



# PSYCHOSOCIAL RISKS & OLDER WORKERS' HEALTH

Strategies for a healthier workplace

Euro  
Health  
Net

European partnership for  
health, equity & wellbeing

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# EXECUTIVE SUMMARY

The daily impact of the psychosocial risks at work significantly impact the health of European workers. Yet, as with other mental health issues, such risks are often neglected, misunderstood, or stigmatised. While workers of all ages face psychosocial risks in the workplace, this policy brief will focus specifically on issues facing older workers.

Creating healthier working environments for older people is key to mitigating economic pressures faced across Europe due to an ageing society. While the total working population in Europe is expected to fall by 20.8 million (-6.8%) by 2030, the cohort of older workers will increase by 24 million (+25.1%) compared to 2005.<sup>1</sup> It is projected that by 2030, older workers will represent 55% of the European labour force.<sup>2</sup> As our workforce turns older and our working lives become longer, healthy and health-promoting workplace environments will increasingly become a priority for European Union (EU) institutions and Member States.

Following a brief introduction, **section one** of this report introduces the **relevant EU and international frameworks, policies, and initiatives** for protecting and promoting health in the workplace whilst **section two** lays out **how workers' health is affected** by occupational psychosocial risk factors. **Section three** describes the **specific risks faced by older workers**, explored further by **section four** which sets out the work-related risks caused by the **COVID-19 pandemic** and how they specifically affect older people. Finally, **section five** introduces **six strategies to address workplace health issues amongst older workers, including relevant practice examples from European states**.

This policy brief offers a compilation of public health strategies to create a healthier workplace and protect and improve older workers' health and mental wellbeing. These are:

- **STRATEGY 1** – Encourage lifelong learning and development of diverse skill sets
- **STRATEGY 2** – Flexible working
- **STRATEGY 3** – Leverage 'bidirectional' mentoring processes
- **STRATEGY 4** – Flexible retirement structures
- **STRATEGY 5** – Establish supportive policies for health benefits
- **STRATEGY 6** – Identify '(mental) health promoters' and promising programmes

These strategies are non-exhaustive but can serve as a source of inspiration for identifying and promoting good practices across Europe. Policymakers at all levels, as well as international organisations, civil society actors, employers, and other stakeholders are encouraged to build upon such guidance to develop and support working environments that are healthier, more sustainable, and more respectful of older workers' mental wellbeing.

# INTRODUCTION

**Psychosocial risks** (PSRs) affect **workers' health and wellbeing**, and can have a significant economic impact.<sup>3</sup> Whereas the costs of mental ill-health were estimated at more than 4% of GDP across all EU Member States, incorporating indirect labour market costs (lost employment and productivity) brings that to a loss of 6% of the EU's GDP (240 billion EUR/year), with a further 57 billion EUR/year spent on sick leave and unemployment insurance.<sup>4</sup> **Over a third of work-related morbidity and mortality can be attributed to mental illness** with, for example, the cost of work-related depression estimated at 620 billion EUR a year. In European Union (EU) Member States, around **50% of workers consider stress to be common in their workplace, with stress contributing to around half of all lost working days.**<sup>5</sup> In addition, psychosocial problems may cost twice that of absences from the workplace due to the reduction in the quality of workers' performance.<sup>6</sup>

While psychosocial risks affect all workers, certain groups are more vulnerable than others. This policy brief focusses on one specific vulnerable group, namely, older workers. Although it is often difficult to define age categories,<sup>8</sup> our central focus remains on individuals between the ages of 55 and 65+. While the literature cites the cut-off age of working lives at 65, this policy brief extends the ageing workforce definition to align with demographic changes and the future world of work beyond 65 years of age. Indeed, PSRs can and do affect workers from other age groups. For instance, difficulties to combine responsibilities within and outside of the workplace can make any worker more susceptible to PSRs.<sup>9</sup> However, **challenges specific to the 55 to 65+ age group render them significant from a policy perspective.**

## PSYCHOSOCIAL RISKS (PSRs)

Psychosocial risks arise from poor work design, organisation, and management, as well as poor social context of work. Such risks may result in negative psychological, physical, and social outcomes such as work-related stress, burnout, or depression.

The World Health Organization (WHO) and International Labour Organization (ILO) consider these as “related to job content or work schedule, specific characteristics of the workplace, or opportunities for career development.”<sup>7</sup>

European countries are facing a rapidly ageing population, with significant repercussions for the labour market. By 2030, it is expected that the number of older workers will increase by 24 million (+25.1%) compared to 2005, while the total working population will fall by 20.8 million (-6.8%) during the same period.<sup>11</sup> This suggests that **by 2030, older workers will represent 55% of the European labour force.**<sup>2</sup> This will put national welfare systems under pressure, and will challenge economies – possibly even lowering European countries' Total Factor Productivity (TFP) growth by about 0.2% points each year between 2014 and 2035.<sup>12</sup>

As our workforce turns older and our working lives become longer, healthy workplace environments will increasingly become a political priority for EU institutions and Member States. Addressing psychosocial risks for older workers will help mitigate further social and economic challenges and eventually contribute to achieving an [Economy of Wellbeing](#).<sup>13</sup>

## HEALTHY WORKPLACE

The WHO defines a healthy workplace as an environment “where workers and managers collaborate to promote the health, safety and well-being of all workers and the sustainability of the workplace. To improve the health of workers, their families, and other members of the community, it should thus be considered not only the (i) physical work environment, but also (ii) the organisation of work and workplace culture, (iii) the personal health resources in the workplace, and (iv) the ways of participating in the community.”<sup>10</sup>

The latest WHO-ILO policy brief says that “a safe and healthy working environment supports mental health, and good mental health enables people to work productively. An unsafe or unhealthy working environment can undermine mental health, and poor mental health can interfere with a person's ability to work if left unsupported.”

