



# **THE HEALTHY OLDER WORKER (HOW) CASE STUDIES**

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STRATEGIC RESEARCH CENTRE



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## Case Study 1:

# Addressing age-discrimination as a psychosocial risk in the workplace



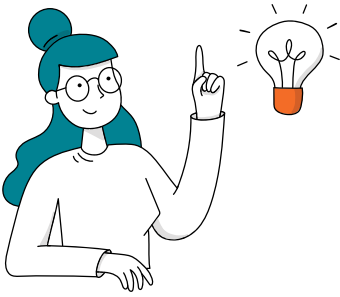
## The problem

A Sydney-based medical centre employed 20 medical and professional staff. About five of them (25%) were over 55 years of age. The centre was part of a New South Wales-wide organisation, with several similar centres across the Sydney and regional NSW. While the medical centre's culture was generally positive and collegial, there had been complaints to the company's HR team about ongoing discriminatory behaviour towards the centre's nursing staff in particular. The complaints had generally been about the practice manager, with accusations of discrimination in terms of inappropriate language towards older staff, including suggestions that they should be moving on to make way for new blood; lack of recognition for good work; and their applications for training and development courses being rejected while younger staff member's applications

were routinely approved. This was seen as mistreatment by some staff, and resulted in stress and anxiety from feeling under-valued and through concerns about job insecurity.

The HR manager undertook a survey of all the company's medical centres finding similar problems manifesting across several of the worksites, with some older workers feeling disrespected and discriminated against. These workers reported experiencing stress and anxiety, while some staff were considering leaving the organisation as a result of this behaviour.





## The solution

### Leading a culture of valuing and supporting older workers

Recognising that the organisation had a duty in law to provide a psychologically safe work environment for all workers, and with a pressing need to retain older nursing staff in particular, the HR manager set about a program of cultural change in regard to valuing older workers in the organisation. The first element of this was to ensure top leadership of the wider organisation was committed to supporting older workers. Following consultation with the older workers, a strategy was prepared focused on valuing and retaining older workers and communicated throughout the organisation. The HR manager also revisited all policy and procedures within the organisation to ensure all workers were treated consistently. This resulted in changes to the flexible working policy, amongst other measures, to make conditions fair and equitable for all workers. Furthermore, managers from all medical centres attended training to address issues such as unconscious bias, valuing older workers and recognising

their contributions, attracting and retaining older workers, consistency in opportunities for retraining and development, and consistency in performance management.

The HR manager continued to monitor changes to the workplace culture through annual surveys of older workers and the analysis of complaints, exit surveys and other data. After one-year, older workers reported lower-levels of stress, anxiety and depression and higher satisfaction and engagement with work. Age-discrimination levels also reduced significantly.

While the cultural change the HR manager is aiming for is likely to take several years, changes in the psychosocial safety climate brought about through leadership commitment and support for worker psychological health, together with improvements in policy and practice and training for managers, can occur more rapidly.

### Key Points

- Age-discrimination and unconscious bias can negatively impact older workers' mental health and wellbeing, and should be considered psychosocial hazards.
- Age-discrimination in the workplace is a primary reason older workers quit early or are not retained in the workforce beyond normal retirement age.
- Psychosocial safety climate (organisational commitment to the psychological health and safety of workers, communication of support, involvement of all workers in psychological health and safety) is strongly linked to improvements in worker mental health. This approach is fundamental to ensuring a psychologically safe workplace.
- Consultation with older workers is fundamental to understanding their concerns and managing psychosocial risks such as age discrimination and ill-treatment.
- Training for managers and supervisors is an important element of a program to promote a positive workplace culture and appropriate practices impacting older workers.

## Case Study 2:

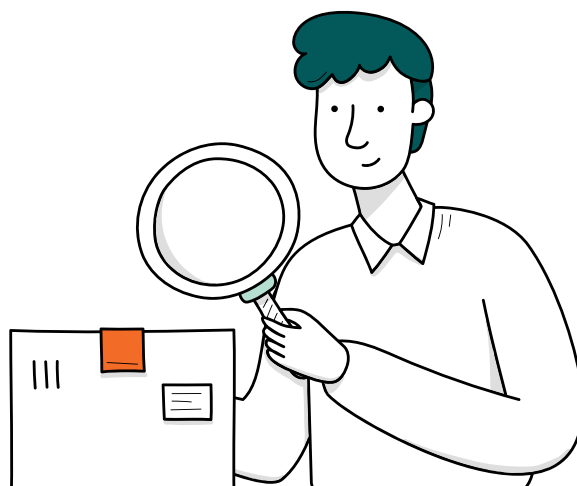
# The work environment and older healthcare workers: A composite approach using work design and training



