



**EUROPEAN SECTORAL SOCIAL DIALOGUE  
IN THE HOSPITAL AND HEALTHCARE SECTOR**

**'EPSU-HOSPEEM GUIDELINES AND EXAMPLES OF GOOD PRACTICE  
TO ADDRESS THE CHALLENGES OF AN AGEING WORKFORCE**

**Approved on 4 December 2013**

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## Part 1: Introduction

Demographic change and the increase in life expectancy seen across the general population in the European Union is causing changes in society that have an impact on health and social care, not least of which is the ageing of the workforce.

In Europe, the healthcare sector is one of the largest employers. It is estimated that over 21 million people worked in the healthcare and social work sectors in 2008, which equates to almost 9% of the working population<sup>1</sup>. It is also estimated that healthcare spending represents about 10% of GDP in the European Union.

In many member states the health and social care workforce already has a high proportion of older workers. With age can come maturity and experience and it can also raise challenges relating to employment practice, retirement planning, capacity and capability, working conditions/provision and occupational health and safety. As the workforce continues to age, the effective management of this older workforce will become more important.

To best manage these changes and provide for the changing and increasing demands of an ageing population, the healthcare sector needs to start planning now on the best way to utilise this older workforce, whose needs and abilities may be different to the younger workforce and to support age-adapted working throughout the career to allow colleagues to stay in the workforce until retirement.

### 1.1 Aim of this document

The aim of this document is to provide guidance to support social partners as well as decision makers, managers, workers and other stakeholders at local and sectoral level in their work focussed on addressing challenges related to the ageing healthcare workforce. It will seek to outline the advantages of effective age management strategies, give guidance on key issues and give examples of existing good practice from across the European Union. It is for the social partners at all levels to work in partnership and to consider how this guidance can complement their own systems, initiatives and measures.

This guidance, which is not of a binding nature to the social partners and which does not preempt any collective agreements covering aspects dealing with the ageing of the health workforce they wish to conclude, can be adapted to the national legislative framework, regional and local situations. The social partners in the hospital and health care sector, EPSU and HOSPEEM<sup>2</sup>, recognise that investment into the health care personnel and occupational safety and health pays off. There are however severe financial constraints on health systems in the current climate.

The document is aimed at the whole workforce in the health care sector.

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<sup>1</sup> European Commission/Directorate-General for Employment, Social Affairs and Equal Opportunities (2010). European Sectoral Social Dialogue. Recent developments – 2010 edition, p. 45 and p. 119, <http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=570&type=2&furtherPubs=no>

<sup>2</sup> The European Federation of Public Service Unions (EPSU; <http://www.epsu.org>) and the European Hospital and healthcare Employers' Association (HOSPEEM; <http://hospeem.org>) are the recognised European Social Partners in the Hospital and Health Care Sector. The Sectoral Social Dialogue Committee for the Hospital Sector has been set up in 2006. A range of documents (joint declarations, code of conducts, framework of actions, framework agreements) have been adopted ever since.



When making use of this document, it is important for the social partners to underline that ageing workers are as heterogeneous as any other part of the workforce. Therefore any generalisations as to how the ageing workforce should be described and dealt with should be avoided as should any kind of stereotypes. For some workers ageing might be about carrying on at work as before and for others ageing might be about a need to make different changes in working arrangements and for others yet it might be about something completely different. It is not the aim of this document to build on any of these differences but to meet challenges by focusing on the potentials and opportunities that exists within an ageing workforce.

It is also clear that the work on recruitment and retention of an older workforce could involve implementing measures across the entire working life-cycle, health and safety, and promoting links and cooperation between different generations at the workplace. At the same time steps taken towards the older workforce should not disadvantage workers in other age groups but be looked at as an integrated part of workforce policies as a whole. The most advantageous solutions are best developed at local level close to the individual prerequisites of the employee, the employer and the workplace.

It is obvious that issues concerning pension systems, retirement age, working time, different leave arrangements and related economic conditions affect workforce possibilities and choices in the labour market. These topics are first and foremost part of national frameworks, regulations and negotiations and will not be further detailed and addressed in these guidelines.

Good practice examples have been chosen to give practical advice on how to implement them. The examples can be used at the hospital level and by the social partners and serve as inspiration to be adapted to different national traditions, institutional settings, concrete working conditions and financial frameworks.

It may be that some member countries already demonstrate advanced and enhanced employment practice in relation to their ageing workforce and older workers. It is our hope that this document will encourage them to continue their good work and inspire others to aspire and achieve better standards and conditions.

## **1.2 Why the European social partners in the hospital and healthcare sector should work on this topic**

Social partners in the healthcare sector have the role and capacity to implement sustainable solutions to the various challenges of an ageing workforce. They therefore need to be actively involved in relevant policy and health system planning processes, in partnership with the responsible public authorities and other stakeholders. Finding innovative and flexible working arrangements can benefit employers, employees and patients in everybody's interest. With an integrated approach towards working life, taking into account all phases from recruitment to retirement, much can be done to meet the future developments related to an ageing health care workforce in a constructive and proactive way. Investment into the ageing workforce can also have positive patient outcomes because older staff are often more experienced, including life experience more generally, and therefore deliver a positive patient experience<sup>3</sup>. It is an opportunity for young professionals, as well, to benefit from the knowledge and the competences of colleagues with more/longer professional experience.

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<sup>3</sup> Wisdom at work; the importance of the older and experienced nurse in the workplace, Robert Wood Johnson Foundation (2006), <http://www.rwjf.org/files/publications/other/wisdomatwork.pdf>

*“Just as it is individuals who prepare physically, financially and socially who make the best transition into old age, it is workplaces that have age management for the entire workforce and societies that have a life course perspective on ageing that will best meet the demographic challenge”.<sup>4</sup>*

The EU focuses greatly on the challenges of the demographic change and its future impact. With globalisation and the economic and financial crisis, the action that needs to be taken to address the issues raised by an ageing population is one of the key long-term challenges that Europe must address in the future. This needs to be seen in the context of the EU2020 Strategy. The European social partners in the hospital and healthcare sector agree that a change in mindset is needed in order to reform and reorganise health care systems and social models where necessary and to adapt the services needed for an ageing society.