## DEFINING ‘WORKERS’

Throughout this policy brief, the term ‘worker(s)’ refers to people who work in exchange for remuneration, regardless of employment status, protection, responsibilities, and type of contract, including white and blue-collar workers.



# 1

## OVERVIEW OF EU AND INTERNATIONAL FRAMEWORKS AND POLICIES

Improving health and safety at work has, for decades, been one of the leading social policy objectives for the sustainable, equal and just development of the EU – as set out by the [Treaty on the Functioning of the European Union \(TFEU\)](#)<sup>14</sup> and the [Charter of Fundamental Rights of the European Union](#).<sup>15</sup> To achieve this objective, the EU has a set of legal tools at its disposal, setting minimum standards for the protection of the health of workers.<sup>a</sup> These tools also encourage the exchange of information and best practices on physical health and safety (including occupational health) between Member States.

“Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health”.

Article 168 of the TFEU

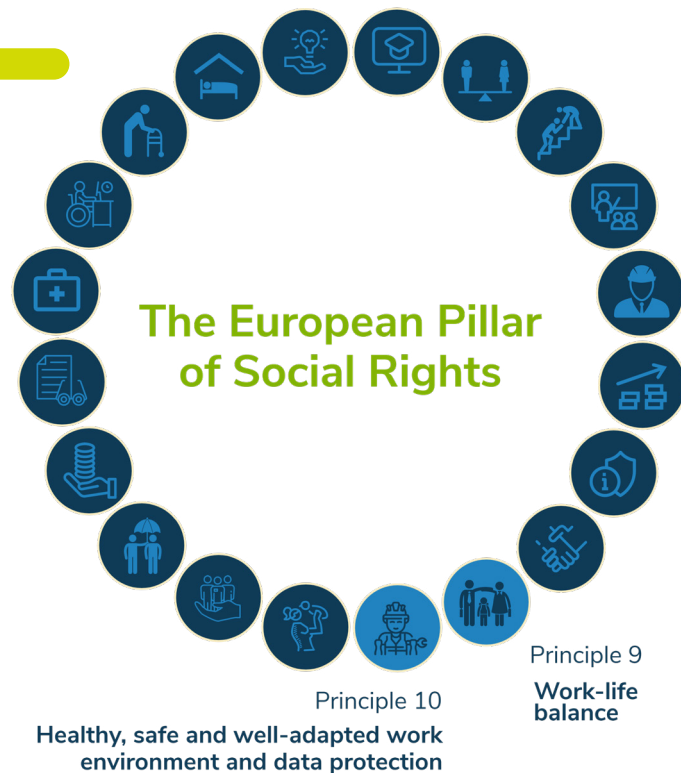
Understanding how European workplaces impact health is considered a priority to achieve this goal. Article 153 of the TFEU provides the European Parliament and the Council with the authority to adopt legislation in health and safety at work including working conditions. Given the EU principles of [subsidiarity](#)<sup>b</sup> and [proportionality](#)<sup>c</sup>, and considering the limits to its competencies in health and social policy, the EU cannot require harmonisation of occupational health laws between Member States. As a result, **many policies that concern healthy workplace environments remain decided at the Member States level**. The EU mainly directs national and regional legislation by establishing reference points and common labour standards.

The **primary reference point for EU-level action on wellbeing in the workplace** is the [European Pillar of Social Rights \(EPSR\) Action Plan](#).<sup>16</sup> This plan aims to turn the principles and targets of the [Social Scoreboard](#)<sup>17</sup> of the [EPSR](#)<sup>18</sup> into concrete actions to benefit citizens, while also setting social policy targets for the EU to reach by 2030. This is relevant to the health of workers, as the EPSR includes principles that focus on secure and adaptable employment (principle 5), wages (principle 6), information about employment conditions and protection in case of dismissals (principle 7), and social dialogue and involvement of workers (principle 8).

<sup>a</sup> Such as the Articles 91, 114, 115, 151, 153 and 352 of the Treaty on the Functioning of the European Union (TFEU).

<sup>b</sup> The principle of subsidiarity rules out EU intervention when an issue can be dealt with effectively by Member States themselves. [More info](#)

<sup>c</sup> The principle of proportionality limits EU action to what is necessary to achieve the objectives of the EU treaties. [More info](#)



In relation to the focus of this policy brief, principle 9 and 10 are of particular importance:

- **Principle 9** specifies that parents and people with caring responsibilities have the right to working arrangements that facilitate caring responsibilities.
- **Principle 10** states that workers have the right to a working environment adapted to their professional needs and that protects their health and safety. This principle also considers the digital framework, since it specifies that workers have the right to have their personal data protected in the employment context.

To fulfil the work-related commitments included in the EU Treaty and the EPSR, the European Commission can use **different forms of legislative powers at its disposal, such as regulations, directives, and recommendations**. It can also use ‘**soft forms of cooperation**’ to encourage the exchange of good practices, knowledge, and experience. Such exchange can be further supported through the Commission’s **various funding programmes**, such as the European Social Fund+ and the EU4Health Programme.<sup>19</sup>

For example, wellbeing can be promoted **via directives** such as the [EU Work-life Balance Directive](#),<sup>20</sup> which aims to support a better work-life balance by encouraging parental care to be shared more equally between men and women, addressing women’s underrepresentation in the labour market.

The [EU Directive establishing a general framework for equal treatment in employment and occupation](#)<sup>21</sup> led to the implementation of a structure that ensures the equality for individuals in employment and their occupation regardless of their age, among other protected characteristics.