## The problem

The Better Care Hospital and Health Service (Better Care HHS) has an ageing workforce. Over the past 30 years, targeted recruitment programs, government rationalisation of funding, modernisation health care models, and organisational restructures have resulted in many hospitals finding themselves with an older workforce. The decline of young people entering the nursing profession puts further pressure on older workers to continue to work until, and often beyond, the traditional retirement age.

At Better Care HHS, management wanted to provide a safe work environment for its older workers and asked the Work Health and Safety (WHS) team to develop a strategy to provide for the health and safety needs of their ageing workforce in a busy hospital work environment.



## The solution

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### A composite approach using work design and training

The WHS team knew that to find a long-term solution they needed to understand the age-related problems in the work environment, particularly how work is organised and the impact that has on older workers. They also knew that for sustained change, they would need to draw from the principles of good work design supported by training.

#### **Work Ability**

They started by considering work ability, focusing on whether the individual ability of older workers to function is compatible with the demands of their work. When work ability is expressed through a whole person it constitutes the workers knowledge, experience, physical and psychological health, as well as their workplace activities and responsibilities. The WHS team noted that for many of the older nurses, their daily work activities were the same as when they started as nurses 30 years ago, yet they were not the same after 30 years of life experiences.

#### **Life course training**

The older workers and their managers were offered training about ageing, life course and work ability. During the training, participants were encouraged to make action plans for changes in how work was organised in their work environment to better suit older workers.



#### **Surveys and HR data**

After the training program, surveys collected information about attitudes to the work environment. The surveys focused on the perceptions of older workers on their work environment, work hours, absences due to illness, and provided an opportunity for suggestions about the way that work was organised and performed. The survey findings suggested that where changes had been implemented after the training there was a perceived increase in job satisfaction for older workers.

Analysis of the WHS and the HR workforce data provided insight into the costs of injury and sickness for older workers. The analysis showed that absences due to illness and workplace accidents vary from year to year so a more structured approach to collecting and analysing data would be needed to understand the relationship between the work environment and the health of older workers (e.g. mechanisms to exclude non work-related illness and sick leave used to care for others).

#### **Barriers to change**

The WHS team found that suggestions about the changes needed to reorganise work were very limited which they had not anticipated. The WHS team had assumed that individuals would take responsibility for their own learning and wellbeing, and would, therefore, take the ideas from the training to the workplace. The WHS team had also assumed that older workers would want to influence their work environment and would actively push for change. However, many of the factors that led to the problem for older workers also created barriers for the proposed solution.

The complexity of the healthcare system, the strong patient safety culture, and strict hierarchical leadership made it difficult for an individual older worker to drive the change for work design needed. Further, their professional integrity made it difficult for older workers to think beyond improving patient care, even if it was to their personal detriment (e.g. older workers suggested working longer shifts for patient continuity, despite knowing that more hours on their feet may be detrimental to their own health).

The WHS team reported back to the Better Health HHS senior management team, saying that their investigation and piloting of a composite training and work design approach had found that for the changes identified by older workers through the training to be implemented, they would need to be endorsed by senior management. Further, the level of organisational change required would need senior management commitment, and organisation-wide support comprising participation at all levels of the organisation.



## Key Points

- Piloting an intervention can provide insights that shape your future WHS strategies. Always be willing to learn and adapt a strategy.
- While the research on ageing and work often prescribes that individuals have the opportunity for flexibility and for adapting their own work environment to their own needs, a broader system needs to be in place to support these changes.
- In caring professions, their professional training has taught them that the patient is at the centre of their work. In these work environments it can be difficult for older workers to put their needs above those of their patients. Therefore, in these work environments work design and training for older workers can help to dismantle some long held attitudes and habits in the workplace that are detrimental to the health of older workers.

For more information about a composite work design and training approach see: Andersson-Fel , L. (2005). Age related work load – a work environment intervention with a life course perspective. In International Congress Series, 1280, 341-346.

