

European Agency for Safety and Health at Work

Safer and healthier work at any age: Analysis report of workplace good practices and support needs of enterprises

Executive summary

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Executive summary

This study¹ investigates successful and innovative workplace practices for safer and healthier work at any age. The report is intended to provide decision-makers with a better understanding of the practices implemented by companies to address the challenges of an ageing workforce within various national frameworks and circumstances.

Methodology

The report is based on an analysis of 36 selected examples of good workplace practices relating to safer and healthier work in the context of an ageing workforce. The analysis identified similarities and differences in the practices studied, examining motivations and drivers, as well as why a particular practice or policy was specifically chosen by a given company. The success factors and challenges associated with the implementation of a practice were also analysed.

A selection of workplace practices in companies was identified using different sources of information (literature review, contact with relevant stakeholders, national desk studies and internet searches). From these, 24 case studies from 15 European countries were selected, in cooperation with the European Agency for Safety and Health at Work (EU-OSHA). The case studies covered companies of varying sizes across a number of different sectors. Each of the six following selection criteria is represented in at least one example: a holistic approach; external assistance; the existence of good practice tools; the promotion of workplace health; the prevention of musculoskeletal disorders (MSDs); and the prevention of work-related stress. Information on the different activities implemented was gathered from the case companies through questionnaires and phone interviews, with a particular focus on the drivers, barriers and needs that the companies experienced in their activities.

To collect in-depth information, 10 large and medium-sized companies and 10 small and micro companies from Austria, Belgium, Denmark, Finland, France, Germany, Greece, the Netherlands, Norway, Poland and the United Kingdom were selected for qualitative group interviews. Separate group interviews were conducted for the following groups: the employer and the employer's occupational safety and health (OSH) and/or human resources technical staff; older employees or employees who were within the target group of the implemented activity; and trade unions and worker safety representatives. The main objective of the group interviews was to gain insight into the experiences of companies that have implemented activities to create and/or maintain a working environment that takes into consideration the health and safety of older employees.

Qualitative research was complemented by a structured data analysis of the second European Survey of Enterprises on New and Emerging Risks (ESENER-2) to examine the relationship between high proportions of employees of 55 years and older in companies and workplace characteristics relating to safety and health at work.

Main findings

Measures. The report shows that the 36 case companies selected have implemented a wide range of measures with the purpose of either retaining older employees or improving the health and wellbeing of all employees, regardless of age. While large companies have a greater range of measures, both large and small companies have taken action at primary and secondary intervention levels. Companies have introduced changes in the work environment, the organisational structure and the culture of the company, along with measures targeting individual behavioural change. Small companies tended to slightly prioritise primary intervention-level measures, initiated by both OSH and human resources departments. Several of the selected companies have implemented strategies combining measures from both OSH and human resources perspectives. Collaboration between different departments, in particular OSH and human resources, supported by senior and line management, is described as crucial in establishing workplace interventions that successfully address the challenges of an ageing workforce. The report also outlines the conditions in which the workplace interventions were developed and

¹ This report forms part of the activities carried out to support a three-year pilot project initiated by the European Parliament and managed by EU-OSHA on the occupational safety and health (OSH) of older workers, including rehabilitation and return to work. The project aims to assess the prerequisites for OSH strategies and systems within different EU Member States to take account of an ageing workforce and ensure better prevention for all throughout working life.

implemented in the case companies, which are outlined below.

Drivers. The main drivers for taking action were to maintain employee productivity and avoid sickness absence and early retirement. The fear of losing skills and expertise was frequently an important reason for taking action, particularly when the recruitment of competent young workers is difficult or costly. Other drivers included broader objectives, such as maintaining the health and wellbeing of employees, improving corporate image or continuing a tradition of proactive corporate employment policies. External factors, such as national or regional policy frameworks, also played a role in supporting the employment of older workers and encouraging comprehensive approaches to healthier and safer work at any age.

Target groups. The groups targeted by the measures differ. While some companies focused on measures specifically targeting older workers, others took a more global approach, following a lifecourse approach and focusing on the wellbeing of all employees.

Initiators. Measures were always initiated by management, often in collaboration with human resources departments, health and safety representatives and workers' representatives (where they existed). Employees were often involved at an early stage through various structures and tools (e.g. steering groups, consultation processes and needs assessments).