First published in 1989, the [Framework Directive on occupational safety and health \(OSH\)](#)<sup>22</sup> sets out the basic principles on the health and safety of workers throughout the EU and is also included in the EPSR Action Plan. The current EU Strategic Framework on [Health and Safety at Work 2021-2027](#)<sup>5</sup> sets out the occupational health and safety agenda, and now includes psychosocial risks, alongside the European Agency for Safety and Health at Work (EU-OSHA)’s ‘Healthy Workplaces’ campaign and its [thematic strand on psychosocial risks and stress at work](#).<sup>23</sup> In fact, in 2016-2017, EU-OSHA focused on [healthy workplaces for all ages](#).<sup>24</sup>



The 2021-2027 OSH Framework is firmly rooted in the 2020 EU [Communication of the Stronger Social Europe for Just Transition](#),<sup>25</sup> in which the European Commission describes the multiple challenges that Europe is facing - climate change, digitalisation, and above all demographic change - and argued for the need to develop an ambitious social policy plan. EU Strategic Framework on Health and Safety at Work is further **interlinked with other key European Commission policies, notably supporting the green<sup>26</sup> and digital<sup>27</sup> transition**, as well as the [Europe's Beating Cancer Plan](#)<sup>28</sup> and the [EU NCDs Healthier Together initiative](#).<sup>29</sup>

**Council Recommendations or Conclusions** such as those on '[Enhancing Well-being at Work](#)'<sup>30</sup> **can also steer Member States.** Providing guidance to the countries towards adapting policies on working environments to the professional needs of the workers, particularly older workers, and workers with disabilities, promotes a sustainable labour market.

Finally, the European Commission can also **promote workers' wellbeing through initiatives** such as the [Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases](#), which aims to support Member States in reaching the health targets of the Sustainable Development Goals (SDGs).<sup>31</sup>

**The World Health Organization (WHO)** has also been active in workplace health promotion and psychosocial health promotion. In the European context, this work has been firmly rooted in the [WHO European framework for action on mental health 2021-2025](#).<sup>32</sup> The WHO European Region has selected **mental health as one of the flagship initiatives** of its [European Programme of Work 2021-2025](#).<sup>33</sup> It also launched a [Pan-European Mental Health Coalition](#),<sup>34</sup> with one of its working groups dedicated to mental health within a workplace.

At global level, WHO has recently launched a set of [Guidelines for Mental Health at Workplaces](#).<sup>35</sup> This publication identifies effective psychosocial

interventions, what works and how companies and governments could implement practices in the field. The publication is accompanied by a [joint policy brief by the WHO and ILO](#)<sup>7</sup> that includes recommendations on integration, leadership, participation, investments, evidence, rights, and compliance. A [summary of the WHO guidelines](#)<sup>36</sup> provides a useful list of recommended actions.

Finally, the **Organisation for Economic Cooperation and Development (OECD)** developed a set of policy guidelines for an integrated approach to address the impact of mental health problems on health, education, employment, and social outcomes. These guidelines - [the OECD Recommendation of the Council on Integrated Mental Health, Skills and Work Policy](#)<sup>37</sup> - made a case for more integrated provision of services within each sector – e.g. through employment advice brought into the mental health system and psychological expertise brought into employment services – as appearing to be the easiest and most cost-effective approach.





# 2

## HOW PSYCHOSOCIAL RISKS AFFECT WORKERS' HEALTH

**Work-related stress is considered a wide-spread if not 'normalised' part of the modern work environment**, and the situation has worsened over the years, as reported in the recent [State of the Global Workplace: 2022 Report by Gallup](#).<sup>38</sup> Half of EU workers report it common and contributing to around half of all lost working days.<sup>5</sup> **Individuals exposed to psychosocial risk factors at work report significantly worse health** and suffer from more than double the rate of heart and cardiovascular problems.<sup>39</sup> In addition, they reportedly endure more significant rates of anxiety, depression and demoralisation.<sup>40</sup> Consequently, they are prone to consume much higher levels of alcohol and over-the-counter drugs and are more susceptible to a wide range of infectious diseases.<sup>41</sup>

Psychosocial risk factors are found in all sectors, but **working conditions of some occupations increase the risk of exposure and the likelihood of experiencing mental health challenges**.<sup>7</sup> For example, in occupations where work carries a high emotional or ethical burden or creates exposure to potentially traumatic events, mental health of workers is affected more. These occupations include health, social and emergency work (as seen during the COVID-19 pandemic, see later sections).

Low-paid, unrewarding, or insecure jobs as well as work in isolation are also likely to disproportionately compromise workers' mental health. Furthermore, a mix of work situation and demographic status, such as in case of migrants, 'essential' workers, casual labourers, and those working in the gig<sup>d</sup> or care economies may pose additional psychosocial risks.

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<sup>d</sup> A gig economy is a free market system in which temporary positions are common and organisations hire independent workers for short-term, 'zero-hours/stand-by contracts commitments. Such workers usually have little to no employment and social protection rights, such as minimum wage, sick leave or holiday pay, child or unemployment allowance. The loss of productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury, or other condition.

Across the occupational mental health literature and considering the most recent compilation of PSR categories included in the [WHO guidelines on mental health at work](#),<sup>35</sup> there is a common understanding that **the following main PSR factors have a substantial impact on people's physical and mental health:**

### **EFFORT-REWARD IMBALANCE**

An imbalance between the effort expended for work and the rewards received in terms of recognition, appreciation, respect as well as pay can lead to stress reactions that have adverse long-term effects on health. These include elevated risks of depression, chronic heart disease and other mental health issues. Low social value of some work, particularly important in certain sectors such as health, social and care, is considered a critically negative PSR factor.<sup>11</sup>

### **WORKLOAD AND WORK SCHEDULE, WORK CONTENT AND TASK DESIGN**

Both heavy and monotonous workloads (including under-use of skills and under-stimulating, non-diverse, fragmented, and meaningless tasks) can increase work-related stress and have negative effects on workers' wellbeing.<sup>43</sup> Time schedules also play an important role as machine pacing, time pressure, shift work, inflexible schedules, and unpredictable, long and/or unsociable hours can have a consequential impact on wellbeing. For example, such schedules can increase absenteeism, presenteeism, coronary heart disease and musculoskeletal complaints, and self-reported ill-health and mental disorders such as depression and anxiety, burnout.<sup>44</sup>