### Case Study 3:

## Improving WHS for older manufacturing workers through a forward rotating roster: A work scheduling approach



### The problem

A European manufacturing company with more than 10,000 employees distributes products worldwide. This large international organisation operates 24 hours a day, seven days a week and 365 days a year. In the manufacturing facilities, the negative effects of night shifts, such as occupational accidents, health-related problems (e.g. fatigue, musculoskeletal disorders), and absence due to sickness, had been observed by the Work Safety and Health (WHS) personnel.

The company has been using a backward rotating rostering system for more than 20 years. The work arrangements under this system, required workers to work a backwards rotating roster which comprised regular rostering of three days on/two days off as follows: three night shifts, two days off, three evening shifts, two days off, three morning shifts,

two days off (backwards because it goes from nights, to evenings, to days).

The company had been concerned that the backwards rotating roster was posing health risks for workers and was particularly concerned about the negative impact on older workers. The company had received reports that older workers are prone to more safety problems during night shifts and was aware that cognitive performance decreases in ageing shift workers. The WHS personnel were concerned that night shifts disturb the circadian physiological functions, and that the accumulation of sleep deficits in older workers may result in more workplace accidents. Management wanted to implement changes to address these concerns without disrupting the operations across the whole company.



## The solution

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### Work scheduling

#### **Investigate best practice**

The WHS staff investigated the options and found that a fast forward rotating schedule was the preferred rostering arrangement in industries with a workforce engaged in similar work activities. Using the principles of best practice, they developed four different forward rotating rosters as options for their company.

#### **Change Consultation Team**

A change management project team of key personnel was established to lead the development, implementation and evaluation of the new rostering system. The team comprised a diverse group of employees (including older workers), senior managers, line managers, medical staff, unions, HR personnel and WHS officers. This group discussed and consulted widely on the proposed four options.

#### **Employee voice and inclusive practices**

All workers were provided the opportunity to vote for their preferred option. The option that received the most votes was implemented for a 12 month trial period. Employees were surveyed six months and 12 months after implementation and there was overwhelmingly positive feedback for the new forward rotating roster from employees. The company believes that the participation of employees in the decision-making assisted the smooth implementation of the new rostering system, which was adopted with minimal resistance.

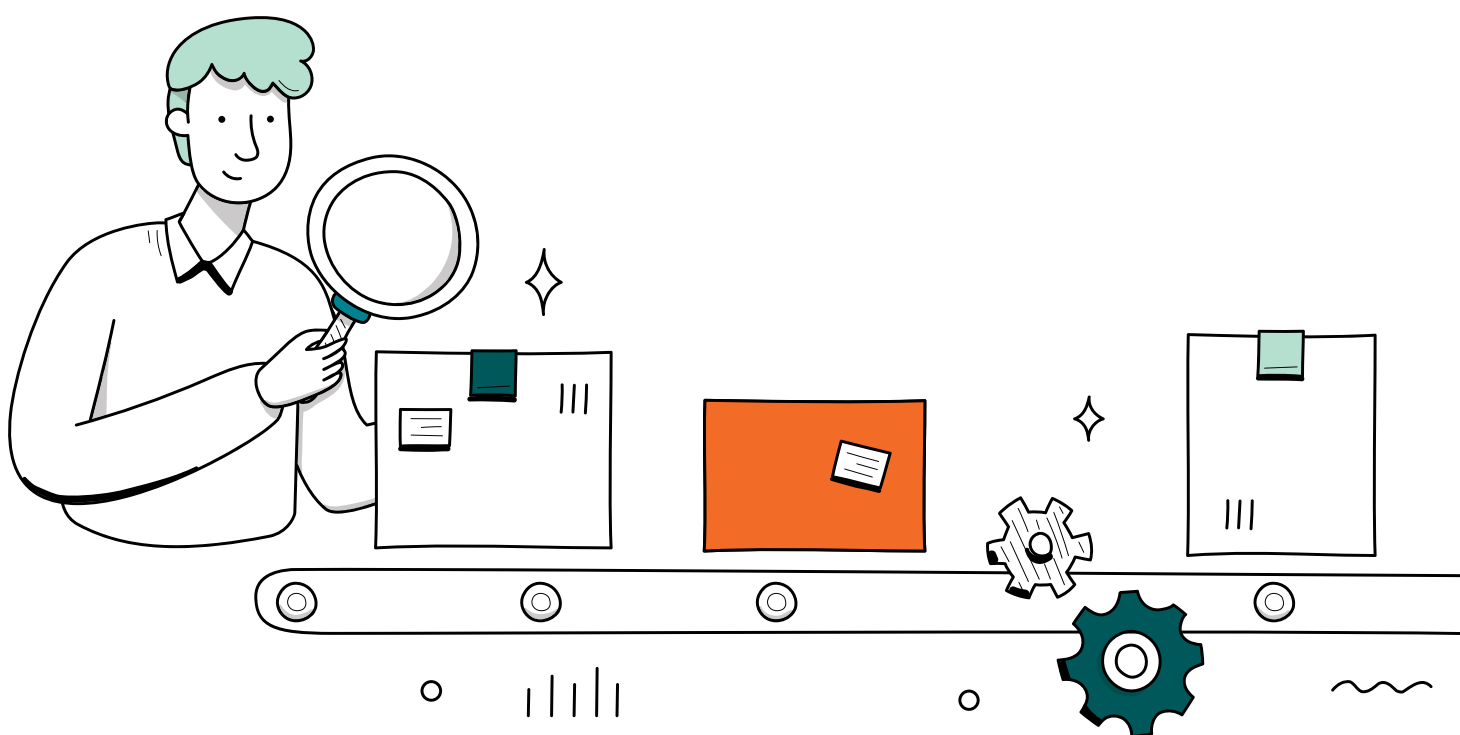
#### **Monitoring work scheduling using organisational indicators**

