

EPSU DRAFT Position Paper (May 2012) to underpin work on ageing workforce

Incorporating comments and suggested revisions by EPSU affiliates received by 2 May 2012

N.B. 1: This version of the document has been drafted by Nicola Lee, RCN, and Mathias Maucher, EPSU, following discussion amongst EPSU members of the Drafting Group “Ageing Workforce” on 9 May 2012. It builds on a first version prepared for the Standing Committee “Health and Social Services” on 28 March 2012, presented and discussed there, and written comments received by several EPSU affiliates. The document seeks to outline the key issues and positions EPSU members would like to see reflected and have as wording in the joint EPSU-HOSPEEM guidelines and good practice examples on dealing with the potentials and challenges of an ageing workforce in the health sector currently being elaborated in the framework of the Sectoral Social Dialogue Committee for the Hospital Sector. It has been restructured in early May 2012 to mirror the working draft of the guidance currently under consideration as this will aid further incorporation as the work of the Drafting Group progresses. EPSU affiliates are invited to for feedback on this document to frame and guide the work of EPSU colleagues that are members of the Drafting Group “Ageing Workforce” in the context of the on-going in view of it’s formal adoption at the next Standing Committee on 23 October 2012.

N.B. 2: The work of the Drafting Group “Ageing Workforce” i.a. builds on a study “Promoting realistic active ageing policies in the hospital sector”, commissioned by EPSU and HOSPEEM in 2006, available in EN, cf. <http://www.epsu.org/a/7410> and works along a mandate endorsed by EPSU and HOSPEEM members in October 2011 (see <http://www.epsu.org/a/7575>). Other relevant information on the topic has been uploaded to page <http://www.epsu.org/a/8342>; you are invited to have a look there.

Introduction

EPSU recognises that demographic change and the increase in life expectancy seen across the general population is causing changes in society that have an impact on health and social care.

An increase in older patients with more complex health needs is leading to an increase in service demand. However, as the workforce also ages and retires, with fewer younger workers replacing them, there is a corresponding decline in the numbers of health care workers available to meet that service need. This is particularly seen in community and elderly care settings but affects all healthcare employers in some way.

Unless social partners take appropriate action, EPSU fears that the increasing healthcare demands of the population will not be able to be met in an appropriate manner by the health care system.

Therefore EPSU believes that it is timely and appropriate to work in partnership with HOSPEEM towards improving the framework conditions for labour market and employment

policies with a particular focus on the ageing workforce. As part of this work EPSU also considers it an important joint task to develop guidance for the health sector across the EU to help it meet this challenge, and encourages employers and representative unions in the member states to work together in partnership to consider how this guidance can complement their own systems including efforts on the forecasting and planning of health care workers/personnel regardless of their economic situation.

EPSU also believes that the European level has a particular responsibility for launching and politically and financially supporting comprehensive/cross-cutting initiatives.

These can be implemented by

- ESF-programmes (where we aim at influencing their design)
- Action programmes/plans, such as the one proposed by the European Commission on the EU Health Workforce [SWF(2012)93 final of 18 April 2012]. They provide the frame to test and assess innovative practice and projects in the context of model programmes to further develop them, if positively assessed involving social partners, in a second phase in view of their broader implementation across Member States.
- Joint Actions, such as the one on Health Workforce Planning (starting end of 2012)
- Research Framework Programmes to generate robust evidence to help inform initiatives of social partners
- Evaluation of existing national projects to give data that can be used to promote strategies and measures of ageing/age-diversity policies

Where relevant their design and in particular concrete proposals on how they could be implemented at the workplace or regional level should be consulted upon with the social partners to reflect their needs and priorities as closely as possible.

EPSU recognises that not all “older” workers are senior, experienced staff and will work to ensure that guidance produced is relevant across all staffing grades and levels of seniority. EPSU also recognises that not all member states face the same challenges relating to an ageing workforce.