*The healthcare sector has a key role in relation to employment, employment growth, social cohesion and inclusion, and this is reflected both in the Europe 2020 Strategy and in the Member States’ National Reform Programmes. In addition, the European Commission has launched a number of initiatives regarding the ageing population and the future situation of the health workforce. Some examples are the European Innovation Partnership (EIP) on Active and Healthy Ageing launched in 2011, an initiative on long-term care started in 2011 and another on personal and household services in 2012 (in the framework of the “Employment Package” of 18 April 2012), the Joint Action on Health Workforce Planning (launched in 2012, starting in January 2013) and the Action Plan on the Health Workforce, (again part of the “Employment Package”), the European Year 2012 for Active Ageing and Solidarity between Generations, and a number of studies<sup>5</sup>.*

### 1.3 Business case for valuing older workers

Actively focusing on workers as they age is an investment into the sustainable, healthy, well-trained and experienced health workforce that Europe needs in the healthcare sector, as it could prevent the predicted workforce shortfalls and skills gap. Instead of being an issue of concern, there is clear business case which demonstrates that a workforce with older workers can improve both efficiency and patient care.

Studies<sup>6</sup> show that efficiency and savings could be increased and good employment practice be promoted by:

- Extending deployment of older workers through flexible working arrangements/patterns<sup>7</sup> and phased retirement to reduce expenditure on agency staff;

<sup>4</sup> Donald Storrie et al. in in consortium with GHK and CERGE-EI (2012): Living Longer – Working Better, Background Document for Thematic Review Seminar on “Employment policies to promote active ageing”, 11 June 2012, Brussels, p.4,

[http://www.mutual-learning-employment.net/index.php?mact=Trscontent,cntnt01\\_detail,0&cntnt01parent=22&cntnt01template=menu\\_languages&cntnt01orderby=order\\_by%20ASC&cntnt01item\\_id=61&cntnt01returnid=58](http://www.mutual-learning-employment.net/index.php?mact=Trscontent,cntnt01_detail,0&cntnt01parent=22&cntnt01template=menu_languages&cntnt01orderby=order_by%20ASC&cntnt01item_id=61&cntnt01returnid=58), and [slides of presentation](#)

<sup>5</sup> Nurse forecasting in Europe (RN4Cast), <http://www.rn4cast.eu/>; Health Professional Mobility in The EU (PROMETHEUS), <http://www.ehma.org/index.php?q=node/46>; Forecasting health care workers needs, <http://www.healthworkforce4europe.eu>, Mobility of Health Professionals (MoHPRof), <http://www.mohprof.eu/LIVE/>

<sup>6</sup> Lancaster University Management School research with McDonald’s Restaurants (2010)

<sup>7</sup> “The term “flexible work” covers an array of employer-employee work arrangements that are structured to accommodate organisational and individual needs, including numbers of working hours, patterns or schedules of

- Reducing premature turnover and phasing replacement costs by retaining older workers in key occupations.

There is mounting evidence of the value to be gained from supporting older workers as part of a wider workforce strategy:

- Older employees experience less burnout and fewer patient stressors. They tend to use more appropriate stress management strategies, suggesting coping strategies that draw on lessons from the past<sup>8</sup>;
- Workplaces employing one or more people over the age of 60, have been shown to have levels of overall customer satisfaction more than 20% higher than those workplaces with nobody over the age of 50<sup>9</sup>;
- American research and their Magnet Hospital initiative show that retaining older nurses in the workforce has a positive impact on quality of care, patient satisfaction and safety, productivity and organisational performance<sup>10</sup>;
- Finnish research shows that investing in well-being of the workforce brings economic/financial benefits to the employer<sup>11</sup>.

#### 1.4 Relevant EU legislation

When designing, setting up and reviewing policies and initiatives to address the challenges of an ageing workforce in the healthcare sector the social partners have to be mindful of relevant European legislation on non-discrimination and occupational safety and health.

##### 1.4.1 Non-discrimination

The Charter of Fundamental Rights of the European Union, proclaimed in December 2000, affirms the European Union's commitment to the principle of non-discrimination stating that any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited<sup>12</sup>. The principles set out in the Charter should guide the development of policy in the EU and the policy implementation by the national authorities<sup>13</sup>.

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*hours worked, work location and pay arrangements. Flexible working represents an opportunity for employers to provide a more efficient workforce and for employees to balance work-life demands*". International Council of Nurses: International Centre for Human Resources in Nursing (2012): Flexible Work Practices in Nursing, p.11, [http://www.icn.ch/images/stories/documents/pillars/sew/ICHRN/Policy\\_and\\_Research\\_Papers/Flexible\\_Working\\_Practices.pdf](http://www.icn.ch/images/stories/documents/pillars/sew/ICHRN/Policy_and_Research_Papers/Flexible_Working_Practices.pdf)

<sup>8</sup> Managing the Ageing Workforce: Health and Wellbeing in Service Organisations, Manchester Business School (2011)

<sup>9</sup> Lancaster University Management School research with McDonald's Restaurants (2010)

<sup>10</sup> Wisdom at work; the importance of the older and experienced nurse in the workplace, Robert Wood Johnson Foundation (2006), <http://www.rwjf.org/files/publications/other/wisdomatwork.pdf>

<sup>11</sup> The Druvan Case: multi-dimensional promotion of work-wellbeing 2002 – 2005 in the municipality of Dragsfjärd: <http://www.tyoturva.fi/files/1166/wellbeingproductivity.pdf>

<sup>12</sup> Charter of Fundamental Rights of the European Union, Chapter III – Equality, Article 21: Non-discrimination. (<http://eur-lex.europa.eu/en/treaties/index.htm>)

<sup>13</sup> Protection against discrimination in the European Union is also reaffirmed in the Treaty on the Functioning of the European Union under Article 10, which states that: "In defining and implementing its policies and activities, the Union shall aim to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation."