External support. Several companies made use of different forms of external support for workplace intervention. These included occupational health services, insurance companies, management consultants and more specialised expertise (e.g. dieticians or ergonomists).

Financing. The majority of the case companies financed the measures themselves, with some receiving partial funding — and a very small number receiving full funding — from various external sources at EU, national, regional or local level, and sometimes from public institutes.

Integration into a broader policy. In most cases, the measures formed part of a long-term strategy and continue to be implemented. In several large companies, the measures have been formally established as part of company-wide policy and, in some cases, the companies negotiated agreements with workers' representatives.

Evaluation. Many large companies have developed an in-house evaluation system to assess the effectiveness of the measures, such as the monitoring of quantitative indicators. Positive measurable results include an increase in the average retirement age, a decrease in sickness absence, increased reported employee wellbeing, improved health status and increased recognition of good management by employees. The results show no specific pattern in relation to the target groups or the motivations for putting measures in place.

According to the results of the ESENER-2 analysis, only a limited number of statistically significant links were found between the proportion of older workers in an establishment and the presence of OSH risks/OSH management measures. One finding is that respondents from establishments with higher proportions of older workers mention the presence of physical and psycho-social risks more often than those from establishments with lower proportions of older workers.

However, the associations between OSH risks, OSH management measures and awareness are weak and should be viewed as indications needing further investigation and research before they can be considered conclusive. These associations were found mainly in small and medium-sized establishments and, among those, to a larger extent in public sector establishments.

Success factors

Successful development and implementation, including the achievement of positive and sustainable results, is dependent on various factors:

- *Involvement of employees in the development and implementation of the measures.* Even when management initiates a policy or strategy, employees should be involved in the development of the measures to ensure ownership and participation.
- *Management involvement and commitment to the measures.* Involving senior management in the development of the programme sends a clear signal that this is a company priority. In large companies, this commitment can be expressed in company policy or the corporate mission statement, as well as in company or departmental objectives. The existence of a well-established prevention culture within the company seems to be highly indicative of the success of measures. Specific training or awareness-raising approaches targeting line managers may

also serve as a vehicle to secure commitment and ensure a thorough practical understanding of the implementation of the measures. In micro and small companies, the participation of management in the measures themselves sends a positive signal to employees.

- *Inclusion in a broader programme or strategy.* In addition to serving as a driver, an overall programme or strategy can guide and structure measures and initiatives. This would typically be a programme or strategy implemented by a large parent company or a strategy developed by a local authority, such as a municipality, which is then applied to the public companies falling under its responsibility.
- *Strategic approach and diversity of measures.* A comprehensive approach increases the likelihood that multiple dimensions of wellbeing at work are addressed. Diverse measures combine primary-, secondary- and tertiary-level interventions, using OSH and human resources perspectives and resources. Such measures include adaptation of workstations and specific programmes encouraging the promotion of health in the workplace, as well as age management or transition to retirement. Human resources policies can support OSH measures. Therefore, collaboration between different departments to manage health in the context of an ageing workforce is critical.
- *Use of external consultants.* External consultants can bring relevant technical experience and expertise. These would typically include insurance companies, occupational health institutes, academic institutions and management consultancies, as well as other expertise, such as sports associations. External support is particularly important for small and micro enterprises, whose resources and expertise are limited.
- *Adopting a lifecourse approach.* A lifecourse approach in the workplace means adopting measures that focus on all employees, regardless of age, with the aim of preventing physical and mental ill-health from the early stages of the career. While the importance of individualised measures should not be underestimated (see next point), adopting a lifecourse perspective when addressing the health, wellbeing and work ability of older workers is seen as key.
- *Flexible approach.* Successful measures are those that are easily adapted to individual situations within the framework of a lifecourse approach. Different measures should be offered based on employees' individual needs, including needs linked to age. The development and implementation of measures specifically targeting older workers, such as flexibility in working time, mentoring or succession plans, and additional leave days, can address some of the issues specific to this group of workers.
- *Systematic approach.* Taking a systematic approach based on the organisation of a needs-assessment survey, the calculation of the resources available, the prioritisation of measures and evaluation is crucial, with the most successful approaches involving both a preliminary assessment and regular evaluation.