Business case for recruiting and retaining older workers

Demographic and societal change implies a change of perspective that calls for urgent and well-targeted measures of organisational development and human resource management to promote and protect the health of staff. Even if this means increased costs in the short time, the mid- and long-term benefits will be bigger. Not investing now and in the years to come in measures to make jobs and workplaces and the working conditions there more attractive, safer and healthier would have detrimental effects to the health care sector in the long run.

EPSU clearly recognises the necessity to demonstrate the positive impact a proactive age management approach towards an ageing workforce can have for employers. As well as

evidence on financial advantages EPSU would like to remind employers of the benefit to patient outcomes and staff experience that positive employment practices can have¹.

Context and aims

In the framework of social dialogue EPSU and HOSPEEM have previously developed various documents and Directives relating to good working conditions, jobs, working environments and employment possibilities for those working in the health system. EPSU recognises that this comes about through an often complex process of negotiation and discussion whereby each party seeks to protect their members' interests whilst at the same time acknowledging the interests of the other.

EPSU also recognises that, in order to accommodate differences in service organisation and employment provision across all members states it is not always possible to specify and outline specific direct actions or recommendations that apply universally. Consequently our work on "ageing workforce" is looking at general recommendations under a number of key headings which will be elaborated upon below.

Underpinning EPSU's work on this issue and project is our belief that access to quality health care services for all is a fundamental right and forms an essential part of the European Social Model (as per the Health Minister Council of December 2010). We believe that this requires a commitment from all parties to the effective functioning and funding of health care services and provision where the health and safety of patients and staff is paramount. Where staff are concerned this requires the provision of good employment policies and practices, sufficient staffing levels to meet service needs safely and effectively and ensuring a safe working environment.

Additionally it is EPSU's contention that in order for an ageing workforce to meet the needs of an ageing population, it is essential that adequate medical and clinical help and support is provided in the community. Investing in keeping people out of hospital by educating them and their families about their condition will enable them to manage their health more effectively and prevent unnecessary hospital admissions. Whilst we recognise that HOSPEEM does not cover the community however, collaboration with other services and employers will help to ensure the sustainability of hospital services in particular at acute periods.

¹ This can be seen in many research sources including, e.g. evidence submitted to support the review of health and well being in the National Health Service (NHS) in England conducted by Dr S. Boorman (<http://www.nhshealthandwellbeing.org/>) which highlighted correlations between staff experience, patient experience and infection rates.

Guidelines

Non-discrimination

Discrimination against workers due to their age undermines their ability to work effectively and cannot be tolerated. This is true for older and younger workers, those with experience and novice staff alike. Employers should seek to harness the motivation, knowledge and skills of all workers but should especially ensure that the experience of older staff is valued and adequately acknowledged.

Social partners at national and local level must ensure that policies and practices value the age diversity of the workforce and do not contribute to unwanted behaviour and that negative stereotypes are not unwittingly promulgated.

Data-based monitoring and profiling of the workforce is important (also see section on workforce planning below) but employers should also be recommended to monitor the impact of key workplace policies and practices to ensure there is no unjustifiable detriment to any age group of staff.

Good employment practice

Employer-/Work-place-based age management strategies and measures require a new approach as to human resources in combination with other instruments of innovation (such as technical equipment, work organisation, financing arrangements) as well as measures of occupational health care that will see a strategic re-orientation towards the workforce, as staff in many health professions and many countries has become a scarce resource that can't be recruited from a labour market with sufficient supply of qualified personnel.

Employment practice and working conditions must therefore promote health care work as a desirable career for new entrants as well as enable current healthcare workers to work to the best of their ability to provide effective, quality services to patients in a safe and secure environment. This includes the provision of flexible working and retirement opportunities without undue financial loss as well as adequate occupational health and safety arrangements, thus reducing the risk of work related ill health and injury, and models of work organisation that promote health and well being within the workforce.

Employers need to be supported to test and assess innovative practice and projects in the context of model programmes and to further develop them in view of a broader implementation in different member states.

