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## **The ageing workforce—challenges for occupational health**

Longer life expectancies and low birth rates together impact on the demographics of the workforce. The proportion of 50- to 64-year-olds in the workforce will be double in size compared to workers younger than 25 years (35 versus 17%) in the EU15 (the first 15 European countries to join the union) by the year 2025. Several EU15 countries will face this challenge by 2010 and the situation is expected to last for decades [1]. The new member states of the EU do not ease the greying picture, rather the opposite and immigration will only be a minor solution to the problem.

A marked paradox exists between a longer life and a shorter working life. More healthy years will be spent in retirement than in work. So, the problem is not higher life expectancies but earlier retirement. The European Union has set a target employment rate of 50% in the 55- to 64-year-old population by 2010–13. In 2003, this rate was 41.7% in the EU15 countries [2] indicating a gap of 8.3% between the reality and the goal. The differences in employment rate between the countries were substantial—by 2003, six countries had already reached the target and a further six other countries needed an improvement amounting to >20%.

Societies are significantly affected by the low employment rates of older workers. When workers retire early, dependency ratios (the proportion of 15- to 64-year-olds in relation to other age groups) increase and an increasingly heavy burden develops with the costs of retirement and health care growing. Ageing also challenges the sufficiency and quality of social and health care services,

including occupational health services. Work life must be lengthened for the sake of society, otherwise we cannot afford to grow older [3,4].

The solution to the ageing challenge is 4-fold:

- (i) Attitudes towards ageing must be changed (an attitudinal reform).
- (ii) The knowledge level of managers and supervisors in age-related issues needs to be improved (management reform).
- (iii) Better age-adjusted and flexible working life is needed (work life reform).
- (iv) Health care services should meet the increasing needs of older workers (reform of health services).

So, how do we change the attitudes towards ageing in the globalized working life? Legislation against age discrimination is a basic need but it is not powerful enough in today's society. An additional solution is needed—an increase in the awareness level of all stakeholders about the facts of ageing and its positive and negative consequences in work life [5]. Managers and supervisors in companies play a key role in implementing the age-knowledge at work. The strengths of ageing are a base for a better and meaningful, age-adjusted workplace. The dissemination of age-knowledge can be organized by age-management coaching, which has proved to be an efficient tool for employers, employees and other stakeholders [4].

Older workers are also a new challenge for occupational health services. All the dimensions of human resources change with age and the most concrete ones are those related to health [6,7]. A survey in the EU15 countries in the year 2000 showed that ~40% of men and women >45 years of age reported that work affects their musculoskeletal and psychosocial symptoms [4,8] and 40% also reported work-induced stress symptoms. Sickness absence rates of at least 3 days/year were reported to be caused by work in 33% of men and 38% of women. In general, the survey showed that work-related health problems are common among men and women >45 years of age in the EU, although differences between countries in all health matters are large.

The prevention of work-related symptoms and diseases is a high priority in all age groups, but new challenges face ageing workers: how can they manage at work when they have chronic symptoms and diseases? What can occupational health experts do to prevent the early exit of those suffering from chronic health problems? It is obvious that only treating the diseases is not enough. The new challenge is to find the adjustments needed at work due to the deterioration of health. If ~40% of the musculoskeletal and psychosocial health problems are work related, then the work needs 'treatment' too, not just the worker. The knowledge and experience of occupational health doctors and nurses should be widely used for a better, health-adjusted working life; occupational

health practitioners can play an important role in making a longer and better working life a reality. Advanced training in ageing matters for occupational doctors and nurses should be provided too and all recommendations and solutions for health-adjusted working life for older workers should be evidence based.

The EU survey indicated also, that ~60–70% of workers >45 years believed that, with regard to their health, they would be able to work in their present job beyond the age of 60 years. However, one-third of the workforce did not believe they could continue working due to their health and this could lead to their early exit from employment. Logistic regression analysis showed that the probability of being able to work to 60 in the previous job increased with age, and was higher in men than in women. The probability was highest in administrative and managerial jobs and lowest among those with lower education level, physical load and time pressure [9].

The challenges of an ageing workforce for occupational health services calls for innovation in (i) health promotion, (ii) the prevention of work-related and occupational diseases, (iii) reduction in the impairment of work due to the diseases, (iv) better support for disabled workers and (v) the promotion of work ability.

In health promotion, a new paradigm is needed: sustainable life style changes are still an aspiration and polarization of the workforce has increased. More people increase their physical activities, stop smoking and eat healthier than before, but at the same time many people disregard these healthy messages. Musculoskeletal and psychosocial disorders, especially the latter, are the most prevalent cause of work disability among older workers and the incidence of occupational diseases becomes linear with age. Chronic symptoms and diseases often impair the ability to work and a worker returning following prolonged absence often faces the problem of unchanged work and working conditions. Often it is the person who is treated but the reasons for inability to work are ignored and unaddressed.

A comprehensive solution for the ageing challenge at the level of enterprise is the promotion of work ability during ageing [10]. This concept focuses on both human resources and working conditions. The core dimensions of human resources include health, physical and mental capacities and social functioning, competencies, as well as attitudes and values. The core dimensions of work cover the contents and demands of work, physical, ergonomic and psychosocial work environment, as well as management and leadership issues. Work ability is also connected to the microenvironment outside the workplace (family, relatives, friends, etc) as well as with the macroenvironment (infrastructure, services and other societal dimensions) [11–13]. The new core concept of work ability emphasizes the balance between human resources and work. Because the employee is mainly responsible for his resources and the employer

for the dimensions of work, good work ability can be achieved only by better cooperation between the supervisor and employee. The integration of several actions focusing on human resources and work simultaneously improves in 2–3 years the human well-being and life quality as well as the productivity and quality of work—a win–win result for the employee and employer. The effects of work ability promotion can be seen also later in the third age: the health and life quality of retired persons are better compared to those who have not participated in work ability promotion. The needs as well as the effects of the promotion can be evaluated by the Work Ability Index; a valuable and evidence-based tool for occupational health services which has been translated in 23 languages and used today worldwide [7,11,12,14].

The challenge today is that the human resources will change with age and, simultaneously, the globalization and new technology will change the work. The balance leading to good work ability should be achieved in a dynamic, continuous changing process during the work career. The role of occupational health and safety experts, and other intermediary organizations, is important, too. It is obvious that better coordination and cooperation between the different players influencing work ability and the balance within it, are urgently needed.

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