CASE STUDIES

OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT FOR EMPLOYEES AGED 45+

1. Case metadata

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▪ *Abstract*

Issue

In a Europe with an ageing population, the early retirement of aged workers is an important issue. This case study presents the labour force situation in the over 45 year age group in a clothing company, and a proactive solution that aims to address such challenges by creating appropriate working conditions and supporting the wellbeing of workers at work.

Action

This initiative included actions covering the following topics:

Health: The early detection of risks and impairments due to job activity, and provision of measures of treatment, recovery/maintenance (medical treatment, rehabilitation, physiotherapy, psychiatry), and education on hygiene and healthy lifestyle.

Psychosocial: The assessment of employee abilities and, in turn, matching these identified abilities with job requirements. In addition, the assessment of the work team dynamics (group relations, dominant personalities, intolerance in the group, way of forming a group with optimum interpersonal relationships) has been made in order to detect the most appropriate way of supporting employees capacities and skills.

Sickness absence management: The advanced statistical processing of data on the health status, medical absenteeism and labour turnover of employees is currently being developed by the organisation. Data are also compared with other Romanian and European companies.

Results

An assessment of the actual situation of the older workforce's physical and mental health was obtained. Based on the collected information, an organisation programme of measures was developed and implemented. The aim of the programme was to: (1) redesign the work structure, workplaces, work tasks and working hours; (2) encourage life-long learning; (3) recommend and advocate healthy eating and lifestyle; (4) train on first aid at work; (5) develop leisure activities underpinned by voluntary participation. The implementation of such actions resulted in fewer sick leaves, increased labour productivity, and wellbeing at work. The obtained positive results motivated both employees and employers to support this health promoting programme.

2. Organisations involved

Euroconf Co (SC. EUROCONF S.A.) Sibiu

Public Health Authority – Sibiu (Autoritatea de Sănătate Publică Sibiu)

Faculty of Medicine 'Victor Papilian' Sibiu - Department of Occupational Medicine (Facultatea de Medicină 'Victor Papilian' Sibiu - Catedra de Medicina Muncii)

Private office of occupational psychology (cabinet individual de psihologie ocupaţională)

Guy's and St. Thomas Hospital of London - Occupational Health Department, Education Centre (75 York Road, London)

Regional Emergency Hospital Sibiu, Department of Radiology and Imagistic (Spitalul Clinic Judeţean de Urgenţă Sibiu, Secţia de Radiologie - Imagistică)

3. Description of the case

3.1. Introduction

Euroconf
Dressed for Success

Euroconf Co Sibiu is a joint-stock company with extensive experience in the clothes manufacturing industry. It was founded in 1949 under the name 'Red Star'. In 1990, 'Red Star' was reorganised into three state-owned companies, called “Confecţia” Sibiu, Sections I, II and III. In 1993, Section III was privatised becoming Euroconf Co Sibiu. The company’s main activity is the manufacturing of clothing for men (jackets, trousers, vests), and products mainly meant for export.

The number of employees is about 500 people, mostly women. The main operations performed at the workstations consist of cutting and preparing the appropriate textile, sewing various parts, attaching annexes, finishing the product by hot/wet pressing, and packaging and preparation of finished products for transport and shipping.

The work activities the employees carry out could result in the exposure to a number of risks of injury and/or disease such as:

- accident risks: cutting, puncture, crushing, sliding, tripping;
- ergonomic risks: handling and transport of objects of medium weight, orthostatic or sitting demanding postures unchanged for a long time, repetitive movements in a work activity at a high default pace with musculoskeletal strain of upper limbs;
- environmental risks: a great number of machines generating heat and humidity; mechanical ventilation plant generating unpleasant air draughts; noise from sewing machines;
- psychosocial risks: monotonous, standardised work with forced pace, stress, job with specific visual overload (small/medium details - sizes of 1 to 3 mm).

In order to prevent the unhealthy effects of the aforementioned occupational risks (involving high social and economic costs at both individual and organisational level) and promote workers health, the company implemented a number of actions to improve working conditions, and health, safety and wellbeing of the workers (especially for those over the age of 45 years).

The project was developed and implemented from 2008 to 2011.

3.2. Aims

The aim of the actions, conducted at Euroconf Co Sibiu, was to prevent the workforce from typical age-related health issues. A proactive approach was taken; not only to prevent work-related effects on health, but also to encourage workers to live healthy and continue their work activity. A major focus of the whole project was to address the psychosocial aspects of the work environment, promote wellbeing at work, and promote supportive co-worker behaviour. A holistic approach was taken and several measures were conducted. In order to successfully implement the changes in Euroconf Co Sibiu, the organisation searched for different partners to support them and provide useful input and feedback in the project. The partners recruited to provide support and guidance included the health authorities, occupational psychologists, local university of medicine, and many other institutions.