Both direct and indirect age discrimination is contrary to EU law as stipulated by Council Directive 2000/78/EC (27 November 2000)<sup>14</sup>. The purpose of the Directive is to lay down a general framework for combating discrimination on the grounds of religion, belief, disability, age or sexual orientation as regards to employment and occupation, with a view to putting into effect in the Member States the principle of equal treatment.

*The “principle of equal treatment” means that there should be no direct or indirect discrimination whatsoever on any of the grounds referred to in Article 1 of the Directive, including age.*

The scope of the Directive will apply to all persons working in both the public and private sector in relation to:

- conditions for access to employment and self-employment;
- access to all types of training;
- employment and working conditions;
- membership or any involvement in an organisation of workers or employers.

Also in relation to age discrimination, Article 6 of the Directive allows a justification, where in the context of national law it is objectively and reasonably justified by a legitimate aim, including legitimate employment policy, labour market and vocational training objectives, and if the means of achieving that aim are appropriate and necessary.

#### 1.4.2 Health and safety

Systematic risk assessment is the basis of safe workplaces. In order to remove safety risks one has to know what they are. The EU legislation of health and safety at work (EU Framework Directive 89/391/EEC) demands that the diversity of the workforce is taken into account when assessing and managing risks. Whenever an organisation is making changes to the physical environment of the workplace, or buying new equipment or machinery, it is vitally important to ensure that those changes or purchases are also suitable for the diversity of the workforce. The EU health and safety legislation also requires the organisation to use outside advice in dealing with the risks faced by a specific group of workers if the organisation is not competent to deal with those risks.

The EU Workplace Health and Safety Directive (89/391/EEC)<sup>15</sup> sets out general principles for protection of workers' Occupational safety and health. It was adopted on 12 June 1989 and member states had until 31 December 1992 to transpose it into their national laws.

Some of the principles are of particular importance when designing and implementing policies and initiatives focusing on the occupational safety and health of older healthcare workers.

- Under Directive 89/391/EEC, employers are i.a. obliged to:
  - evaluate occupational risks specific to job type and provide adequate protective and preventative services

<sup>14</sup> Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation.

(<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32000L0078:EN:NOT>)

<sup>15</sup> Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work.

(<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31989L0391:en:HTML>)



- inform, consult and discuss health and safety at work with workers
- provide adequate health and safety training for every worker throughout their employment
- It also requires workers to amongst other things:
  - give warning of any serious or dangerous situation at work and to report any poor protection arrangements
  - work with employers to ensure health and safety requirements are followed and that the working environment is safe

## Part 2: Guidelines on good employment practice for an ageing workforce

This section outlines guidelines covering the various challenges related to an ageing workforce and addressing different aspects that might be taken into consideration when dealing with its management. The guidelines are general and can be used at all levels and by all stakeholders, including the social partners and policy makers.

### 2.1 Age management policy

Employers can consider having a clear policy framework, addressing issues associated with the recruitment and retention of an ageing workforce that could be incorporated into their general health and safety or human resource policies. These policies could be developed by the employers in consultation with workers and their representatives/trade unions, in accordance with national legislation, national regional and local collective agreements and/or practice. There may be an emphasis on healthy work, i.e. creating conditions that take optimal account of the employee's interest, engagement, training, skills, competencies and knowledge throughout their working life, taking into account both the change in working life situation and needs of the workplace.

As a matter of good practice<sup>16</sup>, such policies should be kept under regular review in order to take account of experience and related developments in legislation, technology, etc. Over time research, experience and technological advances may provide better solutions than are currently available.

A suitable policy framework could be underpinned in particular by the following elements:

- On-going information and consultation with employers, workers and their representatives/trade unions at all stages;
- A clear description of what is meant by an "ageing workforce";
- Equipping managers with skills and resources to be supportive of their older workforce
- A policy based on the assessment of the age structure of the workforce, which can take into account the various occupations, workplaces and working practices, allow the identification of potential problems and where relevant the design of appropriate responses and practices, in relation to diverse characteristics, for example:
  - Flexible work arrangements that support maintaining a healthy balance between work and private lives;
  - Workplace design, for example in terms of equipment and environment;
  - Measures to support workers with disabilities/health problems to remain in employment
  - Lifelong learning opportunities and organisational needs in terms of education and training.
- Appropriate guidance and training for management and employees;
- A transparent and effective procedure for recording facts and figures for monitoring and ensuring follow up of the policies put in place;
- Measures to ensure that the policy framework is well-known and understood by employers, workers and their representatives/trade unions

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<sup>16</sup> See e.g. a study in best practices in age management, <http://www.tsr.fi/tutkimustietoa/tata-on-tutkitu/hanke/?h=107234&n=aineisto> (Marjo Wallin/Tomi Hussi)

Discrimination against workers due to their age undermines their ability to work effectively and is against the European legislation. Concerning non-discrimination, social partners at national, regional and local level may wish to ensure that all policies and workplace practices value the age diversity of the workforce.

**=> Good practice examples from The Netherlands and Spain**

## 2.2 Flexible work

Flexible work can be any kind of employment which differs from the standard working arrangement<sup>17</sup>. Many older workers nearing retirement age are keen to change their working arrangements gradually and work on a more flexible basis<sup>18</sup>. These arrangements may bring benefits to both the worker and the employer<sup>19</sup>.

The following actions may be considered:

- Developing a set of flexible options for older employees, including shift work patterns<sup>20</sup>, part-time, home working and phased retirement.
- Developing a range of step down arrangements for older workers who may wish to reduce their responsibilities by choice or as they feel that they are no longer capable, either mentally or physically, to cope with current demands and responsibilities.
- Establishing coaching and mentoring of less experienced staff to enable older staff to pass on their skills and knowledge.

