AL, Chosewood LC, Grosch JW, Allweiss P, Burton WN, Barnes-Farrell, JL, Goetzl RZ, Heinen L, Hudson TW, Hymel P, Merchant J, DW Edington, Konicki DL, Larson PW. Advancing workplace health protection and promotion for at aging workforce. *J Occup Environ Med* 2013; 55 (5): 500-506.
 18. Vihriala V. Preparing for an ageing society: the case of Finland. Expert Conference on Demographic Change, Federal Ministry of the Interior, Bruhl, Germany, 2 May 2007.
 19. Silverstein M. Meeting the challenges of an aging workforce. *Am J Ind Med.* 2008; 51(4): 269-280.
 20. European Commission. *Action plan on adult learning: achievements and results 2008-10: commission staff working paper. SEC (2011) 271 final.* Luxembourg: European Commission; 2011.
 21. Rothwell W, et al. *Working longer: new strategies for managing training and retaining older workers.* New York: AMACOM; 2008.
 22. Busch R. *Age management in the operation. Older workers - between early retirement and extension of working life.* Munich and Mering: Hampp; 2004.
 23. Geissler H, Bökenheide T, Geissler-Gruber B, Schlünkes H, Rinninsland G. *The Appreciative experience. The new instrument for the lead.* Frankfurt and New York: Campus; 2003.
 24. Geissler-Gruber B, Geissler H. *Recognition calls - an instrument of health-promoting leadership.* In: *Group dynamics and organizational consulting.* 2002, 33: 403-417.
 25. Orfeld, B. *Who does not act punishes the demographic development. Health and age (s)-appropriate arrangements in the workplace for a healthy future of businesses and employees.* In: *BKK Gesundheitsreport Essen: Bundesverband*, 2003.