3.3. What was done, and how?

There were about 400 workers involved in the study. Some of them worked in workplaces in which certain working postures and a specific pace of work needed to be introduced to accommodate the equipment in use (e.g. automatic sewing machines, ironing equipment); whilst others worked in the production line where working postures and the pace of work were not major

restraints. Two groups of people were established: one group included those workers over 45 (51.8%), and the other group (the reference group) included those workers under 45 (49.2%).

The first stage of the study included medical and social examinations based on interviews with workers paired with the use of multiple choice questionnaires (e.g. Work Ability Index; Morschhäuser & Sochert, 2006).

The aim of the first step was to evaluate the way workers assessed their own work activity, health, wellbeing at work, personal involvement in work, suitability of the actual workplace to their individual characteristics, as well as, their role in the organisation.

The study on the workers' health condition was based on:

- analysis of the records of occupational medicine in the company;
- general clinic examination;
- outcomes of laboratory tests, imagistic exams and other special clinical examinations, and
- data on absenteeism due to medical reasons (acute and chronic diseases).

This analysis resulted in the early detection of the most likely causes of work-related ill-health, and the identification of the key medical and recovery/fitness measures (e.g. physiotherapy) required. Not only diseases of occupational aetiology were considered, but also those that were aggravated or lasted longer as consequences of occupational risk factors.

The psychological and psychosocial assessment identified several psychosocial and cognitive abilities involved in work (e.g. focused and distributive attention, operating speed). In addition, an assessment of the nature and dynamic of the work teams was conducted. The assessment referred to group relations, dominant personalities, group intolerance, and ways to set up a team having optimum inter-personal relationships.

Results of the examinations

Most of the older workers assessed their own health state as being satisfactory, but not optimal.

The older workers considered that physical effort, work postures (especially the orthostatic ones), high temperature (at ironing working places) and noise (at the sewing machines), as well as work time structure were factors that affected their health.

More than a half of the aged workers considered that their workplace was satisfactory.

The results of the psychological examination demonstrated that the psychosocial and cognitive abilities of workers aged over 45, were found to match their professional qualification, experience, responsibility and training.

The dominant pathology of the aged workforce was represented by musculoskeletal disorders, neurosis and cardiovascular diseases (high blood pressure, ischemic disorders), and respiratory and endocrine (thyroid) diseases. Such diseases were more prevalent among the aged group compared to the reference group (ratio of about 2:1) for reasons of age, family history and work.

The OHS (occupational health and safety) committee, led by the top manager, provided the identification of high risk activities, assessment and monitoring of occupational hazards.

A clear picture of the ageing workforce and its problems resulted from processing the data of workers' medical and psychosocial assessment, and their occupational hazards. The key reasons for absenteeism due to medical reasons were mostly caused by common diseases (intercurrent, acute and sub-acute diseases), rather than chronic ones.

Based on the outcomes of the study, several actions were drawn up by a working group (including the company manager) in order to improve the working environment, structure of activity, occupational and personal hygiene and lifestyle.

Such actions included:

- Ergonomic optimisation of the workplaces, and work activity as a continuous and customised process to adjust the work postures, occupational gestures and effort to prevent side effects of new technology in the long term. Any technological or workplace changes were preceded by training, especially for older workers to prevent stress and increase the acceptability degree of change.
- Work environment improvement by technical measures (e.g., changes and adjustment of the ventilation system according to necessities).
- Adjusting the work volume for aged workers. They are assigned fewer work tasks requiring higher qualification, and are asked to train the younger work colleagues. These measures resulted in an increase of self-respect and sense of usefulness among the older workers.
- Alternating work tasks and thus the postures and work pace.
- A part-time working programme and flexible breaks were introduced to reduce the work schedule to 4-6 hours for workers over 57 or those workers suffering from a chronic disease. There were also set flexible working programmes for part-time workers and active breaks of short duration (5-10 minutes) whenever they might be required during work. Such actions proved to be stimulating for the workers to stay in work.
- Adapting the workplace in order to minimise the demands and stresses encountered by workers with chronic disease, in order to encourage these workers to stay in work.
- Small teams of 5-6 workers with multiple qualifications, performing several work operations according to production needs, were established. The small teams took over part of the tasks of the impaired persons; these individuals were assigned to less demanding tasks and were asked to use their personal experience as trainers.
- The work teams were restructured according to the workers' personal psychological characteristics.
- Regular work meetings always included OHS issues.
- Short educational meetings were offered on topics like: daily physical exercises (walking, strolling); negative effects of obesity; appropriate diets and their principles; chronic venous disease of lower limbs (symptoms, preventive measures and treatment); salt in excess and its effect on blood pressure, heart and peripheral circulation; personal and occupational hygiene; regular meals and rational nutrition according to season; and the dissemination and postage of informative materials on the debated topics.
- The information received from the educational meetings is further developed by medical advice for each worker's pathology/physiology at the workers' annual medical examination.
- Medical services were extended beyond the compulsory legal framework. Access to special medical services was facilitated by the employer co-funding such services (contract with a private medical clinic).
- Company events were organised on religious occasions and/or on national holidays (3-4 times a year), where members of the workers' family were also invited. The participation in these events was free.