**=> Good practice examples from Belgium, Denmark, Finland, The Netherlands and the United Kingdom**

## 2.3 Talent management / training

Longer working lives and the demand for continuous development of skills, knowledge and motivation needed in working life will make lifelong learning more important. Considerations concerning access to education and training throughout working life will therefore be an important part of an age management strategy. Life-long learning opportunities may also contribute to the health and well-being of an ageing workforce.

<sup>17</sup> "The term "flexible work" covers an array of employer-employee work arrangements that are structured to accommodate organisational and individual needs, including numbers of working hours, patterns or schedules of hours worked, work location and pay arrangements. Flexible working represents an opportunity for employers to provide a more efficient workforce and for employees to balance work-life demands". International Council of Nurses: International Centre for Human Resources in Nursing (2012): Flexible Work Practices in Nursing, p.11, [http://www.icn.ch/images/stories/documents/pillars/sew/ICHRN/Policy\\_and\\_Research\\_Papers/Flexible\\_Working\\_Practices.pdf](http://www.icn.ch/images/stories/documents/pillars/sew/ICHRN/Policy_and_Research_Papers/Flexible_Working_Practices.pdf)

<sup>18</sup> <http://www.nhsemployers.org/SiteCollectionDocuments/Retirement%20flexibilities%20resource%20pack%20-%20additional%20material.pdf>

<sup>19</sup> Various studies within the National Health Service in the UK have shown that a flexible workforce strategy can improve safety and service quality and can be cost efficient, see for example: Supporting sector bodies in tackling ageing workforce issues - Resource pack (Department for work and pensions, UK Government, 2011) <http://www.cfw.org.uk/workforce-planning-news-and-review/resource-packs-for-supporting-sector-bodies-in-tackling-ageing-workforce-issues>

- Spinning plates (RCN, 2008) [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0007/156166/003214.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0007/156166/003214.pdf)

<sup>20</sup> "Shift planning in the care sector: Ergonomics, autonomy and well-being", Finnish Institute for Occupational Health (2010), [http://www.ttl.fi/fi/tutkimus/hankkeet/innovatiiviset\\_tyajat\\_hoitoalalle/Documents/Tyovuorosunnittelu\\_hoitoalalla\\_tivistelma\\_engl.pdf](http://www.ttl.fi/fi/tutkimus/hankkeet/innovatiiviset_tyajat_hoitoalalle/Documents/Tyovuorosunnittelu_hoitoalalla_tivistelma_engl.pdf) (authors: Hakola, Tarja/Kalliomäki-Levanto, Tiina)



All employees require support and encouragement from their employer, in differing degrees throughout their career. This is especially the case for older workers, who might often, but incorrectly, be seen as not being interested in career development, training opportunities or performance development.

When considering talent management systems to guarantee transfer of knowledge and ensuring access to continuing professional development (CPD) can be of great importance.

Employers may wish to take steps to ensure that older workers have equal access to reviews and discussion of their performance development and are given an opportunity to discuss and receive support in their career aspirations. Some older workers may seek support to retrain in a new role as they approach retirement age or seek mentoring or training roles where they can impart their knowledge and skills for future generations.

Recognising and meeting training needs might not only increase motivation but also ensure that older workers are up to date with the latest knowledge and able to adapt to changing needs and demands. This could improve retention rates and employers could benefit an effective workforce that delivers a high quality service to patients.

With regard to performance management, it is important that negative assumptions are not made about the value, commitment and capabilities of older workers. Line managers may also need support and skills training to ensure they feel confident discussing such matters with staff.

**=> Good practice examples from The Netherlands and Romania**

## **2.4 Health and safety at work**

A good and healthy working environment is essential both from a physical and mental point of view for a long career in the health care sector. It is a fact that a healthy workforce is more likely to continue working longer than a workforce with health problems.

A safe working environment will enable staff to work to their maximum abilities and help support retention and reduce recruitment costs.

To ensure a safe environment, the following actions can be taken into consideration:

- conduct regular risk assessment to make sure all employees are working in a safe environment, taking specific account of their age including any disability they may have;
- design and reasonable adjustments which may reduce stress and ease physical activities;
- invest in (ergonomic) equipment to reduce injury risk to staff;
- adapted/alterd work patterns;
- cooperation between the employers, employees and the occupational health care service or similar systems;
- locally-agreed measures of occupational rehabilitation.

**=> Good practice examples from France, Germany and The Netherlands**

## 2.5 Workforce planning

Profiling and monitoring can be useful as part of workforce planning. Workplace demography structure and health assessments can help to show the current working conditions and possible or existing work strains.

In order to ensure that current and future workforce needs are met it is important to develop a workforce strategy. This can be done by:

- taking into account financial frameworks
- profiling the workforce by age
- analysing data on older leavers (e.g. when are they leaving, how many are leaving, are there options for flexible retirement)
- identifying future workforce needs
- identifying likely staff shortages and skill gaps
- developing an action plan which addresses the identified needs.

The earlier an employer pays attention to the specific questions of leadership over the ageing workforce the better the results. It is important to try to predict in advance the number of the retiring employees. Preparing a strategy will help to handle and manage large numbers of employees retiring within a short time period. This could include paying attention to the general wellbeing of staff and prolonging the working careers. The organisation will gain from having a clear picture of the numbers of the employees nearing retirement, what positions they are retiring from and of how critical the position of the retiring person is to the organisation. The organisation could also consider having a plan of how to transfer the knowledge the retiring people possess and whom it shall be transferred to and how this shall be done.

## 2.6 Preparing for retirement

Retirement used to signal the end of a productive life for employees, but increasingly it is now seen as a transition point for beginning a new phase of life.

When employees have good information about their working and pension options and where their life-course plans have been discussed and supported regularly, they are more likely to choose to extend their working life. Employers can be supportive of their older workers by encouraging discussions about retirement aspirations, for instance during regular reviews.