### **CONTROL, ROLE IN ORGANISATION AND PARTICIPATION IN DECISION-MAKING**

Low participation in decision-making processes, lack of control over workload and tasks, and ambiguous or conflicting role in an organisation are also considered important PSR factors.<sup>11</sup>

### **WORK-RELATED STRESS**

In the long term, **stress contributes to memory loss, peptic ulcers, inflammatory bowel diseases and musculoskeletal disorders.** It causes hypertension, which leads to the development of heart and cardiovascular diseases. It can also alter immune functions, which may in turn facilitate the development of cancer.<sup>45</sup>

### **JOB INSECURITY AND CAREER DEVELOPMENT PROSPECTS**

Uncertainty about the future, career stagnation and the lack of guaranteed employment are associated with increased stress, anxiety, depression and burnout. Job and financial insecurity, and recent job loss are known risk factors for suicide attempts. High levels of job insecurity may also decrease motivation and compliance with safety measures, which in turn can lead to higher work-related injuries.

### **WORK-FAMILY INTERFERENCE**

Work-family conflicts such as role overload and caregiver strain also negatively affect workers' wellbeing. For example, compared to workers with a better work-life balance, workers who report high levels of work-family conflict experience burnouts up to 12 times as often, and experience depression two to three times as often.

### **LABOUR MARKET POLICIES**

Fewer rehabilitation services, low unemployment benefits, and high-income inequalities are linked to a higher risk of depression, especially in cases where there is a large effort-reward imbalance. Favourable labour policies, on the other hand, can act as a buffer against the pervasive effect of such imbalances.

# 3

## THE PSYCHO-SOCIAL RISKS EXPERIENCED BY OLDER WORKERS

Psychosocial risks (PSRs) in the workplace significantly affects workers' wellbeing. Yet, they do not affect all workers equally. Instead, there is a **social gradient in terms of ill health as a function of occupational position**. That is, different measures of occupational position, such as social class, social status, and skill level, are associated with poorer working conditions, leading to higher rates of depressive symptoms and premature retirement.<sup>50</sup> Age is yet an additional factor that determines the specific PSR factor workers face.

Overall, there are **contrasting views on whether older workers are the most vulnerable to psychosocial risks of all age groups**.<sup>51</sup> On the one hand, some suggest that older workers may be less vulnerable to PSRs, since they may be able to cope with job demands more efficiently than their younger peers. During their careers, workers can learn to optimise resources to achieve the goals they consider highest priority, as well as learn to invest in different activities to counteract declines in work performance.<sup>52</sup>

For example, studies have found that older workers are more likely to adopt positive problem-focused coping strategies at work (better time-management, ask for support, etc.).<sup>53</sup> They are less likely to rely on avoidance-based coping strategies (deny, minimise or avoid stressful situations) which are linked to distress and depression.<sup>54</sup> Furthermore, older workers have been found to use efficient adaptive emotion-based regulation strategies (adapting, positive reappraisal, problem solving, etc.), which are positive measures to deal with work-related issues.<sup>55</sup>

Younger workers more frequently adopt maladaptive emotion-based regulation strategies (e.g., self-criticism, suppression, rumination) that are more likely to lead to psychopathology.<sup>56</sup> For this reason, older employees may handle the negative effects of workload more efficiently than young employees, resulting in less exposure to PSR factors.<sup>57</sup>

On the other hand, several studies have shown that older workers may instead be more vulnerable to PSRs. Workers develop various resources during their career, but due to **fast changing working environments** these skills may become outdated faster than the individual is able to learn new ones. Hence, older employees may experience more stress related to work demands, suffer more from job changes than younger employees, and may perceive higher job insecurity than the latter.<sup>58</sup> Moreover, older workers may experience bias in training and advancement opportunities, and they can experience pressure to retire early due to their higher salaries.

Similarly, the **type of working contract** is considered an essential stressor. Short-term and other forms of precarious contracts are likely to lead to poorer health and safety at work and to greater role ambiguity.<sup>59</sup> Such contracts undermine workers' ability to build and maintain social and economic resources, and older workers are particularly vulnerable in this respect. This is due to having fewer options to change occupations resulting in the sense of entrapment within a role and as such possessing more significant health-related costs. Having to face such job insecurities, along with an imbalance of work and an increase in work-related stress, leads older workers to experience higher rates of sickness absence and premature exit from the labour market into disability pension.<sup>60</sup> Older workers might also experience stress if they feel they must **hide health conditions** from an employer in fear of dismissal, ageist attitudes, and anxiety about life post-retirement.

Overall, evidence indicates that **older workers form a group that requires specifically adapted working conditions in terms of both physical and mental health**. This is also reflected by surveys exploring workers' opinions and needs in the workplace. Older workers are more likely to report adverse work-related health risks, such as perceived health risks, stress related to changes at work, health complaints, mental and physical health, sickness absence, and fatigue, compared to their younger peers (15 to 35 years old).

In addition, **older workers more often report that their job does not provide opportunities to learn new skills, making it difficult for them to adapt to changes**.