Social assistance and solidarity among the members of the work group was encouraged. Financial assistance and other support (e.g. blood donations) were offered by the employer and colleagues (voluntarily), whenever a fellow worker or family member had a serious medical problem. With his/her fellow workers' and managers' support the worker could feel part of a team and not remain alone whenever facing problems.

- Occupational training is viewed as a lifelong learning process, which allows workers to stay in work whenever impairment occurs.
- A training programme for newly employed workers was delivered by the experienced workers. Besides the occupational skills, the younger workers were given support to integrate themselves in the work team, develop an occupational culture and an attitude of respect towards the experienced workers.
- Two or three workers out of a team of 50 were trained to provide first aid at the workplace.

Applying such measures and encouraging a cooperative support environment was meant to promote not only the wellbeing of workers, but also encourage the older workers in the organisation to stay in work - as they represent a valuable source of workforce for the company.

Such actions had the support of both the employers and the employees.

The employers' reasons were:

- the benefit of a healthy, experienced and skilled workforce adapted to work activity and work environment;
- involvement of the experienced workforce in training the younger workers;
- decreased absenteeism due to medical causes and reduced turnover;
- increased productivity.

It was the employer's interest to use the expertise and skills of the older workers, and prevent their premature withdrawal from work. This made possible the development of the present study.

The employees' reasons were:

- work in a climate of respect and esteem;
- improvement of working and social life quality;
- staying in the job as long as possible;
- increase the feeling of the workers being respected, protected and supported when in need;
- access to appropriate medical and social assistance.

A number of difficulties were encountered during the implementation of the programme. The examination time had to be limited to a certain period of duration in order not to interfere with the production process and the workers´ personal schedule. A flexible and adjustable time schedule helped to solve this issue. At the beginning of the project, there were not enough financial resources. This was addressed by covering these expenses with external donations.

As the medical examinations were more complex than usual, the workers were suspicious at the beginning and collaboration with the investigation team was difficult. The problems were overcome when external physicians conducted the medical examinations, with voluntary participation in the examination.

3.4. What was achieved?

- Awareness on health and safety risks was raised and psychosocial aspects (like wellbeing at work) were targeted.
- Working conditions and work organisation, including psychosocial aspects, became healthier, safer and more worker-friendly.
- The workers' awareness of their physical condition was improved and cardiovascular and metabolic diseases were discussed (causes, risks, diet and hygiene education).
- First aid at the workplace and personal hygiene were emphasised.
- Workers were encouraged to change their lifestyle to a healthier way of living.
- Worker's job satisfaction and motivation were increased.
- The quality of work performance was increased.
- Sickness absenteeism and turnover declined. Starting from 2010 the workforce has maintained its stability. A decrease of about 50% in the number of sickness absenteeism days was noticed in 2010.
- In a cost-benefit analysis the expenses made during the project to implement measures are found to be compensated by the obtained results: better health, less sick leaves, higher productivity (3-4% in average). A final cost-benefit analysis will be completed at the end of the study.

Advanced statistical processing of data concerning health, absenteeism due to medical causes and workforce turnover is to be completed. Data will also be compared to other Romanian and European companies.

3.5. Success factors

A strong commitment from the company management to conduct the project and to find support wherever necessary was the basis for establishing this initiative.

Given the combined efforts of the company through its leadership commitment and the workers' involvement in identifying practical solutions for health promotion at their workplace, the aged employees have been successfully integrated in the organisation. Thus, they contributed to the development of the organisation through the expertise they provided to the newly employed and less skilled workers. This case study highlights two important aspects: on the one hand, the benefits the company gets from the experienced older workers continuing their work; and on the other hand, the social impact - the older workers contribute to the pension funds instead of becoming consumers of these funds in case of their early retirement.

The workers supported such actions as they better understood their problems related to work, health, and lifestyle. The workers adopted better work strategies to preserve their work capacity and health. Thus, there was a positive feedback from workers on topics debated at health and hygiene education meetings. More workers attended occupational medicine services, and made use of the facilities provided to make clinical and laboratory investigations (not only for diagnosis, but also for prevention).

The workers also benefited from the support of their families, as the families were aware of the problems the workers faced at work.

The investigation team found the appropriate ways to communicate with the assessed workers, in order to increase their confidence in the expected results of the investigation. The team made the

workers aware of the significant positive impact that the implemented actions had on their health and employability.

3.6. Further information

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3.7. Transferability

The case represents a wide set of actions to promote health and wellbeing at work, beyond the mandatory regulations of occupational health and safety.

The holistic approach used by the multidisciplinary team, resulted in drawing up and implementing measures to promote a positive impact on the wellbeing, safety and health at work, as well as on the lifestyle of the older workforce; and a decrease in absenteeism due to medical reasons and personnel turnover.

The comprehensive protocol for assessing the occupational wellbeing in the organisation took into consideration the problems related to work and life among workers. The protocol is easy to apply and adapt to any type of work activity.

This case study can serve as a model for similar companies to promote healthy workplace and workforce, with a particular focus on older workers.

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