Recruitment and retention

EPSU believes that, when talking about the ageing workforce, it is not only important to consider the “older nurses” and their working conditions. It is a wider issue that must include a systematic approach towards younger people to show that working in the healthcare sector

is attractive, fairly paid, with a safe working environment, working time and – very importantly – interesting and satisfying career paths. It is crucial that young people and all entrants to the healthcare workforce see that staff are supported and enabled to remain in employment for a whole working life full-time.

Flexible work (working time and work organisation)

EPSU believes that the opportunity to organise work autonomously and flexibly, including consideration of the number of and manner in which hours are worked is essential in any successful age management employment strategy. Both working time and work organisation are complex areas and no “one size fits all” for all employers and all staff.

EPSU would like, therefore to see the guidance recommend a full exploration of all options including the following:

- Working time (focusing on ergonomic working time and autonomy on working time)
 - Shift arrangements/plans adapted to the age of personnel (e.g. less night shifts with increasing age)
 - Longer pauses and pauses adapted to needs
 - Part-time work models
 - Reduced weekly working time (but work on a negotiated basis, with chosen number of hours and their position during the day and the week), in the context of winding down arrangements with longer phasing out towards retirement
 - Entitlement to longer holidays (as of a defined age/age bracket), taking into account the relevant national and European non-discrimination legislation as well as ECJ rulings on this matter
 - Supplements for demanding tasks
 - Part time work for staff aged X and older²
 - Sabbaticals
- Work organisation
 - Work organisation to reduce physically and psychologically demanding tasks/burdens/stress (e.g. night shift or overtime work) in the context of slow step down arrangements
 - Reorganisation of work processes
 - Job rotation (assessed by the department a health care professional is working at)
 - Use of technical equipment to facilitate tasks/to alleviate burdens, etc.
 - Workplace-based management of staff that had been ill for a longer time, for staff returning from measures of professional rehabilitation, for staff with a disability

It is important to EPSU that the introduction of forms of flexible work is negotiated and agreed with health workers, also taking into account the impact on their income situation.

² Different models exist across Europe, Germany e.g. operates a part-time working arrangement (across all economic sectors) for workers approaching retirement (*Teilzeitmodell*), a block model with partial retirement (*Blockmodell*) and a model combining partial retirement with a working time account (*Kombimodell mit Zeitwertkonto*).

Talent management and training

EPSU contends that ensuring that there are sufficient numbers of staff and an appropriate skill mix in all areas to be essential in meeting increasing health care demands. In December 2010 EPSU and HOSPEEM adopted a Framework of Actions on recruitment and retention of the healthcare workforce (<http://www.epsu.org/a/7158>). This rightly recognised the need to train staff and ensure their continuous professional development. It also recognised the need to ensure that they worked in a safe environment and achieve a better reconciliation between home and work life.

It is our contention that this work should be reflected in the developing guidance and based on good leadership which is, of key importance for talent management. We particularly want to stress the following issues:

- The need for systems to guarantee transfer of knowledge, e.g. age mixed teams, systems of tutors/mentors (e.g. with a reduced working time of 75% to have 25% of the working time to serve as tutor) and the tandem model (1 younger and 1 older member of staff)
- Access to continuing professional development (CPD) as being essential for all workers, regardless of their age. Access and provision to training opportunities should be sensitive to the needs of individuals and take into account their previous experience and training, health requirements, and any caring responsibilities that impact on participation. It needs also to consider the following:
 - Workplace-based individual qualification/CPD, intern and extern, financed by employer
 - Qualification to stay fit for practice/up-to-date
 - System of enterprise-based guidance in view of change of a job (also for staff aged X and older) that comprises all measures of professional re-orientation and retraining, health prevention at the workplace, both those defined in legislation and those agreed upon in collective agreements)
 - Training on management to better manage tasks related to the ageing workforce
 - Appraisal interviews between management and personnel
 - Career planning support (see also section on retirement planning below)

Health and safety

As mentioned above, EPSU believes that any adequate age management strategy must pay due regard to the health and safety of the workforce.