This difference is even greater in jobs that include more challenging working conditions, such as higher intensity of work tasks, shift or night work, or work that requires significant physical effort, and where workers feel they might not be able to maintain their position as they become older.<sup>61</sup> Contextual factors seem to significantly impact workers' wellbeing, as factors such as union density and the psychosocial safety of the organisational climate were found to improve workers' self-perceived health.<sup>62</sup>

Finally, psychosocial health and wellbeing in relation to **gendered aspects of occupational health** come into light. Work-related stress may have a major impact on the sustainability of women's work along the life course, and more attention needs to be paid to its prevention throughout life, including a focus on jobs predominantly carried out by women. **Women, and in particular older women, are more prone to harassment, bullying and psychological violence than men.**<sup>63</sup> It is estimated that women of menopausal age constitute the fastest-growing group in the workforce, accounting for 11% of the workforce in G7 countries alone.<sup>64</sup>

**Older female workers report the impact of menopause on their labour participation and work performance**, in association with hormone imbalance and emotional cycles. The symptoms viewed as most problematic are trouble concentrating, tiredness, poor memory, depression, low confidence and sleep disturbance, but it is important to mention that not every woman experiences them and not to the same extent.<sup>65</sup> There are still too many research gaps and very few practice and policy interventions for this group of workers, in particular with regards to designing preventive and psychosocial health-promoting interventions. However, some guidelines for occupational settings exist (e.g., flexible working arrangements, employee assistance programmes and a positive organisational attitude).<sup>16</sup>

# 4

## OLDER WORKERS, PSYCHOSOCIAL RISKS AND COVID-19 PANDEMIC WORKERS

The importance of social protection systems – and lack thereof - relating to PSRs has been further highlighted by the COVID-19 pandemic. The pandemic has dramatically impacted the mental health of all Europeans, leading to higher rates of stress, anxiety, depression, and suicide across the whole population.<sup>66</sup> It explicitly affected older workers in terms of their health and occupational wellbeing in several ways.

... (Older workers) were one of the groups physiologically **more at risk of developing severe COVID-19 infections** and of facing higher rate of death. This disease affects more seriously those with underlying health conditions, such as heart diseases, diabetes, or lung disease, which are more prevalent in this group than in their younger peers.<sup>67</sup> Measures taken to control the pandemic also had an impact on older workers' **mental and physical health**, since they increased their already higher risks of isolation.<sup>68</sup> These measures also had **repercussions on physical activity**, with 41% of people aged 50+ reporting to go out for walks less often than before the pandemic.<sup>69</sup>



Older workers had **fewer opportunities and found it more difficult to transition to remote working** during the pandemic.<sup>73</sup> Firstly, older workers are largely represented in professions that require close contact with others, such as taxi drivers, cleaners, postal delivery and supermarket employees.<sup>74</sup> Secondly, older workers disproportionately live in areas with poor internet access in comparison to other groups, and in some areas a person's likelihood to have broadband access tends to decline with age.<sup>75</sup> Finally, the change to working from home blurred the boundaries between work and personal life, thus leading to greater work intensity and longer working hours.<sup>6,76</sup>

Unemployment increased amongst all age groups during the pandemic. However, **young workers (18 to 24) and older workers (55 to 64) were most likely to leave employment and become economically inactive** as opposed to being registered as unemployed.<sup>77</sup> The service sector has been one of the most affected industries in many countries since the start of the pandemic.<sup>78</sup> Older women represent a high proportion of employees within this sector and were significantly affected. While our focus within this policy brief remains on PSRs in the workplace, it is nonetheless essential to highlight the major adverse effects of unemployment in terms of mental health both in the short and long-term, leading to increases in depression and anxiety and lower self-esteem.<sup>79</sup>

Older workers experience higher rates of work discrimination (including ageism).<sup>80</sup> For example, as older workers are statistically more likely to suffer from more severe complications from COVID-19<sup>81</sup> in comparison to younger workers, employers may assume hiring the older group is a high-risk stake.

Older workers are **less likely than their younger colleagues to be connected via social media**. This can be a major obstacle, as 'virtual' contact has become and continues to be a crucial means to collaborate with colleagues, socialise on the job and retain good working relationships. Social media has also evolved to become a vital medium for discovering new

job opportunities - a trend accelerated by COVID-19 pandemic. While this has made it easier for many people to find new and better employment, older workers might not be able to benefit from this development because they are less likely to be active on social media.

**The COVID-19 pandemic has further emphasised the need to develop strategies to protect older workers' mental health.** In the last section of this brief, we present a set of strategies and methods to tackle PSRs in the workplace. These solutions are supported by a selection of concrete examples successfully implemented across the EU.

### EU legislation on teleworking, mental health in the digital world of work

Amidst the COVID-19 pandemic and concerned by a growing burden of psychosocial risks of remote working, the European Parliament has called for the need to develop an EU **Mental Health Strategy**.<sup>70</sup> Simultaneously, the EC's President announced a **launch of a comprehensive mental health initiative**<sup>71</sup> in the EC Work Programme in 2023 during the 2022 State of the European Union speech. This initiative could update the **EU Work-life Balance Directive**<sup>20</sup> and reflect the new realities of the digital and teleworking age, addressing challenges to life-work balance now that teleworking has become part of work for many workers - a subject which is hindering the mental wellbeing of employees across Europe. The work will also align with potential new legislative frameworks such as the EU right to disconnect, **called for by the European Parliament's resolution**.<sup>72</sup>

# 5

## STRATEGIES TO CREATE A HEALTHIER WORKPLACE FOR OLDER WORKERS

Many still believe that an ageing population has a negative impact on the economy due to higher levels of labour market exits and lost productivity. However, recent research demonstrates that economic **slowdowns attributable to population ageing are avoidable through policy interventions** that support healthy and active ageing. There is a strong case to make for creating healthy working environments, which in turn supports the health of older workers and eventually contributes to an Economy of Wellbeing.