Retirement policies, developed in partnership and underpinned by the real experiences and needs of employees, will also assist retirement planning. Such a policy could include:

- Legal and contractual issues;
- A commitment for managers to discuss retirement on an individual basis;
- Specific actions regarding life course planning and retirement;
- Signposting for pension and welfare information;
- Opportunities for flexible working and/or flexible retirement;
- A timeline for making retirement decisions;
- Accurate information on any local retirement customs or awards that may be available.

It could also be part of good employment practice to offer information to the employees over different types of retirement opportunities and of the possibility of continuing to work after reaching statutory retirement age.



When workers continue working past the retirement age according to national legislation and/or collective agreements it may be necessary to reconsider the terms and conditions of continued employment which will be agreed locally in accordance with local practice, existing collective agreements and national legislation.

**=> Good practice examples from the United Kingdom, Norway and Sweden**

## **2.7 Conclusions**

HOSPEEM and EPSU consider the subject of the ageing workforce in the healthcare sector an important issue that needs to be addressed. This is a major challenge for health care systems and social partners at all levels to address. If this issue is not properly addressed now, there will be problems in the future. This is because of an ageing population who will be making additional demands on the European health services, the increasing ageing workforce in some countries and the potential future shortage of skilled health professionals.

HOSPEEM and EPSU believe that these guidelines of good employment practice will help employers, trade unions, policy makers and managers at national, regional and local level, develop good policies/models/practices to motivate their “seniors” in the healthcare sector to continue to have a productive and healthy working life.

In addition to measures targeted specifically at older workers, employers and health workers may see the benefit of policies aimed at making the healthcare sector and health care professions attractive to all the healthcare staff.

HOSPEEM and EPSU believe a systematic approach is needed across all age groups to show that health professions are attractive, with good working conditions, and environment, as well as interesting career paths. This could help in the future recruitment of healthcare workers.



### **Part 3: Follow-up**

HOSPEEM and EPSU will undertake a review of progress made by their members and consider whether there are any changes that need to be made in order to update the document two years after adoption.

By the end of the fourth year after adoption of this document, a report will be issued on the overall implementation of these Guidelines.

In this period, social partners in the hospital sector will report at least once a year back to the Social Dialogue Committee about the progress made.

## Annex

### More detailed description for good practice (examples) referred to above

#### 2.1 Age management policy

**Country:** The Netherlands  
**Project:** Care4Age  
**Organisation:** StAZ  
**Description of the action:** Instrument designed by StAZ to raise awareness on the influence of age on the organisation. Life-phase policy is an important theme in the hospital sector. The goal of the instrument, Care4Age, is to raise awareness and start the debate on life-phase policy in the hospital.  
**More information:** Information about the instrument 'Care4Age' (NL):  
[http://www.staz.nl/duurzame\\_inzetbaarheid/care4age.shtml](http://www.staz.nl/duurzame_inzetbaarheid/care4age.shtml)

**Country:** Spain (Catalonia)  
**Organisation:** CTF Social Health Services (social cooperative; trade union CC.OO represented in the company and participates in implementing human resource policies; some 98% of the 540 cooperative's employees (in 2009) are women aged between 35 and 60 years old, the average age of employees is 46 years)  
**Description of the action:** To sustain and develop the competences of the workforce, three initiatives were implemented: prioritisation of age in internal mobility and changing to a new activity, a systematic training plan, and a gradual retirement scheme.  
 Ad 1) In the process of evaluating the competences, training and abilities of the candidates, age is a decisive factor, as part of the HR policy. The HR policy defines the worker profile under the following criteria: personal maturity, professional experience, emotional stability, ease of communication, the sense of security a worker can offer to the client, motivation, and the importance of the type of workplace for the employee.  
 Ad 2) Every year CTF defines a training programme – with the participation of the executive committee and the trade union – that is based on the analysis and identification of training needs within the services. The training and development plan offered to employees is adjusted to meet the capabilities of workers, due to a high average age of over 45 years. The training plan is revised each year to take into account the needs of the different target groups and the types of participation in home care.  
 Ad 3) The gradual retirement (adopted in 2005) in accordance with the current Law 35/2002, which offers employees aged 60 years and older the possibility of reducing their working hours by up to 85%. This flexible retirement policy facilitates intergenerational transfer of knowledge and experience.  
**More information:** <http://www.eurofound.europa.eu/areas/populationandsociety/cases/es003.htm>

#### 2.2 Flexible work

**Country:** Belgium  
**Organisation:** Public and private hospitals and elderly care institutions – sectoral social partners' agreement concluded in 2000, amended in 2005, with three main elements  
**Description of the action:** In an enquiry run amongst nurses in 2000 75% of the respondents gave high priority to improved measures to prepare the end of their professional career (*aménagement de la fin de carrière*), including reduced working time and a re-organisation of working hours. In the same year social partners negotiated and agreed upon a bundle of measures for employed staff in public and private hospitals and elderly care institutions (*maisons de repos*) 45 years and older. 1) A collective agreement stipulate a step-wise reduction of the weekly working time (set to 38 hours) by 2 hours for those in the age break 45 to 49, by 4 hours for those in the age break 50 to 54 and by 6 hours for those older than 55 years. This sectoral agreement differentiates between three groups, depending on differences in physical and psychological demands and stress: the first group comprises nurses, nursing assistants/auxiliary nurse and paramedics (exhaustive list including i.a.

laboratory technicians, kinesiologists, ergotherapists and logopedics), the second staff working irregular hours and the third all other employees. 2) In 2005 a supplementary payment amounting to 5.26% for those in the age break 45 to 49, to 10.52% in the age break 50 to 54 and to 15.78% in the age break 55 years and older was introduced for those falling under group 1 and under certain conditions (minimum 200 hours of irregular work during 24 months) also for those in group 2. 3) In 2006 the bundle of measures was completed with the entitlement to additional days of annual leave for health care personnel aged 52 to 58. Employees aged 52 years are allowed 5 additional days off, with every uneven year 3 additional days and with every even year 2 additional days are added which leads to 20 additional days of annual leave at the age of 58. To finance these measures additional money was earmarked in the budgets of the competent institutions (e.g. 2010 allowing for employing staff equivalent to 2,000 full time equivalents (FTE), whereas in 2005 the money allocated could cater for new staff equivalent to 1,000 FTE). The relevant agreements also set out the obligation for employers to employ additional personnel to compensate for the reduced working time of those health care workers already working in hospitals and elderly care institutions.