The new forward rotating roster selected by employees comprised: two morning shifts, two evening shifts, one day off, two night shifts, three days off (forward because it goes from mornings, to evenings, to nights). The company monitored regularly collected data from its existing HR and WHS systems to determine whether the new roster had WHS improvements comparable to the positive feedback they received from employees. While the company found that implementation of the new forward rotating roster led to fewer occupational accidents, less sickness absence and better health conditions for all employees, they found that the most positive effects were experienced by older workers. Of particular interest to WHS personnel was a general finding that older workers reported significantly fewer musculoskeletal complaints in the year after the new forward rotating roster was implemented than in the period prior to implementation of the new roster. In addition, in the year following implementation older workers reported significantly less often that their work affected their health.



## Key Points

- The implementation of inclusive organisational-wide preventive strategies such as work scheduling can result in significant health and safety improvements for older workers.
- The issue of work health and safety, and work scheduling (e.g. rosters, flexible working) are inter-related and must be addressed if older workers are to stay in the workforce for longer.
- Older workers should be consulted when assessing risks and designing preventive controls.
- Re-design of work schedules is going to be more effective in controlling risks than individual-level approaches that focus on the worker rather than their work.



For more information about the implementation and evaluation of a work scheduling intervention see: Hesselink, J. K., de Leede, J., & Goudswaard, A. (2010). Effects of the new fast forward rotating five-shift roster at a Dutch steel company. *Ergonomics*, 53(6), 727-738.

## Case Study 4:

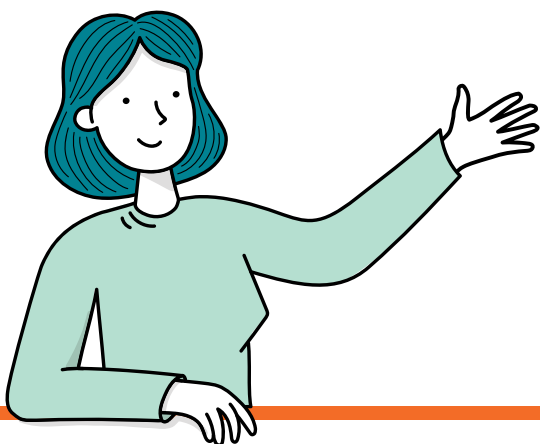
# The role of work accommodations and health promotion in the prevention of early retirement: A composite approach



## The problem

In recent years, there has been heightened awareness of the ageing population in many industrialised countries. An ageing population brings with it many economic challenges for governments, businesses and individuals. One of these is how to prolong a working life to benefit both businesses and individual workers financially; without negatively impacting the physical health and psychological wellbeing of the older workers.