Barriers/obstacles

These case studies also highlight the obstacles to implementing OSH and human resources measures to improve the health and work ability of an ageing workforce. In this respect, differences can be identified between small and large companies:

- The lack of financial and human resources to implement measures is a more frequent problem for small companies than for large companies. This relates not only to the cost of implementation but also to the cost of man-hours if employees undertake certain activities during their working hours.
- In small companies, difficulties may be experienced in implementing measures such as job rotation. Although this measure is widely used to reduce workload in arduous occupations, it cannot always be put in place by small companies, as there are simply not enough appropriate alternative occupations.
- The lack of anchoring of OSH measures into company culture can also be a barrier for smaller companies. If OSH measures are not integrated into company culture and procedures, the success of a measure or a programme may be entirely dependent on the motivation of one or a few key actors among employees or management. If motivation dwindles, if management changes its priorities or if key people leave the company, the measure/programme may cease.

- Corporate culture and the attitudes of employees and managers can be a significant obstacle. In small companies, interviewees frequently mentioned negative or unmotivated employees as a barrier. In large companies, it was the lack of management support that created issues.
- The reluctance to change work habits and routines, especially by long-serving employees, may also be a barrier. This may be the result of a lack of awareness of the negative consequences of particular habits or poor communication of the benefits of doing things differently.
- Low salary may be an obstacle to implementing certain types of measures, notably in part-time work or reduced night shifts, where employees with limited earnings would refuse a reduction in working hours.
- A lack of consultation and involvement of employees in the design and implementation of activities can also compromise employee motivation and result in the reduced uptake of activities.

Differences between large and small companies

The analysis revealed a number of important differences between small and large companies.

Although both large and small companies accessed external funding to finance part of their activity, external funding has been the critical factor for some of the micro and small case companies in establishing their measures.

Both large and small companies make use of support from external consultants. While larger companies use a greater variety of external consultants for a wide range of purposes, smaller companies show a significant trend towards using specialised knowledge for specific situations. Small companies in particular need external assistance for developing measures and activities and conducting workplace evaluations, as they do not always have internal resources to do this effectively.

Measures in micro and small companies are often ad hoc, reactive and informal rather than derived from an explicit company policy. They are frequently linked to support schemes, sectoral initiatives or programmes, which points to the importance of such initiatives for encouraging action in small companies.

Transferability

In both small and large companies, interviewees believed that the measures implemented are transferable to other companies facing the same challenges. There is, however, little evidence of actual transfer of the practices and measures implemented, apart from the cases that took place within the framework of a large programme or that were subsequently extended to several daughter companies or establishments down the supply chain.

Support needs

The review of the practices in the 36 case companies identified a number of support needs and suggestions:

1. Internal communication

Internal communication activities are crucial for both employees and management. Clear communication of the benefits of healthier workplaces increases the likelihood of employee motivation, participation and success. Information tools, leaflets or campaigns that demonstrate the benefits of measures addressing an ageing workforce at individual and company levels can be useful forms of support.

2. External support

External support is often very important for the successful implementation of a programme or policy, particularly for small companies. External consultants can help companies to broaden their measures from a small group of key employees to the entire workforce. For companies lacking the time and human resources needed to implement such policies, external support can help, leaving the company free to focus on its key business activities.

3. *Financial support*

A lack of financial resources creates obstacles, especially for small companies. National stakeholders can support companies' efforts by creating funds and programmes to design and implement initiatives aimed at older workers. In addition to offering financial support, funding programmes can also create an opportunity for companies to work together and increase their knowledge by sharing experiences. Participation in national or regional programmes can also promote social dialogue in companies, as they often require collaboration between various workplace actors, including trade unions and workers' representatives.

While the development of funding mechanisms, coupled with a programme to share good practices, can contribute to the adoption of successful initiatives, these can be prioritised in order to minimise costs. Tools that help companies to focus on the most important and effective measures, such as needs assessment, mapping and careful planning, can be promoted, while less costly measures can also be recommended.

4. *Legislation and policy*

The adoption of legislation or policy at national level should be considered. The overall analysis shows that national strategies, laws and policies related to age management, work ability or sustainable work have been powerful external drivers of relevant measures or company policies. National legislation and policies should adopt and promote a life course perspective in order to encourage the adoption of similar perspectives within individual companies. While measures specifically targeting older workers may be relevant in certain contexts, all policies should take a sustainable approach to the prevention of ill-health in the workplace, being mindful that the young workers of today are the older workers of tomorrow.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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