For this vision to become a reality, it is first and foremost necessary to change how older workers are perceived. They **must not be regarded as a 'burden', but rather as a resource**. This is proven by well-designed programmes aimed at investing in workers' mental health and wellbeing, and thereby in their productivity and creativity, and staff retention. A cost-benefit analysis of these programmes found a **gain of between €0.81 to €13.62 for every €1 of expenditure on these programmes** over a one-year period.<sup>85</sup>

At the same time, investments in mental health can lead to a **reduction in presenteeism and absenteeism rates**, as well as their associated costs of between 12% and 36%.<sup>86</sup> For example, a company which employs 1,000 employees would experience a net reduction in costs resulting from undue stress and poor mental health of more than €473,000.<sup>87</sup>

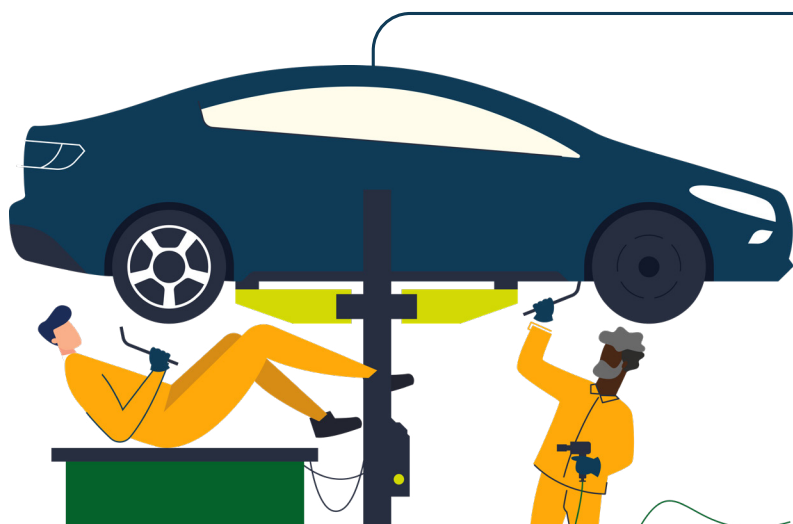
If we are to favour investment in measures that aim to protect workers from PSRs, **an exchange of knowledge, good policy and practice is vital to understand what strategies are successful** in strengthening workplace health (including psychosocial health) amongst older people. We should consider on which of the various levels of governance and at what proximity to the (older) worker these should be offered.

Although certain arrangements will fall under the responsibility of the government (**regulations, directives, strategies**), others will rely on organisational (**employer/company**) structures, and others will be directly attributable to the individual older worker. While most literature discussions of workplace mental health interventions focus primarily on individual-centred solutions, research has found that situational and organisational factors may play a bigger role in occupational psychosocial health than individual ones.<sup>88</sup>

As usual, the right mix is needed. **Interventions** could either be delivered as targeted actions (but implemented as isolated, one-off and narrow) or comprehensively, integrated with other work and health-related policies and programmes applicable at organisational level. **Enforcement, monitoring and evaluation of PSR prevention** and the related health outcomes should be organised, including for small and medium enterprises (SMEs) who may not always have the resources to do so. To this end, **leadership and participation** are essential, along with adequate **investments, evidence, good practice collection and exchange** and attention to the right of older people as workers.

The following strategies suggest how to address workplace health issues amongst older workers, providing examples of relevance and good policy developed by various European states. Each proposed strategy would also benefit from inclusion in a larger, comprehensive framework that addresses workplace physical and mental health across the life course in a systematic and holistic way.

**Two primary types of strategies** are defined here: those related to becoming an **age-friendly employer** and those related to becoming a **(mental) health-promoting employer**.



# BECOMING AN AGE-FRIENDLY EMPLOYER

Age represents just one of the different social identities which a worker brings to the workplace, along with gender, ethnic origin, disability status and many others. Together, these overlapping identities represent human and cultural heritage which, when embraced, can bring great value to the workplace. Adopting an organisational diversity, inclusivity, and gender strategy can help workplaces to strengthen policies and procedures to ensure diversity and inclusion amongst its workforce and in its everyday operations. Some of the ways in which such a strategy, along with other operational frameworks and the wider organisational culture, can be used include:



## STRATEGY 1 – ENCOURAGE LIFELONG LEARNING AND DEVELOPMENT OF DIVERSE SKILLSETS

The future of work does not only embrace an ageing workforce, but also offers opportunities for lifelong learning and education to keep up with the pace of economic and technological developments. All workers should be offered opportunities to continue their professional education. Learning and professional development measures should be adapted to the needs of individual workers, including those who may have a limited educational background.

For older workers, offering autonomy and encouraging the use of a varied skillset **increases their control over the work environment and can enhance their motivation and ability to manage high workloads and time pressure.**<sup>89</sup>

In addition, there is evidence that physical and intellectual activity also helps older people manage age-related changes and improve workers' help-seeking behaviours.<sup>90</sup> For managers, it leads to improved knowledge and positive age-related attitudes.

### Promising practices include:

- Creating smaller and inclusive teams.
- Creating participatory approaches to job and tasks design.
- Giving additional time to workers to perform complicated tasks.
- Providing training on new management systems and digital platforms, and offering exercises focused specifically at improving older workers' goal orientation skills.<sup>91</sup>





## STRATEGY 2 – OFFER OPTIONS FOR FLEXIBLE WORKING

Proactive approaches, such as offering flexible work hours and establishing employee assistance programmes,<sup>9</sup> have **proven to effectively help older workers mitigate work-related stress and to address (child and/or elder) care needs**,<sup>93</sup> thereby supporting people to work for longer.<sup>94</sup> However, it is important that the transition to flexible working does not result in older workers feeling that they have been marginalised or considered ‘peripheral’.

Teleworking is not yet a feasible option for many workers across Europe, due not only to the nature of professions (e.g., healthcare professionals, many service industry professionals) but also due to lack of access to necessary infrastructure.



The “digital divide” in Europe, meaning the inequalities in access

## STRATEGY 3 – LEVERAGE ‘BIDIRECTIONAL’ MENTORING PROCESSES

The ‘traditional’ mentoring process in which senior employees’ mentor junior employees can have significant benefits for older and younger workers, including for their mental health and wellbeing. Older workers may be able to share insights on coping mechanisms and prioritisation of tasks which can help younger workers become more resilient in the face of high workloads. It can also bring value to the older workers by bringing greater purpose and satisfaction to their roles.