The new HR Director at ABC Manufacturing was reviewing workforce exit data and noticed a large proportion of its workforce retiring early, and that many workers had cited health related factors as the reason for early retirement. Given that workforce data showed that 2,000 of the ABC Manufacturing's 10,000 workers (20% of the workforce) are aged over 50 years, the HR Director realised that this was a problem. The Senior Management team called for the Work Health and Safety (WHS) and HR teams to implement measures to reduce the number of avoidable early retirements.



## The solution

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### A composite approach – work accommodations and health promotion

#### **Develop a composite intervention**

The WHS and HR teams proposed a composite intervention that included health promotion activities and work accommodations to be trialled with a selected group of workers identified as being at risk for early retirement. The intervention was constructed based on predictors of early retirement found in academic journals. The WHS team focused its investigation on cost-effective, best practice approaches for health factors, work-related factors and psychological factors. The WHS and HR teams proposed evaluating the intervention after six months and again after 12 months with a view to embedding it into the organisational-wide systems if positive outcomes were reported.

#### **Implementing a composite intervention**

The composite intervention consisted of a range of health promotion activities which were combined with work accommodations to create the best possible work environment for the older workers. This included:

- *Individual health checks* – ABC Manufacturing has an occupational health officer/clinician who conducts health checks for older workers (health checks are voluntary). ‘At-risk’ older workers were identified through this regular workplace activity. Aggregated data provided ABC

Manufacturing with insight into the general health of its older workers.

- *Health promotion* – all older workers were provided with age-specific written information about healthy lifestyles, healthy eating and physical activity as well as information about safety at work.
- *Individual meetings* – older workers had three, one-to-one meetings with an occupational clinician. The first was an assessment where they discussed health and work-related factors that may prevent them working until retirement (using access to a government pension the proxy for ‘retirement age’).
- *Actions plans for older workers* – at the subsequent meetings the occupational clinician developed and tailored a detailed action plan for the older worker. The action plan was developed in consultation with the older worker’s supervisor/manager, WHS, HR and the older worker’s regular GP (if the older worker requested their GP’s involvement). The action plan included aspects of their work activities that needed reviewing and the identification of areas where adaptations may be needed (e.g. moving workstation to accommodate a mild loss of hearing in the left ear, changes to work patterns, hours of work, extra tools and physical aids).

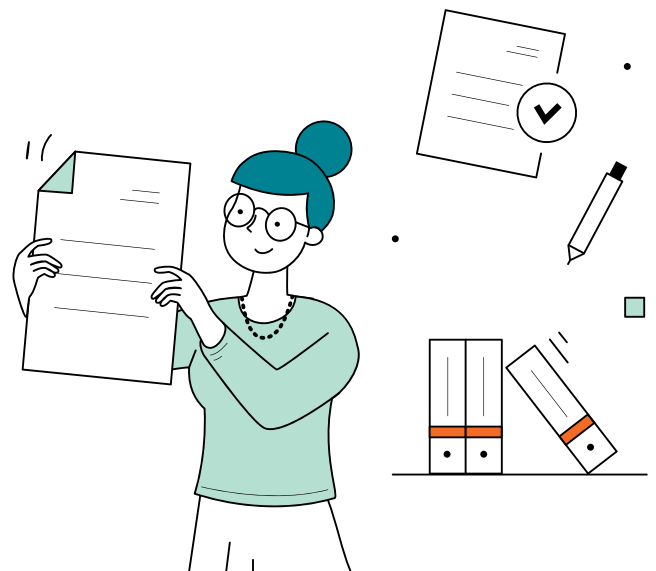
### **Evaluation and review**

The WHS and HR teams identified the most suitable measures for their organisation. They evaluated work ability using the Work Ability Index (WAI), stress related symptoms using the Maslach Burnout Inventory (MBI), quality-of-life, and the use of sick leave.

Six months after implementation of the composite intervention, the results showed that the older workers participating in the intervention had better work ability, less burnout, and better quality-of-life than employees of the same age who didn't participate. The older workers described feeling less emotional exhaustion, having more energy, sleeping better and

experiencing wellbeing improvements. Overall, the older workers felt that the work accommodation and health promotion activities had resulted in a better quality-of-life. Twelve months after implementation, ABC Manufacturing found that many of the workers identified as being at risk for early retirement were still employed.