**More information** (in FR): *CSC Services Publics (2007): Travailler dans le service public de la santé. Vos conditions de travail. Le guide à l'intention des délégués.* [http://csc-services-publics.csc-en-ligne.be/Images/bw\\_broch\\_csc\\_sante%20DEF2\\_tcm90-132981.pdf](http://csc-services-publics.csc-en-ligne.be/Images/bw_broch_csc_sante%20DEF2_tcm90-132981.pdf), Chapitre 14 "Aménagement de la fin de carrière", pp. 34-36

**Country:** Belgium (Flanders)

**Organisation:** Residential home for 50 non-working adult men and women with a mental handicap (around 60 employees (in 2005), 56 of which work part time under different part-time regimes, approximately one-third of them aged over 45 years of age)

**Description of the action:** A collective agreement for the sector stipulates that from 1 January 2002, additional paid leave is granted to employees older than 45 years of age. This leave of absence is compensated for by employee replacement, paid for by the Flemish Fund for the social integration of disabled people. This means that every year, employees aged 45 years and over are allowed 12 additional days off; employees aged 50 years and older have 24 additional days off; and employees aged 55 years and older have 36 additional days off. Employees of all age groups are encouraged to avail of regular in-service training provided for by the organisation ... to keep staff motivated and to enhance their employability. All employees can voluntarily take part in different training courses, both internally and externally, and every month a new training agenda is introduced. Another element that has had a favourable impact on staff motivation has been the introduction of a consultation process involving all employees.

**More information:** <http://www.eurofound.europa.eu/areas/populationandsociety/cases/be006.htm>

**Country:** Denmark

**Organisation:** Aalborg University Hospital (135 people work in the hospital's Department of Occupational Therapy and Physiotherapy, 85 % women. The majority of employees are in their 40s or 50s and only very few employees are aged over 60 years.

**Description of the action:**

1) Establishing a formal policy in regard to the older workforce, which outlines the rights of such workers in addition to policies or agreements on a regional and national level, not least via a committee of employee and management representatives. Put in writing the management's wish to retain its skilled older workforce. Make it easier for older workers to remain actively employed in the department, while gradually preparing for the time following their retirement: Every employee who is over 58 years of age will be able to apply for a special work arrangement (provided that the financial resources are available to accommodate the worker's request). At the beginning of 2008, the current ageing policy was implemented and comprised the following provisions:

- Employees over the age of 58 have the possibility of reducing their working hours to part-time while continuing to receive the same amount in pension contributions from the employer
- Older workers can request a special job appraisal interview with the management to discuss their future career plan
- Older workers can apply to be relieved of weekend and extra holiday work
- Fixed working hours can be arranged for older workers as to facilitate the planning of leisure time

activities

- Older workers are offered the same possibilities as younger employees to attend training courses and further education programs.

2) Older workers who suffer from chronic diseases can, where possible, be put on light duty on the basis of a 'flex job' arrangement in line with social security legislation, with tasks that are mentally or physically less strenuous than an ordinary job, in order to retain them in the labour market.

3) General measures to promote well-being, job satisfaction and motivation among its workforce. The hospital has set up a 'welfare team', with the aim of improving the physical and mental conditions in the working environment, preventing absenteeism or exclusion from the labour market due to sickness, and avoiding occupational injuries of the employees.

**More information:** <http://www.aalborgsygehus.rm.dk>

**Country:** Finland

**Organisation:** Finnish Institute of Occupational Health together with sectoral social partners

**Description of the action:** Innovative working-time arrangements in general have positive effects both on employees and on employers. The Finnish social partners in the hospital sector together with the Finnish Institute of Occupational Health elaborated and adopted a guidebook on working time planning in 2010. The book discusses the management of working times and promotes innovative working-time practices. Strain from shift work can be reduced through the organization of working time, development of the shift system and adequate breaks. The guidebooks presents ergonomic principles of shift work and the benefits of working time autonomy (participatory design of working time) which both have been proven to improve the well-being of shift workers

**More information:**

[http://www.ttl.fi/fi/tutkimus/hankkeet/innovatiiviset\\_tyoajat\\_hoitotalle/Documents/Tyovuorosunnittelu\\_hoitotalalla\\_tivistelma\\_engl.pdf](http://www.ttl.fi/fi/tutkimus/hankkeet/innovatiiviset_tyoajat_hoitotalle/Documents/Tyovuorosunnittelu_hoitotalalla_tivistelma_engl.pdf)

**Country:** The Netherlands

**Organisation:** Hospital Waterland – StAZ

**Description of the action:** Foreseeing a labour shortage in the hospital sector, Hospital Waterland is experimenting with different sorts of benefits for employees with a strong focus on vitality and sustainable employability. E.g. to be flexible in working hours, introducing half year 'vitality-meetings' between employer and employee, or introducing power naps for employees working in night hours.

**More information:** Information on the approach can be found in the following PDF (NL):

<http://www.awvn.nl/pub/nieuwedimensies/nieuwedimensie-WERKGEVEN-2010-EXTRA-24-25-26-WATERLAND.pdf>

**Country:** United Kingdom

**Organisation:** Newham National Health Service Trust (The Trust directly employs a total of 1,100 staff. In addition, approximately 600 employees are attached to the primary care health centres. Considerable number of older employees)

**Description of the action:**

1) The Trust tried to ensure that advertisements and recruitment and selection procedures would not discriminate on the grounds of age (adherence to equal opportunities policy).