‘Reverse mentoring’ is another strategy which can be deployed to support the mental health and wellbeing of older workers. **In this scenario, junior employees are given the opportunity**

to digital infrastructure and opportunities to develop digital skills, is a problem that disproportionately impacts older people, especially those from lower socioeconomic groups and with limited educational background.<sup>95</sup>

### Promising practices include:

- Balancing flexible working with activities aimed at including older workers in relevant organisational communications, decision-making and social exchanges.
- Modifying workloads and schedules to promote a good work-life balance, and participatory approaches to scheduling.<sup>11</sup>
- Development of flexible working arrangements should be made in careful consultation with all staff to understand limitations, preferences, and enablers.

<sup>9</sup> Employee assistance programmes offer counselling services to employees to address personal difficulties that affect their work performance. Once invented to help employees deal with alcoholism, services can now address a wide range of issues, including personal relationships, stress, grief, personal finances, etc.

**to mentor senior peers.** This has been found to help older workers develop new skills, connect better with younger generations, and respond better to the challenges of fast-changing working environments. This is particularly efficient in relation to digital skills, since connecting older workers to younger peers can help form and develop new skills in areas such as coding or social media, which in turn benefits employees and leads to new opportunities for older colleagues.<sup>97</sup>

### Promising practices include:

- Implementing ‘reverse mentoring’ schemes in which younger colleagues mentor older employees.
- Nurturing ‘traditional’ mentoring processes along the older-younger management line.
- Fair career training and retraining prospects.
- Supportive performance management.



## STRATEGY 4 – OFFER FLEXIBLE RETIREMENT STRUCTURES

Retirees do not follow a uniform adjustment process through to retirement. As older workers are in the last phase of their working career, they may find this transition stressful. Older workers that are approaching retirement could face several issues, such as financial, health (physical and mental), work stress, job satisfaction, and/or issues in relation to family matters.<sup>98,99</sup>

**Actions designed and tailored according to a worker's psychosocial profile can delay retirement** and can, in fact, extend participation in the labour market, including for those who have a disability or impairment.<sup>100</sup> For example, some workers may experience an unhappy marriage, which could affect their

health and work performance. In such cases, marriage counselling could be more effective to help extend a worker's professional life than strategies that maximise financial wellbeing.

The psychosocial wellbeing of workers' in transition to retirement is often affected by their future financial outlook upon retirement, particularly if they also face healthcare or disability-related costs. Supporting older workers to understand the wider social protection and care system, coupled with ongoing age-friendly and health-promoting interventions, can offer greater sense of confidence and awareness, which can enhance wellbeing.<sup>101</sup>

### Putting older workers in control of their wellbeing at work - Finland

The Finnish Tax Administration department launched the programme “Vero 55+”<sup>102</sup> aimed at increasing the feeling of being in control of the workplace among those over 55. This project offered monthly workshops where management discussed with older workers what support they needed to accomplish their career goals and how to deal with problems such as information overload and the feeling of being under pressure. This helped older workers feel heard, and more in control of their workplace.



## BECOMING A (MENTAL) HEALTH-PROMOTING EMPLOYER

As noted in section one, the WHO defines a healthy workplace as an “environment where workers and managers collaborate to promote the health, safety and wellbeing of all workers and the sustainability of the workplace.” **This extends beyond just the work environment to also include workplace culture, organisation of work, and community participation.** Strategies to become a (mental) health-promoting employer for older workers include:



### STRATEGY 5 – ESTABLISH SUPPORTIVE POLICIES AND STRENGTHEN ORGANISATIONAL CAPACITIES FOR HEALTH BENEFITS

For protection and promotion of mental health at work, WHO recommends three evidence-based interventions which could be of benefit for older workers:

1. Offering training to managers concerning (occupational) mental health for all ages
2. Offering training to workers in mental health literacy and awareness
3. Implementing individual interventions delivered directly to workers

**Specific supportive policies would include providing workers with ‘low-threshold’ social and psychological support as well as clear health benefits.** This may include offering complimentary health assistance (or insurance programmes), emotional support services, and counselling services to deal with common work stressors (e.g., problem-solving, time management).

Another critical element of supportive policies is **establishing and enforcing measures to**

**combat workplace harassment and bullying,** as well as fostering a workplace culture which does not tolerate stigma or social exclusion of older workers nor those experiencing mental health issues. Where such measures are implemented, workers are more likely to promptly look for support and to receive it, which is central to workers’ quick recovery and more sustainable return to work.<sup>103</sup>

Indeed, social support is associated with lower levels of smoking, alcohol consumption and obesity, and a lower frequency of symptoms like fatigue, headaches, depression, and anxiety in the workplace.<sup>104</sup> Of particular importance are managers and supervisors, as strong and effective leadership can increase job satisfaction and can reduce the detrimental effects of stress on health outcomes.<sup>105,106</sup> Employees can ensure that older workers feel heard by setting up comparison and evaluation meetings with external experts aimed at auditing and assessing the overall degree of organisational wellbeing.

### Promising practices include:

- Offering complimentary health insurance and emotional and counselling services to deal with common work stressors and learn and maintain good work habits and mental hygiene.
- Establishing and enforcing measures to combat workplace harassment and bullying.
- Fostering a workplace culture which does not tolerate stigma or social exclusion related to ageing, mental ill-health, and psychosocial challenges.
- Shifting attitudes around mental health conditions to reduce stigma.
- Employing interpersonal management skills such as open communication and active listening and encouraging help-seeking behaviours and investing in individual stress management skills.