This WHS team reported that the composite intervention had positive outcomes for older workers at risk for early retirement and therefore proved to be a promising intervention to embed into regular practice for older workers at ABC Manufacturing.



### **Key Points**

- The implementation of inclusive organisational-wide preventive strategies such as work accommodation can result in health and safety improvements for older workers.
- Where work health and safety prevention strategies are inter-related, such as work accommodations and health promotion, a composite approach can help older workers stay in the workforce for longer.
- Inclusive approaches, where older workers are consulted when assessing risks and designing preventive controls, can lead to work accommodations that may not be identified through unilateral problem-solving techniques.

For more information about the implementation and evaluation of a composite intervention see: De Boer, A. G. E. M., Van Beek, J. C., Durinck, J., Verbeek, J. H. A. M., & Van Dijk, F. J. H. (2004). An occupational health intervention programme for workers at risk for early retirement; a randomised controlled trial. *Occupational and Environmental Medicine*, 61(11), 924-929.

## Case Study 5:

# Addressing older worker injuries and absence in a utilities organisation: A multi-pronged approach



## The problem

A utilities company based in New Zealand has a large proportion of its maintenance workforce in the older age range. Many are approaching traditional retirement age and there are too few younger employees to replace the impending loss of skills. Almost all workers in this cohort are male. The organisation has traditionally struggled to retain its older workers, with many leaving in their 60s. Exit surveys and interviews have revealed that many felt increasingly fatigued and were struggling to maintain the long work hours, particularly at times of high demand. Night work and early shifts were particularly unpopular and given as a reason many were looking for either new employment or considering early retirement. Some had considered

switching to part-time or flexible work hours, but few had been successful in negotiating these due to issues around the complexity of the scheduling system and a shortage of qualified staff. Injury and absence data for the previous 12 month period indicated that sick days were taken at a greater rate by older workers than the general workforce, while reports of musculoskeletal injuries were particularly high, with long recovery periods putting further pressure on staffing.

HR had implemented a major recruitment drive a few months previously to try and attract a younger and more diverse workforce to the organisation. However, this would take some time to see the new recruits into the sector and for them to receive training and mentoring.

## The solution

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### A composite approach – work accommodations and health promotion

#### **Work hours and flexibility**

HR consulted its older workers (all staff in the organisation aged 50-years and over) to ask them about the work hours and flexible work arrangements they would value and that would enable them to remain longer in the workforce. Once the consultation was completed, a new flexibility policy was established that enabled older workers to take advantage of a reduced working week and flexible work hours wherever possible. New scheduling systems were introduced to accommodate these changes. Where their role allowed, older workers had the opportunity to work from home some of the time, following a hybrid flexible work arrangement. Staff were encouraged to talk to their line-managers about graduated retirement options.

#### **Manager training**

Line-managers were trained in ways to accommodate older workers through reducing their exposure to physical or mental loads; providing greater task variety and job enrichment; extending mentoring and supervision opportunities where appropriate, and introducing other changes to provide more opportunities for rest and recovery. Training also included managing flexible work arrangements and unconscious bias training to ensure there was no age-discrimination impacting workers.

#### **Job design**

Work Health and Safety (WHS) personnel reviewed the work tasks associated with the relatively high number of injury reports and absence incidents to determine musculoskeletal injury hazards. As a result of the hazard management exercise, changes were made to a number of tasks that involved unmanaged risk factors (posture, force, repetition, etc.). These were mostly associated with the manual removal of heavy metal floor covers and extended periods of poor posture when doing desk work. Workers were consulted in the work redesign process, and re-evaluations were made following implementation of the changes.



## Key Points

- The issues of work health and safety and older worker retention are inter-related and measures to address health, safety and wellbeing can enable and encourage older workers to stay longer within the workforce.
- A variety of measures can be used to understand the work health and safety risks that impact older workers.
- Older workers should be consulted when assessing risks and designing preventive controls
- Multi-phased or composite approaches to intervention can address older worker WHS most effectively.
- Most older workers value flexibility highly. Providing flexible working opportunities is not only an excellent retention strategy but also helps provide better balance and reduce the risks of psychosocial and musculoskeletal injuries where more time is available for rest and recovery.
- Re-design of jobs/work tasks is going to be more effective in controlling risks than individual-level approaches (e.g. resilience training or walking groups) that focus on the worker rather than their work.





## Contact

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