2) Flexible retirement schemes were aimed at retaining employees with valuable skills and experience: The Trust offered a degree of flexibility in the retirement age for nurses, and also allowed many staff to remain in their jobs past the normal retirement age, provided they had the necessary skills.

3) 'Improving working lives' initiative, which emphasises the importance of promoting employees' health and well-being. Doctors and therapists are 'on the spot', within the health centres ... so that the employees can receive assistance for health-related problems. The Trust runs road shows and meetings at different health centres throughout the Newham area, to inform all employees about such initiatives.

**More information:** <http://www.eurofound.europa.eu/areas/populationandsociety/cases/uk013.htm>



### 2.3 Talent management / training

**Country:** The Netherlands  
**Organisation:** Hospital Albert Schweitzer – StAZ  
**Description of the action:** Hospital Albert Schweitzer is active on developing a new HR-policy to keep employees vital, healthy, motivated en employable. The policy focuses on sustainable employability, improve the outflow, increase the inflow and stimulate older employee in a mentor role.  
**More information:** Information on the policy approach (NL):  
<http://www.leeftijdophetwerk.nl/praktijkvoorbeeld-den/projectenoverzicht/project/139/de-vergrijzing-gaat-door/>

**Country:** Romania  
**Organisation:** Elias Emergency University Clinic Hospital Bucharest (about 1,300 employees in 2005, between 40% and 50% above 45 years old, 80% women)  
**Description of the action:** Two-year training and development project for medical personnel aged between 35 and 45 years. The hospital's board and the employees' representatives initiated the training project, which was designed for nurses, doctors and medical lecturers who will continue to work for at least another 20 to 30 years. The training relates to ongoing changes and developments in the field. This initiative helped to foster intergenerational relationships by creating joint teams of younger and older employees (with special training courses for both groups).  
**More information:** <http://www.eurofound.europa.eu/areas/populationandsociety/cases/ro003.htm>

### 2.4 Health and safety at work

**Country:** France  
**Organisation:** Fédération des Etablissements Hospitaliers et d'Aide à la Personne  
**Description of the action:** Since 1 January 2010, due to a new legislation, French companies have to submit an agreement or a plan to keep older workers aged 55 or over in their job or to organize the recruitment of older workers aged 50 or over. Members of FEHAP have negotiated on this issue to implement certain actions. These actions must be tied to key targets and measured using indicators.  
*Retention of older workers aged 55 or over:*  
Companies estimate their rate of older workers and have to make a commitment either to keep the current rate or to raise it towards a target to set.  
*Provisions for the retention of older workers:*  
Companies have to identify areas of action where it is necessary to take concrete measures favorable to the preservation in the employment and to the recruitment of older workers:  
- Recruiting older workers: internal and external visibility in companies against form of discrimination against older employees, reduction of risks of discrimination in the recruitment process (e.g. anonymous CV);  
- Anticipation and evolution of careers  
- Improvement working conditions and prevention of arduous work  
- Prevention of occupational risks and situation of disability/inability  
- Development of competences and qualifications, and access to training : skills assessment  
- End of career planning and transition from work to retirement  
- Transfer of knowledge, skills and guidance  
**More information:** FEHAP, Direction des Relations du Travail

**Country:** Germany  
**Organisation:** Sozial-Holding der Stadt Mönchengladbach GmbH (Fields of activity: community care services for the elderly, other care services, employment promotion, vocational training. 600 employees (94% women) provide care and nursing services to some 580 residents. Around 25% of the employees are over 50 years of age)

**Description of the action:**

- 1) Comprehensive health management programme, in response to the fluctuation in sickness rates observable in the field of nursing and also because the workforce as a whole is ageing, comprising a) establishing 'health circles' aimed at developing concrete measures which are then carried out in consultation with general management and superiors and b) training courses on correct lifting and carrying techniques, as well as special courses for the handling of disoriented residents
- 2) Introduction of flexible working time, with annual working time accounts: Through the development of individual working time models, employees are ... involved in planning their working time flexibly and independently. These models take into account parenting and private nursing needs (with annual working time accounts for employees and a computer-assisted roster planner) and are adapted to each working area, as well as being client-oriented. Since the introduction and implementation of flexitime, there has been a lower rate of absence from work.
- 3) 'Return-to-work interviews after absence': These interviews take place between the employees and their immediate superiors and focus on an analysis of the operational reasons for the unfitness to work. In additional preventive talks that are arranged – either after a six-week illness or in case of absence from work due to illness totalling at least six weeks per calendar year – the staff manager, the works council and, if applicable, the representative for severely disabled persons try to determine operational reasons for these absences from work together with the employee. Subsequently, they develop corresponding measures, which are then implemented in cooperation with the respective supervisor.
- 4) Specific measures aimed at older employees including the provision of alternative job offers for nursing personnel with health problems in the housekeeping division.

**More information:** <http://www.eurofound.europa.eu/areas/populationandsociety/cases/de009.htm>

**Country:** Germany

**Organisation:** Occupational Safety and Health Institution for the Sector of Health and Social Services of the Work Accident and Professional Diseases Insurance/Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW)

**Description of the action:** Setting up of a thematic page and implementation of the project "Ageing workforce in care" (2008-2010): <http://www.bgw-online.de/DE/Arbeitssicherheit-Gesundheitsschutz/Demografischer-Wandel/Projekt-Aelter-werden-in-der-Pflege.html>

**More information:** More and more people are in need of care when at the same time, qualified nursing staff is decreasing or lacking. We, however, witness an insufficient number of strategies and programmes at the level of the health or elderly care institutions, to secure a skilled and effective workforce to provide this care. The project "Ageing workforce in care", focusing on organizational realities and development processes, is designed to address this deficit. It helped develop modules or tools to restructure and align the workplaces to better face the ageing/demographic change of the workforce; the project also made these tools available in hospitals, elderly care institutions and home care services. The main objective was to identify the most pressing needs and areas of action at the level of an institution and to develop a strategic plan, based on an analysis of the age structure of the workforce and their working conditions. Guidance/handbooks for action and concrete tools were developed by health professionals. The project also helped to promote exchanges between health and elderly care institutions as well as the development of networks to be sustained beyond the lifetime of the project

**Country:** The Netherlands

**Organisation:** Hospital Elkerliek – StAZ

**Description of the action:** Hospital Elkerliek focuses on sustainable employability in its hospital policy. They focus on stimulating a healthy lifestyle, implementing a learn-management system, stimulating excellent leadership and developing risk profiles for physical and mental overload at work.