## STRATEGY 6 – IDENTIFY ‘(MENTAL) HEALTH PROMOTORS’ AND PROMISING PROGRAMMES

While a significant number of studies discuss the effects of workplace health promotion programmes, the **literature about the factors that determine who joins such programmes and who does not is limited**. A major challenge to the implementation of workplace wellbeing programmes lies in participants’ willingness to take part in the first place. Engaging older workers in health promotion programming may be somewhat easier, given that they generally experience higher rates of comorbidities with other chronic conditions. Already living with a mental or physical health condition makes it more likely that a worker will choose to participate in programmes.

### “STAR-VITAL—Joint Measures for the Vitality of Older Workers” in Slovenia<sup>107</sup>

A five year publicly funded workplace health promotion programme (WHPP) started in Slovenia in 2017 aimed at promoting healthy lifestyle habits and preventing and managing chronic diseases in the workplace (SMEs in particular). The programme teaches the older workers stress management techniques and educates them to develop better interpersonal relationships and intergenerational cooperation. Interventions range from the development of e-platforms to share information, to workshops, coaching and mentoring services, the creation of a [STAR-VITAL Wiki page and a website](#)<sup>108</sup> with over 160 measures for a healthier working environment, conferences, and then media appearances.

Another **complex challenge is establishing the role of ‘(mental) health promoters’ in SMEs**. While bigger companies usually have a specific person or department dedicated to workplace wellbeing, it may prove to be more complicated to implement such methods in SMEs. This is often due to having difficulty hiring and affording a person specifically designated to deal with workers’ (psychosocial) health. Managers in SMEs are more likely to consider workplace (psychosocial) health promotion programmes as something ‘residual’ and secondary to core business activities.

In this context, it is helpful to find a (mental) health promoter within the company, namely a contact point either in the human resources department or in the leadership of the business. If this contact point displays sensitivity to the problem and willingness to cooperate, then it is important to establish a close relationship with them using regular communication. The ‘(mental) health promoter’ should, however, receive adequate training to ensure sensitive issues are addressed in the appropriate manner and in turn gain the trust of the workforce.

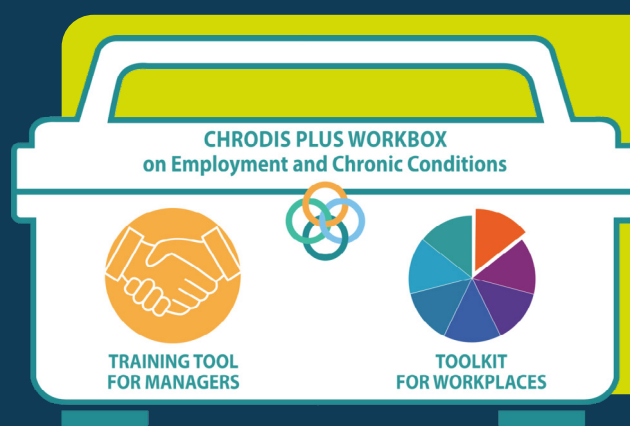
#### Promising practices include:

- Developing and implementing a specific policy or plan for protecting and promoting mental health at work, with specific actions for diverse groups of workers, all ages and gender including.
- Promoting an inclusive, intergenerational solidarity-oriented and supportive work culture, from the top down.
- Appointing an internal/on-site wellbeing focal point or a dedicated human resources officer, knowledgeable about the organisational realities.

#### The CHRODIS PLUS Toolkit for Workplaces – Joint Action CHRODIS PLUS

The **Joint Action on Chronic Disease (CHRODIS PLUS) (2017-2020)**<sup>110</sup> developed a **Training Tool and Toolkit for Workplaces**<sup>111</sup> with 127 evidence-based, concrete means to: (1) foster wellbeing, health, and work ability of all employees; (2) prevent the development of chronic diseases; and (3) help individuals, such as older people with chronic health problems to continue working. The Toolkit is categorised into seven domains, each important to overall wellbeing and health: nutrition, physical activity, ergonomics, **mental health and wellness**, recovery from work, community spirit and atmosphere, and smoking cessation and reduction of excess alcohol consumption.

Beyond the component focused on mental health and wellbeing, the other domains could also be critical to support older workers, who are more likely to face co-morbidities with other chronic conditions.



# 6

## CONCLUSION



In conclusion, whilst these strategies are not comprehensive, they outline several measures that could be adopted to improve older workers' wellbeing in the workplace. The strategies provide managers in both large and small organisations a **basis from which improvements may be considered to improve the mental health of older workers** and protect them from psychosocial risks. In addition, they could also be seen as an inspiration and **starting point for good and promising practices for European policymakers in the field of health, social protection, employment, or education.**

The European population is ageing, and developing healthy, attractive, adequate, and safe workplaces for older workers will only become more pressing in the coming years and decennia. There is a real need to continue collecting strategies, interventions, good and promising practices - at all governance levels - that help to safeguard the psychosocial wellbeing of older workers close to where they live and work. It is important to acknowledge that the responsibility for managing occupational psychosocial wellbeing of older workers has been slowly but steadily shifting away from the individual and towards the organisation level. It will mean that more governments, decision-makers and leaders will have to step up their approaches to preventing, promoting and supporting mental health and wellbeing of older workers who cannot be expected to deal with the challenge on their own.

**EuroHealthNet continues to be active in this area. Please do not hesitate to contact us for more information or to share best practices implemented in relation to your specific area of work. For further information, please contact us at [info@eurohealthnet.eu](mailto:info@eurohealthnet.eu)**

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# ABOUT US

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EuroHealthNet is the Partnership of public health agencies and organisations building a healthier future for all. Our focus is on preventing disease and promoting good health by looking within and beyond the health system.

Structuring our work over a **Policy, Practice, and Research Platform**, we focus on exploring and strengthening the links between these areas.

Our approach focuses on integrated concepts to health, and reducing health inequality gaps and gradients. We work on tackling chronic diseases, as well as improving physical and mental health across the life-course, whilst contributing to the sustainability and wellbeing of both people and the planet.

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**Building Resilience**

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