To achieve this EPSU recommends a two-pronged approach

- Assessment of risks for the health of personnel taking specific account of their age. This includes psychological demands/stress/burdens according to recommendations of OSHA (workplace assessment) or EC guidance on risk assessment at work
- Declaration of management that guidelines on age management are part of the mission statement of the hospital/health care institution

- Measures of health management and health protection
 - Reduction of stress/workload/burdensome work at the workplace
 - Avoidance of demanding repetitive tasks
 - Offer of rotation from (highly) demanding to less demanding departments/tasks
 - Work-life balance/reconciliation of work and family
 - Health prevention/check-ups/vaccinations
 - Prevention of addiction/dependence
 - Enterprise-based reintegration of staff that had been ill for a longer time, for staff returning from measures of professional rehabilitation, for staff with a disability/handicap
 - Occupational health care supporting health prevention
 - Projects of health promotion, e.g. sports, recreation, nutrition
 - Management/staff conversation/meetings to talk about measures of health prevention and promotion and to make sure they are made use of
 - Courses (without cost for personnel) e.g. to stop smoking and to lose weight

Such programmes need to be monitored and evaluated to ensure their effectiveness.

Workforce planning

EPSU underlines the need to put in place in each health care institution a policy of planning of employment of health care workers/personnel and of the competences and training needed within the workforce to enable provision of quality care services. We recommend that this is done in consultation and partnership with the employees. This is a precondition for a future quality (health and social) services to the population as well as for health, safety and well-being of the health care workers.

To achieve this EPSU considers it essential that all employers establish an annual assessment of workforce data, profiled by age (as well as other factors as required) that may be accompanied by benchmarking across services and departments³. The minimum indicators needed to undertake this assessment are

- the number of staff/personnel needed per professional category,
- the number of years worked,
- the number of those leaving the profession/job/employer,
- the number of those employed,
- the share of beds/places used compared to those available,
- the staff-patient ratio,
- the number of personnel in continued professional training and
- number of staff doing partly tasks of a tutor/mentor

Additionally it is recommended that employers seek to predict trends and produce an analysis of needs for the near future (e.g. up to 10 years)

³ In France an instrument that could be used to do this is the so-called *bilan social annuel*.

Preparing for retirement

EPSU affiliates know from experience through their membership that workers' retirement aspirations and plans are affected by both national and occupational pension policy and provision. However, it has been found that workers who are supported by their employer when making decisions about when to retire, and who are informed about pension and employment policy, often chose to extend their career and working life. EPSU believes therefore that it's important that flexible working and retiring opportunities exist to compliment this and that we work in partnership at national and local level to identify best practice according to specific national/sectoral provision.

Beyond retirement

EPSU recognises that many workers do not consider retirement age to be the absolute end of their working lives. We therefore would like to see employers encouraged to consider the re-employment of retired personnel in either substantive or temporary roles, where good employment policy and practice continues to be guaranteed and where workers ask for this option and agree with the conditions.

To conclude

As stated above, EPSU fears that unless social partners at all levels, from workplace to sectoral to national and European, take appropriate action to enable the good employment of an ageing workforce, the increasing healthcare demands of the ageing population will not be able to be met in an appropriate manner by the health care system. It is our hope and intention therefore that the guidance produced and the good practice examples provided will be of benefit to employers at local level and made widely use of. The same holds for policy makers to assist them in their considerations on this issue.

It is our aim to work towards clear and robust commitments by employers underpinned by concrete action and concluded in form of collective agreements at sector and/or workplace level to allow to both keep older personnel in employment with decent working conditions and an adaptation of tasks and responsibilities and in view of supporting retention strategies for younger workers aiming at making the sector and the jobs there more attractive.

EPSU is convinced that what is therefore needed are policies to make the health care sector and health care professions more attractive (pay, working time, training, career opportunities, work-life-balance, etc.) and to work towards less physically and psychologically stressful and demanding jobs and work situations. For us this is a wider issue that must include a systematic approach towards younger people to show that the health profession is attractive, well-paid, with good working environment, working time and – very importantly – interesting career paths. For those that are interested in starting work in the health care sector it is crucial to see and to know that jobs there can be done for a whole working life full-time.