**More information:** (NL)

[http://www.blikopwerk.nl/wai/Work-Ability-Index/Kennis-delen/Kennis-delen-Publicaties/Publicaties-over-de-WAI/Integraal-werken-aan-duurzame-inzetbaarheid-\(ZM-Magazine,-oktober-2010\).pdf](http://www.blikopwerk.nl/wai/Work-Ability-Index/Kennis-delen/Kennis-delen-Publicaties/Publicaties-over-de-WAI/Integraal-werken-aan-duurzame-inzetbaarheid-(ZM-Magazine,-oktober-2010).pdf)

## 2.6 Preparing for retirement

**Country:** United Kingdom

**Description of the action:** Workforce banks

**More information:** Although in some countries the legislation might make this difficult to achieve, senior workforce banks represent a good example of the possible measures that could be implemented to favour the continuation in employment of the retired employees. Workforce banks are in common use in the UK. Retired health care professionals could be seen as a potential and flexible workforce reserve. One way of temporarily answering to the future shortage of skilled health professionals therefore is to consider setting up “senior workforce banks” or “reserves” of the retired health care professionals who still have the wish and ability to continue working after they have retired. This reserve possesses vast amounts of knowledge and experience which should not be overlooked. They form a potential professional and skilful employee resource to patch for example absences, and can be used in the levelling of rush-hour peaks. They also offer an alternative to labour hire. The benefits for the employer, among other things, can be minimal expenses of training the new staff and the fact that the experienced ageing workers can also be used in training the new staff.

**Country:** Norway

**Organisation:** St. Olavs Hospital, Trondheim University Hospital - Spekter

**Description:** St. Olavs Hospital has adopted a “senior policy” by negotiating positive actions for “senior” workers to encourage them to continue working through the following actions:

*1. Awareness Action*

- Training of leaders
- Information to all employees
- Pension Information
- Senior Courses
- Mentor / buddy system
- Senior Conversations (optional)
- Final Conversations (optional)

*2. Development action*

- Development programmes (courses)
- Study leave
- Individual counselling

*3. Senior days*

- 60 years: 4 senior days a year
- 62 years: 6 senior days a year
- 65 years: 8 senior days a year

The annual Senior conversation forms the basis for the selection of actions.

**More information:**

<http://www.stolav.no/en/About-the-hospital/Organization/Staff-departments/Organisasjon/Senior-policy-at-St-Olavs-Hospital/120711/>

**Country:** Sweden

**Organisation:** Kronoberg County Council (Kronoberg County Council’s most important responsibility relates to health care, and around 85% of its activity is devoted to medical and health services; 5,280 employees, 80% of whom are women; 40% of health care employees will leave the labour market within 15 years)

**Description of the action:** The initiative primarily aimed at creating a longstanding work organisation and leadership approach that would improve the work environment and lower rates of sickness absence. This included an age-management approach by improving the ability of employees aged over 55 years to stay at work. The initiative’s most important effect was to create an awareness within the council of the issues relating to an ageing workforce and to improve attitudes towards older workers. The initiative also resulted in a more structured approach to strategies designed to retain employees; in addition, it increased opportunities for older workers’ to share their skills. Kronoberg’s



County Council continues to implement the comprehensive age-management measures that include

- skills training for managers – a plan for manager training is being prepared to ensure that the original initiative is implemented in everyday activities;
- using pensioners as substitutes – employees at two of the council's facilities can continue to work as substitutes after retirement when they reach 64 years of age;
- career planning at 55 years of age – initiative among workers aged 55 years, to help them plan the next 10 to 12 years of their working lives. This initiative is aimed at dealing with expected shortages in the labour supply by encouraging older employees to stay on at work. It is also a way of dealing with rising rates of absenteeism, especially among workers aged 55 years and over, and with early retirement. The career-planning discussion aims to keep older employees at work for longer;
- mentorship – one of the council's facilities has a structured skills-transfer programme;
- enhancing workers' employability – the county council aims to keep all workers' skills up-to-date to preserve their employability;
- learning centre – the council has set up local learning centres that use modern techniques and where workers can pursue formal education or other training, flexibly and at their own pace;
- validation – the council plans to validate experience-based knowledge so that workers can more easily move between job categories or employers;
- career and advice centre – the council plans to set up a career and advice centre to facilitate career planning;

**More information:** <http://www.eurofound.europa.eu/areas/populationandsociety/cases/se004.htm>

**Country:** United Kingdom

**Project:** Agewell

**Organisation:** Sandwell Primary Care Trust (PCT) – NHS Employers

**Description:** Sandwell PCT funded the *Agewell* initiative, a midlife future planning course to help local people make more informed choices about their retirement. This initiative enables people over 50 to have a positive voice, so that they can influence policy and services that affect them.

Within *Agewell* there are a small number of teams that work in different areas, including:

- the midlife future planning team, who help people over 50 to plan for their future years;
- the older peoples champions, this is a peer advocate project covering the six towns in Sandwell;
- 'Active Sandwell', which enables people over 60 to lead a more healthy and active lifestyle; and
- community development workers, this is a group of local older people who work with the town forums. They discuss issues and opportunities which have an impact on their quality of life.

**More information:** [www.agewellinsandwell.org.uk](http://www.agewellinsandwell.org.uk)